Welcome to the Telehealth ECHO

Quality Care

The session will start in less than 15 minutes

Funding

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For educational and quality improvement purposes, we will be recording this video-session

By participating in this clinic you are
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we appreciate and value your participation

If you have questions or concerns, please use the chat or email
shanna.peters@kansasaap.org

Housekeeping

- This session will be recorded for educational and quality improvement purposes.
- Please do not provide any protected health information (PHI) during any ECHO session.
- IT Trouble? Chat with Amy Trollinger or email amy.trollinger@kansasaap.org

Please turn on your video! **Please enter your name and organization in the chat box.**	**Please mute your microphone when not speaking.**	5 min: Introduction 25 min: Lecture 5 min: QI Review **20 min: Case/Discussion** 5 min: Close
Introduce Yourself 💬	**Microphones** 🎤	**Agenda** 📋

Today's ECHO Faculty

- Kathy Farrell, MD, FAAP
- Kristen Stuppy, MD, FAAP
- Stephanie Kuhlmann, DO, FAAP

Telemedicine Quality Care

Kathy Farrell MD, FAAP, FSHM

Disclosures

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity

- I do not intent to discuss an unapproved investigative use of a commercial product/device in my presentation

Telemedicine Standard of Care

According to ATA Operating Procedures for Pediatric Teleheath (April 2017), if there are concerns about the child's clinical status or a full physical exam is required then the patient should be converted to an in-person visit in the medical home, urgent care or emergency department.

Determine office policy and list of diagnosis to be seen by Telehealth AV visit on website. Avoid any diagnosis that require lab testing (UTI) or ear/mouth/lung exam (Strep Pharyngitis, Otitis Media, Pneumonia, or Asthma)

Keeping care in medical home

The American Academy of Pediatrics (AAP) is committed to the medical home model to provide comprehensive, continuous, coordinated, compassionate, and culturally effective family centered care that supports long-term health.

Treatment consistent with pediatric best practice
Avoid fragmentation of care

Continue Antibiotic Stewardship to Avoid Resistance

According to *Charles B. Foster, Kathryn A. Martinez, Camille Sabella, Gregory P. Weaver and Michael B. Rothberg *Pediatrics* September 2019, 144 (3) e20190844; DOI: https://doi.org/10.1542/peds.2019-0844 Pediatricians were

- less likely to prescribe antibiotics for RTI than non-pediatricians and received higher encounter satisfaction, visit length

- Associated with higher five-star rating only when no antibiotics prescribed. Antibiotic overuse promotes emergence of

- Antibiotic resistant bacteria and other consequences.

**Develop office policy not to prescribe antibiotics via Telemedicine unless pink eye with 24-hour follow-up visit to ensure resolution.

Respiratory Tract Infection most common pediatric diagnosis in-person and via TH

According to * Ray KN, et al. *Acad Pediatr*. Jan. 10, 2019, http://bit.ly/2ToG4Y4, n=42, 072 in 2015,and 2016 most common dx were acute respiratory infection of nose/sinuses (24%), mouth/throat (16%) and ear 9%, also most common dx in-person n= 6, 917, 976.
- increased use TH in non-metropolitan areas an children without preventative visits
- DTC visits identified to have had more urgent care visits 17% vs. 10%
- DTC visits identified to have > ER visits 21% vs. 19%
- 4% dx with strep had a strep test via DTC vs. 75% at UCC and 68% at PCP
  convenience driver of TH, and users more likely to seek care outside medical home

https://www.ncqa.org/hedis/measures/appropriate-treatment-for-children-with-upper-respiratory-infection/

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Set up Visit for Success

Setting up for Success-Communication at every stage of interaction between caregiver, patient, office and provider, if failed connection have phone #, email to reconnect or convert to in-person

Providers collectively determine prior to initiating Telemedicine practice types of visits to be seen via TH: (pink eye, cold, sunburn, rash/eczema/acne, anxiety, depression, ADD, potty training/bedwetting, tantrum/biting/sleep issues, prenatal visits, breastfeeding

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Quality Outcomes with Telemedicine

- Reduce missed work/school
- Reduce emissions from travel
- Reduce time and cost of travel
- Reduce ER/UCC use for nonurgent conditions
- Live interactive videoconferencing with peripheral devices (USB Stethoscope, USB Otoscope, Direct Exam Camera, Ophthalmoscope, Ultrasound machines)
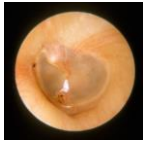
Best Practices:

- Re-create the face-to-face interaction (simulate what an in-person visit would look like)
- Small talk, eye contact, and set expectations how the visit might do. Explain how make diagnosis, acknowledge not full exam but assure can still get quality diagnosis
- Make log in simple, easy to use, and convenient patient-clinician relationships
- Keep pets and other family members out of room, TV, music and other distractions off
- Medications readily available
- No exam under bathing suit areas, no text or store images

Coming soon…

March 23 – Platforms for Telemedicine (and Technical Issues)
March 30 – Billing, Coding, Reimbursement & Documentation
April 6 – Confidentiality, Privacy & Etiquette
April 20 – Practice Management Side (Forms)

Questions?

Case Presentation

Dr. Patsy Barker, Wichita, KS

Nine-year old patient with right arm buckle fracture.