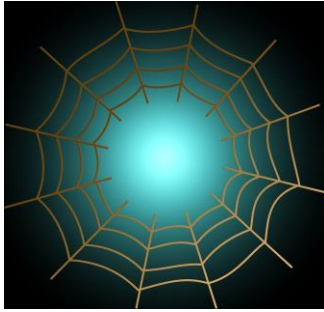


Telemedicine in Georgia Schools



Alexander Anthony

In the age of smart phones, smart watches and tablets—and the latest craze, drones—today’s youth are more apt than ever to adopt technology in their everyday lives. One example is the rise in telemedicine in Georgia’s public schools. For the past 5 years, Georgia has been dabbling in integrating telehealth into their school systems.

According to Loren Nix, a liaison with Georgia Partnership of Telehealth, there are about 63 school systems, comprised of roughly 16 counties, with 63 SBHCs (School-Based Health Centers) equipped for telehealth. Ms. Nix, a nurse, was part of the team that introduced telemedicine to Georgia public schools when, in 2009, she and the team brought the idea to the Berrien County School district, which serves approximately 3,200 students.¹

Keeping it Local

Telemedicine in Georgia’s schools is executed through a “hub and spoke model”. Hospitals form the treatment “hubs”. The “spokes” include smaller critical access hospitals, WiFi and telemedicine-equipped ambulances, telemedicine-equipped school clinics, federally qualified health centers, public health departments, and local physicians.

It is important to keep patient care as local as possible, asserted Sherrie Williams, Executive Director at Georgia Partnership of Telehealth. It is about “local dollars”, which means first engaging with local providers to provide care to students before using a

provider in another region of the state. This ensures no “patient stealing”, which has been the concern of some providers.

Reimbursement

In 2005, the Georgia General Assembly Passed House Bill 291 (HB291) to enact the “Georgia Telemedicine Act”.² The Act defined telemedicine as the practice by a licensed physician or other healthcare provider acting within the rightful scope of practice, of healthcare delivery, diagnosis, consultation, treatment, or transfer of medical data by means of audio, video, or data communications, which are used during a medical visit with a patient. It is important to note that standard telephonic communication, unsecured electronic mail, facsimile transmission, or any combinations thereof, does not on its own constitute providing telemedicine services.

Section 3 of the Georgia Telemedicine Act states: *“Every health benefit policy that is issued, amended, or renewed shall include payment for services that are covered under such health benefit policy and are appropriately provided through telemedicine in accordance with Code Section 43-34-31.1 and generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The coverage required in this Code section may be subject to all terms and conditions of the applicable health benefit plan.”*³

To summarize, this means that a provider of telemedicine care can bill the same CPT (current procedural terminology) codes as they would for a patient in a “traditional” care setting (office visit).

According to the State Telemedicine Gaps Analysis report produced by the American Telemedicine Association in January 2016, Georgia received a composition grade of “B”.⁴ The grading scale is based on 13 indicators as it relates to coverage and reimbursement for telemedicine services (Table 1).

Table 1. The 13 indicators relating to coverage and reimbursement for telemedicine services⁴

Parity
1. Private Insurance
2. Medicaid
3. State Employee Health Plans
Medicaid Service Coverage & Conditions of Payment
4. Patient Setting
5. Eligible Technologies
6. Distance or Geography Restrictions
7. Eligible Providers
8. Physician-provided Telemedicine Services
9. Mental and Behavioral Health Services
10. Rehabilitation Services
11. Home Health Services
12. Informed Consent
13. Telepresenter

The top contenders with an “A” grade, are New Mexico, District of Columbia, Maine, Tennessee, and Virginia. Connecticut and Rhode Island came in last with an F grading.⁴ Figure 2 from American Telemedicine Association State Telemedicine Gaps Analysis Report illustrates the results of their report.⁵ Figure 3 shows the changes in grades (improvement or decline) states since 2014.⁴

Table 2. States with an “A” grade or “F” grade for the State Telemedicine Gaps Analysis report produced by the American Telemedicine Association, January 2016.⁵ See text for greater detail.

Grade	State
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A	<ul style="list-style-type: none"> • New Mexico • Washington DC • Maine • Tennessee • Virginia
B	<ul style="list-style-type: none"> • Connecticut • Rhode Island

Figure 3. Grade improvement or decline according to the American Telemedicine Association State Telemedicine Gaps Analysis Report 2014 thru 2015.⁴ See text for greater detail.

Grade	State
Improvement	<ul style="list-style-type: none"> • Iowa • Nevada • New York • North Dakota • Ohio • Oklahoma • Utah • Washington • Wisconsin • Wyoming
Decline	<ul style="list-style-type: none"> • Maryland • New Hampshire

What This Means for Patients

Telemedicine has proven effective in managing certain chronic diseases among school-aged patients, notably attention-deficit/hyperactivity disorder (ADHD), asthma, and pediatric mental health disorders. According to Loren Nix, the schools with telemedicine integrated into their system saw a decrease in asthma attacks. Research shows that Telehealth access reduced the number of asthma attacks from .33 at baseline to .153 (a 54% decrease). In addition, number of symptom free days increased by 83%, while asthma symptoms decreased by 44%.⁶ Asthma patients were educated on proper ways to use their inhalers and were also able to keep the inhalers up to date.

It is important to note that parents must fill out a consent form before children are allowed to be seen virtually by a physician. Also, as a double level of security, parents must give consent to the school nurse before each tele-visit with a provider.

For students needing to see a specialist (specialty care), parents are required to be present for the tele-visit. This may seem like an inconvenience. However, if a student lives in a rural area but requires specialty care, a visit to the school versus a drive to the nearest specialty provider could mean hours of time saved. The benefit here is clearly time saved. For parents whose employers pay them by the hour, time is crucial to ensure they can provide for their families. Hours missed at work translates to a reduced paycheck.

The benefits of using telemedicine in schools extends beyond students. Faculty are also seeing providers within their network, instead of taking off from school. This saves the school system money, because the school system incurs the expense of a substitute teacher each time a teacher misses a day.

Conclusion

Since passage of the Georgia General Assembly House Bill 291, the Georgia Partnership of Telehealth has used the “hub and spoke model” to provide telehealth services that take into consideration the needs of students and their parents, healthcare providers, and the Georgia school system.

Documented benefits include a reduction in the asthma attacks and increased understanding of the use of inhalation devices. The importance of telehealth did not occur overnight. However, in just the past five years, telehealth has become integral to meeting the health needs of Georgia students.



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Tags:

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