

Expanding Partnerships in Pediatric Virtual Care—the Children’s Minnesota Way

We know that 80% of a child’s health happens outside of a clinical setting, so how do we continue to innovate the way we reach and impact kids? Virtual care continues to reshape the healthcare landscape, creating innovative paths to forge new partnerships and providing a more patient-centric platform to improve quality of care. Children’s Minnesota has witnessed the success of virtual care in reaching past, present and future patients, often positively impacting outcomes. Through virtual care, Children’s offers a more convenient experience for patients, reaching them where they are, be it at a different hospital, local clinic, school or simply at home.

Development

Children’s Minnesota began its journey with virtual care in 2015 when our Emergency Medicine department partnered with rural hospitals to provide physician-to-physician consults that support the delivery of care in the local community.

To reach kids at home, we expanded our virtual services to eight clinical areas: eating disorders, pain and palliative, sleep, diabetes, immunology, genetics, psychiatry, and psychology. By offering virtual follow-up for these clinical service lines, we aimed to lessen the burden on our patients. Patients who may have anxiety coming to a clinic for care or who commute long distances don’t have to bear the added weight of the trip. Patients can instead choose how to follow-up with providers, further empowering them on their health journey.

Expansion

While exploring opportunities beyond more traditional partnerships, Children’s recently

piloted a virtual care pediatric asthma program with a St. Paul school thanks to a generous grant from Kohl’s Cares. School nurses virtually connected with our clinicians while assessing a child and collaborated on treatment options. The feedback was striking. School nurses felt more empowered and patient families appreciated the virtual care that allowed their children to receive more immediate medical assistance, without the added stress of families leaving work.

Our latest virtual expansion has been in neonatology, focusing on how we can better impact the health outcomes of potential future patients. In 2018, Children’s Neonatal Virtual Care Program partnered with rural hospitals to provide consultations on post-delivery, acute-care services. Children’s Neonatologists and Neonatal Nurse Practitioners support local healthcare teams in neonatal situations we see daily, but may be more uncommon in community hospitals. We believe that simply being present virtually and acting as an extra set of eyes and ears can improve the physician’s self-efficacy and lead to greater confidence, as well as better outcomes. Virtual Care can also help the Children’s team improve care if the baby’s physician determines an infant requires transfer to Children’s NICU. But a more striking outcome, and one that has been noted by physicians nationally, has been a decrease in referrals to higher-level NICU centers as babies receive the care they urgently need in their local setting.

Challenges and the Way Forward

Despite progress made, challenges in integrating virtual services are still common. Some physicians are concerned about the quality of care delivered. There’s also a learning curve with technology and new



considerations including how to present oneself or make a connection virtually. Insurance, which continues to evolve, can sometimes present a barrier for patients.

With virtual care, there will always be some limitations, but a growing number of physicians and patients understand its value. Children’s continues to map a course for other applications to support kids throughout the region. What new partnerships can be forged? How can we provide better care by partnering across the community—medical and otherwise? While we have made strides, the future is still ripe with untapped possibilities. ♦

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