Removing Barriers to Care for the Underserved: Provider and Patient Perception of Direct-to-Consumer Medicine

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Background

• Telemedicine has greatly expanded the access to and delivery of quality healthcare services. Particular interest has been placed on coordinating telemedicine services for medically underserved populations, including children and patients in rural areas. A current gap in providing subspecialty care for marginalized pediatric patients is attributed to a number of healthcare access barriers: distance, lack of transportation, wait times for appointments and insurance coverage limitations. Telemedicine is a practical alternative to an in-person pediatric specialty visit.

• Direct-to-Consumer (DTC) telemedicine is the optimal approach in ensuring high-quality encounters between provider and patient with minimal restrictions to access. Implementation and feasibility complications need to be addressed before integration into complex healthcare networks, such as Children’s National. Feasibility pertains to the technicalities of service delivery and the adaptiveness of pediatric specialists to practice telemedicine. Funding endowed by the CareFirst Foundation will support our initiative to provide telemedicine services to low-income pediatric subspecialty patients.

Objectives

• To explore the perspectives of telemedicine use among pediatric subspecialty providers within the Children’s National Health System. Stakeholders will be surveyed on their interest in direct-to-consumer services, the benefits of DTC implementation, and the perceived barriers of technology utilization.

Methods

• This project implemented the use of qualitative data collection methods via provider surveys in RedCap.

• Pediatric subspecialties that were approached included diabetes clinics, developmental clinics, neurology, concussion/TBI specialists, and gastroenterology. Respondents were recruited by a hospital-wide campaign. Five content areas were covered:

  1. Description of the telemedicine program
  2. The needs of our pediatric patients regarding specialty care
  3. Process for referral to the telemedicine program
  4. Patient access to services
  5. Barriers and facilitators to program implementation

Future Goals

• Providing clinical telemedicine services for the following pediatric specialties: Diabetes, Neuropsychology (Autism & Concussion), Neurology (ADHD, seizures, headache) and Gastroenterology (feeding, constipation).

• Analyzing cost-effectiveness and financial reimbursement of DTC telemedicine.

• Advocacy at the local and national levels to create sustainable funding for DTC programs in the District of Columbia, Maryland and Northern Virginia.

• Continued exploration of the perspectives of telemedicine use among pediatric stakeholders (patients, parents, providers, and health IT professionals) within the Children’s National Health System. Stakeholders will be surveyed on their interest in direct-to-consumer services, as well as the perceived barriers of technology utilization.

Current Data

• Enrollment for the study is still underway with a total of n=40 completed surveys.

• Provider Experience: 62.5% (n = 25) ≥ 5 years in their field.

• Current Telemedicine Use: 65% (n = 26) providers currently use some form of telemedicine.

References
