Telehealth in Pediatrics

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Goals

- Review the definition and history of telemedicine/telehealth
- Discuss telehealth in Pediatrics
- Discuss benefits and challenges of telehealth in Pediatrics
- Review conducting a well check via telehealth
Definitions

- Telemedicine/Telehealth
  - The remote delivery of healthcare services and clinical information using telecommunications technology. This includes a wide array of clinical services using internet, wireless, satellite and telephone media.
History

- 1905 - Transfer of electrocardiograms electronically
- 1920s - Radio use to give advice on ships
- 1940s - Radiology images sent electronically
- 1959 - University of Nebraska - first use of video communications
- 1960s - NASA uses telehealth to monitor health of astronauts in space
  - At the same time, Native Americans in Arizona working with STARPAHC
  - Space Technology Applied to Rural Papago Advanced Health Care
- Present day
Telehealth in Pediatrics

- **AAP 2015 Policy Statement**
  - Telehealth can increase access to high-quality pediatric care and pediatricians should work to reduce barriers to providing telehealth to their patients
  - 12 percent of pediatricians/pediatric specialists using it at this time
    - Used primarily in rural areas and schools
- **AAP in COVID**
  - Strongly supports continued access to health care for children and adolescents, whether it be in person or via telehealth
Benefits

- Increased access to care during pandemic
- Increased access to specialty care
- Reduces burden on families
  - Travel time, time off work
- Ensures patient safety in COVID pandemic
- Enables providers to observe and interact with children in their homes
Challenges

- No immunizations or hands on exam
- Access problems with broadband or technology
- Problems engaging on video
- Lack of privacy
- Billing
AAP and the Well Child Check during COVID

- Prioritize in person newborn care, well visits and immunization of infants and young children through 24 months of age whenever possible

- Continue well visits for children through telehealth, with the acknowledgement that some elements of the well exam will need to be completed in clinic once community circumstances allow

- Complete in-person elements when circumstances permit. These elements include, at a minimum, the comprehensive physical exam, office testing, laboratory testing, hearing, vision, oral health, immunizations
The Well Child Check

- Bright Futures
  - Disease detection
  - Disease prevention
  - Health promotion
  - Anticipatory Guidance
The Well Child Check during COVID

What can’t be done
- Paper screening tools
- Vital signs
- Auscultation of lungs, heart
- Otoscopic/Eye exam
- Provider palpation
- Most GU exams (older patients)
- Vision/Hearing/Immunizations

What can be done
- Screening tools-online or verbal
- General observation
  - Some vitals
- Skin exam
- Evaluation of respiratory effort, perfusion
- Engaging parents in exam-palpation of abdomen if complaints
- Aspects of musculoskeletal and neurologic exam
- Mental health evaluation
- Health promotion
- Anticipatory guidance
Things learned

- Seeing families and children in their home setting
  - Increases your knowledge of their circumstances and impact on their health
- Increased engagement in visit of children, adolescents and parents
  - HEADDS exam
- Improved provider/family relationship
  - Increased ease of access, less threatening environment
  - Increased likelihood/willingness of returning for an in-person visit
  - Meeting families “where they are”
- You can always convert to an in-person visit
Discussion