

Virtual vs In-person Clinical Care for Children with Developmental, Behavioural or Psychiatric needs – a survey of patient preferences



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INTRODUCTION

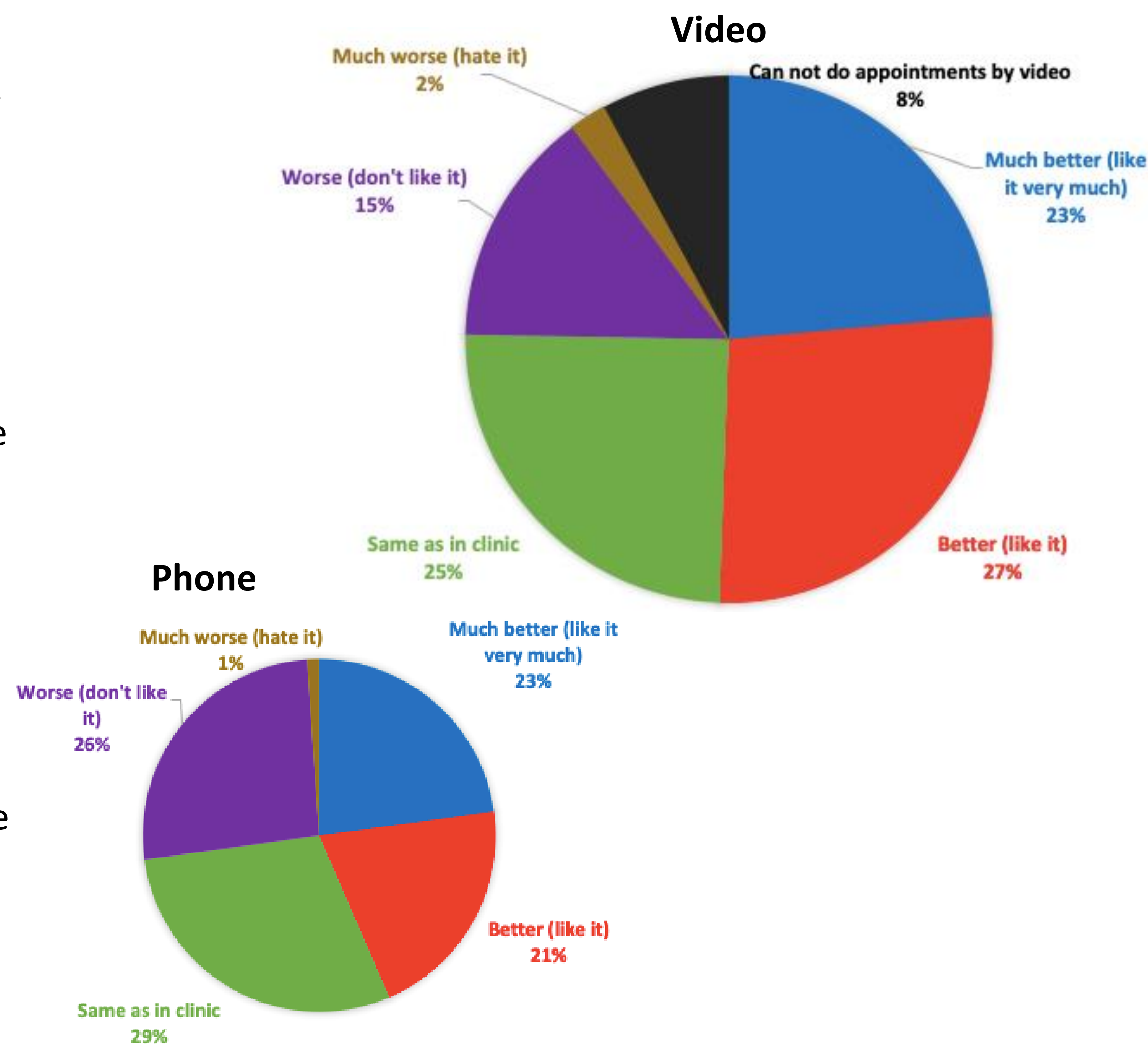
- Virtual clinical care (VCC), defined in this study as physician appointments conducted by video or phone, can enhance the Saskatchewan Health Authority priority areas, such as improving mental health care and care to rural populations
- VCC can help achieve "right care, right time, right place, and right provider"
- Child Psychiatry and Developmental-Behavioural Pediatrics branches of medicine are particularly well suited to VCC
- VCC could help Saskatchewan patients who have to travel long distances and face harsh weather conditions to access in-person health care services
- Our study directly asked parents shortly after a VCC encounter for their child, how they feel about VCC and what would be their preference post-pandemic

METHODS

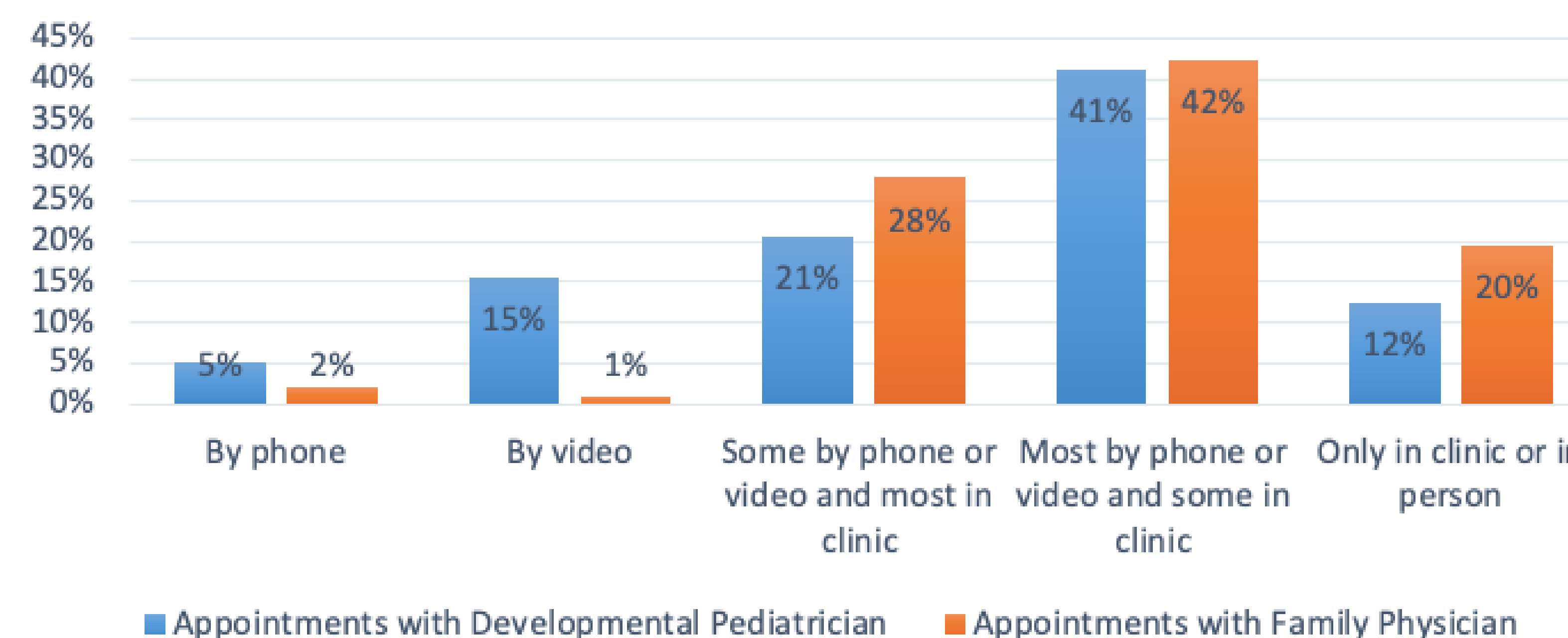
- 97 parents answered a survey via email 1-2 weeks after their VCC appointment with a Developmental-Behavioural Pediatrician in Saskatchewan
- Open and closed ended questions explored participants' satisfaction, burdens or benefits, perceived quality of care and about continuing VCC after the pandemic
- Descriptive statistics were computed and qualitative data was analyzed thematically.

RESULTS

How do you feel about appointments by video or phone compared to coming into the clinic?



After the pandemic is over, how would you prefer most of your appointments?



Pros about virtual appointments:

- Easier for the patient/ children
- Flexibility to attend
- Saves time (travel time, wait time)
- Convenient from remote locations
- Safe during pandemic

"The kids are not stressing about it. No school missed, no time off work, no child care. If the appointments are in the winter it is very hard. The roads can be horrific and we have had to stay over. If we have to stay over we have to find some one to go to our house and take care of the animals. The boys will then miss 2 days of school and we miss 2 days of work."

Cons about virtual appointments:

- Not in-person (observations, interactions)
- Lack of full assessment
- Technological issues (internet, audio, PEXIP software)
- Lack of quiet environment to attend meetings

"I don't like that they don't get to see the patient in person. Children with special needs don't necessarily understand the video calls and they need that one on one in person attention to feel accepted by that person."

CONCLUSION

- Most parents prefer a hybrid of access to both in clinic and VCC (even favoring VCC)
- In order for physicians providing developmental or psychiatric pediatric care, to be truly client-centred, our findings should compel them, to avail both options for patients
- Next steps might include a) repeating this survey in other areas of medicine and b) developing best practise clinical guidelines for a hybrid model of in-person and VCC.