

**USE OF TELEHEALTH FOR CHILDREN WITH
MENTAL HEALTH NEEDS LIVING IN REMOTE
COMMUNITIES**

**LOCAL PROVIDER
INTERVIEW PROTOCOL**

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Definitions

Local provider: One who provides care with the community of the child and family

Remote provider: One who provides care or consultation via telehealth from a location remote from the community of the child and family.

We have provided pediatric psychiatric and psychological consultation services to rural and remote communities in six states in the Pacific Northwest (Sulzbacher, 2000; Sulzbacher, 2001; Rebasca, APA Monitor, 2000; Brown, 1998). These consultations can be divided into 3 categories: 1) requests for diagnostic clarification only; 2) requests for treatment recommendations to be implemented by local practitioners and 3) requests for short term treatment to be conducted over several IVTC sessions. Measures of clinical outcome would be similar for categories 2 & 3 but somewhat different for category 1. We propose to evaluate achievement of specific therapeutic goals in these consultations with a short directed questionnaire for the referring clinician and participating family member.

1. What was the purpose of your request for a telemedicine consult?
 diagnosis or diagnostic clarification
 get treatment suggestions for local providers
 obtain treatment from the distant specialist

2. What, if any, new information about the child/family did you gain from the consultation?
 - a.) Did the consultant reach a definitive diagnosis? (Y/N)
 - b.) Did the consultant order more tests? (Y/N)
 - c.) Are you satisfied with the diagnostic opinion? (Y/N)
.....If not, will the patient need to travel to another Center for further diagnostic work? (Y/N)
 - d.) Did this consultation avoid unnecessary travel to a distant site? (Y/N)

3. Was a care plan for the child modified or created during the telemedicine consultation? (Y/N) If yes, please describe.

4. Would the plan have been created or modified had telehealth not been used? (Y/N)

5. Did the Telehealth consult shorten the time frame for implementation of the care plan? (Y/N)
6. Did the Telehealth consult improve coordination among local providers, clinics, agencies and schools? (Y/N)
7. Do you feel that the capacity of the other local providers to meet the needs of this child and family was enhanced by the telemedicine consultation? (Y/N)

HOW?

8. Did you have contact with the remote provider subsequent to the telehealth consultation, related to this child? (Y/N)
9. Have you worked with the child/family after the consult? (Y/N)
Were you able to implement any of the telehealth consultants recommendations? (Y/N)
10. If you agreed to have the telemedicine consultant treat your patient:
How many treatment sessions have occurred so far? _____
Have you gotten a chart note or other feedback on each session? (Y/N)
Have the patient's symptoms improved?
no_____
somewhat_____
significantly_____.
Were your expectations for this telehealth treatment met? (Y/N)

INTERVIEW PROTOCOL FOR FAMILY MEMBER:

1. In the last 12 months, approximately how many days of school has your child missed because of his or her special health care needs?

_____ (1) Not applicable – child is not in school

_____ (2) None

_____ (3) 1 to 5 days

_____ (4) 6 to 14 days

_____ (5) 15 to 30 days

_____ (6) More than 30 days

_____ (7) Don't know

2. In addition to your child's primary care provider, please tell us about any other providers and services **WITHIN YOUR OWN COMMUNITY** that your child has utilized during the last 12 months. (Note: include school-based providers)

3. How many times during the last 12 months has it been necessary for you to travel **OUTSIDE OF YOUR COMMUNITY** to see providers or obtain health care services for your child?

_____ times

4. Does your child have a written health care plan that describes his or her medical needs?

_____ (1) Yes, has one

_____ (2) Yes, has more than one

_____ (3) No

_____ (4) Don't know/Not sure

5. Do your child's educators have a written care plan, such as an IEP?
- _____ (1) Yes, has one
- _____ (2) No
- _____ (3) Don't know/Not sure
6. Did the telehealth consultation result in any specific recommendations for you or your local providers? (Y/N)
Please describe briefly:
7. Did you feel that there was consensus on these recommendations? (Y/N)
If so, how did this come about?
8. Were your goals for the telehealth consultation met? (Y/N)
Why or why not?
9. As a result of the telehealth consultation, was a care plan created for your child, or was an existing plan modified? (Y/N)
10. Following the telehealth consultation, did you see any changes in how your child's care plan was carried out? (Y/N)
11. Following the telehealth consultation, were there any changes in how your child's care was coordinated? (Y/N)
12. Following the telehealth consultation, did you see any changes in how your community providers worked together? (Y/N)
13. Following the telehealth consultation, were you able to change how **you** worked with your community providers? (Y/N)

14. Did the telehealth consultation change the level of confidence you have in your community providers to meet the needs of your child? (Y/N)
In what ways?
15. Since the telehealth consultation, have you had any further contact with the telehealth consultant? (Y/N)
16. Do you plan any further contact with the Telehealth consultant? (Y/N)
17. If you have had more than a single Telehealth visit, does the consultant's treatment plan meet your expectations? (Y/N)
18. Have your child's symptoms improved since Telehealth treatment began ?
No _____
Somewhat _____
Significantly _____

If symptoms have gotten better, please tell us what caused the improvement:

New medicine or different dosage _____
Behavior management ideas/plan _____
Consultant's advocacy with local agencies (school, clinic, etc.) _____
Consultant's support/understanding of family efforts _____
Other ----→