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Investigating differences in school-based telehealth implementation and services in the School Based Telehealth Network Grant Program grantees

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Background:

- School Based Health Centers (SBHCs) have used telehealth to provide critical services to school children in underserved areas for more than 20 years.
- In 2016, the Federal Office of Rural Health Policy (FORHP) funded 21 grantees through the School Based Telehealth Network Grant Program (SB TNGP) to expand access to rural, frontier, and underserved communities providing telehealth services for children with a focus on five clinical areas: asthma, behavioral health, diabetes, healthy weight, and oral health.

Introduction:

School-based telehealth offers a potential opportunity to expand and enhance access to health services. However, while use of telehealth in school settings is growing, its use is still relatively limited. To understand grantee and rural school's experience in implementing and delivering telehealth services, we conducted qualitative interviews with grantees and participating SB TNGP schools between October 2019 and January 2020. The principal goals of this project were to gather contextual information from grantees regarding project design, implementation and the practicalities of delivering telehealth services in school settings. These interview responses might help explain the heterogeneity across the SB TNGP grantees in rates of use and identify best practices and lessons learned to inform future initiatives.

Methods:

- The research team developed semi-structured interview questions for hub interviewees using guidelines and objectives put forth in the initial FORHP grant proposals to inform question content (Figure 1).
- Focus areas that guided question development included: services rendered via telehealth; telehealth model; telehealth modality; implementation assessment, facilitators and challenges; recommendations and lessons learned; sustainability of the program; and contact information for a recommended spoke representative.
- Questions for spoke interviewees were similar to those asked of the hubs but included more specific questions (e.g. what is your role within the organization?).
- Teams consisting of two researchers conducted the approximately hour-long interviews; interview length varied among hub and spoke participants.
- The interviews were audio recorded, transcribed verbatim using Rev transcription services and imported into NVivo, version 12 software (QSR international) for coding and thematic analysis.

RTRC SB TNGP Qualitative Study Hub Interview Guide

Introduction

You are providing school-based telehealth services with funding from the Health Resources and Services Administration (HRSA). Our research team at the Rural Telehealth Research Center is evaluating the implementation of this grant program under contract with the Federal Office of Rural Health Policy (FORHP). As part of this work, we are reaching out to grantees to learn more about your experience implementing telehealth services in school settings. We'd like to ask you some questions about your experience implementing the program over the grant period.

Telehealth Model

- 1. What types of telehealth services are you offering under the Telehealth Network Grant Program (e.g. asthma, behavioral health, diabetes, healthy weight, oral health, primary/urgent care)? What telehealth modality is being used (e.g., two-way real-time video or store and forward)?
- 2. Are all of the spokes receiving the same services? What models of school-based healthcare are present at the spokes (i.e. SBHC, school nurse program)?

<u>Implementation</u>

We're going to be talking about how implementation is going, the barriers you may have faced, and what has facilitated any successes.

- 3. Briefly, what was your organization's experience with telehealth prior to this project? What was your working relationship with the spokes before the Telehealth Network Grant Program?
- 4. How has implementation been going? What were your biggest surprises? What are your primary accomplishments?
- 5. How, if at all, have you modified your program design (e.g. outreach efforts, services offered, spoke participation) and goals (e.g., # schools, # encounters) relative to your original proposal? Why was that?
- 6. Are you serving as many students as you had anticipated? If not, why do you think use of services has been lower than anticipated? If so, what factors contributed to that success?
- 7. What challenges have you encountered in implementing your telehealth project over the past three years?
 Probes: staff, technology, financial, organizational characteristics, legal
 - a. Are any of these challenges unique to the specific clinical services delivered via telehealth, or would they apply more broadly to all school-based telehealth services?
 - b. What steps have you taken to tackle the challenges or barriers to program implementation? Were they effective (or successful)?
 - c. What resources would help overcome the implementation challenges you have faced?
- Please describe the key facilitators (at hub site/at school sites) for successful implementation of school-based telehealth services.
 Probes: staff, technology, financial, organizational characteristics, legal
- 9. Knowing what you know now, what would you have done differently in implementing your project?
- 10. Are you planning to continue to provide school-based telehealth services after the grant ends? If so, how will telehealth services be sustained?

Recommendations

- 11. What recommendations do you have for those interested in implementing a school-based telehealth program?

 a. Do you have any recommendations for the federal Telehealth Network Grant Program?
- 12. We would like to speak with spoke sites to further inform this set of interviews. Could you recommend a site that is among your top performers and also one that has faced more challenges with implementation and/or utilization? Who would be the most appropriate contact at those sites?

Figure 1: SB TNGP Hub Interview Guide used to facilitate interviews with key informants.

Data analysis:

- A provisional coding structure was developed using the interview questions as a guideline. Three researchers coded one of the transcripts using NVivo v12, made comparisons and clarified coding approaches that informed revision of the original coding structure.
- This process was repeated with a different transcript and an NVivo node analysis report was conducted to more accurately analyze group coding approaches. Subsequently, all interviews were divided among six researchers, who coded them using the finalized coding structure. The individual files were compiled, a node analysis report was run and node themes were reviewed by the research team.

Preliminary Results:

Emerging themes from Nvivo node analysis included these most-cited responses:

Telehealth Implementation Challenges:

- 1. Technology Issues
- 2. Financial and Policy Barriers
- 3. Clinical and Practice/Health System Barriers
- 4. Engagement and Integration into School Environment
- 5. Service-specific Challenges

Telehealth Implementation Facilitators:

- 1. Champions
- 2. Engaging Schools
- 3. Provider-Level Facilitators
- 4. Financial Facilitators
- 5. Technology and Training
- 6. Streamlined Administrative Processes and Project Management
- 7. Community/Parent/User Receptivity

Modifications for Program Improvement

- 1. Technology Improvements
- 2. Changes to Service Model
- 3. Expanding Target Population
- 4. Dropping Sites or Adding Schools/Sites not Originally Proposed
- 5. Operational Improvements

Conclusions:

- Implementation challenges impacted every grantee, and indicate need for support in areas including technology procurement and support, financing, staffing, and community engagement. Barriers varied depending on the services being offered via telehealth.
- Schools and grantees alike need champions/resources to ensure implementation and rollout of telehealth occurs as planned.
- After assessing initial implementation challenges grantees made modifications to program plans to improve technology, operations, change service models, and add schools and services.

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