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

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Disclosures

I have no financial relationships with any commercial interests.

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.

Definitions

- **Digital Health Services**
  - The use of digital technologies for health, including eHealth, mobile health, and use of computer science

- **Telehealth**
  - The use of telecommunication and virtual technology to deliver health care outside of traditional facilities

- **eHealth**
  - Use of information and communication technologies for health

- **mHealth**
  - Use of mobile wireless technologies for health

- **Telemedicine**
  - Use of information and communication technologies to improve patient outcomes by increasing access to care and medical information

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/

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**
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 visits
- 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 Care

Universal Precautions Approach

Realize
- Widespread impact of trauma
- Might include screening

Recognize
- The signs and symptoms of trauma
- In patients, family, staff, and oneself

Respond
- With knowledge about trauma in policies, procedures, and practices
- Staff training, budgetary support, leadership
- Safe environment

Resist
- Re-traumatization
- Clients as well as staff
Trauma Informed Care: 6 Key Principles

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.\(^1\)
- 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).\(^2\)
- 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).\(^3\)

Telehealth and Patient Satisfaction

- In another cross sectional survey of 1734 patients \(\geq 18\) only 1/3 preferred telehealth to traditional in-person visit.\(^4\)
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

OVERVIEW

Participants

DO 0%
PA 0%
MD 39.2%
NP 29%
RN 28%
LCSW/MSW 4%

SPECIALITY

Pediatrics 50%
Emergency medicine 20%
Family medicine 6%
Social work 4%
Child abuse pediatrics 4%

DEGREE SPECIALITY
Results
Do you use telemedicine for your work with abused children?

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

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

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)
Changes Since the Pandemic

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

- Yes
- No

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)

- Yes
- No

Telemedicine for Child Abuse Evaluations

Yes

No

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
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)

- Safety risk
- Physical findings
- Sexual abuse evaluations
- Must be examined in person
- Severity of concern
- Age of patient
- Inpatient vs. outpatient care
- Availability of in-person support staff for in-person visit
- Patient or parent has COVID-19 symptoms or exposure
- Patient needs weight check or growth parameters for complete assessment
- Distance family has to travel
- Patient age
- Other

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

- Low suspicion of abuse/neglect
- No anticipated physical injuries or findings
- Assessing growth parameters not important
- No known immediate safety concerns
- No known domestic violence
- Cases with geographic or transportation barriers to being seen in person
- Patients/families with positive COVID-19 screening
- Patient/parent request
- To maintain clinic social distancing for larger families
- Presence of a trusted, confidant, or abuse expert
- Trust relationship with patient/family
- Other
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

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 ≥ 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

Do you address the lighting? (n=11)

- Yes 64%
- No 36%

Barriers when choosing telemedicine (n=15)

- Technical difficulties with connection
- Technical difficulties with equipment
- Parent/patient prefers in-person
- Limitations of physical exam
- Safety concerns arise during visit
- Need for radiographic imaging or laboratory testing
- Concern for confidentiality in the patient’s home
- Family distressed or you identify a mental health crisis
- Other
Trauma Sensitive Care in the Virtual World

Do you use trauma-informed care during a telemedicine visit? (n=16)

100%     62.50%
80%     37.50%
60%     0%
40%     10%
20%     20%
0%     30%

Yes  No

Trauma-Informed Care Pyramid

Trauma-Specific Care

Universal Trauma Precautions

Trauma-Informed Telehealth since COVID

- 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:

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.

4. Collaboration and mutuality
   - Thank the patient for connecting with their medical team using this care modality.
   - Collaborate to 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.
   - Allow the patient to choose to end the visit at any point.

6. Cultural, historical, and gender sensitivity
   - Use gender-affirming language (including patient's pronouns).
   - Consider the patient's cultural background in the telehealth visit, including factors such as cultural identity, history of racial trauma, gender identity, and family dynamics.
   - Be sensitive to the patient's feelings in revealing their personal space during the visit; refrain from comment about their home/living space.

Which elements of trauma-informed care do you use?

- Universal screening for ACES
- Universal screening for recent potentially traumatic events
- Trauma-specific screening if known trauma exposure
- Universal screening for working with trauma-exposed children
- Cultural and historical sensitivity
- Gender sensitivity
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Understanding and addressing history and reactions to working with trauma-impacted patients
- Ensuring patient/family safety
- Cultural, historical, and gender sensitivity
- Collaboration and mutuality
- Trustworthiness and transparency
- Universal screening for recent potentially traumatic events
- Universal screening for ACES
- Cultural and historical sensitivity
- Gender sensitivity
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Understanding and addressing history and reactions to working with trauma-impacted patients
- Ensuring patient/family safety

(n=12)
What about the Physical Exam...

1. Visual Inspection
   - Check the patient to adjust to their vision needs. Adjust the lighting if necessary.

2. Aural Inspection
   - Place the examiner’s fingers on the patient’s ear to check for hearing.

Self-Care as Part of Trauma-Informed Care

- Yes 81%
- No 19%

(n=16)

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

- Self-awareness practice to identify feelings that arise in you as a provider with trauma-affected patients
- Informal debriefings with peers or family
- Mental health supports
- Holistic practices outside of work
- Other (please specify): [free text]

NewYork-Presbyterian (Columbia, Morgan Stanley Children’s Hospital)
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 include
  - Cultural and gender sensitivity
  - Ensure patient/family safety
  - Empowerment, voice, choice
  - Practice trustworthiness and transparency
References


