



IPRC & Pediatric Director's Forum Discussion Call Summary

Thursday, April 7th, 2020

1:00-2:00 pm EDT

DISCUSSION TOPIC: Telehealth & Data Collection: Keeping Track of Our Experience



- I. Identified Organizations- The following organizations identified themselves as present on the call:
 - Arnold Palmer Hospital
 - ALYN Rehabilitation Hospital
 - Children's Hospital Colorado
 - Children's Hospital of Philadelphia
 - Children's of Alabama
 - Crit USA
 - Driscoll Children's Hospital
 - Easter Seals of Illinois
 - Nationwide Children's Hospital
 - Nemours Al duPont Children's Hospital
 - Northwestern Medicine
 - Cindi Hobbes, IPRC Director and Facilitator

- II. Group Discussion:
 - A. What metrics is your organization or unit currently using/measuring with telehealth visits? What items do you track? Examples: Demographic, clinical, financial, satisfaction
 1. ORG 1
 - a. Doing Telehealth for about 1 month, but developing a plan for maintaining telehealth as a service model delivery option
 - b. tracking provider satisfaction and client satisfaction via survey monkey
 - c. financials being tracked – should have more information when first month stats are in

2. ORG 2

- a. Financials
- b. Satisfaction (clinicians) – via survey monkey
- c. Looking to develop a specific patient/family satisfaction tool

3. ORG 3

- a. Track daily patient check ins by appointment and discipline
 - o Seeing ~80% of previously caseload via telehealth
- b. Tracking telehealth declinations and specific reasoning for declinations to see if the hospital can help resolve those issues (provide a loaner tablets or donated hotspots, etc). Tracking this carefully.
 - o Focus on factors that limit/help
 - o Reliability of technology
 - o Distance from clinic
 - o Transportation reliability
 - o Additional family members/siblings that need care
- c. Not sending satisfaction surveys due to families reporting being overwhelmed with emails
- d. Tracking data on comfort/willingness to return to face-to-face sessions
- e. Financials
 - o Seeing ~80% of prior reimbursement (consistent with # of patient visits)
 - o This org bills as a CORF (Outpatient Rehab Facility)

4. ORG 4

- a. Tracking same items that they previously did
- b. Use EPIC and added telehealth as a visit type so can track those visits

B. Are you seeing any trends in the data you are collecting?

1. ORG 1

- a. Saw and increase in cancels in Week 3 of telehealth in their area, this was consistent with the implementation of virtual schooling
- b. Families reported being overwhelmed, limited connectivity and technology for multiple concurrent appointments

2. ORG 2

- a. NO cancels or no-shows in first 2 weeks
- b. Week 3, more cancels due to demands placed on families

C. What/How are you tracking regarding Quantitative Outcome Measures?

1. ORG 1

- Using Microsoft Teams and screen sharing with this application
 - Uploaded scales onto computer and screen share with parent/patient
 - Clinician uses paper score sheet to track answers
2. ORG 2
 - Using PEDI CAT
 3. ORG 3
 - AIMES
 - PDMS (Peabody)
 - Collecting standardized testing at same interval as prior to starting telehealth
 4. ORG 4
 - In an area where restrictions are starting to lift
 - Doing a hybrid of in-person and telehealth sessions
 - Using in-person sessions to collect the standardized data and assessments to track the progress of the therapies provided via telehealth
 - This addresses the problems of reliability/validity of testing as many of our assessments were not designed for tele-administration
- D. Have you identified demographics for children or families that respond best to or provide a particular challenge to a telehealth approach?
1. ORG 1
 - a. Use Zoom as video platform; Org is in a very culturally diverse urban area
 - b. Cultural challenge – some mothers did not want to be on the video screen and that was a challenge as the clinicians needed them to be a part of the session
 2. ORG 2
 - a. Telehealth success directly related to family engagement
 - b. Family ability and interest in facilitating the session at home
 - c. Creativity of the clinician a factor
 3. ORG 3
 - a. Needed to reassess which areas the goals focused on, not all were appropriate for telehealth
- E. How can we measure efficacy of telehealth treatment versus traditional face to face therapy/visits?
1. ORG 1
 - a. Did a goal reassessment at start of telehealth episode of care
 - b. Changed goals to meet family priorities and make them appropriate for this service delivery model

- c. Focus on goals and functionality – less impairment focus
 - d. ICF model – focus on function and participation
 - 2. ORG 2.
- F. How do we measure client/family satisfaction with the telehealth experience? Clinician satisfaction?
 - 1. Survey monkey
 - a. Staff reporting challenge with abrupt transition
 - b. Was not time to fully plan and problem solve the challenges
 - c. Perceived decreased efficacy
 - d. Staff prefer teletherapy to not working
 - 2. Staff surveyed after each session
 - a. How it went
 - b. Obstacles
 - c. Technology review
- G. How can we streamline data collection, entry, and uploading?
 - a. Use online tools like survey monkey, REDCAP
- H. What opportunities exist for inter-organization collaboration? Can we standardize our efforts?
 - a. 3-4 organizations agreed to work off-line to develop standardized questionnaire/metrics for data collection
 - b. If interested, contact cindi@iprc.info
- I. How can we use the data we collect to advocate for expanded telehealth opportunities in the future?
 - a. Research – standardized approach
 - b. Program development – what works? Who is appropriate?
 - c. Improve access – learn about barriers from families/clinicians
 - d. Improve delivery - EBP

Summary compiled by: Cindi Hobbes