Since 2016, a dedicated team of health and IT professionals have been committed to making e-BACKPAC (electronic Better Health and Care for Kids, Parents, and Communities) become a reality for K-12 students in three school systems located in southwest Virginia. Initially, the goal was to create a program that could be replicated among school systems that offered a cost-effective and sustainable model that incorporated best practices of school-based telehealth. A number of challenges, however, have resulted in delays in program implementation and varied success among sites. While achieving a sustainable model continues to guide program implementation efforts, each community is unique, and thus, any new initiative must attend to this uniqueness to achieve successful program outcomes. The purpose of this poster is to present a review of the literature examining variables that impact school-based telehealth programs. It is hoped this review will increase understanding of the challenges that lie ahead for e-BACKPAC.

Background

Since the late 1990s technologies have been placed in schools to promote access to health care services for students, particularly for schools located in more isolated and rural communities. Today, school-based telehealth programs provide increased access to primary care, mental health resources, chronic care, and specialty care services for rural and urban populations (Burke, Bynum, Hall-Barrow, Ott, & Albright, 2008; Izquierdo et al., 2009; McConnochie, Wood, & Herendeen, 2009; Reynolds & Maughan, 2015). Among the outcomes of these programs are reduced emergency room visits from acute illness (McConnochie et al., 2009), improved diabetes care with reduced hospitalizations and ED visits (Izquierdo et al., 2009); decreased absence from child care centers and schools (McConnochie, Wood, Kilman et al., 2009; Reynolds & Maughan, 2015); improved symptoms and reduced health care utilization among children with persistent asthma (Zettel-Greeley, 2018); and preventing contagious outbreaks among school-age children (Zettel-Greeley, 2018).

Though the numbers of school-based telehealth programs are increasing, along with evidence that these programs can positively impact child health, school-based telehealth programs are uncommon across the majority of public and private schools (Zettel-Greeley, 2018) and programs report unequal utilization among school sites (Cook et al., 2002). The most critical factors surrounding these programs exist and not if they should be supported, but when, under what circumstances, and for whom (Connor & Meyers, 2016). Careful examination of factors that both facilitate and impede successful school-based telehealth programs is critical.

Program Description. In 2016, the first school-based telehealth initiatives were launched in Virginia. The e-BACKPAC initiative targets the three counties of Bland County, Martinsville City, and Patrick County. A description of these programs is presented in Table 1. e-BACKPAC is an initiative of the University of Virginia (UVA), Karen S. Rhoades Center for Telehealth, supported by federal grants under U.S. Department of Health and Human Services, Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.