School Based Health: Behavioral Health & Exam-Enabled Visits via Virtual Care
Marie Lee, Virtual Care Consultant – Henry Ford Health System

Marie Lee, a Virtual Care Consultant at Henry Ford Health System, deploys telehealth programs throughout the health system. She started her career with HFHS in 2007 as the Training Coordinator for the Contact Center, the centralized appointment scheduling hub for over 600 of the system’s providers. Marie was part of the project team to roll out the system electronic medical record (Epic), which had a project scope of 3 years and $300M.

Marie joined the Virtual Care team in 2017, where she is able to utilize her project management, training, and telecommunications background to effectively implement new programs. She is also a part time faculty lecturer at Eastern Michigan University in the College of Technology. Marie has a Bachelor of Science in Communications Technology from Eastern Michigan University, a Masters of Education in Instructional Technology from Wayne State University, and is a certified project management professional (PMP).
Henry Ford Health System

- Five acute medical/surgical hospitals; two behavioral health hospitals
- 48 Medical Centers
- Henry Ford Medical Group – 1200 physicians & scientists
- Henry Ford Physician Network
- Outpatient Dialysis
- Home Health Care
- Next Generation ACO
- Health Alliance Plan (HAP) - Insurance Provider
- Live on Epic since 2012 (release: Epic May 2019)
Virtual Care Mission Statement

Henry Ford Health System Digital Mission
Provide an exceptional digital experience enabling the customer to engage with Henry Ford Health System where, when and how they prefer that leads to attracting, engaging and retaining customers.

HFHS Virtual Care Mission
Evolving innovative care delivery to enhance health and wellness through accessible technology that drives connection and collaboration – when, where, and how it is needed most.

❖ Right Patient    ❖ Right Provider    ❖ Right Time    ❖ Right Place    ❖ Right Intervention
Presentation Objectives

- Address barriers and limited access for primary care and behavioral health services for K-12 students
- Demonstrate use of exam-enabled devices to expand coverage for medical care using limited provider resources
- Increase patient and parent/caregiver participation, satisfaction, and convenience accessing behavioral health, through the use of virtual visit technology
- Discuss how COVID-19 has changed the landscape for these programs
Program and Need
School-Based & Community Health Program
Mission Statement

• Henry Ford Health System School-Based & Community Health Program believes that both mental and physical health are essential for a student’s success.

• Our health centers strive to provide comprehensive, interdisciplinary and confidential health services that will meet the needs of students in an atmosphere that is caring and provides mutual respect.
Our Henry Ford School Based Health Team are Experts in Pediatric and School Based Care

- Our providers collaborate to provide treatment recommendations for students that require further attention
- This team includes medical assistants, nurses, nurse practitioners, clinical therapists and physicians
- Personalized treatment
SBCHP Health Services

- Primary Care preventive and treatment services
- Minor injury assessment, treatment, and follow-up
- Acute illness assessment and treatment (or referral)
- Immunizations
- Medications - OTC
- Prescription delivery
- Health Education
- Pregnancy and STI/HIV Testing

- Psychosocial assessments – Diag. Evaluations
- Crisis intervention
- Individual, family & group therapy
- Case management
- Mental health and substance abuse education
- Telepsychiatry services
2019 Local Trends in Child Well-Being

**Child Population (0-17) in 2016**

<table>
<thead>
<tr>
<th>Location</th>
<th>Population</th>
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<tbody>
<tr>
<td>Detroit*</td>
<td>172,761</td>
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<tr>
<td>Wayne County</td>
<td>418,990</td>
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<tr>
<td>Macomb County</td>
<td>186,304</td>
</tr>
<tr>
<td>Michigan</td>
<td>2,189,505</td>
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</table>

**Students Receiving Free/Reduced Lunches 2017-18 School Year**

<table>
<thead>
<tr>
<th>Location</th>
<th>Students Receiving Free/Reduced Lunches</th>
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</thead>
<tbody>
<tr>
<td>Detroit*</td>
<td>76,580 (88%)</td>
</tr>
<tr>
<td>Wayne County</td>
<td>177,180 (65%)</td>
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<tr>
<td>Macomb County</td>
<td>60,063 (47%)</td>
</tr>
<tr>
<td>Michigan</td>
<td>742,922 (50%)</td>
</tr>
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</table>

*Detroit is in Wayne County

SBCHP By the Numbers

Clinics

- 14 clinics
  - 3 in Macomb County
  - 10 in Detroit-Wayne County
  - 1 in Western-Wayne County

For services in the 2017/18 School-Year (10 Clinics)

- 2,685 Vaccinations
- 1,082 Well Checks/Physicals
- 4,583 Mental Health Visits
- 10,997 Clinical Visits
- 10,451 Evidence-Based Health Education Encounters
Challenges Getting Child and Adolescent Psychiatric Care

- Clinics located in Mental Health Professional Shortage Areas as defined by HRSA
- The American Academy of Child and Adolescent Psychiatry reports severe shortages of Child and Adolescent Professionals (CAPS)
  - Macomb County: 5.3 CAPS/100,000 children ages 0-17
  - Wayne County: 10.8 CAPS/100,000 children ages 0-17

https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx
Challenges Providing Child and Adolescent Care

- Limited providers (MDs, NPs) to cover clinics
  - Travel time takes away from clinical care
  - Clinics may not have appropriate coverage at all times

- Schools not geographically close to one another
  - Transporting students is logistically challenging
  - Travel to distant schools difficult/not possible for parents
State and National Affiliations
Grant Funding: Physical and Mental Health Services

- Yearly Grant amounts are based on Clinic Model:
  - Full Clinical, School-based: $195,000
  - Full Clinical, School-linked: $250,000
  - Alternative Clinical, School-based: $135,000
  - School Wellness Program: $150,000
  - E3 Mental Health Expansion: $100,000

- Henry Ford Health System: $1,000,000

- Various additional grants as available
Our Team Approach

- Nurse
- Student
- Nurse Practitioner
- Clinical Therapist
Increased School Funding

Benefits

- Improved Attendance
- Greater Student & Staff Productivity
- Higher Graduation Rates
- Treat students with complex issues beyond the scope of a nurse

Increased School Funding
Parental Consent

- Parental consent forms are distributed to students at all schools beginning in August and continuing throughout the school year in welcome packets, via classroom distribution, at open houses, student registrations, and health fairs.

- Once signed by a parent or guardian, the consent form allows us to treat the child for as long as they attend the school, preventing disruptions in care.
SERVICES & TREATMENTS

- Asthma
- Cold & Flu
- Behavioral Health Services
- Sprains & Strains
- Nausea, Vomiting, Diarrhea
- Ear Infections & Soar Throat
- Pink Eye
What is TytoCare?
About TytoCare

- Founded in Israel in 2012
- Headquartered in NYC
- FDA Cleared
- Launched in the US in 2017
- Over 30 US partners
- Live across the globe
Device Enabled Exam Video Visit

Patients or Care Coordinators setup

Diagnosing providers setup

Types of exams:
- Heart
- Heart Rate
- Lungs
- Skin
- Temp
- Throat
- Ears
- Abdomen

Henry Ford Health System all for you
Benefits of Connecting Telepsychiatry to School-Based Mental Health Services

- “Telepsychiatry is an innovative approach to extend the reach of child and adolescent psychiatrists and fill the gaps in care”
  - Improved appointment access/Early detection and treatment of mental disorders
    - Decreased the time to secure an appointment w/the psychiatrist from 3 – 6 months to 1 - 4 weeks.

- Convenience of mental health appointments being held in the students’ natural setting...their school, inside of the School-Based Clinic
  - May reduce stigma associated with mental health services.
  - Decreased no-show rates
    - “School-based telepsychiatry programs have reported higher follow-up rates compared to traditional community mental health settings.”

- Increased continuity of care
  - Integrated Care Model: coordination between mental health and medical providers

https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx
Telepsychiatry Equipment and Infrastructure

- **Connectivity**
  - All School-Based clinics are connected to the HFHS IT network
    - This ensures clinics have access to the EMR and that connections meet required HIPAA, HITECH, and other security requirements

- **Equipment**
  - Standard computers, laptops, speakers and microphones

- **Technology**
  - A HIPAA compliant video conferencing application
  - Integration of the interpreter services with the video conferencing application
  - Federally certified EMR
Telepsychiatry Visit

The psychiatrist is at Henry Ford Columbus Center in her office.

The “patient” is at the Mt. Clemens School-Based Health Center, located in her school.

36 miles, 40 minutes drive
Travel Time No-longer a Barrier

- The “Notes” field is used to indicate the patient’s home clinic
- Appointments at 5 different clinics in one day
  - Appointments can better fit the family’s schedule
- To see these patients in person would have been prohibitive
  - 2.25 hours travel time (without traffic)
  - 125 miles of driving

<table>
<thead>
<tr>
<th>Time</th>
<th>Patient</th>
<th>Type</th>
<th>Notes</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>F... 1...</td>
<td>SBH BHS TELEMED NEW</td>
<td>Western</td>
<td>Mitchell, Shanti, MD</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>L... 6...</td>
<td>SBH BHS TELEMED RETURN</td>
<td>Mt Clemens</td>
<td>Mitchell, Shanti, MD</td>
</tr>
<tr>
<td>9:30 AM</td>
<td>M... 1...</td>
<td>SBH BHS TELEMED NEW</td>
<td>Mt Clemens</td>
<td>Mitchell, Shanti, MD</td>
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<tr>
<td>10:30 AM</td>
<td>d... 1...</td>
<td>SBH BHS TELEMED RETURN</td>
<td>Western</td>
<td>Mitchell, Shanti, MD</td>
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<tr>
<td>11:00 AM</td>
<td>V... 7...</td>
<td>SBH BHS TELEMED NEW</td>
<td></td>
<td>Mitchell, Shanti, MD</td>
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<td>2:00 PM</td>
<td>S... 1...</td>
<td>SBH BHS TELEMED RETURN</td>
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<td>Mitchell, Shanti, MD</td>
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Telepsychiatry Visits per Clinic

Number of SBCHP Psychiatric Visits by Clinic 2019

- DEPSA
- Earhart
- Fitzgerald
- Maybury
- Mt. Clemens
- Mumford
- Munger
- Western
Challenges Providing Telepsychiatry

- Securing a Certified Child & Adolescent Psychiatrist
- Initial and Ongoing funding
  - equipment and start-up
- Ensuring proper Wi-Fi access within old buildings
- Confidential Spaces
- Vital Signs taken at every visit
- No Shows
  - Students’ truancy
  - Parent/Guardian may not show
- Late Arrivals
- Not enough appointments to meet the demand
Implementation

• Equipped providers with laptops and/or computers with standard telemedicine equipment and required software to facilitate quality, secure, real-time audio/video connections with patients/parents/caregivers

• Equipped medical staff interacting with students with TytoCare device; Mi-Fi for added bandwidth where needed

• Performed “workflow dress rehearsals” to determine if any adjustments were required and to ensure all technology worked as intended

• Trained providers to deliver care via telemedicine as well as use/troubleshoot technology
Implementation

• Educated staff on scheduling virtual care visits for patients (medical, behavioral health and direct-to-patient video visits)
• Prior to COVID-19 pandemic, began process of educating patients on MyChart Mobile App for access to video visits when away from school (summer) or for high school graduates attending college
• Adjustments to the program and communication to patients have been made based on both patient/caregiver feedback as well as the lessons learned from the providers
Patient, Caregiver & Provider Benefits

• Patients/Parents
  ➢ Enjoying radical convenience
  ➢ Reducing time off school (students) and work (parents)/eliminating travel barriers
  ➢ Increasing access to providers
  ➢ Quick access to routine and urgent care needs

• Providers/Administrators
  ➢ Increasing patient compliance with care
  ➢ Reaching patients with barriers to obtaining care
  ➢ Increasing access to care/system growth
  ➢ Enlarging footprint of organization
I'm writing this letter to say I am so thankful for this clinic. My 6 year son was having problems in school he couldn't sit still long enough to learn and he was getting suspended every other day for his behavior problems. We was getting referrals to behavior clinics, but a lot of the clinics was booked and wasn't able to see my son for months and then I learned our health insurance had gotten cut off. My family was getting so frustrated I just wanted to get help for my son at his age I didn't want him to miss school and be behind because of his suspensions. I was told by another parent to call Henry Ford Clinic inside Mt. Clemens Middle/High School and see if they can get him in. I called and got an appointment right away the staff there is so helpful and nice. My son was seen by the therapist and was diagnosed with ADHD. The clinic was able to get an appointment with the psychiatrist and the medication he needed right away. Now he is doing so much better he is getting better grades in school and no longer getting suspended. He graduated from kindergarten and now on his way to first grade. My family is so THANKFUL for Henry Ford School-Based Clinic, my son is able to learn and his behavior has change.
Keys to Success

• Ensure technology works seamlessly for provider and patient

• Provide education and support services to providers and patients to ensure exceptional experience and comfort with technology

• People skills are essential for maintaining the provider-patient experience, even through use of technology
Lessons Learned

• Support and training of providers is important to the success of the project
  ▪ **People skills** are essential for maintaining the provider-patient experience, even through use of technology
  ▪ Providers must practice “**connecting**” with patients via video
  ▪ Online refresher training available at anytime and to assist with training new staff
  ▪ Periodic program check-ins to determine additional needs and/or expansion opportunities
Obstacles and Barriers

▪ Resources for Growth and Scale (Clinical and Enabler/Support)

▪ Provider
  – Workflow
  – Adoption/Incentive/Change Management (Beyond pilot to widespread adoption & scale)
  – Capacity

▪ Patient Adoption/Consumer Experience - New & Existing
  – Awareness of the value proposition
  – Confidence that virtual care (telehealth) is good medicine

▪ Regulation (i.e. state licensure)

▪ Technology
  – Scalability
  – Browser/device compatibility
  – Interpreter services integration
  – Group visits
Response to COVID-19 Pandemic

- With schools closed – how can these services be maintained? What changes need to occur?
  - Virtual video visits adopted for medical and behavioral health services
  - Non-traditional hours needed to be adopted by staff to serve students

- Barrier: many children did not have access to a device or internet access to allow them to connect to a video visit.
  - Services have been maintained in many cases via telephone only
    - Limited minutes/data
    - One phone in a household
    - Privacy in home sometimes difficult
Response to COVID-19 Pandemic

- Clinicians/staff assisting families apply for free/reduced cost Internet services
- Obtaining grant-funding for devices (iPads)
  - For use in homes as a loan to families
  - For use to maintain social distancing when clinics reopen to enable parents/children to have services in car via video
- Received additional funding to address social and emotional needs of families in response to COVID-19 crisis
- Schools will become community COVID-19 testing sites
Response to COVID-19 Pandemic

- Opportunities: think VERY creatively – out of the box/out of the building – how can care be delivered?
- Virtual Care and creative care models will continue to evolve past the crisis to care for this school-based population
- Response to current events – COVID-19 and protests:

The foundation of school-based care is to address health disparities related to race, ethnicity, economic status, gender, and sexual orientation. The movement for racial justice and the demand that Black Lives Matter is integral to what we do in school-based health and highlights the urgency of our work.

- Dr. Mo Connolly
Virtual Care Enables Us To...

▪ Offer better and connected access to healthcare
▪ Meet patient expectations for online service
▪ Reduce costs (time, travel, convenience, etc.)
▪ Increase clinician efficiency/make life easier

Connecting with customers **where, when, and how** they want to be reached...

**All For You!**
Questions
Contact Information

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https://www.henryford.com/services/virtual-care