Experiences in Telemedicine in Developmental-behavioral Pediatrics: A Dbpnet Mixed-methods Study of Providers and Caregivers

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Background: To meet patient needs during the COVID-19 pandemic, >90% of academic developmental-behavioral pediatric (DBP) practices expanded telehealth use, including video evaluations of young children with possible autism spectrum disorder (ASD). Little is known about the acceptability of telehealth assessments among providers and families, or perceived benefits and challenges. This study aims to inform the use of telehealth in DBP care with an emphasis on equity.

Methods: Three academic DBP practices are included in this ongoing, mixed-methods study of DBP providers and caregivers. Geographically diverse sites were selected through DBPNet, a national research network of 16 DBP practices. DBP providers and caregivers who participated in new-patient telehealth visits since 3/1/2020 assessing for possible ASD in children <5 years-old at participating sites are eligible. Electronic surveys collect participant demographics, comfort using technology (caregivers) and diagnosing ASD (providers), preferred use of telehealth, and responses to the standardized Telehealth Usability Questionnaire. Caregiver materials are available in English and Spanish. Open-ended interviews with providers and caregivers ask about experiences with telehealth, perceived benefits and challenges, confidence in accuracy of the assessment, future uses of telehealth, access to DBP care, and the impact of telehealth on equity, including for families with limited English-proficiency. Interview transcripts are reviewed using content analysis. Recruitment will continue until thematic saturation is reached.

Results: To date, 9 DBP providers completed interviews. All providers report completing at least 5 telehealth visits (new or follow-up) on average each week since March 2020, with one reporting >20 weekly telehealth visits. For English-speaking families, all providers report being very comfortable diagnosing ASD for in-person assessments, and very (6/9), somewhat (2/9), or neither comfortable or uncomfortable (1/9) diagnosing ASD by telehealth. For Spanish-speaking patients, providers report feeling very (4/9) or somewhat (5/9) comfortable diagnosing ASD in-person, and very (3/9) or somewhat (6/9) comfortable by telehealth. Interviews describe additional challenges using interpreters and building rapport without body language via telehealth. Most providers wish to continue using telehealth for new and follow-up visits in the future. To date, 8 caregivers have completed the survey and 6 have been interviewed (all English-speaking). Families reported high satisfaction with their DBP telehealth visit; 7/8 would use telehealth again for DBP care. Many families reported a desire to seek follow-up care by telehealth, but varied in their acceptability of virtual assessments post-pandemic. Telehealth systems are reportedly usable, with higher ratings of usability by providers than caregivers. Emerging themes and illustrative quotes are shown in Table 2.

Conclusion: Caregivers and providers are generally content with virtual ASD assessments, but family confidence in the quality of assessments varies. Concerns about digital equity and language barriers remain. Additional analyses will further elucidate caregiver and provider beliefs about telehealth use in DBP to guide best practice shaping future care.

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