



ADVANCING INTEGRATED HEALTHCARE

Advancing Team Based Telehealth in RI Webinar Series:

“Pediatric Virtual Care 2.0 – options and strategies for RI pediatric and family care practices”

Care Transformation Collaborative of R.I.

MAY 25, 2021

Agenda

Presenters:

Elizabeth Lange, MD, FAAP, Waterman Pediatrics/Coastal Medical

Mick Connors, MD, CEO & Co-founder, Anytime Pediatrics

Today we will learn more about:

- Pediatrician and patient perspectives on telehealth
- What are the obstacles? How can we overcome?
- Using telehealth to manage chronic medical and behavioral health conditions
- Tips for managing adolescent confidentiality
- What is quality in virtual pediatric care? How should we measure success?

What we learned from Practice Assessment & Patient Surveys

UnitedHealthcare Telehealth Project:

- 47 Practices completed Practice Assessment; (**11 Family Medicine; 15 Pediatric**)
- Over 900 Patient Surveys
- Practices requested webinar on “Child/Adolescent chronic disease management”

Top 4 things to improve telehealth: Patient education, better workflows, improved internet in community, staff training

Top 4 visits types: Sick visits, medication management, COVID concerns and routine follow up for chronic conditions

Experiences from pediatric patients: majority of those who had a telehealth visit would have another one in the future, pediatric patients rated convenience and safety of telehealth as top benefits, major barriers: lack of phone or computer, or comfort using phone/video for a visit

Patients’ who had a telehealth visit suggestions for improvement: 55% would like technology education, 32% would like condition specific telehealth appointments

What we heard from pediatric patients

"[the mother] said the doctor does everything the same as if she was there in person. The doc even did activities with her son and he loved it."

"I would like there to be some type of way to have the nurse come and do vitals"

"Dr. Nevola was great. He described everything he was looking to do. My son was very comfortable."

"[I don't want to have another telehealth visit because I was] rushed and not listened to."

Mick Connors, MD, FAAP

CEO & Co-Founder @ Anytime Pediatrics



- Passionate about children and improving access to the specialized, high-quality pediatric care they deserve
- Currently a practicing pediatric emergency physician
- More than 25 years of clinical and leadership experience

What Pediatricians Told Us

Survey Open
January 12 – February 12,
2021

Respondent Profile

- 80% were MDs

Majority were:

- Practice Owner, Partner or Associate
- Over 45 Years of Age

“Telemedicine is the future of medicine. Families love the convenience of access to their doctor even after office hours are closed. Even post-pandemic, families will expect ongoing care via telemedicine. I hope we will incorporate exam tools to improve the exam/care provided.”

“I would use my telemedicine platform more if ... it was easier for families to get on the first time they try and if the front desk could see the family before routing to the clinician – so they would know it was working.”

“I would use my telemedicine platform more if.. it could mimic an in person visit workflow with staff handoffs.”

“I do not like the idea of telemedicine one little bit. It feels very superficial. I glad I am close to retirement. I have been practicing since 1976, and this is a bridge too far.”

Why Telemedicine



Of clinicians believe patients
will expect virtual care as part
of their healthcare



2021 State of Pediatric Telemedicine Survey

Survey Surprises



Patient Demand

Docs know patients want it and say patient demand would make them want to use it more



Payment Hurdles

While most states are paying for telehealth, still many are reluctant to adopt telemedicine



Connectivity

Does trust play a role in perception of telehealth reliability and strong connectivity?

Common Themes



Visit Types

- Behavioral Health
- Sick Visits
- Follow-ups



Telehealth Adoption

- Connectivity
- Understanding the need
- Reimbursement



Top Tech Used in 2021

1. EHR
2. Telemedicine
3. Patient Portal

Pediatric Practice Visit Trends



Visits

AVERAGE WEEKLY

- **29%** | 0-5 Visits
- **21%** | 6-10 Visits
- **17%** | 11-15 Visits
- **9%** | 16-20 Visits
- **25%** | 20+ Visits



Duration

AVERAGE LENGTH

- **2%** | less than 5 minutes
- **29%** | 5-10 minutes
- **46%** | 10-20 minutes
- **23%** | 20+ minutes



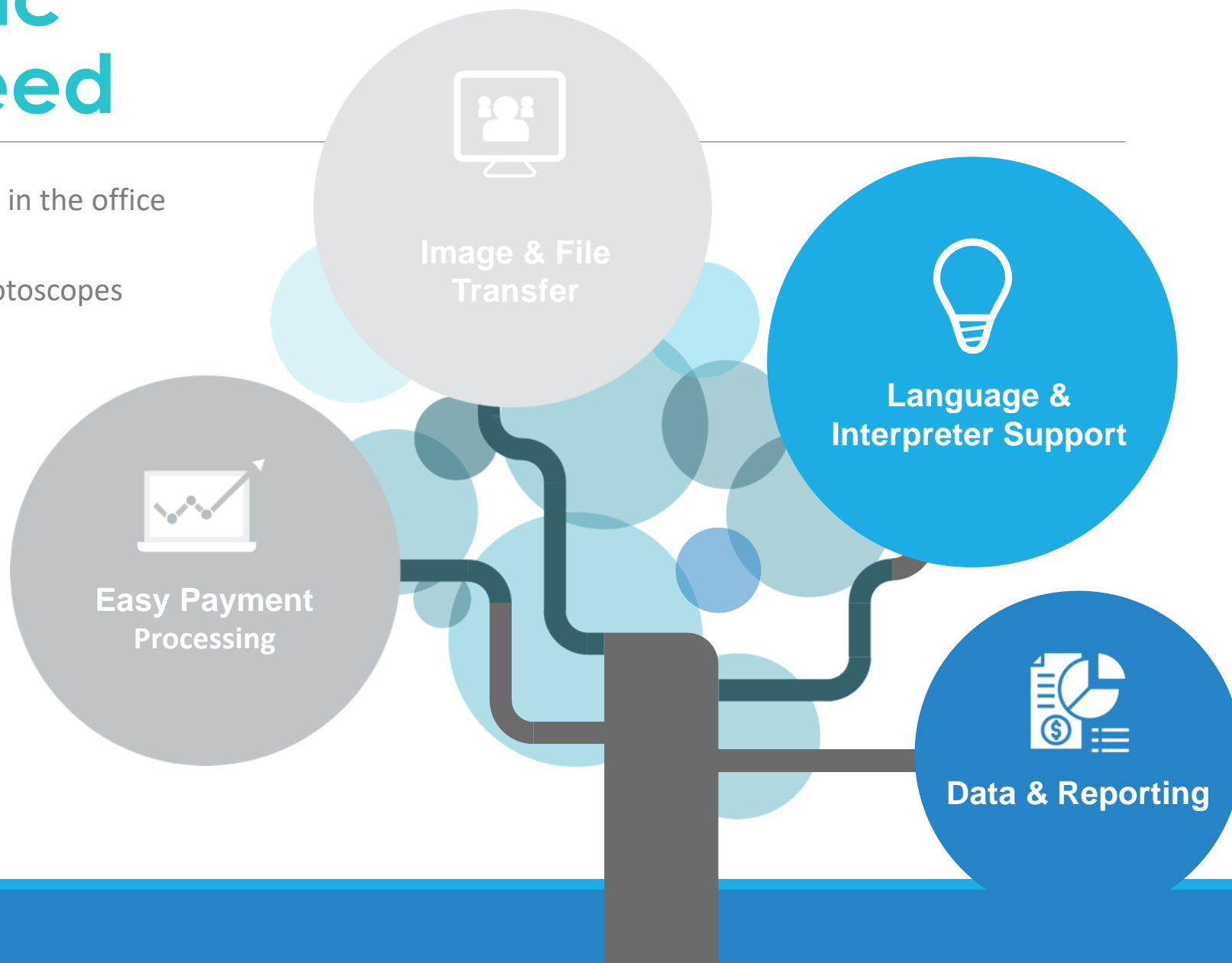
When

AVAILABLE HOURS

- **96%** During Office Hours
- **31%** After Hours (weekdays)
- **29%** Weekends

What Pediatric Clinicians Need

- ✓ Have a virtual check in process just like in the office
- ✓ Easy payment options & processing
- ✓ Integrations with EMRs and devices – otoscopes
- ✓ Live Interpreters in visit
- ✓ Spanish version to serve more patients



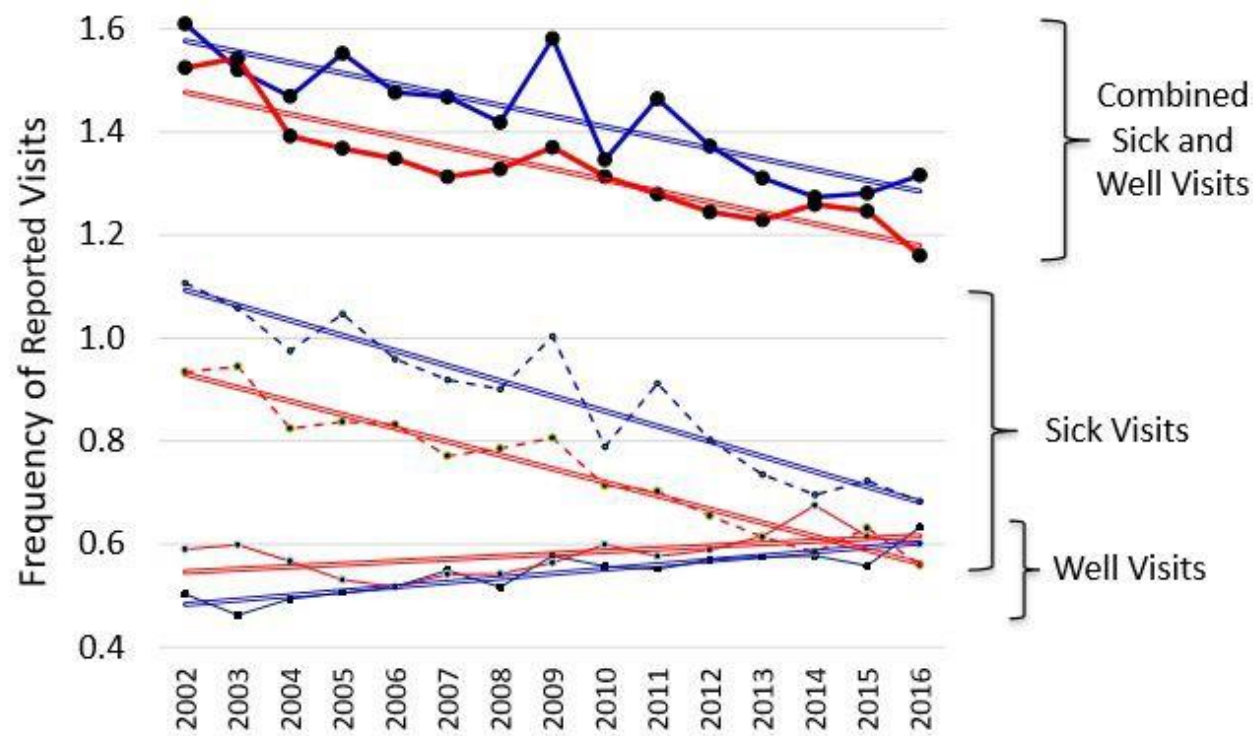
What we knew before the pandemic?

- The patient becomes the customer
- Retail Based Clinics, Urgent Cares, ER's
- Dr Google, Healthgrades and other judgements
- Direct to consumer –on-line and telemedicine
- Social Networks, YouTube
- Websites
- Declining sick visits
- Rising preventive care and mental health issues

TRENDS IN PEDIATRIC WELL AND SICK VISITS, 2002-16

Suk-fong Tang, William Cull, Lynn Olson [Research, AAP], April 2019 PAS

Annual Frequency of Household-reported **Sick and Well Visits** to Primary Care Physician Office per Full-year Insured Child, by Payor, 2002-16




- Overall visits/year decreased
- Despite slight increase in well visits
- Drivers?
 - Vaccines?
 - Out of pocket costs?
 - Alternatives?



Can we reverse the trend?


**Starts with
Patient Engagement**

External Communication: Website

[WELCOME](#) [ABOUT US](#) [PLAN YOUR VISIT](#)  [VIRTUAL VISITS](#) [PATIENT INFO](#) [CONTACT](#)


INTRODUCING VIRTUAL VISITS


Virtual Visits make connecting to your trusted pediatric office more convenient than ever. Your child's next visit could take place in the convenience of your home via telemedicine with a trusted clinician using technology by:

 **ANYTIME**
pediatrics

TO GET STARTED, PRE-REGISTER, AND THEN
DOWNLOAD THE ANYTIME PEDIATRICS MOBILE
APP. USE PRACTICE CODE 8790 TO REGISTER.

[PRE-REGISTER](#)

 GET IT ON
Google Play

 Download on the
App Store

As Covid 19 continues to negatively effect our community we want to make sure that your visits to Pirate Pediatrics are efficient and safe. We are limiting the number of people in our office, performing visits outside, and using telemedicine. We ask for your patience as we try and keep our staff and your children safe.

- please limit adults to parents only (grandparents and others may be asked to wait outside)
- face coverings are required for all over 5 years old
- if you or your child are experiencing fevers , runny nose, or other symptoms please make us aware
- all behavioral health visits (anxiety, adhd, etc) are performed via telemedicine
- download the [Anytime Pediatrics](#) app and set up your account if haven't done so

🔍 anytime pediatrics ✕ Cancel

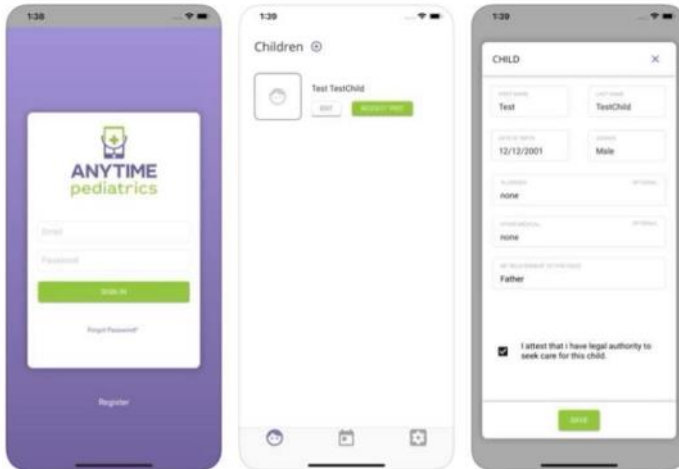


Anytime Pediatrics

On-Demand Pediatrician Visits

★★★★☆ 4

OPEN



External Communication: Social Media



Pirate Pediatrics

February 27 · 🌐

Telemedicine Walk-In Visits
Now Available on the Anytime Pediatrics App



👍 Like

💬 Comment

➦ Share



Register Now for Virtual Visits!

See your provider virtually for pink eye, rash, cold, behavioral health, follow-up appointments and more!



Pre-register with our
Practice Code:

8790

Connect from anywhere
anytime via smartphone,
computer or tablet!

Download the app or visit
portal.anytimepediatrics.com/8790
to get started!



ANYTIME pediatrics

Internal Communication

Flyers in all exam rooms
TV monitor in waiting room

Success

Getting the word out:

- Nurses offer TM appointments to eligible patients
- Periodic blast communications for patients with chronic conditions

Patient prep:

- Front desk
- Pre-registration
- Website
- Day-of appointment verification by staff

Out of all the methods, the Clinician suggesting and scheduling has been the greatest way to engage and encourage our families to use telemedicine.



Is this an opportunity?

For Our Teens



ADVANCING INTEGRATED HEALTHCARE

Teens in Rhode Island

Teens

Teens may prefer to be seen without a caregiver present. Use clinical judgment to ensure appropriate privacy is maintained (e.g., patient feels comfortable they are not being overheard).

If a patient expresses any discomfort with full video, text/chat functions are available in some telehealth systems and may be useful for older patients (likely over 11 years old).

Children and teens may appreciate getting to know clinicians as well. Consider using a brief question and answer game to share some facts about you and gathering information about your patient. For example, your patient and you can take turns answering: “What is your favorite TV show?”, “What is your favorite color?”, “What is your favorite food?”, “How many siblings do you have?”



Is this an opportunity?

For at home care?

VIRTUAL EXAM BENEFITS



Visualize medications



Explore environment



Developmental milestones



Child's activity



Parent engaged in exam



SICK VISITS

- Rash & Vomiting
- Cough & Cold Symptoms
- Constipation & Diarrhea
- Pink Eye (Conjunctivitis)

SICK VISITS

Nurse Triage?

Bypass phone trees?

Peripheral devices?

VIRTUAL WALK IN?

PHYSICAL EXAM





Behavioral Health

ADHD

Follow-Up Visits
Medication Checks



Behavioral Health

Do any need in office appointments?

What about artificial intelligence?

Screening questionnaires automated

Virtual check in?

CHRONIC CARE

Medication Questions
Complex Conditions



Monitoring programs can collect a wide range of health data from the point of care, such as vital signs, weight, blood pressure, blood sugar, blood oxygen levels, heart rate, and electrocardiograms.



CHRONIC CARE

Remote patient monitoring

Asthma

Obesity

Heart Disease

Depression

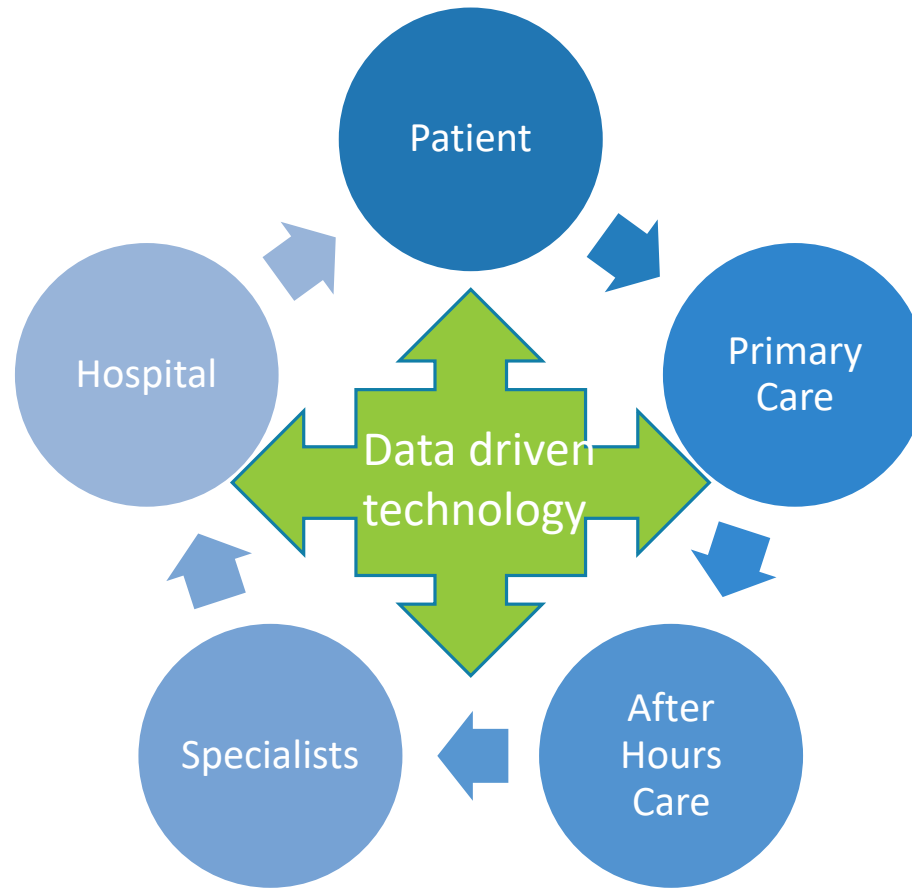
Bright Futures/American Academy of Pediatrics



No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

AGE¹	INFANCY								EARLY CHILDHOOD								MIDDLE CHILDHOOD						ADOLESCENCE										
	Prenatal²	Newborn³	3-5 d⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21	
HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Initial/Interval																																	
MEASUREMENTS																																	
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																					
Weight for Length		●	●	●	●	●	●	●	●	●	●																						
Body Mass Index⁵												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure⁶		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																	
Vision⁷		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	★	★	★	★	★	★	★	★	★	★	★
Hearing		●⁸	●⁹	→	→	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←	←	←	←	←	←	←	←	←	←	←	←
DEVELOPMENTAL/BEHAVIORAL HEALTH																																	
Developmental Screening¹¹								●			●		●																				
Autism Spectrum Disorder Screening¹²											●	●																					
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment¹³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment¹⁴																						★	★	★	★	★	★	★	★	★	★	★	★
Depression Screening¹⁵																							●	●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening¹⁶				●	●	●	●																										
PHYSICAL EXAMINATION¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁸																																	
Newborn Blood		●¹⁹	●²⁰	→	→																												
Newborn Bilirubin²¹		●																															
Critical Congenital Heart Defect²²		●																															
Immunization²³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia²⁴					★				●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead²⁵							★	★	● or ★²⁶		★	● or ★²⁶		★	★	★	★																
Tuberculosis²⁷				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia²⁸												★			★		★			←	●	→	→	→	→	→	→	→	→	→	→	→	→
Sexually Transmitted Infections²⁹																						★	★	★	★	★	★	★	★	★	★	★	★
HIV³⁰																						★	★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia³¹																							★	★	★	★	←	←	←	←	←	←	●
ORAL HEALTH³²							●³³	●³³	★		★	★	★	★	★	★	★																
Fluoride Varnish³⁴							←	←	←	←	←	←	←	←	←	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Fluoride Supplementation³⁵							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

VIRTUAL CARE CONTINUUM

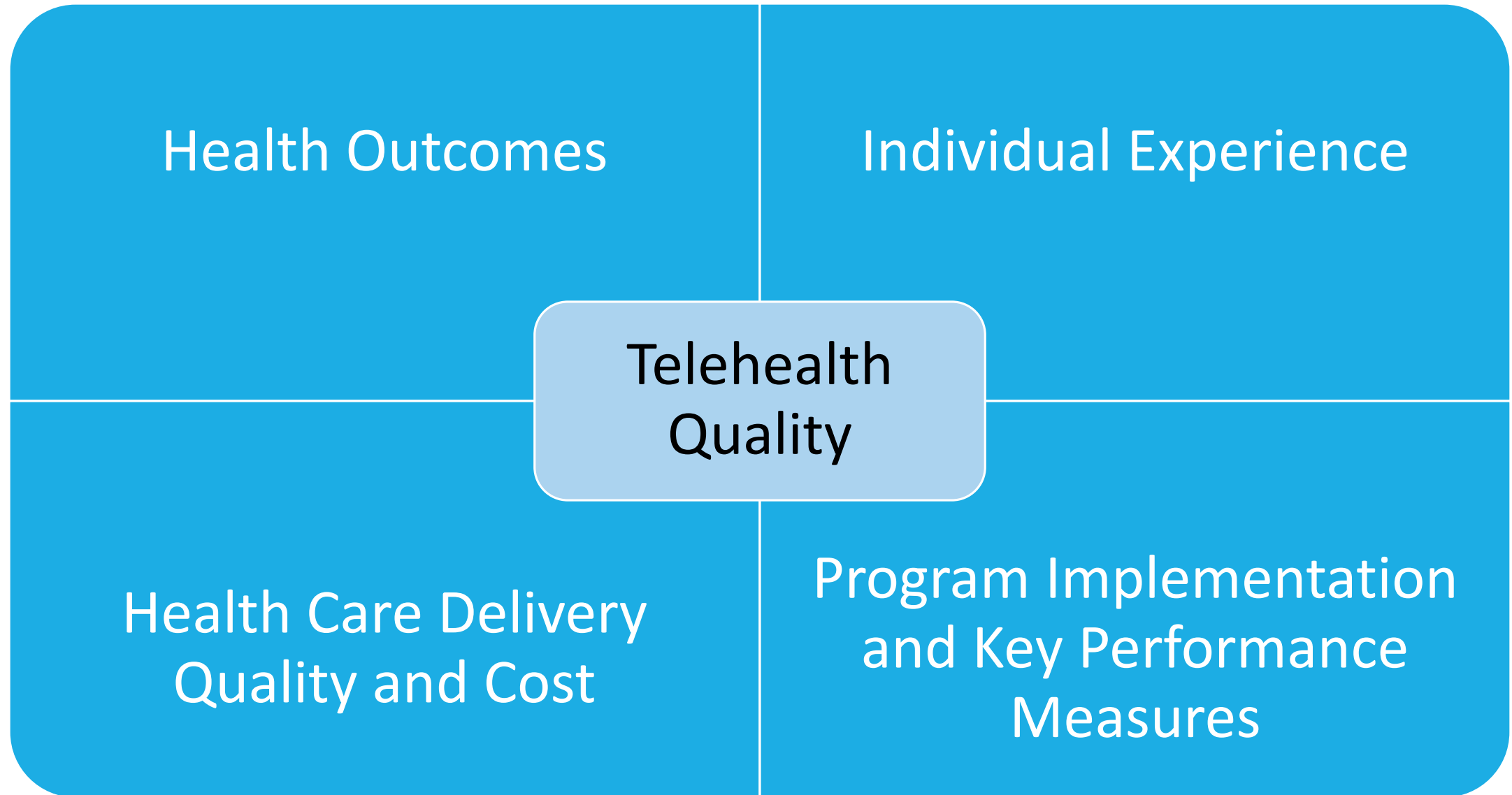


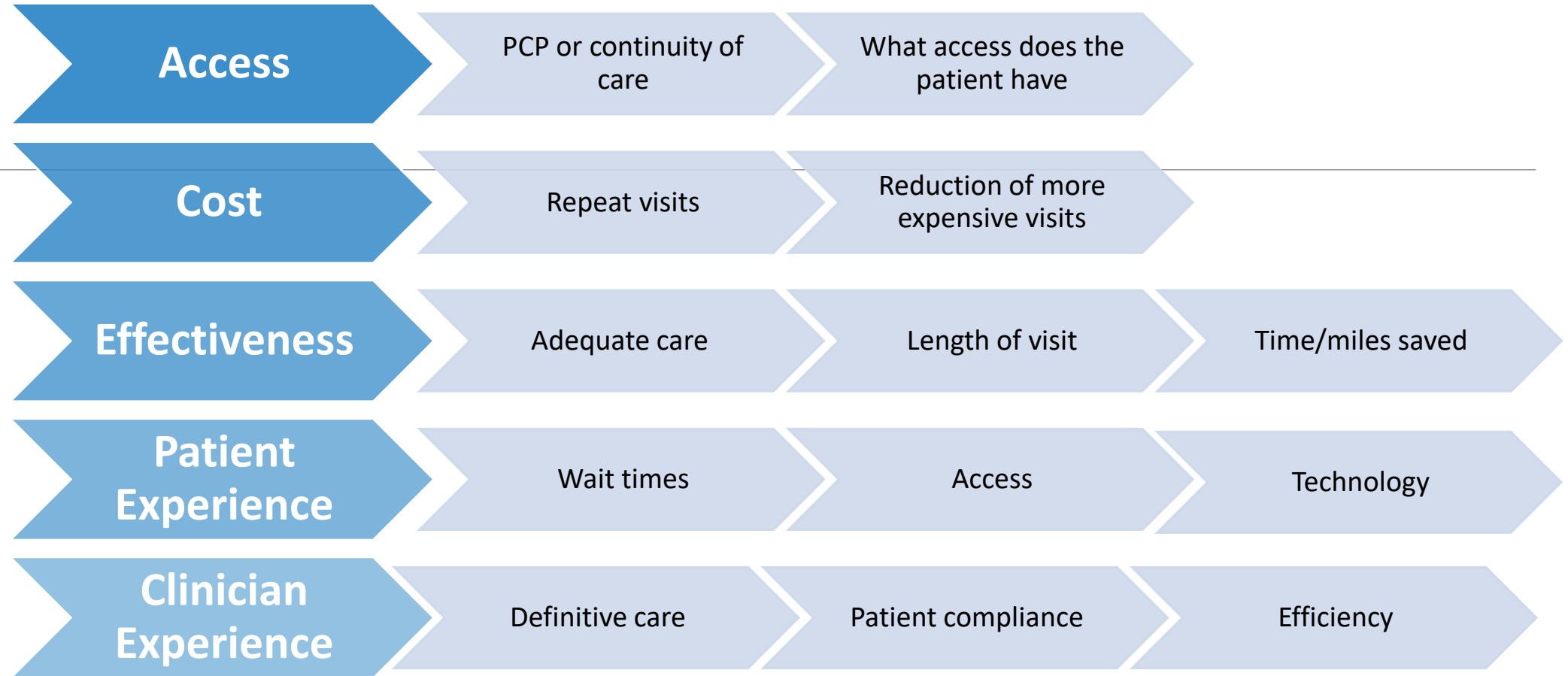
How do you define "quality"



Quadruple Aim







What aims should we think about?

Quality and Trust

One essential determinant is communication that delivers valid information and does so in a manner that **promotes trust**

Effectiveness encompasses a range of outcomes, all of which depend to some extent on trust.

- satisfaction and reduction in anxiety,
- compliance with interventions
- recommended and increases the likelihood that parents will contact you, rather than seek care elsewhere,

Impact of Trust on Utilization

- In our experience, parents were sufficiently confident in care provided through telemedicine that they rarely sought in-person care following telemedicine visits.¹³
- emergency department visits, overall, dropped substantially with telemedicine available in childcare and elementary schools (22% reduction¹⁴) and in a center for children with special needs (50% reduction¹⁵).

Mcconnochie, Kenneth

2019/01/16

Webside Manner: A Key to High-Quality Primary Care Telemedicine for All

10.1089/tmj.2018.0274

Telemedicine and e-Health



Where success lies

Offer access

Engage staff and patients

Think continuity

Ensure better care your patients trust

Continually improve quality

Innovate always!!

Resources

JOIN US IN OUR RETURN TO OUR
STANDARD 2 DAY IN-PERSON EVENT!

Save the Date!

**7TH ANNUAL REGIONAL
TELEHEALTH CONFERENCE**

**September 23-24, 2021
Manchester, NH**

NETRC 2021

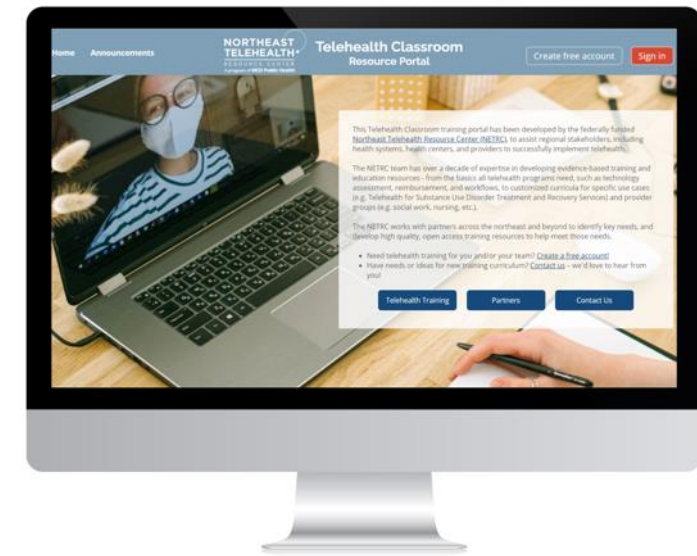
**TELEHEALTH
LAUNCHPAD**

REFUELING FOR SUSTAINABILITY

**NORTHEAST
TELEHEALTH⁺**
RESOURCE CENTER

**[WATCH NETRC.ORG FOR
MORE INFORMATION]**

www.NETRC.org



www.TelehealthClassroom.org

Evaluation/Upcoming Webinar



Webinar Evaluation

Please fill out our webinar evaluation using the QR code or at this link: <https://www.surveymonkey.com/r/CTCPediEval>

CTC-RI Telehealth Project Materials- The Recording of this session, and materials for all other sessions as a part of this project can be found here: <https://www.ctc-ri.org/telehealth-project-overview>

Register for Next webinar: June 29, 2021 – “CTC-RI Advancing Team Based Telehealth in RI Webinar Series: Considerations for Telehealth Interactions with Adults”
https://us02web.zoom.us/webinar/register/WN_JiVoRwdhTGWHWsb1m9xZA

Questions: Sarah Summers, CTC-RI Program Coordinator,
[*ssummers@ctc-ri.org*](mailto:ssummers@ctc-ri.org)

Thank you...

...UnitedHealthcare for generous funding!

...to our expert Panel!

Thank you for your participation!

Presenter Contact information

Mick Connors, MD

Mick.Connors@anytimepediatrics.com

