

Improving Access to Care for Children with Autism Spectrum Disorder and Other Developmental Disabilities Using Telehealth

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Background

Families of children with developmental disabilities (DD) living in rural areas have poor access to specialized care. In preparation for discontinuation of in-person travel clinics, a telehealth (TH) program was initiated. TH offers the potential to provide care for children with DD for visits not requiring in-person examination.

Objective

- Evaluate the effect of process changes within a TH program for children with DD on the proportion of children from rural areas seen for TH visits by providers within a multidisciplinary child development clinic
- Describe patient, family, provider, and TH visit characteristics
- Compare reimbursement between TH visits and similar in-person visits
- Assess family impressions after participation in TH visits

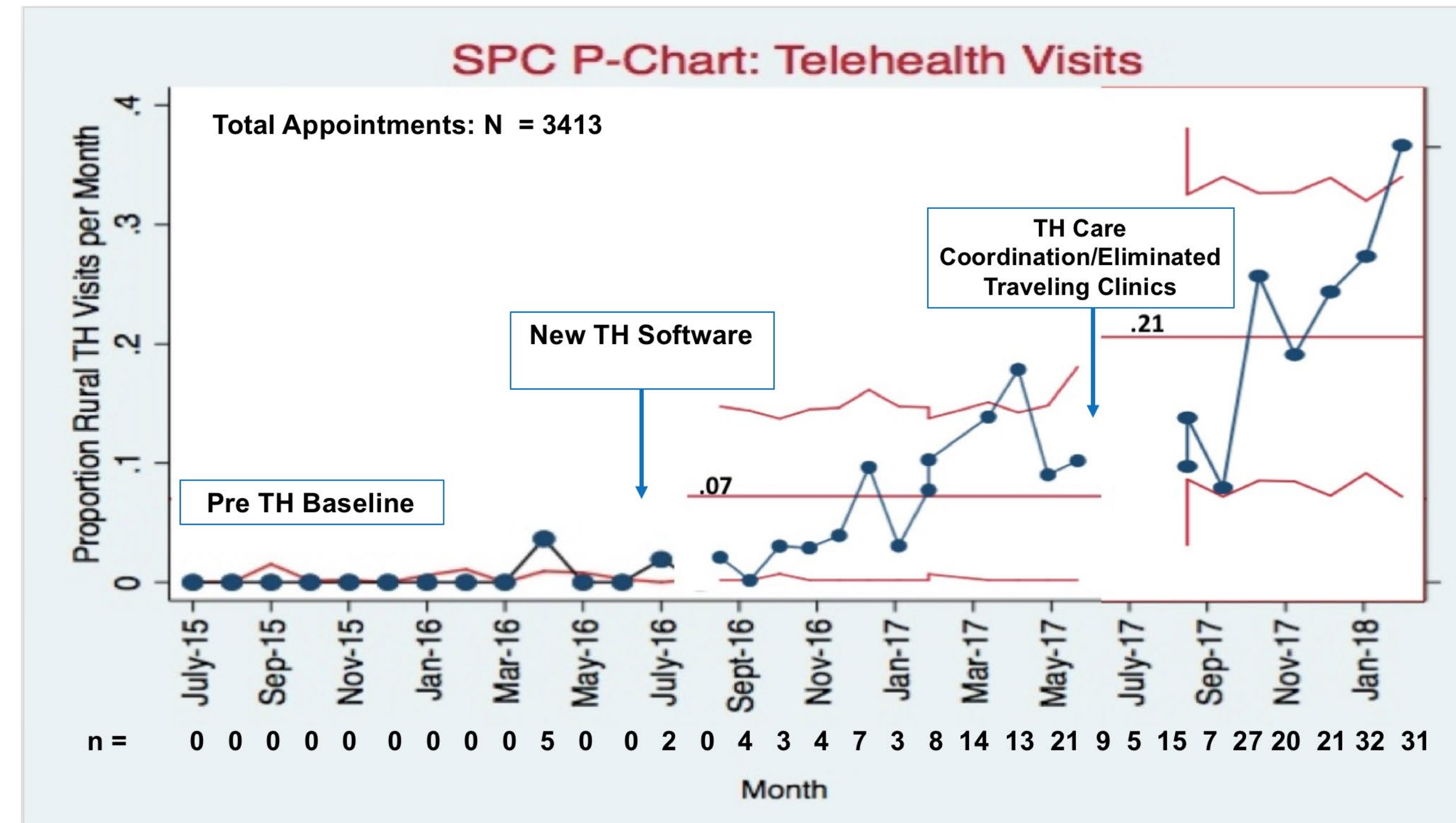
Methods

- Types of TH visits: Intake visits by nurse practitioners; diagnostic summaries by psychologists; follow-up visits by pediatricians
- Monthly proportion of TH visits for families living in rural areas was assessed using P-charts from statistical process control (SPC) methodology
- Changed processes, including adoption of new TH software and improved TH care coordination
- Obtained patient and family characteristics from chart review
- Compared reimbursement rate between TH visits and similar in-person visits
- Assessed family impressions of TH visits with a post visit survey

Results

- The combination of new TH software and improved TH care coordination was associated with an increase in the proportion of completed TH visits in children from rural areas after discontinuation of travel clinics

Results



- Of 249 TH visits, the majority (56%) involved children with autism spectrum disorder and most (81%) were with families living in rural areas. In pediatrician visits, psychotropic medication management was common (47%), with anxiety being the most common condition treated (47%).
- The reimbursement rate was similar between TH visits (41%) and in-person visits (40%)
- Among the 33% of families who completed a post-visit survey the majority: were seen at home (83%); felt it was "very easy" to see (83%) and hear (63%); "strongly agreed" that TH saved time (86%) and money (80%); felt the care delivered in TH visits was the same compared to in-person visits (75%)

Limitations

The TH program utilized personnel subsidized by the department, which could limit generalizability. Family impressions are limited due to a fairly low number of families who completed the post-visit satisfaction survey.

Conclusions

New TH software and TH care coordination were associated with an increase in the proportion of children with DD from rural areas seen for TH visits by providers within a multidisciplinary child development clinic. TH visits were similarly reimbursed compared with in-person visits and were well received by families.

Implications

The results of this study underscore the importance of funding TH efforts and the need to support providers with updated software and sufficient personnel.

Acknowledgments

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