

# PEDIAPOD JUNE 2023 TRANSCRIPT

## **Geoff Marsh**

Hello and welcome to PediaPod for June 2023. This month, we look at the transition to telemedicine in pediatric primary care during the first year of the COVID-19 pandemic.

Before the pandemic, telemedicine was limited in pediatric primary care. Then in 2020 its use increased exponentially. However, early COVID-19 reports described inequities in telemedicine use for multiple specialities by race and ethnicity, insurance, language and access to broadband internet.

In this episode, we meet Early Career Investigator, Kelsey Schweiberger from the University of Pittsburgh. She and her team used electronic health record data from two pediatric primary care practices, to describe the factors associated with scheduling and attendance of telemedicine appointments for pediatric primary care throughout the first year of the COVID-19 pandemic to identify priorities for enhanced equity in access.

## **Kelsey Schweiberger**

So I am Dr. Kelsey Schweiberger. I was born and raised in Tampa, Florida in the United States. I went to undergraduate education at Georgetown University in Washington, DC. I worked in an ER as an emergency department scribe. I took a year off after college and I was a live-in nanny for a family with five kids. And that experience has been pretty formative for me. Living with that family and working there was the first experience I really had of interacting with the medical system, from a child's perspective, and how different medical decision making is when you're deciding for a child versus deciding for yourself. Just that difference in decision making and how pediatrics really involves the parent or the caregiver, the child and the clinician was super fascinating to me.

## **Geoff Marsh**

It seems like you've now substituted that family with a family of dogs that I can see running around behind you!

## **Kelsey Schweiberger**

Yes, exactly. So now I have three dogs in my house. So I clearly love to live in chaos... But after I completed medical school, I moved out to Pittsburgh, Pennsylvania for pediatric residency. And that's where I've been since then. I stayed and did a general academic pediatric fellowship. And now I am in my first year of faculty.

## **Geoff Marsh**

And the paper we're here to talk about today is on telemedicine. When did you first become interested in that?

## **Kelsey Schweiberger**

Technology has always been a part of my interest in medicine. Like I said, I was an emergency department scribe. And they are in charge of the electronic health records. So they do all the typing, they write all the notes in the electronic health record. But what I found so fascinating about it was this push and pull of medicine and technology in that everybody loves to be able to get their X-ray images really quickly but they hated having to document through the electronic health record. And another place that that tension really pops up is in telemedicine. The video freezes sometimes, I can't hear them, I can't integrate an interpreter well, and that tension just fascinates me as a researcher and as a clinician because I live this life, right? I was providing care through telemedicine throughout the pandemic, I still provide care through telemedicine.

**Geoff Marsh**

It's interesting, isn't it? Because on the one hand telemedicine came about in order to provide access to people who wouldn't necessarily get it. So in one sense, you would think that telemedicine is just a kind of democratizing force, an equity-increasing force, but actually, there are reasons why there might be a divide in access to telemedicine and that's what your paper explores?

**Kelsey Schweiberger**

Exactly. There are all of these barriers that exist to access an in-person visit, and telemedicine improves a lot of those. But the trade off is that it requires technology which requires broadband internet access which we know is inequitable, and it requires access to a technology-enabled device. And so there are all of these different barriers that are introduced, but often overlapping with the barriers that people experience when they're trying to access in-person care.

**Geoff Marsh**

Yes, it's not just this digital divide, although that is clearly an important one, some of those other well known barriers about money, language, insurance, those sorts of things are still applicable.

**Kelsey Schweiberger**

Exactly. And they are often overlapping. And so my mentor, Dr. Kristin Ray, who is the senior author on this paper, often talks about telemedicine as a 'tool in your toolbox'. For some families, this might not work because of their access or because of their other needs or because for them coming to an in-person appointment just makes more sense. And that's part of what we were trying to explore in this paper- we all adopted it so quickly out of necessity at the beginning of the pandemic. Now we're trying to figure out what situations is telemedicine really working well for and what situations is telemedicine not working well for.

**Geoff Marsh**

So when you looked at what factors were associated with scheduled telemedicine appointments, what came out of your data set?

**Kelsey Schweiberger**

The results from the scheduled telemedicine visit, so those who were offered and scheduled a telemedicine appointment, were not surprising. Appointments were scheduled less often for children who live in zip codes that have a lower technology access. And so that's supported by all the literature

on the digital divide. But for scheduling, when it was offered universally, we found that the other demographic factors didn't really have an impact on who's scheduled to visit. And so that was reassuring in a lot of ways. When we turned and looked at who actually attended those visits, we found that the visits were most likely to be attended if the visit was scheduled that same day. And so that helped us in the sense of that finetuning of when to offer it, that the value in telemedicine might be in seeing the acute concerns, allowing quicker access to your primary care pediatrician. And then we also found that attendance was more likely for families who had a preferred language that was something other than English or Spanish. And those findings, honestly, were more surprising to us because at the very beginning, interpreter integration was challenging. And that has improved over time. We saw that improvement in the data as well - that more families were attending telemedicine as we became better at integrating interpretation into telemedicine.

**Geoff Marsh**

Was that overall, over the whole year? Or was it just that most improvement was seen in that group? Or both?

**Kelsey Schweiberger**

It was both. So those families were more likely to attend overall over the year. And then we also saw the most improvement.

**Geoff Marsh**

How do you explain that?

**Kelsey Schweiberger**

I don't have a great explanation for the overall attendance over the whole year. I think the improvement is likely due to an improvement on our side. We did a lot of quality improvement based on these results and some other results from some other analyses that we've done, about getting more information on how to access telemedicine and how to access the patient portal, available in multiple languages. And so we did a lot to improve that on our side. And then like I said, we got better at integrating interpretation over the year as well.

**Geoff Marsh**

Overall, in terms how many of those scheduled appointments were attended, do you have a number for that? And how does that compare to in-person appointments?

**Kelsey Schweiberger**

So the overall attendance for telemedicine during the study period was 80%, which in this setting, in an academic primary care setting, is higher than the in-person attendance rate, which off the top of my head is somewhere in the high 60s.

**Geoff Marsh**

The use of telemedicine, as you say, was really thrust upon you during the pandemic. Do you think those numbers are going to return back to the pre-pandemic levels? Or now that it's risen to prominence do you think those numbers are gonna stay really high?

**Kelsey Schweiberger**

Yeah, that's a great question. And what we've seen in the literature is that those numbers really decreased rather quickly. We saw this very quick surge in telemedicine use and then we saw a really quick decrease once things opened back up, but also that it never went back down to zero. And so there's still this persistence in telemedicine use that is well above what we were doing pre-pandemic.

**Geoff Marsh**

So it sounds like you believe telemedicine is here to stay. And some of the results were quite reassuring. And I think in particular, that there was evidence that your interventions around language accessibility really seemed to work. What do you take away from this study and what do you hope to see in the future?

**Kelsey Schweiberger**

I believe that telemedicine is here to stay. I don't use telemedicine for every visit reason. But there are some visit reasons it works really well for. And I think same day call ins is one of those places that we saw on this study that families attend and might be a good use for this in the future. We still have a lot of work to do. There's still a lot of kinks to work out, there's still a lot of concerns about widening disparities and inequities. And I think part of the process of integrating this into a practice is to be thoughtful about what you're seeing who's using it and to make adjustments. As with anything, the first time you try something it's not going to be perfect and you just improve it as you go. And I think that's what we're finding with telemedicine too.