

The Role of Virtual Care in Paediatric healthcare

Position Statement

Queensland Child and Youth Clinical Network

Document pertains to: Health Workers, Nurses, Doctors, Allied Health, Indigenous Health Workers, Allied Health Assistants working within Qld Health

Purpose: To promote effective virtual paediatric healthcare delivered via telehealth in Queensland Hospital and Health Services (HHSs) the following position statement has been developed in partnership.

Background

Virtual healthcare: Here to stay

Whilst telehealth and virtual healthcare are not new modes of service delivery, there has been a slow and steady uptake more broadly. The onset of Covid-19 and the subsequent social isolation measures saw a rapid insurgence of innovation and creativity in the area of virtual healthcare as health services adapted and innovated to provide safe service delivery and to prevent ballooning wait times for outpatient healthcare.

In Australia the use of telemedicine has increased exponentially throughout the public and private health sectors, and with the additional 283 Medicare Benefits Schedule telehealth items being introduced in March 2020 Covid-19 cases were evident in Australia and lockdown periods were commencing. The Department of Human Services processed over 4.3 million (3 million patients) Medicare telehealth occasions of services in the first 4 months of 2020 compared to 475, 545 (144,400 patients) Medicare telehealth occasions of services to 144,400 patients for all of 2016. With this rapid evolution of telehealth care, has come clinical excellence and a new normal in healthcare service delivery in expanding consumer choice. Recent statistics from Medicare data identified an increase in telehealth consults to regional and rural areas, with 43.4 million GP telehealth consults provided to patients outside of major cities last year compared to 42.2 million in 2018-19 (increase of 2.7%) (Medicare Media Release, 21/11/20).

Queensland has the second highest rate of childhood vulnerability according to the AECD result and is one of the most geographically diverse states in Australia (www.aedc.gov.au). This means that for a large proportion of our most vulnerable children and families they travel long distances, wait longer periods of time and have more barriers to healthcare than their less vulnerable counterparts (Thriving Queensland Kids Partnership: Background Paper ARACY 2020).

The following document aims to highlight the integral role that telehealth and virtual services can provide in supporting the provision of accessible and equitable quality Paediatric healthcare.

Clinician concern around virtual healthcare is prevalent. Wade, Elliot and Hiller (2014) identify that clinician reticence relates to accommodating practice change, concerns about technology, self-efficacy and concerns around safety and patient-clinician therapeutic relationship.

For many there is fear that economic reasoning is driving the influx of virtual healthcare. Where efficiency is the driver, there is risk of clinical quality being impacted. It is the role of healthcare providers to ensure that virtual healthcare is driven by clinical quality rather than solely fiscal efficiency. Positive early results from many virtual healthcare initiatives throughout the state are highlighting that perhaps both quality and efficiency are not mutually exclusive (Owen, N, 2020, VOICeD Project, eCDS, Paediatric Critical Care Telehealth Ward Round).

Review of evidence about healthcare delivered virtually suggests that for some clinical cohorts virtual and digital healthcare may in fact offer additional clinical outcomes. Ho et al (2020) identified digital psychosocial assessment was not only significantly briefer than face to face assessment but elicited a substantially higher disclosure rate for strengths and risk. Additional research findings report that for urgent but non-life-threatening cases, consumer satisfaction is over 90% for patients who receive care and advice by phone or secure video connection (Pearl, 2016).

Covid-19 has provided fertile ground for innovation enabling rapid implementation of new models of care to support children and families to access quality healthcare despite the barriers. Learnings, benefits and the removal of barriers has identified that virtual paediatric healthcare in the family home is a viable option for many children and families. Increased consumer choice, increased flexibility of healthcare delivery, convenience, increased access and equity throughout the state are all unintended benefits of virtual paediatric healthcare. The following document builds on this premise and offers guidance on clinical qualities that support the complex nature of virtual paediatric assessment and interventions in health as we continue to learn from the innovations unfolding throughout the state. The decision is no longer around whether there is use in digital healthcare but now on how we test, learn and pivot our current best practice models to rethink the way we provide quality paediatric healthcare.

“In an age where the average consumer manages nearly all aspects of life online, it’s a no-brainer that healthcare should be just as convenient, accessible, and safe as online banking.”

Jonathan Linkous, CEO of the American Telemedicine Association

Opportunities

“If we go back to business as usual then we will have missed the opportunity to use this disruption to build better futures.”

Dan Siegel, Australian Childhood Foundation Webinar, September 2020

Improved accessibility and engagement

Children in rural and remote areas throughout Queensland are indicated to have higher vulnerability and experience poorer health outcomes than their urban peers (Centre of Community Child Health- Policy Brief, 2020).

Child Health inequities are differences in health, development and wellbeing that arise due to a child’s social, geographic or economic circumstances. They are unfair, unacceptable and unavoidable. (CSDH, 2008; Goldfeld, Hiscock, & Dalziel, 2019).

Virtual healthcare offers an important pathway for our most vulnerable children and families to access primary health care and specialist healthcare in an equitable way.

Similarly, early outcomes from virtual healthcare trials suggest that engagement with populations that are less represented through healthcare such as adolescents, parents with high fail to attend (FTA) rates, and Aboriginal and Torres Strait Islander children and families with mental health conditions are engaging through this virtual healthcare modalities at a higher rate.

High Value, low cost Healthcare Opportunity

Virtual healthcare offers what was previously seen as high cost best practice healthcare (multi-specialist interventions, group work) in a relatively low-cost way. Specialist care that is multi specialist and interdisciplinary allows children and families to access an integration of their multiple healthcare needs (for complex children) and in some virtual healthcare models, education and psychosocial care need (VOICeD). The virtual healthcare platform offers a more achievable and fiscally viable opportunity for a true integrated and shared care model to occur with multiple specialists, primary care providers and stakeholders where families are in the centre, no matter where they live throughout the state.

“To produce real change in health outcomes and bend the cost curve, health care models themselves also must be innovative” Deloitte 2016.

Increased Parent Choice

Digital technology has become an everyday feature throughout the lives of Queensland’s children and families, regardless of social determinants. In 2017 ABS statistics it was identified that 97% of families with children under 19 years of age have access to internet within their home. Structuring healthcare to increase health consumer choice will allow a paediatric health system that is responsive enables children and families to manage their own healthcare.

Reduction of Long Waits

Health systems over the past two years have seen an increase in paediatric behavioural and developmental presentations (Hiscock et al., 2017; Centre for Community Child Health: Policy Brief 2020) contributing to increased long waits for outpatient care. For children and families with geographical barriers this burden of access is greater and more challenging.

“Longer wait times, which may worsen the child’s underlying condition, mental health, quality of life, school and family functioning” (Hiscock, Gulenc, Efron, & Freed, 2018).

Virtual healthcare trials within outpatient’s healthcare has shown reductions in long waits for paediatric behavioural and developmental care in Queensland and identified a positive opportunity to explore virtual healthcare to support long wait management and clinical risk.

Clinical Principles

The rapid influx of virtual healthcare in paediatric healthcare has been matched with a rapid influx of learnings in clinical practice throughout virtual modalities. The following principles highlight clinical principles to support effective virtual healthcare interventions.

Integration of clinical and technology capability

Virtual healthcare delivery is not just usual practice delivered through telehealth. Effective therapeutic use of telehealth requires clinical capability and skills plus additional telehealth skills. Successful telehealth consults require coordination, flexibility and planning (Tele-recover Statewide Trauma Network- Project Closure Report, 2017).

Critical to the success of telehealth is the technology functioning, equipment and technical support. Technology advances and improved internet strength in Queensland, has increased clinical accessibility for families, especially from their home. Knowledge of technology and capacity to use the technology confidently and flexibly are Integral skills and needs to be part of the multidisciplinary team to minimise the impact of technology mishaps on the clinical experience for children and families and to help confidence levels in staff to solve technical issues as needed.

Compassionate Healthcare through telehealth

Relationship is essential to good healthcare, therefore establishing relationship and rapport through telehealth is critical to its success. If relationship is established, then adequate healthcare can occur.

Usual clinical skills required in face to face sessions are required through telehealth however use of the medium to engage in best practice principles requires creativity, strong clinical competence and flexibility to respond to the clinical need as it unfolds. Through telehealth interpersonal elements are exaggerated and often amplified and clinicians need support to practice and build on these virtual relationship and communication skills.

Risk mitigation

Virtual healthcare should be viewed as a risk mitigation strategy to support children and families with restricted access and to increase consumer choice. Health Risk is escalated when a myriad of social and health determinants occur impacting access to paediatric healthcare including long outpatient waits for specialist care, geographical isolation, staff retention and capability. Increased 'touchpoints' with health services across the generalist and specialist health pathway reduces health risk.

Shared Care

All health care should be a collaboration between all elements of the child and family's health and social needs to ensure that the holistic needs of the child and family are met. Virtual healthcare allows multi specialist and multi service healthcare to occur with relative ease logistically and financially and should be considered in shared care models throughout Queensland.

Qld Child and Youth Clinical Network Recommendations:

- Virtual healthcare in paediatric health improves access, equity and consumer choice
- Integration of technology and clinical skill is required.
- Planning and investment into telehealth equipment, training and support is important for provision of high standard clinical services.
- Relationship is essential to good healthcare, therefore establishing relationship and rapport through telehealth is critical to its success
- Use of virtual healthcare can mitigate clinical risk by increasing healthcare touchpoints, reducing long wait times for outpatient care and through the provision of equitable access throughout Queensland
- Virtual healthcare offers a viable platform for shared care initiatives with generalist and specialist health providers and with other relevant stakeholders (Education, Dept of Child Safety and NGO's) to supporting holistic healthcare for children and families.
- A hybrid model of service delivery may be ideal for some clinical services and families.
- Telehealth services provide an additional service delivery modality, but should never replace in-person service delivery, especially to vulnerable populations or isolated families, where services are already at a minimum.

Acknowledgements:

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Document history

Version	Date	Changed by	Nature of amendment
v1.0	October 2020	Jordana Rigby - CDSN, QCYCN	
v2.0	November 2020	Heidi Atkins Dr Kerri-Lyn Webb- QCYCN	Feedback and amendments
v3.0	November 2020	Clinician Collaborative	Feedback and amendments

Previous versions should be recorded and available for audit.