

## **School-Based Health Centers, Telehealth and the Intersecting Role of the School Nurse**

### **School-Based Health Centers**

According to the [NC School-Based Health Alliance](#) (2023), a school-based health center (SBHC) provides “comprehensive, integrated health care to children and adolescents in a setting that is trusted and immediately accessible to their school.” Having access to a care provider on-site helps to eliminate barriers to care such as a lack of financial resources or transportation, scheduling conflicts for parents, or other parental work-related issues. The primary purpose and function of a SBHC is to increase access to care for those students who have parental consent (Selekman et al., 2019). North Carolina’s SBHCs offer services such as acute care; management of chronic illnesses; mental health counseling; and preventive services, such as health education, physical and dental exams, and nutrition services, based upon assessed needs. SBHCs may also provide comprehensive health assessments and screening; counseling and referral for identified health concerns; diagnosis, treatment and follow up for injuries or acute/chronic illness; nutrition counseling; oral health care; and mental health services ([NCDHHS](#), 2020). Services are considered episodic in nature and provided in a fee for service structure.

The primary role of the school nurse is to lead the school health services team to address actual and/or potential barriers to student health and academic success. SBHCs do not duplicate or replace services provided by the school nurse (NASN,2021). A school-based clinic can be a referral resource for students who have a need that differs from the scope of services provided by the school nurse. SBHCs increase access to health care, strengthen prevention and population health, serve highest need students, integrate students into health care systems, improve academic achievement and increase time spent in the classroom (NCDHHS, 2020). There should be a strong collaboration between the school nurse and SBHC staff around the common goal to support better health outcomes and access to education.

While there are similarities between care provided by a school nurse and that provided by a SBHC, there are also significant differences. It is important to note that records maintained by school nurses are part of a student education record and are subject to the requirements of the Family Educational Rights and Privacy Act ([FERPA](#)). Records maintained by a SBHC are considered health care records and thus are protected by Health Insurance Portability and Accountability Act ([HIPAA](#)). Both laws require parental consent related to the sharing of information in most instances. For more information about FERPA and HIPAA, see Section C, Chapter 6 on documentation.

The following table outlines variations in services provided by a district school health program and a school-based health center.

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#### **Comparison of District School Health Program and School Health Centers**

| <b>District School Health Program</b>   | <b>School Health Center</b>   |
|---|---|
| Purpose is to reduce or eliminate student health related barriers to learning   | Purpose is to provide acute and episodic medical care to students to increase access to health care opportunities   |
| Total school population focused; school nurse manages overall school health program for assigned schools  | Individual student issue or need focused  |
| Health promotion focused through student counseling on issues and fostering increased healthy habits, physical activity, healthy foods, etc.  | Medical diagnosis and treatment focused as in primary care  |
| Collaboration among school personnel on health issues in schools  | Little involvement with larger school staff   |
| Plans of care developed to meet individual student needs and direct that care through delegation, training and oversight  | Extension of the medical community to provide medical diagnoses, orders for treatment and medication orders that are included in plans of care  |
| School nursing assures core services in school: preventing communicable disease transmission, development of emergency plans, supervision of specialized health service provision, securing care for screening referrals, oversight for compliance with mandated services (health assessments, immunizations, bloodborne pathogen exposure plans, etc.) | Core service provision related to those items required or allowed under contracts, insurance or billing practices<br><br>Clinic nurses often operate as triage for midlevel providers or under specific standing orders |
| Information sharing is allowed within the school system as needed for health issues that impact the student's education and safety  | Information sharing is allowed only with specific student/parent consent  |
| Health records created in school are education records  | Health records created in school health centers are confidential health records   |
| Activities and records are privacy protected under FERPA. Sharing with a health center requires parental consent  | Activities and records are covered and protected under HIPAA. Sharing with school staff requires parental consent   |

## **School-Based Telehealth**

### **Definition**

“Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health” (HRSA, 2022). Since its inception, the definition of telehealth has broadened to encompass a variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not so much a specific service, but a collection of means to enhance care delivery (CCHP, 2020). The North Carolina Board of Nursing has defined telehealth/telenursing as “the practice of healthcare within a professionally designated scope of practice using electronic communication, information technology, or other means between a licensee in one location and a client in another location with or without an intervening healthcare provider” (NCBON, 2018).

### **Models of care**

The most common approach in schools has been based on the model of the School-Based Health Center (SBHC) with a focus on increasing the ability of the school health program to meet the health needs of the students. As such, a telehealth program may be viewed as a virtual SBHC. Telehealth is being implemented in a variety of ways in North Carolina. Some examples of school-based telehealth programs include the incorporation of telehealth equipment by school-based health centers to complete visits when the provider may be at a different site, or when the health care provider is employed by another agency; implementation in partnership with an area hospital and/or hospital owned medical practice(s); as a partnership between the school district and local health department; or in conjunction with a nonprofit agency. To date, the focus for most of these telehealth programs is to provide assessment and care for acute health issues. Some sites provide additional services such as management of chronic conditions; mental health counseling, preventive services such as health education, physical and dental exams, and nutrition services. These sites usually have an integrated SBHC.

### **Benefits**

The NASN position statement, *Telehealth: Equitable Student Access to Health Services* (2022), addresses how the potential benefits of a telehealth program to include reduction of health disparities related to a lack of access to primary services, specialty services and school nurse services.

### **Challenges**

The following are listed as challenges to the implementation of telehealth:

- program sustainability
- cost to implement and maintain equipment
- privacy
- liability
- provider reimbursement (NASN, 2017)

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According to Sanchez, et al. (2019), school-based telehealth has the potential to increase the impact of the school nurse on both health and academic outcomes of students. School nurses are well positioned to facilitate the adoption of telehealth to improve access to care for students.

The Affordable Care Act places emphasis on telehealth which offers school nurses a platform to advocate for such services in the school setting. School nurses who are willing to integrate telehealth into their practice have the opportunity to better meet the health and educational needs of their students in creative and innovative ways. Telehealth can be a tool to improve the practice and reach of school nurses. NASN supports the use of telehealth as a tool to assist the school nurse in the provision of school health services. Telehealth is not a substitute for the school nurse; but allows the nurse to provide a more complete, coordinated approach to student health services in school (NASN, 2017).

All school nurses are responsible for providing both population-based and individual student health services to their assigned K-12 schools. Care must be taken to balance time spent by the school nurse addressing the health needs of the entire school population with time spent in assisting a subset of students, with parental consent, to access primary care via either a SBHC or telehealth visit. Nurses in state funded positions such as the School Nurse Funding Initiative (SNFI) must be mindful of the Scope of Work and work plan outcome requirements. Part of the purpose of this funding is to improve the nurse to student ratio and improve access to school nursing services. If a concern arises regarding the time dedicated by a SNFI nurse on SBHC/telehealth, a time study may be in order to assess workforce needs.

There are separate but complementary roles for SBHCs, telehealth or virtual SBHCs, and school nurses.

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### **Additional Resources**

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