

School-based telehealth connects underserved kids to quality and sustainable health care

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School-based health assistant Christian Miley completes a rapid strep test for a student who is being evaluated while at school through telehealth by Medical University of South Carolina nurse practitioner Kelli Garber. Credit: Medical University of South Carolina

Many children of low-income families across the country do not have

access to quality health care. Lack of health care can have a domino effect, affecting educational outcomes in the classroom.

School-based [telehealth](#) could offer a sustainable and effective solution, according to a new report in the *Journal for Nurse Practitioners* by Kathryn King Cristaldi, M.D., the medical director of the [school](#)-based telehealth program, and Kelli Garber, the lead advanced practice provider and clinical integration specialist for the program.

The program through the MUSC Health Center for Telehealth has effectively served over 70 schools across the state of South Carolina. Evaluating a child at school via telehealth is a time-efficient process that removes the geographic and transportation barriers many families face when accessing health care for their [children](#).

"When a family wants their child to have a visit, the school nurse requests a visit from the telehealth provider group," said Garber. "Our goal is to ensure a connection between the school nurse and the provider group in 15 minutes, but our average time is three to six minutes. Using the telehealth equipment in the nurse's office, we evaluate the child, and then most of the time, we return the child to class and send any prescriptions to the local pharmacy."

The school-based telehealth program is particularly effective for children with asthma.

"I think that's where telehealth really shines," said Cristaldi. "A typical in-office provider visit for a patient with asthma would involve ordering a controller inhaler and seeing the patient in three months. Through telehealth, there are more touch points with a patient. If a child has exacerbated asthma, we could start steroids today and see them tomorrow to ensure treatment is working."



Dr. Kathryn King conducts a demonstration of the MUSC school-based telehealth program with Christian Miley, a school-based health assistant, and student Micah Stokes. Credit: Medical University of South Carolina

Additionally, school nurses are on hand to administer daily medication to children.

"We really thought a lot about one thing we could change to reduce the number of emergency room visits for children with asthma, and that one thing was using their controller medication every single day," said Cristaldi. "Getting the school nurse involved with daily medication has been a game changer."

Thanks to the program, underserved communities across South Carolina, including those in some of the poorest and most rural parts of the state, now have access to care.

"Children in Williamsburg County, Sumter County and Cherokee County now have access to care," said Cristaldi. "We are making incremental changes in the health care structure for children in South Carolina and supporting providers across the state who are, one by one, making profound differences."

When kids' health improves, they do better in school. This was shown when underserved children were provided with health care at school-based health centers across the US. Their academic performances improved, and they were less likely to be absent from school. Children with asthma also required fewer Emergency Department visits. Unfortunately, funding for these centers has been inconsistent. School-based telehealth offers a more sustainable alternative to these programs while providing many of the same benefits.

The report by Cristaldi, Garber and colleagues provides a roadmap for other institutions considering a school-based telehealth program. It gives a detailed overview of the school-based telehealth workflow and tips for circumventing challenges, ranging from school nurse and provider availability to missed class time for students, which are unique to delivering health care in an educational environment. However, each region has its own needs and challenges, and Cristaldi and Garber encourage people to reach out to their regional telehealth centers for more information about school-based telehealth implementation in their local areas. More information on regional telehealth centers can be found at <https://telehealthresourcecenter.org/>.

More information: Kelli Garber et al, Connecting Kids to Care: Developing a School-Based Telehealth Program, *The Journal for Nurse*

Practitioners (2021). [DOI: 10.1016/j.nurpra.2020.12.024](https://doi.org/10.1016/j.nurpra.2020.12.024)

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