



Many of our parents have received a letter from AISD with information on a new program that provides telemedicine services in the school nurse office with a third party service. **Our patients deserve to know that we have very serious reservations about this program.** Here are some highlights, and then we'll share some philosophy with you.

- **This program was brought in by a for-profit corporation without the consultation of the pediatric community of Austin.** This pediatric community is pretty tight and we are proud members of many collaborative groups including The Greater Austin Pediatric Society (GAPS) and the Central Texas Primary Care Alliance (CTPCA), and we have seats on the board of the Dell Children's Health Alliance. None of these groups support the AISD telemedicine initiative through this for-profit third party corporation.
- NO meaningful collaboration with the pediatric community has been held about this initiative. GAPS members were allowed to give testimony in a few 2 minute increments at Board meeting when the third-party corporation was given unlimited time. **We are aware that the testimony of the third-party corporation did not reflect the opinion of pediatricians in other markets where they have worked - serious concerns have been raised, and these were NOT addressed.**
- We are very disheartened that AISD proceeded with the program despite our vigorous objection and the fact that Dell Children's Hospital, who has provided school nurses through a state-of-the-art collaboration, refused to allow their nurses to take part in it.
- The American Academy of Pediatrics (AAP), the Texas Pediatric Society and the Texas Medical Association have long supported the concept of the pediatric medical home as the optimal setting for providing children with holistic, coordinated, and timely health care. Developing a trusting partnership with families is essential to the provision of pediatric care.
- We have no guarantees that the care providers that the third-party company will employ are Board-certified, experienced, or qualified. We have no insight on their quality assurance programs.
- The American Academy of Pediatrics applauds expansion of telemedicine, but only through the medical home. That means - where your child is known, where their medical records are complete, and the whole child is considered in making medical decisions.
- **Studies have indicated that retail and virtual care models consistently result in overprescribing** of antibiotics and other medications, can not possibly take into consideration the past medical history and chronic conditions of a child as well as their primary provider, and lack continuity.
- Texas has introduced "telemedicine parity," which means that telemedicine visits are going to produce revenue similar to that of a face-to-face doctor visit. **There is now the potential for significant PROFIT for these virtual companies. This motive must be considered.**

Now, the philosophy:

We recognize that not everybody in Austin has access to a pediatrician that knows them by name. We recognize that AISD is trying to provide medical care to its students, and that they are not trying to hurt our kids. We recognize the demands of working parents just trying to get through the day, and they need access as on-demand as possible. However, we also recognize the value of the medical home.

This is our promise to you - that we will do our best to know YOUR child and YOUR family well enough that we can make informed, collaborative decisions together. We offer extended hours 6 days a week and are expanding creatively to make our doctor-patient relationship even more available - but in the context of GOOD care in YOUR child's medical HOME. We are exploring options like telemedicine, which is finally becoming capable of providing good care in the right circumstances. Outside the medical home, virtual care has the potential to be fragmented and unsafe.

To our AISD families, please contact us FIRST if you think your child would benefit from a telemedicine visit through the AISD third-party corporation. Please let your principals and school nurses know that your child's doctor has serious reservations about this program and want to make sure it is safe and used appropriately. Call US first if you are offered a virtual visit at school. We can usually provide advice that will get you through to a visit, and often save you a visit to begin with. We promise to make your child the center of their medical home, because we're with you, every step of the way.

Attached is a letter GAPS, of which we are a member, sent to the Student Health Advisory Committee of AISD with even more details.

**GAPS:
Greater Austin
Pediatric Society**



January 27, 2020

To: AISD School Health Advisory Council

Re: AISD Partnership with Virtual Care 4 Kids

Dear AISD School Health Advisory Council,

Thank you for the opportunity to provide comment on ways in which the Austin area pediatric physician community can better collaborate with AISD to ensure all of our children receive the most optimal care possible. The Greater Austin Pediatric Society (GAPS) is the community of primary care physicians and specialists serving families in the greater Austin, TX area. Our mission is to bring together all medical providers who care for Austin-area children, allowing communication, connection, and health care advocacy for our community. Our goal is to improve health care for children in our community. We welcome opportunities to collaborate with organizations aligned with our objectives.

School health is vital for children, and we want to thank the Austin Independent School District for all that you do to promote the physical and mental well-being of AISD students. We recognize that partnering with schools is essential to the health of our youngest Texans.

In September, GAPS learned incidentally about the potential AISD partnership with a telehealth platform just prior to the AISD School Board vote on this initiative. In order to foster collaboration between AISD and Austin-area pediatric physicians and to provide guidance regarding optimal use of telemedicine for children, we invited the district and the telehealth provider to speak at the GAPS fall meeting just prior to the AISD School Board vote. Unfortunately, representatives were unable to attend at the last minute and no meaningful collaboration was fostered prior to the Board's approval of the telehealth initiative.

Pediatricians recognize the value of telemedicine, and many of our practices are embracing this innovative health-delivery tool. However, the importance of providing telehealth within the context of a child's medical home is crucial for providing quality health care. The American Academy of Pediatrics (AAP), the Texas Pediatric Society and the Texas Medical Association have long supported the concept of the pediatric medical home as the optimal setting for providing children with holistic, coordinated, and timely health care. Developing a trusting partnership with families is essential to the provision of pediatric care.

The AAP policy statement on telemedicine reiterates this concept by acknowledging the opportunity of technology to extend care within the patient's medical home, or in remote medically underserved areas, but offers the dangers of telemedicine in isolation. It states: "Telemedicine technologies used for episodic care by nonmedical home providers have the potential to disrupt continuity of care and to create redundancy and imprudent use of health care resources. Fragmentation should be avoided, and telemedicine, like all primary and specialty services, should be coordinated through the medical home.

In isolation, the use of virtual telemedicine care represents the antithesis of the medical home model of quality pediatric care: care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. Virtual health care services are provided episodically and are lacking the essentials of the patient's medical record.

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Increasing fragmentation of care is the result, which leads to incomplete or redundant services and wastes health care dollars. More importantly, virtual telemedicine care in isolation does not provide timely and comprehensive follow-up with the patient and the medical home. Finally, it does not provide the same level of care that would be provided in a hands-on visit (e.g., physical examination, necessary laboratory tests, etc.), and therefore the patient receives suboptimal care. Although such novelty care appeals to parents because it can be faster, more

convenient, and more affordable than an office visit, the loss of continuity of care, quality of care, and patient safety shows why this telemedicine care model should not be embraced.”

In short, the American Academy of Pediatrics and the Greater Austin Pediatric Society remain skeptical of retail-based, direct-to-consumer telemedicine models such as the one being established by AISD with Virtual Care for Kids especially when there has been little collaboration with the pediatric medical homes of AISD families. GAPS has also received feedback from other areas of the state in which this model has been implemented and reviews from those pediatric physician communities are mixed as well.

Now that telehealth services will begin in earnest, we recommend the AISD School Health Advisory Council engage with Austin area pediatricians and family practitioners to provide the best care for your students and our patients. Monitoring health outcomes of students via the telehealth platform and from the vantage point of the child's medical home will be vitally important.

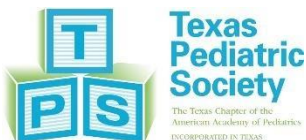
Suggested measures would include:

- Appropriate prescribing of antibiotics
 - Studies have demonstrated overprescribing in urgent care settings compared to primary care physicians
- Appropriate communication and follow up with the student's primary care physician
 - Fractured care can lead to missed diagnoses due to lack of entire medical, family, and social history
- Appropriate monitoring of chronic or recurring health conditions
 - Lack of continuity of care with various providers can delay appropriate treatment for worsening health conditions such as asthma, recurrent Strep throat, and recurrent ear infections

GAPS and our pediatric physician members would appreciate the opportunity to be able to share our findings with the SHAC in a meaningful, formalized fashion. Working together and including primary care providers, parents, and schools in any effort to expand medical services through the Austin Independent School District is vital for the health of children in our community. We look forward to further collaboration with the AISD Board and School Health Advisory Council.

Sincerely,

Ari Brown, MD, FAAP
President, Greater Austin Pediatric Society



GAPS:
Greater Austin
Pediatric Society

