

'Can't wait for things to be perfect': Why Children's Health acted fast to integrate telemedicine and pediatric care in Texas



By Julie Hall-Barrow, EdD, Vice President, Virtual Health and Innovation, Children's Health | Reprinted from Becker's Hospital Review, August 23, 2018

One in 10 children in the United States — 7 million children — reside in the state of Texas. Children's Health, a pediatric health system in Dallas, has a large, diverse patient population spanning both urban and rural communities. Almost 75 percent of our patients are on Medicaid and deal with health access and socioeconomic issues that prevent them from getting the care they need. Their needs range from asthma management (over 556,000 children in Texas have asthma) to obesity programs (15 percent of kids in Texas are obese) and mental health counseling.

The large footprint we serve and the number of at-risk pediatric patients in our umbrella of care is what originally demanded our attention on telehealth. Telehealth was clearly something our pediatric population could benefit from; however, when Children's Health began to seek virtual care as an option, the Texas State Medical Board still required that patient-physician relationships be established with an in-person visit before telemedicine could be used.

We could have thrown our hands up and said, "Oh well, we tried." Instead, we decided to get creative and work within boundaries of the current legislation while simultaneously trying to educate the state on what exactly good telehealth was and how it worked.

Our team went to Texas Medical Board meetings in Austin and demoed our telemedicine platform. We knew changing legislation wasn't going to be quick, so in the meantime we found ways to legally practice telemedicine, including placing telehealth kiosks on our Dallas and Plano campuses to allow employees — and eventually their dependents — to use telehealth. This type of telehealth was permissible because these kiosks were placed at an approved medical site.

Laying the telehealth groundwork early (when legislation was less than favorable) really allowed us to hit the ground running when the Texas Medical Board finally adopted new telehealth legislation in November 2017. Since then, we have expanded our telehealth kiosk strategy, placing a kiosk in a Dougherty's retail pharmacy and the Legends Community Center to deliver access to a community with a high need for convenient, affordable care.

In addition to these urgent care use cases, we are especially proud of the following two other telehealth initiatives we've developed over the years:

School-Based Care in over 100 Texas schools

Children's Health launched our school-based care program in 2013, starting with a handful of schools. Today, we are in more than 100 schools in the area and growing. We place telemedicine carts in nurses' offices so the patient and school nurse can connect with board-certified pediatricians to assess and treat everything from pink eye and rashes to asthma and strep. Parents consent to this type of treatment at the beginning of the school year and have the option of joining the video visit. This has gotten an excellent reception from parents, who don't have to miss work to take their child to a doctor's appointment, as well as from the patient, who doesn't need to leave school to see a physician.

We also recently launched a School-Based Tele-Behavioral Health Program in six high schools, which has been quite successful. These patients are having behavioral health visits with physicians from their school counselor's office, again reducing school absenteeism by bringing behavioral health services to the patient where they are. Giving these students remote access to behavioral health services — which are typically hard appointments to get — has really been a bright light for our school-based program.

Finding Where Telehealth Fits within Hospital Service Lines

Children's Health has also expanded virtual health through its hospital service lines, and it is currently using telehealth for food and allergy, nutrition, orthopedic surgery follow-up, cystic fibrosis counseling, blood disorders, teen substance abuse and more. These use cases were spearheaded by physician champions who saw a way for telehealth to fit into their practice and make it better, and the results have been fantastic.

As an example, we have some cystic fibrosis patients who live over two hours away from our health system. We were running into a lot of compliance issues with these patients because they were having difficulty managing their care, but also found it hard to drive the two hours for a visit. As soon as we implemented the cystic fibrosis telemedicine program, we saw a lot of improvement with them keeping their appointments and meeting with the provider. We've seen similar results with our teen recovery program for patients with substance abuse issues. This program has had low compliance because these patients typically need to visit our clinics three times a week. With telemedicine, they can complete their individual visit and family visits remotely, which has resulted in positive feedback.

We've learned a lot of important lessons through the success of our different telehealth programs, the most vital being that you can't wait for things to be perfect; you need to work within the bounds of what is currently possible. We started our telehealth programs in a less-than-favorable legislative environment, but doing so and figuring out how to work around the obstacles laid the groundwork for future success.