The Two “Ts” Have Crossed in New Mexico: Transition and Telehealth

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INTRODUCTION

Transition and transfer of Young Adults with Special Health Care Needs (YSHCN) is an important issue nationally and it is especially important in a rural state like New Mexico (NM). Patients and their families often must travel great distances to get medical care. In NM it is estimated 71,000 children and adolescents have a chronic illness and 5,000 of these individuals have a significant disability. (1) Many of these children and adolescents will need to be transitioned/transferred to adult health care providers in the future. In 2010, the UNM HSC Transition Consultative Clinic was started to meet this need. Most of the advanced medical care, including the TCC, is found in the Albuquerque Metropolitan area. Transition services for YSHCN are needed all over the state. Initial TCC and Telehealth from New York City where our Pediatrician was on Sabbatical. We have now successfully expanded the utilization of Telehealth to bring these transition services to rural NM communities.

METHODS

We began piloting the use of Telehealth for Transition from July 2012 to June 2013 with the TCC pediatrician joining the TCC in Albuquerque via Telehealth from New York City. Beginning in the fall of 2013 we were able to utilize Telehealth to provide TCC services to 4 rural communities in New Mexico; Gallup, Roswell, Silver City and Santa Rosa. Children’s Medical Services (CMS) social workers filled out an Intake form after meeting with the patients and sent it to the TCC. The information from this Intake form was reviewed and imported into the TCC Comprehensive Medical Summary. Other appropriate medical records were reviewed. Consents were given to the patients and their families at the time of the Telehealth clinic.

The TCC team in Albuquerque, NM consisted of a Pediatrician, an Internal Medicine or Family Medicine physician, and a Pediatric Nutritionist. There were 4 scheduled Telehealth visits and all of these patients were in the first appointment slots in TCC clinic that day. Our patient diagnoses are listed in the attached table as well as the ages of the individual patients. Each encounter lasted approximately 60 minutes. The TCC Comprehensive Medical Summary was completed and copies were later sent to the patient, pediatric physician, new adult physician, and other consulting physicians, the patients and their families along with their individual social workers met in their local health clinics that had Telehealth capabilities. Telehealth was conducted using a videoconferencing system which was securely connected to other systems utilizing Advanced Encryption Standard (AES).

CONCLUSION

Telehealth may prove to be an important viable option for bringing Transition and transfer services to rural areas in other states such as ours.

ACKNOWLEDGEMENTS

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3. UNM Center for Telehealth, Albuquerque, NM

RESULTS

Residents did participate in one clinic. Participating patients were recruited by the CMS social workers over a period of nine months. Recommendation/services provided included: 1) expedition in establishing with a local adult primary care provider (PCP) which allowed for timely and appropriate care for chronic pain control 2) information on obtaining healthcare insurance through Centennial Care (New Mexico’s Medicaid program) 3) information on the application process for Supplemental Security Income (SSI) and 4) information and resources on establishing legal guardianship In summary, we were able to give the patients and their families recommendations for ongoing medical care and information for available resources that might be beneficial to them in the transfer process. The completed TCC Comprehensive Medical Summary was sent to their prospective new adult Primary Care Provider (PCP). All patients and their families were very appreciative of the TCC services received.

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>LOCATION</th>
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<tr>
<td>A</td>
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<td>B</td>
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<td>9/17/13</td>
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</tr>
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<tr>
<td>D</td>
<td>Santa Rosa, NM</td>
<td>5/20/14</td>
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DIAGNOSES INCLUDED: Generalized Seizure Disorder, Myoclonic Absence Seizures, Congenital Hydrocephalus/Ventriculoperitoneal Shunt, Right Spastic Hemiplegia, Developmental Disabilities, GH Deficiency, Ewing’s Sarcoma, Depression, Chronic Pain, Anxiety, Complete Congenital Heart Block, Pacemaker, Mild Cardiomyopathy, Autoimmune Hypothyroidism

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