

# Policy Terms for Pediatrics

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Given the dynamic landscape of health and health care policy, child advocates may feel challenged in understanding and responding to the major issues that impact children. We created Policy Terms for Pediatrics (PTP) to empower individuals invested in improving child health through policy and advocacy.

## Telemedicine

### WHAT DOES IT MEAN

**Telemedicine** - the use of medical information exchanged from one site to another, via electronic communications, for the health and education of the individual or provider, and for the purpose of improving patient care, treatment, and services. It is often used interchangeably with telehealth, a term that covers clinical care for patients.



#### Telemedicine uses technology that includes:

- Live interactive videoconferencing
- Streaming video
- Peripheral devices such as electronic stethoscopes, otoscopes, and ophthalmoscopes that transmit information normally obtained in an in-person physical exam
- “Off the shelf “devices (e.g. webcams/laptops, tablets, and smart phones)

Telemedicine Applications	Characteristics	Who's involved	Benefits	Limitations
<b>Tele-education</b>	Virtual classrooms or one-way streaming video links used for continuing medical education	Provider to provider	Can educate physicians with the current information in a convenient manner about conditions, treatments, and other relevant facts for optimal care of patients	One-way streaming Learners cannot ask questions
<b>Teleconsultation</b>	Video conferencing used to provide distant consult	Provider to patient, provider to provider	Useful in providing care to children in rural or underserved areas Can be used to bring in a specialist on critical and out-patient cases.	Does not replace in person visit
<b>Telepractice</b>	Videoconferencing used to provide remote care for children in group facilities such as a child care center, school, or juvenile detention facility	Provider to patient	Convenient for caregivers and patients	Does not replace the in-person visit

### WHY DO WE CARE

Children under 15 years old in the United States account for 71 million doctor's office visits each year for acute problems, which has made this the leading cause of parents having to miss time from work. Furthermore, more than a quarter (27%) of children in the U.S. live with chronic health conditions (e.g. asthma, diabetes). By using telemedicine to reconsider how and when children access care, there is potential to alleviate some of the social and economic burden on their families and the patients themselves.



**Telemedicine bridges the urban-to-rural gap in healthcare**

Telemedicine offers an opportunity to bridge the gap between rural children and their urban counterparts. Notably, about 18% of children in the United States live in rural areas.

These children have a higher prevalence of complex chronic conditions and medical technology assistance than urban children. The shortage of pediatric subspecialists and irregular visits to the doctor have resulted in costly hospitalizations and more frequent readmissions among rural children. Telemedicine could allow for remote management of these children, perhaps decreasing the acuity of their medical needs by better meeting their chronic needs.

Policies surrounding telemedicine vary state to state. Many states have chosen to reimburse a variety of telehealth practitioners and services with limited restrictions. Almost all states have a type of Medicaid reimbursement for telehealth, most commonly for live video care. Each state specifies who are considered “eligible distant site providers.” This can include physician, physician assistant, certified nutrition specialist, nurse practitioner, certified nurse midwife, clinical psychologists, and clinical social workers. States also determine what services qualify for reimbursements.

## WHAT DO WE DO

As the future of telemedicine continues to evolve, child advocates must:

1. Learn how to integrate telemedicine into regular care for patients, particularly those in rural areas and/or with complex chronic conditions.
2. Stay up to date on the legislation and regulations affecting telemedicine.
3. Reach out to their senators and representatives to push for policy that matches the quickly changing technology (reimbursement for telemedicine, protocol for face-to-face versus remote, etc.).



### START BY READING MORE...

<https://www.medicaid.gov/medicaid/benefits/telemed/index.html>

<http://pediatrics.aappublications.org/content/136/1/e293>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5754191/>

<https://ms01.childrenshealthfund.org/wp/wp-content/uploads/2016/04/White-Paper-4.4.2016.pdf>

<https://www.healthychildren.org/English/family-life/health-management/Pages/Telehealth-Services-for-Children.aspx>

[https://www.aap.org/en-us/Documents/ATA\\_Pediatric\\_Telehealth.pdf](https://www.aap.org/en-us/Documents/ATA_Pediatric_Telehealth.pdf)

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