



The impact of direct-to-home telemedicine visits on parent, physician, and therapist experience for children with special healthcare needs

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INTRODUCTION

- Pediatric physiatrists provide necessary specialty care to children with physical disabilities.
- Pediatric physiatrists are scarce and are concentrated at academic medical centers.
- UC Davis created the School-Based Tele-Physiatry Assistance of Rehabilitative and Therapeutic Services (STARS) Program, a novel telemedicine program that connects pediatric physiatrists to patients receiving in-person care from a therapist at a local medical therapy unit (MTU).
- This model of care was disrupted by the COVID-19 pandemic, as all MTUs moved to a direct-to-home model.

OBJECTIVE

To examine the experience of parents, therapists, and physiatrists on direct-to-home tele-physiatry visits with the goal of informing future use of telemedicine for children with special healthcare needs.

METHODS

- Recruited parents of patients who had participated in the STARS program.
- All therapists and physicians providing care at any of the participating MTUs were invited to participate.
- Focus groups were recorded and transcribed.
- Two researchers separately coded each transcript for themes and subthemes using line by line coding in the Dedoose software program.
- Themes and sub-themes were developed and refined by the larger study team.

RESULTS

- Six focus groups (4 parent groups, 1 therapist group, and 1 physician group) were conducted before thematic saturation was reached.
- Zoom participants:
 - Parents/ caregivers (N=18)
 - Physicians (N=3)
 - Therapists (N=8)

Table 1: Selected themes and quotes from parent and patient focus groups

| THEME | QUOTE |
|--|--|
| Benefit of seeing kids in their homes | <i>“With telehealth you also have a way better feel for the house the child lives in, like what barriers and issues they’re facing, than I ever had before.”</i> |
| Beneficial for kids that have a stable condition | <i>“Home video could be an option after we’ve screened the child, met them, and then someone who really is doing just equipment check-ins, has been stable for years, we could use it to maintain things”</i> |
| Improving access to care | <i>“The video visits were very easy and convenient. Normally it takes me 45 minutes to drive to the MTU and I have to find sitters for my other children, and it’s kind of a whole afternoon I have to plan for.”</i> |
| Better when therapeutic alliance is established | <i>“My son likes it when it’s someone he knows already. I think he feels more uncomfortable or vulnerable when it’s someone he doesn’t know.”</i> |
| Challenges for families that speak a language other than English | <i>“Touching on the translation aspect, that has been very challenging. It’s been challenging to get translators in many different languages. Fortunately Dr. Davidson’s Spanish isn’t too bad but then the rest of us kind of sit there, we don’t know what’s being discussed. But it was difficult, there’s no system that kind of interfaced the translator with telehealth.”</i> |



CONCLUSIONS & NEXT STEPS

- Direct-to-home telemedicine visits could benefit children when used appropriately in conjunction with in-person visits.
- Our findings suggest that there are specific practices that facilitate effective direct-to-home telemedicine visits.
- We will combine these qualitative results with quantitative component in a mixed-methods manuscript

Full Abstract

