The Birth of a Thriving Telemedicine Partnership

Rady Children’s Hospital in San Diego is a 520-bed facility dedicated exclusively to pediatric healthcare. Rady is the San Diego region’s teaching hospital for medical students and residents and is also a world-renowned institution for pediatric clinical research. Rady’s staff and clinicians pride themselves on the consistent delivery of high quality care. They are a recognized national leader in developing best practices that become replicated clinical pathways; every hospital employee carries equal responsibility for identifying a problem with a patient’s care; and staff and clinicians maintain a culture of collaboration in which they continuously seek new strategies to improve care.

Dr. Anthony Magit thrives in this innovative and interconnected environment. He is a pediatric otolaryngologist (also known as ENT – ear, nose and throat) and the physician champion of telemedicine at Rady Children’s Hospital. Over the past year and a half Dr. Magit’s and his team have built a promising pediatric telemedicine practice from the ground up.

In April 2014 Dr. Magit and his team attended the CTN annual Statewide Telehealth Summit.* As Dr. Magit explains, they knew nothing about telemedicine at the time, they were simply curious. The team happened to connect with staff from the La Maestra Family Clinic, also from San Diego. The two institutions already had a partnership – Rady provides pediatric specialty services for La Maestra patients – but a lot of patients with referrals never make the trip to Rady. Barriers related to transportation, time away from work, and language-based disparities prevent people from taking action. Collectively, the Rady and La Maestra teams recognized that telemedicine could be a way to address those issues while also strengthening coordination between the two centers.

Soon after the conference, the two institutions initiated a pilot effort. They began with patients who had previously been referred to specialists at Rady, but had not shown up for their appointments. After a successful specialty telemedicine clinic, Rady recognized that La Maestra also offered excellent resources in terms of language translation and cultural liaisons that made the visit more comfortable for patients. This partnership – a pairing of telemedicine with the assurances of a home clinic – created the conditions for a highly effective visit. For many patients, the virtual visit at their home clinic was even better than meeting in person with specialists onsite at Rady. Building upon this success, for the past year Rady and La Maestra have expanded the frequency and assortment of specialty services provided via telemedicine.

To date, pediatric telemedicine services include ENT, endocrinology, pulmonology and dermatology – all specialties that are highly amenable to telemedicine because they are visual, high volume and high need. They have also begun to provide pediatric palliative care to children with terminal illnesses. The two providers have worked together to identify the elements of a
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successful visit and how best incorporate those into their respective electronic medical records systems. There is an ongoing process of piloting, identifying challenges, developing logistics and building necessary infrastructure. All the while, Rady and Maestra share the evolving experiences with faculty and primary care providers.

Dr. Magit and Rady’s team of telemedicine providers continue to proceed slowly in order to maintain nurse and physician engagement. The growth of the telemedicine program has resulted in capacity challenges for personnel leading Rady to take steps to ensure adequate human resources. Rady is hiring their first dedicated Telemedicine Coordinator who will ensure that everyone is aligned with the visits so the encounters go smoothly. In addition, administrative support is required in order to follow up on an assortment of communications between providers and patients across institutions.

In the meantime, telemedicine is allowing Rady to overcome geographic, economic, language and cultural barriers. Children who clearly need intervention are receiving consultation to address chronic problems related to genetics and infectious disease that would otherwise remain untreated. And in some cases, additional specialty care becomes unnecessary. For example, Rady geneticists are able to determine whether a newborn baby’s abnormality is life threatening requiring immediate action, or if it is something to be treated locally over time. In other cases, Rady’s is able to provide home-based pediatric palliative care for children with terminal illnesses. By monitoring the condition of these children at home, the families are able to provide far more comfort and a higher quality of life than in the hospital.

Patients and parents have expressed consistently high levels of satisfaction. Considering this success, when asked what he would say to a fellow provider who is unsure about this new technology, Dr. Magit advises that you need to try it in order to experience the high quality interaction telemedicine can provide. As with any new technology, he reflects that some will work and some will not. But given reports that telemedicine is widely being applied throughout the world with growing success, Dr. Magit believes that these advances will increasingly become integrated into the delivery of quality and accessible care.

In these changing times, the telemedicine team at Rady is excited to see what is next. For example, there are now video cameras with high-level magnification that can provide a better view than traditional analog instruments. With tools like these, telemedicine offers virtual physical exams that equal the quality of care provided when the provider is with the patient. In light of these advances, even while Dr. Magit and his team take pride in the barriers that are being overcome, they are quick to recognize that there is plenty of room for delivery of care to be made even better.