



Institutional Position on Pediatric Telehealth

March 7, 2019

WHEREAS, according to the American Telemedicine Association, telemedicine is defined as the remote delivery of health care services and clinical information using telecommunications technology, and telehealth has historically represented a broader definition, encompassing telemedicine as well as education, research, and other healthcare professional activities via technology. Telemedicine and telehealth, as commonly used today, can be considered synonymous¹; and

WHEREAS, there is significant disparity in the geographic distribution of pediatric specialists across the country, resulting in underserved regions which, while predominantly rural, also include urban and suburban areas; and

WHEREAS, research shows that barriers to pediatric health care related to distance can be partially addressed with the use of telemedicine platforms²; and

WHEREAS, pediatric telemedicine technologies may be used by clinicians for consultations, case discussions and ongoing clinical support, resulting in increased capacity to care for more children and reach those in medically underserved areas; and

WHEREAS, the current research on pediatric telemedicine has been positive with respect to patient and parent/caregiver satisfaction, provider satisfaction, and feasibility, citing telemedicine encounters as equivalent to in-person encounters^{3,4}; and

WHEREAS, underserved areas are most likely to benefit from, but least to invest in, these technologies, citing barriers including costs associated with implementation, training and ongoing support⁵; and

WHEREAS, telemedicine should reinforce rather than replace the relationship of the pediatric patient with an established medical home⁶; and

¹ American Telemedicine Association. What is telemedicine? Available at: <https://www.americantelemed.org/about/about-telemedicine#>. Accessed September 14, 2018.

² Burke BL, Hall RW, the SECTION ON TELEHEALTH CARE. Telemedicine: pediatric applications. *Pediatrics*. 2015;136(1) e293-e308. doi: 10.1542/peds.2015-1517

³ McConnochie KM, Connors GP, Brayer AF, Goepf J, Herendeen NE, Wood NE, Thomas A, Ahn DS, Roghmann KJ. Effectiveness of telemedicine in replacing in-person evaluation for acute childhood illness in office settings. *Telemed J E Health*. 2006;12(3):308-316. doi: 10.1089/tmj.2006.12.308

⁴ Mair F, Whitten P. Systematic review of studies of patient satisfaction with telemedicine. *BMJ*. 2000;320(7248):1517-1520.

⁵ Olson CA, McSwain SD, Curfman AL, Chuo J. The current pediatric telehealth landscape. *Pediatrics*. 2018; 141(3):1-10. doi: 10.1542/peds.2017-2334



WHEREAS, Illinois does not have laws requiring comprehensive reimbursement for telehealth services or mandating that all governmental and commercial health care payors reimburse telehealth services to the same extent and in the same amount as if those services had been delivered face to face.

NOW, THEREFORE, BE IT RESOLVED:

That Ann & Robert H. Lurie Children's Hospital of Chicago strongly encourages legislative and community efforts to promote the use and adoption of pediatric telehealth-based services in all appropriate geographic areas and venues, including specifically the passing of legislation that (i) provides financial incentives or reimbursement for underserved areas to create telehealth partnerships for the receiving of pediatric health care services for children and adolescents, and (ii) mandates comprehensive reimbursement by payors for telehealth services to the same extent and in the same amount as if those services had been delivered face to face.

⁶ American Academy of Pediatrics Committee on Pediatric Workforce Policy Statement. The use of telemedicine to address access and physician workforce shortages. *Pediatrics*. 2015. 136(1)202-209. doi: 10.1542/peds.2015-1253