

Facilitator Training – “Promoting Family Centered-Care for CYSHCN through Telehealth” Story

Instructions: The story below presents an example of how telehealth-based family-centered care for CYSHCN can be promoted and implemented in practice, from the perspective of a pediatric clinician/medical home. Throughout the story, components of family-centered care (as outlined in the accompanying training slides) are identified in violet. It is recommended that this story be presented and discussed during the training. Refer to the discussion questions/possible answers in the training on page 3 below to guide the conversation in your practice.

Components of Family Centered-Care for CYSHCN through Telehealth:

1. Addressing needs for families/caregivers of CYSHCN.
2. Engaging families/caregivers of CYSHCN during telehealth visits.
3. Building effective family/professional partnerships via telehealth.
4. Facilitate culturally competent telehealth care for families/caregivers and patients.

The Santiago family called in to schedule an appointment with their 8-year-old son, Jorge’s, primary care provider. Mrs. Santiago speaks very little English and requires a Spanish-speaking staff member, Maria, to assist her in scheduling the appointment. When Maria joined the line, she asked Mrs. Santiago about the reason for her visit. Mrs. Santiago indicated that Jorge needed to follow-up for his asthma medication. She stated that Jorge is asymptomatic and is just in need of a prescription. Maria then asked Mrs. Santiago how she would like to see the provider, in-person or telehealth [Component #1]. Mrs. Santiago indicated that she would prefer to see the provider via telehealth due to having other children attending school virtually. Maria indicated that a telehealth visit was possible and proceeded to ask Mrs. Santiago who would attend the visit with Jorge. Mrs. Santiago stated that she would attend the appointment with Jorge. Maria asked Mrs. Santiago if she needed an interpreter for the visit. Mrs. Santiago indicated that she did and thanked Maria for asking [Component #4].

Upon selecting the date for the visit with Mrs. Santiago, Maria reviewed what Mrs. Santiago would need for the upcoming telehealth visit. Maria shared with Mrs. Santiago that it is important for Jorge to attend the entire appointment and conveyed that she could provide a note for school [Component #1]. Maria informed Mrs. Santiago that the visit would use the practice’s electronic portal. Additionally, Maria shared that Mrs. Santiago would need to login to the portal as she does to check Jorge’s records. Maria also indicated that she would email Mrs. Santiago a visual aid on the steps to login to the portal and engage in the telehealth appointment. Maria informed Mrs. Santiago that she should join the telehealth appointment 15 minutes early and that if she has any challenges, she can call Jessica at 555-777-9999 to help her sign into the appointment. Maria asked Mrs. Santiago if she had access to a device such as an iPad or computer to be able to participate in a video visit. Furthermore, Maria inquired whether Mrs. Santiago had access to internet or Wi-Fi services necessary for a video visit [Component #1].

On the day of the visit, Mrs. Santiago was able to connect to the portal 15 minutes prior to the appointment. A nurse joined the telehealth visit first, along with the interpreter, to get Jorge's weight, list of medications, and temperature. The doctor joined the visit and greeted Jorge. She asked Jorge about school, what he has done for fun, and what he has enjoyed doing since their last appointment [Component #2]. The doctor engaged Jorge in English and waited for the interpreter to fully translate each aspect of the history before moving to the next step. The doctor also, asked Jorge if he was having challenges breathing or waking up coughing in the middle of the night. Jorge indicated that he was sleeping well and had no trouble breathing. She then turned to Mrs. Santiago to determine if she has any concerns or needs that she would like to discuss. Mrs. Santiago stated that she was concerned that Jorge was not getting all his asthma medicine from his inhaler. The doctor asked Jorge if he knew where his inhaler was and could he go and get it. Jorge ran to get the inhaler and came back to the computer with Mrs. Santiago [Component #2]. The doctor asked Jorge to show her how he takes his medicine from the inhaler. Jorge demonstrated how he takes the inhaler. The doctor praised Jorge and thanked him for pretending to take his inhaler. She then told Mrs. Santiago that she understands her concerns as it can often be difficult to tell if they are getting all of the medicine. Additionally, the doctor told Mrs. Santiago that based on what she saw from Jorge and his current health status, that she is confident that Jorge is getting his doses of medicine from the inhaler [Component #3]. Mrs. Santiago was relieved and thanked the doctor for taking the time to address her concerns. The doctor encouraged Jorge to keep up the good work with school and taking his medications. She informed Mrs. Santiago that they can have a follow-up visit in 2 months in-person or telehealth depending on their needs and desire at the time [Component #1].

Case Study, Questions & Answers

Use the questions below to guide conversation following the story. Possible answers are bulleted below each question. The responses are by no means exhaustive.

1. How can Promoting Family Centered-Care for CYSHCN through Telehealth be Implemented in [your/our] Practice?

- Having a family-centered telehealth practice champion in your practice.
- Provide staff with checklists to follow when scheduling calls to ensure that they are asking families needed questions and providing necessary information and resources.
- Setting expectations/providing support for families to successfully engage in telehealth.
- Select a platform that is easy for families to access and are HIPAA compliant.
- Consider having dedicated telehealth days for each provider or integrating specific times each day when families may access their clinician via their telehealth.

2. **Are there any additional types of activities you would engage in related to:**
 - **Addressing needs for families/caregivers of CYSHCN?**
 - **Engaging families/caregivers of CYSHCN during telehealth visits?**
 - **Building effective family/professional partnerships via telehealth?**
 - **Facilitate culturally competent telehealth care for families/caregivers and patients?**
3. Regularly seek feedback from patients and families about their telehealth experiences.
4. Provide staff with training on using telehealth to trouble-shoot connection and accessibility concerns.
5. Make short, accessible videos about what to expect during a telehealth visit for CYSHCN. Ensure videos are in multiple languages and subtitled.
6. Support clinicians in learning strategies to engage children through telehealth like having patients show-and-tell about items they care about or demonstrating something they like/can do.

3. What are potential changes to processes or workflow?

- Triage related to what patient type can be seen via telehealth verses in-person needs to be considered. A script or algorithm for this may be necessary.
- Obtaining vital signs will be different and may require the family providing these values from outside sources or home equipment.
- Follow-up appointment scheduling may require extra steps to ensure appointments are scheduled since the patient is not completing check out in the office.
- Sharing resources and patient education materials may require web-based links or sending information through the mail or electronic patient portal.

4. What are some barriers you might encounter, and how could those barriers be mitigated?

- Access to devices may be an issue for some. Schools and other community-based partners may be an option to connect for appointments.
- Connection strength and availability can be a barrier. Public Wi-Fi may be an option found at public libraries and other locations. Information security may need to be considered in these circumstances.
- Needing to talk with the child alone. Encourage family to allow the child to speak with you in private by moving to a separate location in the home.
- Loss of connectivity during a visit – plan ahead to be able to convert the appointment to an audio only or phone visit.