



COLUMBIA
 COLUMBIA UNIVERSITY
 DEPARTMENT OF PEDIATRICS

 Morgan Stanley Children's Hospital

**Variability in the use of telemedicine for
 child abuse evaluations since the
 COVID-19 pandemic**





Mandy O'Hara, MD, MPH
 Associate Professor
 New York Presbyterian CAC
 Columbia University Irving Medical Center
 New York, NY



Disclosures


I have no financial relationships with any commercial interests.



COLUMBIA
 COLUMBIA UNIVERSITY
 DEPARTMENT OF PEDIATRICS

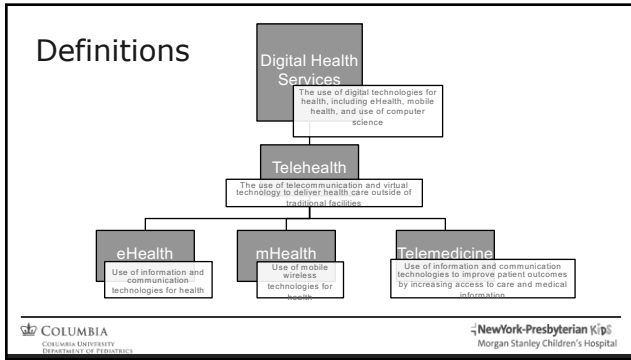

 Morgan Stanley Children's Hospital

Learning Objectives

1. Explore factors impacting decision-making on use of telemedicine for child abuse evaluations, based on the recent survey of CHAMP affiliates regarding the use of telemedicine during the COVID-19 pandemic.
2. Learn what other CHAMP affiliates are doing with telemedicine practice since the COVID-19 pandemic, including limitations and barriers identified.
3. Review trauma-informed practice and its application to telemedicine in the era of the COVID-19 pandemic.


COLUMBIA
 COLUMBIA UNIVERSITY
 DEPARTMENT OF PEDIATRICS


 Morgan Stanley Children's Hospital



WHO Definition

- Delivery of health care services where patients and providers are separated by **a distance**
- For **improving access** especially for vulnerable populations
 - Remote geographic populations
 - Vulnerable groups
 - Aging population

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5629741/>

COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDiatrics

NewYork-Presbyterian K1P5
Morgan Stanley Children's Hospital

Telemedicine

- Initially beneficial in specialties where there are physician shortages
 - "Telestroke" to reduce need for in-house MDs at EDs
 - Tele-radiology
 - Rural and community hospitals, fewer transports
- Beneficial when there are access-to-care issues
 - Tele-psychiatry
 - At home monitoring
- Reduce emergency visits for non-urgent care
- As an Emergency Tool during the COVID-19 pandemic.

COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDiatrics

NewYork-Presbyterian K1P5
Morgan Stanley Children's Hospital

Telemedicine During COVID-19 Pandemic

- For non-essential, routine appointments
- NYU Langone Health System study from 3/2 – 4/14, 2020, showed 80% decline in in-person visits, and 683% increase in telemedicine visits¹
- Both patient and physician at home
- Use of telemedicine triage tablets for ED patient intake
- Many other applications...including CACs

Telemedicine: Issues

- Technology and usability
 - Availability – equipment and connection
 - Quality
 - Privacy and Security
- Acceptability (patient and physician)
 - Perceived usefulness and ease of use
- Loss of non-verbal communication
- Reimbursement, state licensing, and liability
- Special populations
 - Chronic illnesses
 - Elderly
 - Pediatric
 - Child abuse and neglect?

Trauma-Informed Care²

Universal Precautions Approach



Trauma Informed Care: 6 Key Principles²

1. **Safety**
 - Staff and patients feel physically and psychologically safe.
2. **Trustworthiness and transparency**
 - Decisions are conducted with transparency to build trust between patients, family members, and staff.
3. **Peer support**
 - Trauma survivors (or caregivers) come together in support of mutual healing.
4. **Collaboration and mutuality**
 - There is partnering and leveling of power differences among staff and with patients.
5. **Empowerment, voice, and choice**
 - Patients are supported in shared decision-making, choice, and goal setting.
6. **Cultural, historical, and gender issues**
 - The organization actively moves past cultural biases; offers access to gender responsive services; incorporates policies that are responsive to the racial, ethnic and cultural needs of individuals served.

Telemedicine and Trauma-Informed Care: Some Studies

- No significant differences in rapport, satisfaction, acceptability, or outcomes were found when comparing traditional in-person treatment and telemedicine treatment in a group of female veterans evaluated for PTSD.³
- Patients with PTSD reported greater honesty, as the physical and psychological distance of videoconferencing was shown to promote safety and transparency (two key principles of trauma informed care).⁴
- Both adolescents and caregivers reported positive experiences for sexual abuse exams done with fellow-performed colposcopy in-person coupled with the attending present on remote televideo. Prior experience with technology, severity of sexual abuse, and whether the abuse occurred using technology did not impact participants' views in this study (n=10).⁵

Telehealth and Patient Satisfaction⁶

- In another cross sectional survey of 1734 patients ≥ 18 only 1/3 preferred telehealth to traditional in-person visit⁷

Ability metric		n
Delayed response	1,2,11,12,14,15,20,21,22,26,44,47,29	74
Reduced quality	3,11,14,15,17,20,34,43,44,46	17
Education	10,12,14,16,19,20,26,40,46,50	18
Low user satisfaction	20,43,46,52,53,28,33,28	9
Delayed communication	14,21,11,16,17,21,22,15,18	9
Short visit	21,23,26,34,41,44,51	8
Delayed follow-up	11,12,13,14,15,16	7
Quality	16,20,22,26	7
Delayed visits	21,43,44,46	4
Increased self awareness	11,14,15,28	4
Delayed test times	16,41,46,49	4
First visit delay	20,43,21,51	4
Decreased patient visits	12,26,15	3
Delayed self efficacy	11,21,11	3
Good mobility for telework	11,14,16	3
Low user ratings	11,26,29	3
Delayed medication refills	11,26,15	3
Decreased satisfaction	5,21	2
First visit appointment	41	1
		189

CHAMP Telemedicine Survey Overview

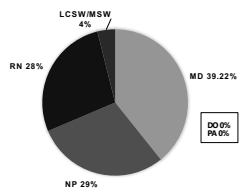
Survey of CHAMP affiliate medical providers regarding the use of telemedicine during the pandemic

- 57 participants
- 14% response rate
- National representation with likely New York State predominance

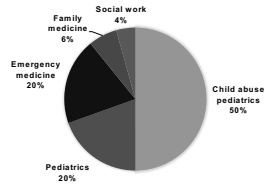
Participants

Participants

DEGREE

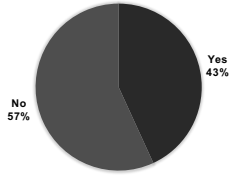


SPECIALITY

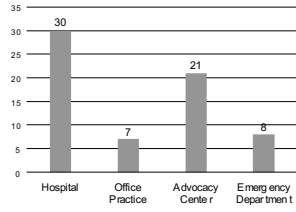


Participants

SANE/SAFE



AFFILIATIONS

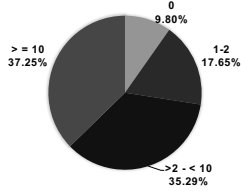


COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Participants

NUMBER OF CHILD ABUSE CASES SEEN PER MONTH BEFORE MARCH 2020



COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

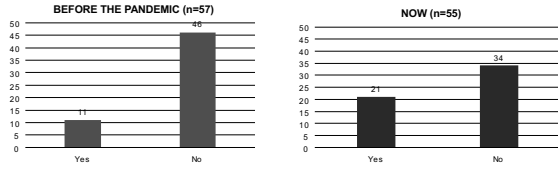
NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Results

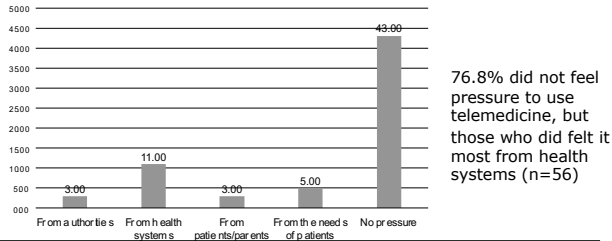
COLUMBIA
COLUMBIA UNIVERSITY
DEPARTMENT OF PEDIATRICS

NewYork-Presbyterian KIPS
Morgan Stanley Children's Hospital

Do you use telemedicine for your work with abused children?



Pressure to Use Telemedicine for Child Abuse Evaluations



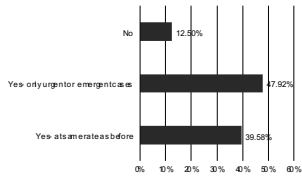
76.8% did not feel pressure to use telemedicine, but those who did felt it most from health systems (n=56)

Has your center established guidelines for telemedicine for child abuse evaluations?

- 80% not, not yet (17% planning to)
- 19% yes

Changes Since the Pandemic

Did you continue to see patients in-person? (n=48)



If you did not continue all patients in-person, did you begin telemedicine? (n=52)

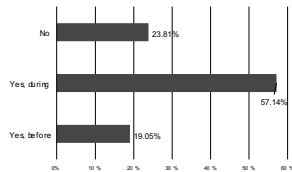
- 46% of those who stopped in-person did not switch to telemedicine
- 17% said yes
- Other responses include telemedicine for non-CABN patients, CABN triage, or reviewing CPS photos (30%)
- about "50/50"

For Those Using Telemedicine Since the Pandemic

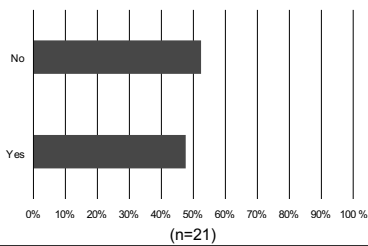
Technology used (n=20)

- Telephone alone 25%
- Audio and video over software (Zoom, Skype) 35%
- Audio and video over secure institution network 75%
- Although I can use audio/video, some patients only have voice 35%

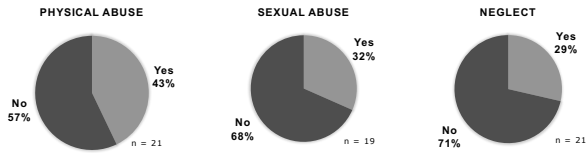
Did you receive training? (n=21)



Telemedicine for Child Abuse Evaluations

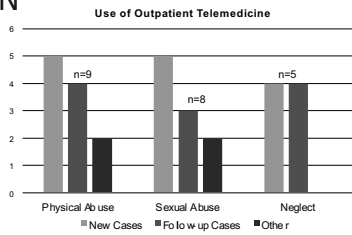


Outpatient Utilization of Telemedicine for Child Abuse and Neglect



There is greater use of telemedicine for outpatient cases of physical abuse than for sexual abuse or child neglect.

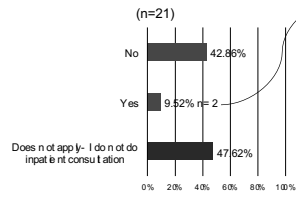
Outpatient Utilization of Telemedicine for CABN



Open Responses for Telemedicine CABN Use

- Only for **forensic interview**, and forensic medical is always in person
- Only for **benign follow-ups**
- Only with **a doctor via telemedicine observing an RN's exam in-person**
- For **screening** and then in person limited visit
- Some schedule in-person exam following telemedicine
- One example offered how telemedicine helped a young teen **access care** for sexual assault after she missed in-person scheduled appt.

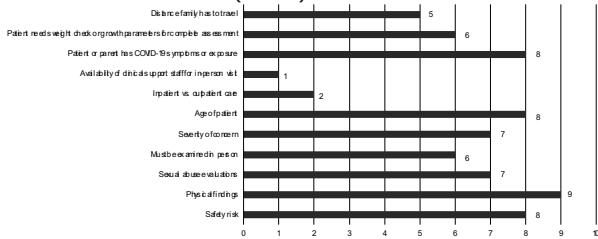
Inpatient Utilization of Telemedicine for CABN



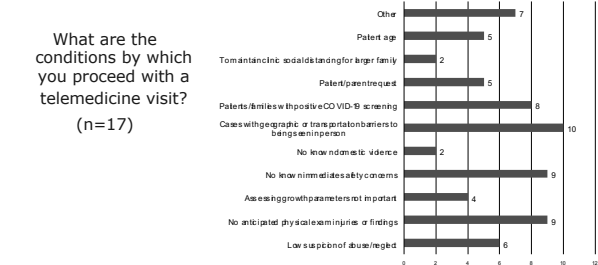
Of the two participants who answered yes, they both reported using telemedicine for:

- Inpatient general medicine physical abuse
- Inpatient general medicine child neglect
- PICU physical abuse
- PICU child neglect cases
- Neither participant reported using telemedicine for inpatient general medicine sexual abuse or PICU sexual abuse.

What parameters do you use to determine in-person versus telemedicine? (n=15)



What are the conditions by which you proceed with a telemedicine visit? (n=17)

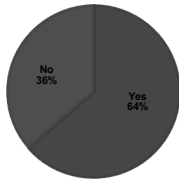


CABN Telemedicine "Prep"

- Find a quiet, private space at home
- Anticipate that both patient and parent must be able to speak privately
- Choose a time when child is well-rested
- Request photodocumentation (if able)
- The exam may be limited and may require in-person follow up

Telemedicine Physical Exam Practices

Do you address the lighting?



(n=11)

Decision to undress the patient for skin exam (n=6)

If concerned for PA regardless of age, full skin exam viewing all areas

> 4 participants

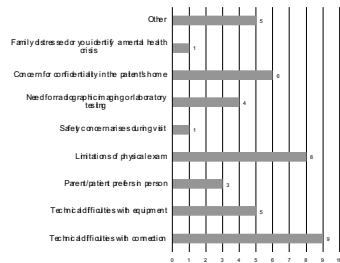
If patient is ≥ to 5 years old, targeted skin exam excluding genitalia/buttocks and will not ask the child to undress in front of the camera

> 2 participants

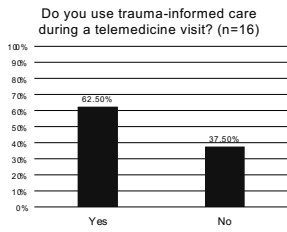
If patient < 2 years old, parent will undress the patient and angle the camera to do a complete skin exam

> 0 participant

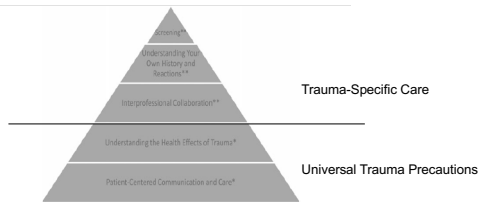
Barriers when choosing telemedicine (n=15)



Trauma Sensitive Care in the Virtual World



Trauma-Informed Care Pyramid⁸



Trauma-Informed Telehealth since COVID⁹

- Helped with safe, uninterrupted delivery of services
- Virtual space can promote safety and transparency
- More time face-to-face with less distractions and more quality discussions and collaborative planning
- Patients may feel more choice and empowerment in their own surroundings

Integrating Telemedicine and Trauma-Informed Care

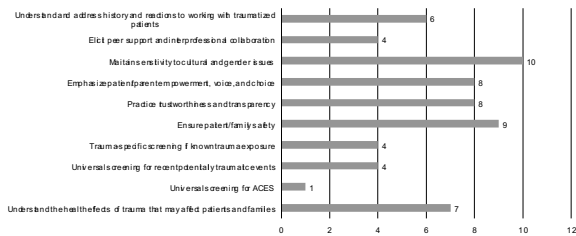
Trauma informed telehealth strategies based on SAMHSA principles^{2,9}

1. **Safety**
 - Ensure that the patient's physical and virtual environments are secure and private, including from other family/household members.
 - Use headphones to ensure patient confidentiality unless you are in a private space.
 - Proceed according to patient comfort level; obtain consent for examinations, minimize removal of clothing, and proceed with follow-up discussions once the patient is clothed.
 - During an examination, avoid personalizing language such as "*[instruction] for me*" or "*show me your [body part]*."
2. **Trustworthiness and transparency**
 - Alert the patient to possible ambient noises.
 - Sit far enough from the screen that the patient can see your body language.
 - Provide the patient with time to adapt to the telehealth environment.
 - Dress professionally for the visit and avoid busy, unprofessional backdrops.
3. **Peer support**
 - Consider developing or referring to telehealth groups. Provide information on virtual peer support.

Integrating Telemedicine and Trauma-Informed Care

4. **Collaboration and mutuality**
 - Thank the patient for connecting with their medical team using this care modality.
 - Collaboratively identify and develop an agenda for the visit. Partner with the patient to attain goals and mitigate treatment challenges.
5. **Empowerment, voice, and choice**
 - Follow patient preferences regarding extent of the visit; some may prefer to just talk or test the connection for their first appointment.
 - Assure the patient that they may choose to end the visit at any point.
6. **Cultural, historical, and gender sensitivity**
 - Use gender-affirming language (including patient's pronouns).
 - Encourage/praise the patient's willingness to try this care modality.
 - Consider social determinants of health during the visit (e.g. housing stability, food insecurity, impact of racism).
 - Be sensitive to the patient's feelings in revealing their personal space during the visit; refrain from comment about their home/living space.
 - Seek ways to make telehealth accessible to those who lack devices/Internet access or need an interpreter.

Which elements of trauma-informed care do you use?



What about the Physical Exam...



VISUAL INSPECTION

- Camera can be adjusted to show various parts of the body.
- Ask the patient to adjust from the front-facing camera to the rear camera.
- Have patient move to get best lighting.
- Image quality can be improved if the device is stationary. Placing the device on a dresser or a table helps give a much clearer picture. Phone can be placed on floor against wall to watch gait.



AUSCULTATION

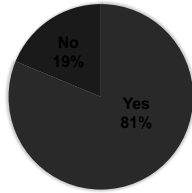
- While auscultation is not possible via telemedicine without assistive devices, other maneuvers may provide enough information for medical decision-making.
- Work of breathing can be assessed by looking for retractions, assessing work of breathing during standing and walking, and assessing respiratory to expiratory ratio.



PALPATION

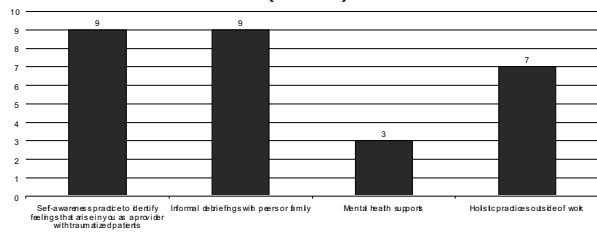
- Have the patient help: position the patient and the camera such that you can visualize both the area being palpated and their face in case of a seizure.
- Try "in order to get a good view of your abdomen, would you be lying down. Is there a location you can go where you can lie down while still being on camera?"

Self-Care as Part of Trauma-Informed Care



(n=16)

If yes, what self-care practices do you do? (n=13)



What More...



Key Results

- The use of telemedicine has **increased** among participants since the start of the COVID-19 pandemic
 - Pre-pandemic: 19% of respondents used telemedicine
 - Now: 37% of respondents use telemedicine
- The majority of centers (80%) have **not yet established guidelines** for the use of telemedicine for child abuse evaluations
 - 17% of these are planning to establish guidelines

Key Results

- The **majority** of participants continued to see patients **in-person early in the pandemic**
 - 40% at the same rate and 48% only in urgent or emergent cases
 - About half did not switch to telemedicine
 - About half said they used telemedicine not for abuse cases but for others, or only for triage of abuse cases, and 10% reported using telemedicine for only emergency cases

Key Results: Child Abuse and Telemedicine

- Outpatient telemedicine is used more for physical abuse than sexual abuse or neglect, and for both new and follow-up visits.
- Few providers utilize telemedicine for inpatient, but our data is limited. Those who do only use telemedicine for physical abuse or neglect.

Key Results: Child Abuse and Telemedicine Decision-Making and Limitations

- Top reasons reported to proceed with telemedicine CABN visit
 - Geographic or transportation barrier
 - No anticipated physical exam finding or injury
 - No immediate safety concern
 - Positive COVID-19 screen
- Top barriers identified during a CABN telemedicine visit
 - Technical difficulties
 - Limitations of physical exam
 - Concern for confidentiality in patient's home

Telemedicine and Trauma-Informed Care

- Trauma-informed care is an essential universal practice for all telemedicine
- 63% of respondents said they practice TIC in telemedicine visits
- Trauma-informed principles practiced most commonly by survey participants included
 - Cultural and gender sensitivity
 - Ensure patient/family safety
 - Empowerment, voice, choice
 - Practice trustworthiness and transparency

References

1. Mann DM, Chen J, Rumi C, Testa P, Nov O. COVID-19 transforms health care through telemedicine: Evidence from the field. *Journal of the American Medical Informatics Association*. 2020;27(7):1132-1135. <https://doi.org/10.1093/jamia/ocaa072>
2. Substance Abuse and Mental Health Services Administration, Trauma and Justice Strategic Initiative. *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. [Accessed June 16, 2020] https://nscacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf Published July 2014.
3. Gilmore AK, Davis MT, Grubaugh A, et al. "Do you expect me to receive PTSD care in a setting where most of the other patients remind me of the perpetrator?": Home-based telemedicine to address barriers to care unique to military sexual trauma and veterans affairs hospitals. *Contemp Clin Trials*. 2016;48:59-64. doi: 10.1016/j.cct.2016.03.004
4. Azarang A, Pakyurek M, Giroux C, Nordahl TE, Yellowlees P. Information technologies: An augmentation to post-traumatic stress disorder treatment among trauma survivors. *Telemed J E Health*. 2019;25(4):263-271. doi: 10.1089/tmj.2018.0068

References

5. Stavas N, Shea J, Keddem S, Wood J, Orji W, Cullen C, Scribano P. Perceptions of caregivers and adolescents of the use of telemedicine for the child sexual abuse examination. *Child Abuse and Neglect*. 2018;85:47-57. <https://doi.org/10.1016/j.chiabu.2018.08.009>
6. Kruse CS, Krowski N, Rodriguez B, Tran L, Vela J, Brooks M. Telehealth and patient satisfaction: A systematic review and narrative analysis. *BMJ Open*. 2017;7(8):e016242. Published 2017 Aug 3. doi:10.1136/bmjopen-2017-016242.
7. Polinski JM, et al. Patients' satisfaction with and preference for telehealth visits. *J Gen Intern Med*. 2016 Mar 31(3):269-75.
8. Raja S, et al. Trauma informed care in medicine. *Fam Community Health*. 2015;38(3):216-226.
9. Gerber MR, Elisseou S, Sager ZS, Keith JA. Trauma-informed telehealth in the COVID-19 era and beyond. *Fed Pract*. 2020;37(7):302-308.
