

Sullivan County School District
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Kimberly A. Phillips
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The issue of School Safety is a tremendously important topic that currently has many State Lawmakers gathering and discussing concerns looking for appropriate solutions. Highlights from the School Safety Task Force Report 2018 were released to School Districts in June. The School Safety Task Force Report emphasizes five areas that must be addressed:

- communication and information sharing
- training
- **mental health services**
- emotional and social learning
- strengthening building security

In a report released August 27th Auditor General Eugene DePasquale continued to emphasize the need for more mental health support in schools. I support the statement that enhancing Mental Health programs that could be used for identifying students who pose dangers is one step towards increased safety.

Why tele-medicine - especially in rural areas?

In September, 2017 Sullivan County School District secured a Community and School Based Behavioral Health team through Community Care which is a behavioral health organization. The chosen Community and School Based Behavioral Health provider for the families in our district is **Friendship House**. Jim Martin, Vice President / Chief Operating Officer for Friendship House

What is Community and School Based Behavioral Health?

It is a comprehensive approach to supporting youth and families with services that are accessible, integrated, comprehensive, and coordinated through a single team that provides full clinical interventions and responsibility without fragmentation.

- It is based in schools (with services provided in the school setting as well as in the community and home settings) where students can meet with the team through a push-in and pull-out classroom approach
- The Program operates year-round providing services in the school and community in the summer months
- Youth and families receive varying intensity of service
- CSBBH is the single point of contact for behavioral health

- They identify co-occurring mental health and substance abuse disorders and needed interventions
- It coordinates family, student and medical providers
- Sullivan County School District has a 3-member team
 - 1 Master prepared licensed clinician
 - 2 Bachelors or Masters Level Clinician with at least 2 years of behavioral experience with children and adolescents
 - With a team consultant (psychologist) 4 hours a week

Who is eligible?

- Youth ages 5 – 20 and their families
- Children with a serious emotional and/or behavioral disturbance that is impacting functioning at school, home, and/or community
- Children that exhibit Internalizing or externalizing behaviors

Sullivan County is a school district that is very fortunate to have a Community and School Based Program in our Schools. The school based team has 14 students on their case load. Seven of those students are in the process to be seen through the use of the tele-psychiatry.

How are the students identified for tele-psychiatry?

- The Mental Health Professional puts together a medication management request that is submitted to our nurse for review
- The nurse may or may not request medical test, depending on what's indicated on the child's chart.
- The CSBBH team would work with the family to ensure all processes are completed
- The nurse reviews all information with our psychiatrist.
- Once the team is comfortable with all of the provided information, an appointment is made with the psychiatrist
- A parent/guardian will join the child for a session with the Doctor and LPN on the screen,
- Our Mental Health Professional team member is in the room with the child and the parent.

Insurances that cover this service are Health Choices and Magellan. Most private insurances do not cover this service. Our team works very closely assisting families to obtain insurance or other financial needs if necessary.

Again, why telemedicine for Sullivan County School District and other rural Districts?

Sullivan County School District is a rural, county-wide school district educating 635 students K-12. It is comprised of 450 square miles with State Game land covering 1/3 of that area. The county is one of Pennsylvania's most rural, with a population of approximately 6,428.

- There are limited resources within the county for families
- Families must travel to the neighboring counties - Bradford and Lycoming - which are approximately 45 minutes to an hour for most services. This includes behavior agencies as well as medical and psychiatric services
- Rural areas may have a smaller patient count therefore having tele-psych would make it for a therapist that otherwise may sit in an office with no clients.

The Community and School Based Behavioral Health program's definitive purpose is being a single point of contact of behavioral health for students and their families that is based in the school. Meetings, assessments, and interventions take place on school grounds. If families are unable to come to the school, the team visits their homes. Families do not have to travel to 3 sometimes 5 different agencies that are a minimal 45 minutes away to get the help for their children that they so desperately need and deserve.

Tele-psychiatric services allow the school and providers to:

- Address and meet students' mental health needs quicker -Without these services, students would go through the entire process and then be lost because families will not drive the distance or have the time to visit a psychiatrist
- Facilitate the required psychiatrist for the success of students helped by this program
- Eliminate that stigma that could be associated with mental health – It allows a family to stay in familiar surroundings to meet with the psychiatrist
- Provide comfort - students and families are very comfortable with tele-psych and speaking with a doctor in this type of venue
 - It is less intrusive
 - Economical for families
 - Provides the comfort of a familiar environment when they are in a crisis mode
- Keep absenteeism down. Kids will not lose a day of school due to travel and/or appointment time
- Keep CSBBH team members in the school. Our team will not lose time taking families to agencies/hospitals. They are able to remain in the building and assist others immediately

Below is information pertaining to our County's small medical center that they are excited about as well!

Please support SB780 for the well-being and safety of our children! Thank you! Any questions, please don't hesitate in contacting me. Better yet – come visit us and see how it all works!!

Sullivan County Medical Center

Past County Commissioner, Darla, County Commissioner Donna Ianonne, Debbie McKerrow, and nurse Karen Cullen have been relentless to get telemedicine services to Sullivan County. This past August, it was shared that Sullivan County Medical Center will be awarded full status so that they can now have tele mental health services available for the residents and community members of Sullivan County. This accomplishment is the first tele mental health pilot in the State with Community Care Behavior Health (CCBH).

Below are stories that Community Care Behavior Health has shared:

We have a patient who had a child that died in a tragic manner and having major issues with this loss. After attending the first session, this person made the comment as they were leaving that it was such a relief to be able to talk freely about the child's life and death. They have attended subsequent sessions and are now getting back to some of their normal activities that they enjoyed prior to the death of their child.

Another person is a full-time caregiver for their spouse who was suffering from dementia. Our staff could see that the caregiver was burning out and becoming more at risk for medical issues to surface for themselves. After much encouragement, this patient agreed to see a RedCo counselor. After several sessions, they did agree to assistance in the home and from the family. As the dementia progressed, the spouse was able to place them in a Skilled Nursing facility. We are happy to say that they are both doing well and adjusted. Thank you RedCo!

There is also another f/t family caregiver in our community who was "at the end of their rope" This person reached out to us and was set up with RedCo. They get one day off a week and they make sure it is the day that they can come for counseling. After the first session, this person made the comment "Wow, after this appointment, I realize that there is so much I need to talk about. I am so grateful."

The last story is about a patient who has insurance but the closest place for counseling would be a 90-minute drive. They have a significant psych history. This person is a young adult. The first time they came to our office for an appointment with RedCo. They appeared down, no eye contact, flat affect, little conversation. After their second session, they walked out of this office with a smile on their face. They are now interactive with the staff at the clinic. They smile and laugh. They look forward to each weekly session.

Attached you will also find a Survey as well as additional outcomes from CCBH

Tele Mental Health Satisfaction Survey for Sullivan County

7 active clients
 3 surveys received
 43% Survey completion rate

Average scores:

4	4.6	5	4.6	4.6	4.6	4.6	4.3	4.6	4.6
I was nervous about using this new way of receiving counseling therapy services	The therapist in my session greeted me warmly and explained what to expect today	I had no difficulty hearing what the therapist said over the video system	I had no trouble seeing the therapist over the video system	Tele-mental health makes is easier for me to get mental health care and services	I was comfortable with using tele-mental health for my counseling appt.	I felt that the therapist completed a thorough assessment to help plan my treatment	I believe using Tele-MH will help me improve my mental health and wellbeing	The therapist in my session was considerate and respectful	Overall, I was very satisfied with today's appt.
3	5	5	5	5	4	5	4	5	5
5	5	5	5	5	5	5	5	5	5
4	4	5	4	4	5	4	4	4	4

Community Care and ReDCo will coordinate to collect additional outcomes including:

1. Number of individuals referred to tele-mental health services

- 13 total referrals
- 3 MC /Magellan are current active
- 2 CCBH.
- 3 other CCBH were accepted into admission, they did not attend their intakes.
- 1 Nationwide/Capital Blue 1 Capital Blue 1 New York POMCO
- 1 No insurance- referred to County for funding 2x's
- 1 Medicaid from another county- referred to DPW

2. Number of initial MHOP evaluations (claims)

- Community Care claims data – 2
- Medicare-3

3. Number of individuals with co-occurring mental health/substance use disorder(s)/opioid use disorder

- Community Care claims data - 0

4. Number of individuals for completed services (claims)

- Community Care claims data – 2
- Medicare-3

5. Average number of services (units) via tele-mental health versus traditional outpatient services (claims)

- Community Care claims data provided 4 events, which is not enough to compare with reliability. For the 2 events of therapy- one was for 16-37 minutes and other was for

53-74 minutes.

As of 5/8/2018:

5 events for CCBH and 5 events for Medicare

6. Number of individuals who received urgent care (claims)

Community Care claims data - 0

7. Number of individuals who were admitted to higher levels of care following tele-mental health services

Community Care claims data – 0

Medicare- 0

8. Number of completed satisfaction surveys)

The Main Link - 1

Note: Community Care claims data runs to 04/10/18

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Again, why telemedicine?

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limited resources within the county for families. They need to travel to the neighboring counties - Bradford and Lycoming - which are approximately 45 minutes to an hour for most services. This includes behavior agencies as well as medical and psychiatric services.

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Tele-psychiatric services allow the school to facilitate the required psychiatrist for the success of students helped by this program. It allows a family to stay in familiar surroundings to meet with the psychiatrist. If we did not have these services, students would go through the entire process and then we lose them because families will not drive the distance to visit a psychiatrist. Thus the student and families do not receive the much needed services. This is very unfortunate for the students and the families. We have found that students and families are very comfortable with tele-psych and speaking with a doctor this way - it's less intrusive as well as having the comfort of a familiar environment when they are in a crisis mode....

The district and I am strong proponents of SB 780 ----- Too many children's wellbeing depends on it!!!

Guthrie Statement

1969- the first ATM was released in Rockville, NY, created by Don Wentzel. In 1975 the first consumer PC was released as a "kit" and in the 1980's Bank of America saw the opportunity to allow people to access their accounts remotely. Every generation experiences a cultural shift that replaces the norm with more convenient and accessible options that we could not imagine living without today. This evolution occurs out of necessity, to balance supply versus demand and maintain a state of economic homeostasis. The first portrayal of telemedicine came about in 1925 by Hugo Gernsbeck. He created a device that would allow doctors to not only see their patients, but also touch them from miles away. This device was called the Teledactyl, and he was commonly referred to as the doctor of the future. Hugo was not far off from what would be considered commonplace in the 2000's. Telecommunication technology is not science fiction, but more fact and reality. Facetime, Skype, Zoom are all terms we know and understand, most use daily and demand constant iteration that can improve efficiency in our daily lives. As healthcare leaders, elected officials, and payers we need to keep our pulse on the shifting culture around us, so we can serve our community better. We need to realize and embrace the benefits of telemedicine as we begin to bend the ever-increasing cost curve associated with Healthcare.

Guthrie is a not-for-profit, integrated healthcare system located along the southern tier of upstate NY and north central Pennsylvania. We offer a full spectrum of health services incorporating primary care, complex specialty care, behavioral health services, surgical services, inpatient care, durable medical equipment, home health, long-term care, palliative and hospice care services. Our regional office network of 32 primary care and specialty sites provides over 1 million patient visits per year. We have 4 hospitals, 3 of which are in Pennsylvania including one critical access hospital. We serve 5 counties in Pennsylvania including Bradford, Tioga, Sullivan, Susquehanna, and Wyoming combined cover almost 4,000 square miles. The rurality of our counties ranges from 72% upwards of 100%, against a PA average of 21%. We average 1,496 patients to one primary care Physician with a median household income less than \$50k. As you can see we truly embody the definition of rural medicine and rely on communication technology such as telemedicine to care for our populations. That is who we represent and why we are here, many of you represent similar demographics, the working farms, mines and quarries, and lumber mills. Those are who we need to support and protect.

Guthrie began telemedicine in 2014 offering the regions first tele-stroke program through a contract with a third-party vendor. At the time this was seen as a means of 24/7 cost effective coverage in a region where Neurologist are a scarce resource. We now see on average more than 600 emergent stroke cases per year in Sayre, Pa. Physician shortages across the country have made it difficult to recruit the number of board certified physicians needed to manage a population this size for this disease. As reimbursement continues to vary greatly in different degrees by payer, vendors more commonly invoice the host site directly for professional services rendered versus submitting a bill to the payer. Thus, the health care institution bears all of the financial burden and risk.

Over the past year and a half, we have expanded our services significantly in the ambulatory environment. We are now offering specialty visits in locations that historically could not offer these services due to physician shortages and the rurality of the populations. We are able to overcome

barriers such as distance, transportation needs and weather. Our first telemedicine site launched during a terrible snow storm last winter, these patients lived 1.5 hours from our main hospital, making the commute impossible. That day, we completed all telemedicine visits for these patients from their local primary care office, no need to try and make the commute or reschedule their appointments. Although, we all have stories that show the strength of telemedicine the development of these sites must be financially feasible from a business perspective. Our strategy should be focused on providing the most effective care to our patients and targeting populations with the greatest risk including chronic conditions and post-acute needs, but we are constrained by geographic boundaries and payer regulations that must be met first.

One of our core values includes patient centeredness, putting the patients' needs before our own. We develop patient advisory councils in collaborations with department leaders to ask the general population exactly what they need in their community and how we can improve services. Appendix B shows a snapshot of Q1 on our post-telemedicine surveys. I would like to draw your attention to the comment "would not have seen doctor". This is exactly what we are trying to avoid. Patients today are looking for convenience and access and will choose not to see the doctor if those conditions are not met. This leads to the progression of advanced chronic conditions, ultimately driving the cost of healthcare up. We need to focus on preventative care, address issues and concerns before they become life threatening. We tend to sometimes over think who should be benefiting from this technology. Staying true to our core values we should be looking at the cost benefit associated to a telemedicine visit for the patient, our calculations show a telemedicine visits saves an average patient \$140 in lost wages and travel expenses. If we used this calculation for a single practice, averaging 5 virtual care appointments per day we could save the general population \$175,000 per year in loss wages, travel time and efficiency for a single catchment area.

GuthrieNow, our first direct to consumer mobile app that links a patient directly to a provider for low acuity- walk-in type of visits. For the busy parent this can be a lifesaver and we have experienced continued growth since launching in 2016. We currently offer the service as a retail option with limited payer support because the patient's home is not considered an approved originating site for telemedicine, as per Medicare guidelines. Patients continue to use the service and pay the retail fee, but often chose to obtain face to face services that are more costly to payers and less convenient. Insurance plans should be protecting their customers (our patients), instead they are introducing new competition. Refusing to cover these low acuity visits unless completed by one of their approved provider groups, typically a national provider group. The four fundamental benefits of telemedicine, as described by the ATA and multiple other sources, are as follows.

1. Better access, more consistent engagement: We are struggling with an aging population and an extreme shortage of Physicians across the country. Ease of access would allow patients to get the care they need, regardless of location. A patient could have a visit with an oncologist on a rare form of cancer or see a genetic counselor 300 miles away. This would also allow patients to see their specialist more often, driving patient engagement in their own conditions creating a stronger doctor-patient relationship. We can better prepare and empower patients to manage their own conditions.

2. **Better quality care:** The ability for a provider to follow up with their patients in a timely manner directly correlates with better outcomes. The focus on preventative medicine to include remote monitoring for those with chronic conditions can help to decrease mortality rates for conditions that can be treated and managed. For certain specialties, such as behavioral health, telemedicine actually provides a superior product with greater outcomes and patient satisfaction.
3. **Patient demand and satisfaction:** There are numerous studies showing increased patient demand and adoption for telemedicine. As our Physician shortage grows we will see demand for telemedicine services increase.
4. **Healthcare cost savings:** Funding and adopting telemedicine technologies directly reduce and contain rampaging costs of healthcare. Reduced travel times, fewer and shorter hospital stays, and automation of administrative roles all improve efficiency. Administrative staff alone make up 31% of employees in a physician office.

Medicare, Medicaid and private payers all have varying degrees of telehealth reimbursement, policies differ greatly in terms of services covered regardless of parity. The reimbursement gaps remain and impede further expansion across the state. Although parity does protect the out of pocket cost of the patient, we need to add payment protection language for providers pitted up against insurance plans. We need to remove geographic boundaries and offer reimbursement consistent with in-person encounters that represent today's real-world technological capabilities. To close my statement, I would like to reference a line by President Ronald Reagan, "Committee, tear down these walls", and allow this new technology to flourish across regions to the benefit of your constituents.

Telehealth Program Summary

● Full Reimbursement
 ● Limited Reimbursement
 ● No Reimbursement

Live Programs	Description	Reimbursement	Hospital	Out-Pt Clinic	Patient Home	Synchronous (Live Video)	Asynchronous (Store/Forward)
Primary Care (video Visits)	Low-acuity urgent care- mobile app	●			✓	✓	
Primary Care (eVisits)	Messaging for non-urgent conditions	●			✓		✓
Stroke	Urgent consults by stroke neurologists	●	✓			✓	
Neurology	Consults for neurological conditions- IP	●	✓	✓		✓	
Psychiatry	Psychiatric evaluations & med checks	●		✓		✓	
Cardiology	Initial and post-op visits	●		✓		✓	
Genetic Counseling	Counseling for cancer markers & testing	●	✓	✓		✓	✓
Plastic Surgery	Initial and post-op visits	●		✓		✓	
Vascular Surgery	Initial and post-op visits	●		✓		✓	
Nephrology	Initial and follow up visits	●		✓		✓	
In Development							
Emergent Psychiatry	Inpatient use	●	✓			✓	
Bariatrics	Follow up patients only, includes integration of fit bit data	●			✓	✓	✓
Pain Medicine	Initial and post-op visits	●		✓		✓	
Urology	Initial and post-op visits	●		✓		✓	
Oncology	Follow up visits only	●	✓	✓	✓	✓	✓

Note: All outpatient specialty visits are reimbursable based on patient location. Our strategy includes creating a financially feasible model through CMS approved sites only.

Appendix A – Consultative Specialties

Guthrie Now- Direct to consumer urgent care

Cardiology

Plastic Surgery

Neurology

Nephrology

Vascular Surgery

Orthopedics

Genetics

Stroke (emergent)

General Surgery

Service Area	Volumes (FY18)
Inpatient	32
Outpatient	1176
Stroke	618
Totals	1826

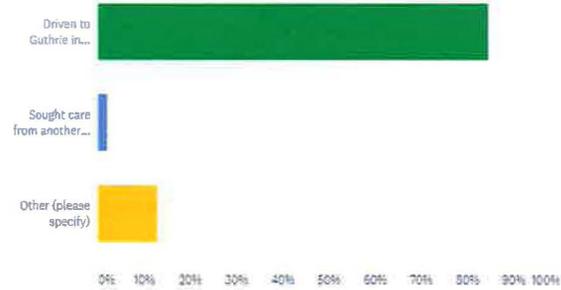
Appendix B – Patient Response

Q1



If Guthrie didn't provide this service, I would have:

Answers: 46 Skipped: 0

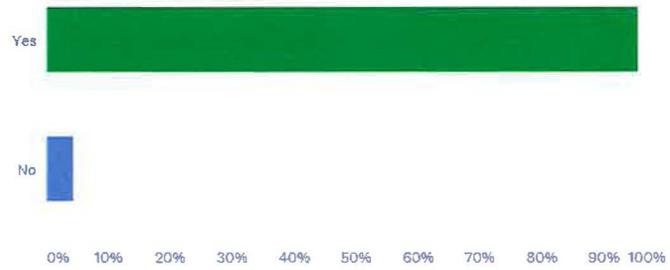


ANSWER CHOICES	RESPONSES	
Driven to Guthrie in Sayre	84.78%	39
Sought care from another health care organization	2.17%	1
Other (please specify)	Responses 13.04%	6

- Love this option
8/22/2018 1:08 PM
- Would not have seen dr
8/8/2018 6:26 PM
- Would have to speak with niece on where she would travel to.
8/1/2018 3:39 PM
- Made appt wherever I could be seen the fastest
7/18/2018 1:43 PM
- Made appt wherever I could be seen the fastest
7/11/2018 6:59 PM
- Would have a family member drive to Sayre, due to I do not drive

Would you recommend this service to others?

Answered: 46 Skipped: 0



ANSWER CHOICES

Yes

No

TOTAL

Comments (13)

RESPONSES

95.65%

4.35%

44

2

46

Easy and efficient! Great service!

8/15/2018 6:35 PM

It's very convient if you dont live close to the reg office the doctor is in and it's extreamly easy.

8/15/2018 5:34 PM

Made it so much easier for me

8/15/2018 5:18 PM

This helped me so much! It is difficult to travel.

8/8/2018 6:45 PM

Very easy,comfortable,pleasant

8/8/2018 2:49 PM

Appendix C – Direct to Consumer Adoption

Guthrie Now Completed Visits

