Using Telehealth to Expand and Enhance the Patient-centered Medical Home for Children with Medical Complexity

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Objectives

To describe the implementation of a telehealth project to enhance care coordination for children with medical complexity (CMC), to identify best practices, and to discuss lessons learned.

Background

The Complex Care Program (CCP) at Children’s National Medical Center (CNMC) provides an outpatient PCMH for CMC. In 2016, CCP piloted the use of virtual visits for care coordination using live video conferencing with patients at home and at school. In 2017, expansion of the use of telehealth has included the following: expanded training for providers, proactively providing telehealth accounts to CCP families, and offering virtual visits for care coordination, hospital discharge follow up, and urgent care visits.

A cohort of 15 patients/families who reside in DC were offered the opportunity to participate in virtual visits. DC residence was required due to current regulations requiring providers to be licensed in the jurisdiction where the patient is located. All visits were conducted by the patients’ primary providers.

Observations

Adoption:
- 4 of 6 trained providers participated in virtual visits
- All 15 families offered virtual visits were interested in the opportunity
- 13 of 15 families created accounts and scheduled virtual visits
- 11 of 15 completed at least one virtual visit

Setting:
- Patients were located at home for ten of the visits, one was at school
- Three of the visits involved other care team members in addition to the provider

Feedback:
- 10 of 11 families were “very satisfied”, one was “satisfied” with overall experience
- All families are interested in further virtual visits
- Most frequently cited benefits:
  - Convenience
  - Reduced stress for patient and caretaker
  - Avoiding transit time and costs
  - Fewer distractions during visit
- Communication felt to be equivalent to in-person visit

Reflections

- Families and providers expressed great satisfaction with virtual visits for care coordination, hospital follow up and triage for some urgent care needs.
- Parents cited importance of technology support prior to appointment in setting up accounts, confirming technology capability and gaining confidence in its use.
- Families valued having virtual visits conducted by their children’s primary provider within their medical home.

Next Steps

- Incorporate virtual visits into regular clinic hours and schedule.
- Obtain health licenses in order to provide telehealth services to patients located in neighboring jurisdictions.
- Advocate for Interstate Medical Licensure Compact and expanded insurance coverage for telehealth services.
- Study the effects of telehealth on healthcare quality, costs, and utilization in the CMC population.
- Develop telehealth education guidelines and modules for learners/trainees.

Potential Barriers

Licensing: Greatest barrier to offering virtual visits to patients in CCP, many of whom are Maryland residents.
Workflow: Need to develop processes for scheduling, staffing, documentation, and billing for virtual visits.
Technology: Need to provide support for families and providers and ensure patient access and ability to participate.
Reimbursement: Lack of compensation can limit ability to offer virtual versus in-person visits.