



Center for
Connected
Health Policy

The National Telehealth Policy Resource Center

Schools & Telehealth Research Catalogue

August 2018

To increase and organize the evidence for the use of telehealth, the Center for Connected Health Policy (CCHP) has been examining published studies that have been designed to measure the use of telehealth in achieving one or more of the goals of the Triple Aim. CCHP has been cataloguing studies published in peer reviewed journals that meet certain criteria. This catalogue of telehealth and schools studies is one result.

CCHP employed several search parameters when selecting telehealth and FQHC studies. All studies selected were U.S. based, published post 2010, have a sample size of no less than 50 (for studies with control groups, there needed to be a minimum of at least 30 subjects per group), a study period of no less than 6 months and a primary focus on the outcomes (though if all other factors were met and the time period was unspecified, the article was included), quality and or costs of a selected telehealth modality.

Academic OneFile, EBSCO, Project Muse, SAGE, EBSCO, Wiley Online Library, and Science Direct were used in the peer-reviewed articles search. If CCHP was unable to obtain a copy of the full article, it was not included in the catalogue.

This catalogue was prepared by Michelle Grant and the work supervised by Mei Wa Kwong and Christine Calouro in July 2018.

CONTROL TRIAL SUMMARIES:

Gabel, Rodney, Grogan-Johnson, Sue, Alvares, Robin, Bechstein, Leah, & Taylor, Jacquelyn. (2013). A Field Study of Telepractice for School Intervention Using the ASHA NOMS K-12 Database. Communication Disorders Quarterly, 35(1), 44-53.

Study Length	State	Sample Size	Telehealth Modality Type	Method	Outcome	Quality	Cost
9 months	OH	71	Video Conference	Observational	X		

Summary

The purpose of this article is to describe the characteristics and effectiveness of a telepractice speech-language therapy program for school-age children. Outcome data related to the caseload, type and amount of intervention, and student progress from a school-based telepractice therapy program were compared with the K-12 Schools National Outcomes Measurement System (NOMS) of the American Speech-Language-Hearing Association. NOMS provides data for students receiving intervention through direct, in-person service delivery models. The findings suggest many similarities between the characteristics of the telepractice and direct, in-person service delivery models. The telepractice service delivery model was effective for most students included in the study. Results of this study support the described telepractice service delivery model as a viable option for speech-language therapy services delivered to public school students with communication impairments. Limitations of this study are discussed with guidance provided for future research studies exploring the efficacy of speech-language therapy delivered via telepractice.

Access: <http://journals.sagepub.com/doi/abs/10.1177/1525740113503035?journalCode=cdqc>

McConnochie, Kenneth M., Wood, Nancy E., Herendeen, Neil E., Hoopen, Cynthia B. ten, & Roghmann, Klaus J. (2010). Telemedicine in urban and suburban childcare and elementary schools lightens family burdens.(ORIGINAL RESEARCH)(Report). Telemedicine and E-Health, 16(5), 533-42.

Study Length	State	Sample Size	Telehealth Modality Type	Method	Outcome	Quality	Cost
43 months	NY	800	Video Conference, Store and Forward	Descriptive, Observational Study		X	

Summary

Background: Acute illness challenges all families with young children. The Health-e-Access Telemedicine Network in Rochester, NY, has enabled >7,000 telemedicine visits since 2001 among children in childcare or elementary schools, predominantly from Rochester's inner city. Large reductions in illness-related absence and emergency department use among Health-e-Access participants have occurred.

Objective: The study was aimed to assess parent perception of telemedicine as a means to reduce burdens associated with childhood illness.

Design/Methods: A total of 800 parents were surveyed before (578) or after (318) a child had at least one Health-e-Access visit. Queries addressed access to healthcare, conflicts between work/school and child's care during illness, and concerns and likes about telemedicine. Perceptions were elicited through open-ended and direct queries.

Results: Among all respondents, 16% had high-school education and 25% had a college education. Race/ethnicity of the respondents included black (43.6%), Hispanic (22.9%), white (30.0%), and other (3.5%). All identified a primary care practice as a source for well childcare. Most (58%) had given antipyretics to their child to avoid being called by childcare or elementary school staff about illness. Likert scale interview items addressing quality of care elicited low levels of worry or concern. Worry scores trended lower after experience. Among 532 comments about Health-e-Access elicited through open-ended probes, positive ones (likes) predominated (84.6%). Likes most commonly included convenience/time saved (33.6% of all comments), parent stayed at work (13.5%), drug delivered to child site (7.1%) or called ahead to pharmacy (4.9%), and confidence in care (2.3%). Negative responses (concerns) totaled 15.4% of comments and most commonly included reliability of diagnosis (2.6%), technical problems (1.3%), and preference for in-person care (0.8%).

Conclusions: Health-e-Access was well accepted by a substantial, diverse group of parents despite unfamiliarity with this approach to care. Convenience and convenience-related experience dominated perceptions. This model enables service beyond that mandated by payers and beyond that generally provided by medical practices.

Access: <https://www.ncbi.nlm.nih.gov/pubmed/20575720>