



# A GLOBAL PERSPECTIVE ON TELEMEDICINE: ADDRESSING THE LOGISTICS OF COORDINATION, OUTCOMES, AND SATISFACTION DURING A PANDEMIC

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## INTRODUCTION

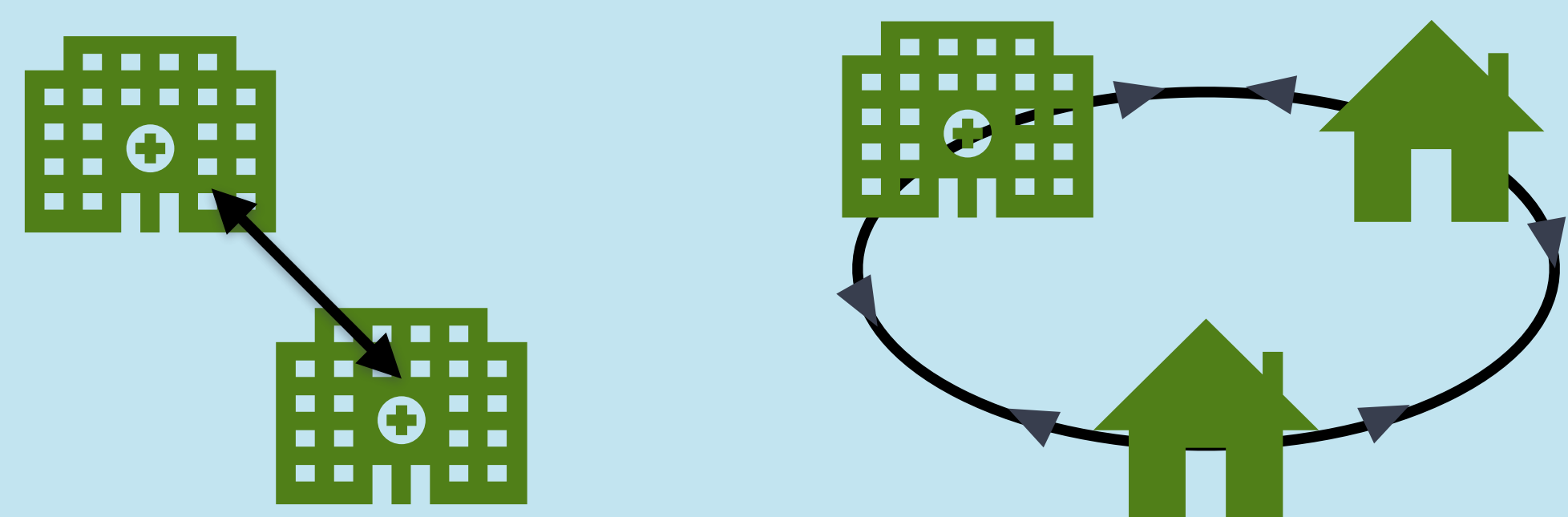
Telehealth can be defined as “delivery of healthcare services at a distance through the use of technology.” This can be accomplished across cities, states, countries, and continents delivering an inter-connected experience.

At a local level, the Office for Children with Special Health Care Needs (OCSHCN) addressed the logistics of care coordination, measuring outcomes and satisfaction during the COVID-19 Pandemic. Utilizing efficiency and innovation, OCSHCN was able to rapidly increase telehealth capabilities while exploring alternative methods of telemedicine.

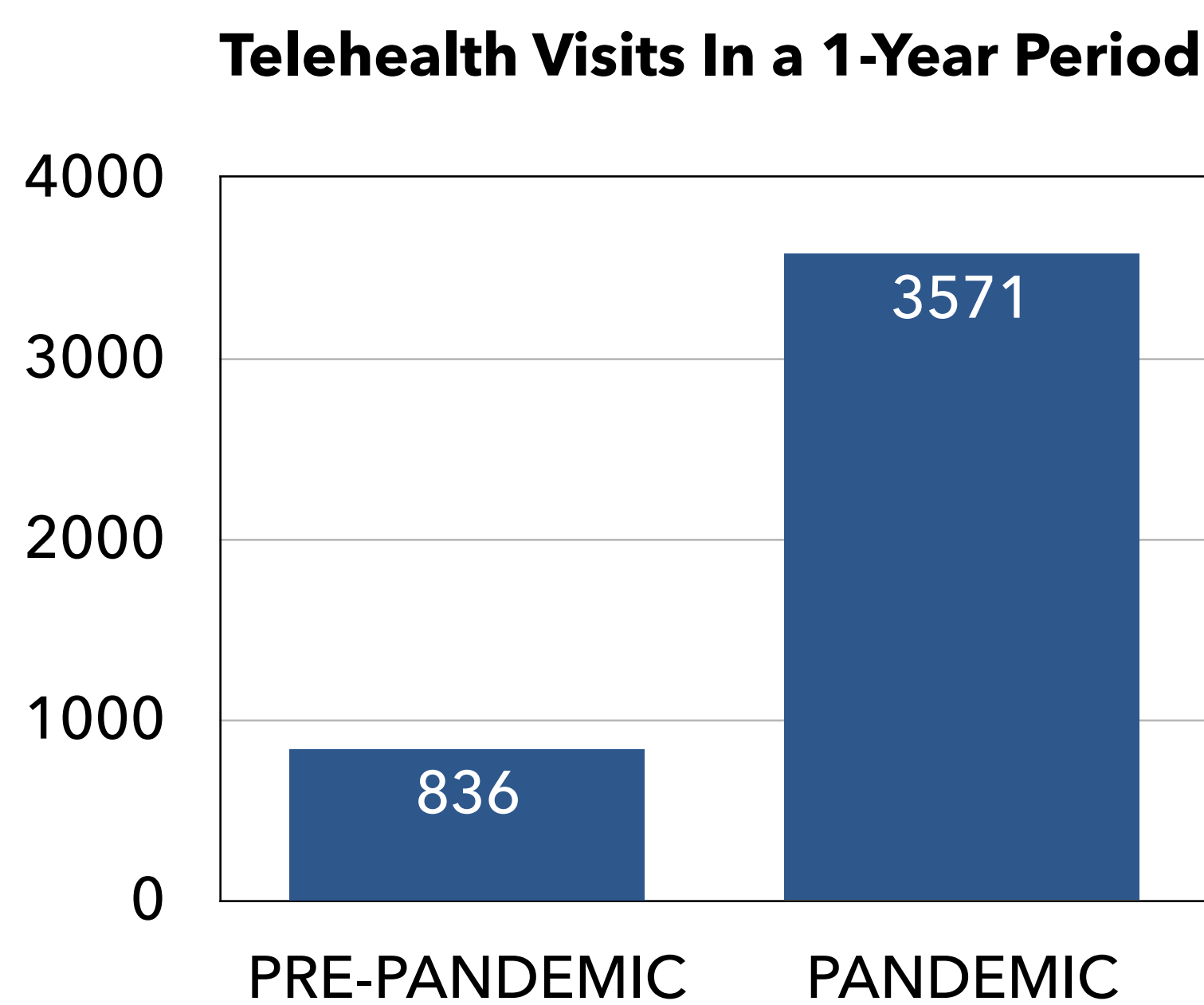
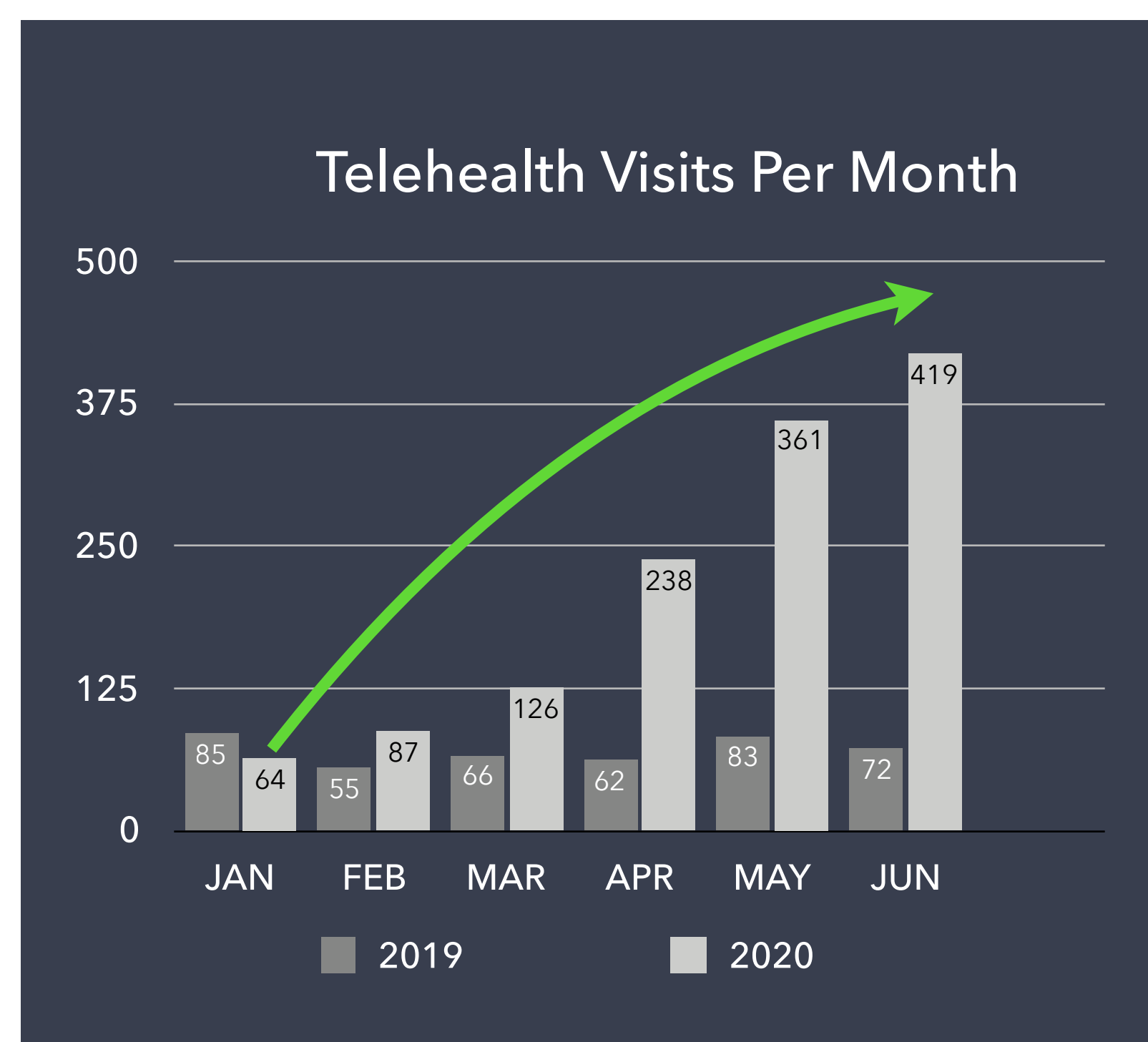
Recognition of barriers and quickly addressing these barriers, allowed OCSHCN to pivot and offer healthcare to rural as well as urban areas of the state. This limited the lag time for follow up visits and increased the attendance at initial visits.

## METHODS

OCSHCN’s traditional telehealth model was quickly transformed. Traditionally, the patient and care coordinator were at an OCSHCN facility and they met virtually with a physician at another facility. The new model combined three locations – that of the physician, the care coordinator (telecommuting from their home), and the patient from their home. Home visits and therapy were also conducted virtually. An update in Kentucky regulations regarding telehealth made this model possible.



## RESULTS



The number of telehealth visits increased **from 836** visits between March 1, 2019 and February 28, 2020 **to 3571** visits between March 1, 2020 and February 28, 2021.

### SURVEY RESULTS

#### TOP 3 RESPONSES IN ONGOING SURVEYS

##### What about the telehealth visits has generally gone well?

- #1 Reduced risk of exposure to contagious illnesses compared to an in-person visit.
- #2 Reduced stress compared to having to travel for an in-person visit (e.g. finding day care and/or transportation, travel time and energy, parking).  
Received clear instructions before the visit(s), including what to do and/or who to contact with issues.
- #3 Our provider(s) have included other professionals in the visit (e.g., nutritionist, care coordinator, behavioral specialist, home nurse, etc.).  
  
Reduced time missed from school and work compared to an in-person visit.

##### What about the telehealth visits has generally NOT gone well?

- #1 My child and I weren't able to interact as well with the provider compared to an in-person visit.
- #2 We have experienced technical issues trying to connect, and/or lost the connection during a telehealth visit.
- #3 We have had trouble hearing and/or seeing the provider(s) during the visits.

### SURVEY RESULTS

How do you rate OCSHCN's telehealth doctors visit compared to a typical in office doctors visit?	Count	Percent
Excellent	204	60%
Good	119	35%
Fair	12	4%
Poor	2	1%
Very Poor	3	1%

How satisfied were you with the care coordinator?	Count	Percent
Completely	269	80%
Very	64	19%
Moderately	3	1%
Slightly	1	<1%
Not at All	1	<1%

Based on your experience with OCSHCN's telehealth services, would you like to be able to access other types of telehealth?	Count	Percent
Definitely	228	67%
Probably	71	21%
Possibly	32	9%
Probably Not	9	3%
Definitely Not	1	0%

## WHAT WE HAVE LEARNED

- Technology has limitations
- Inequity in technology – both in devices and accessibility of internet services
- Need to monitor appointments – how many telehealth visits in succession
- Not all specialties can be represented in telehealth

## HOW HAVE WE ADDRESSED BARRIERS?

- CARES Act grant allowed increased accessibility to technology, education on use of technology and internet services
- Continuously monitor patient/family satisfaction via surveys
- Purchased additional telehealth equipment to develop capabilities for adding specialties – such as cardiology

**HIGH PROVIDER SATISFACTION** due to care coordination and video conferencing setup/coaching prior to provider/patient interaction resulting in less time on technical issues and more time spent with patient as compared with non-OCSHCN telehealth visits.