New Medicine: Tele-Health for the Child Advocacy Center

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Akron Children’s Hospital
Akron, Ohio
Since 1999, the Midwest Regional Children’s Advocacy Center has been a leader in providing comprehensive, innovative, and quality training and technical assistance to child abuse professionals and the 196 Children’s Advocacy Centers in the 12 Midwestern States: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin and across the nation.
Ohio Network of Child Advocacy Centers

28 Child Advocacy Centers

27 Accredited

1 Affiliate

3 Emerging

Serving about 65-70/88 Counties
Center Information

15 CACs are 501c3
7 are Hospital Based
3 are Government Based
3 are under a Mental Health Umbrella
Ohio CACs see...

Sexual Abuse Cases - all
Physical Abuse Cases – most
Witness to Violence - some
Minor Victims of Human Trafficking – CACs are identified provider
DD adults and some HT adults
In Ohio...
All CACs record Forensic Interviews
All hold routine Case Review
- Weekly, Bi-Weekly or Monthly
All provide Mental Health Services
- Onsite or by Referral
All offer Medical Evaluations
- Onsite or by Referral
In Ohio...

3 CACs have Facility Dogs and at least 5 others use Therapy Dogs
9 CACs in Ohio offer Medical Evaluations to ALL children seen

Akron Children’s – Summit County
Akron Children’s Beeghly Campus – Trumbull, Mahoning, Columbian & Ashtabula Counties
Cincinnati Children’s – Hamilton County
Dayton Children’s – Montgomery County
Medina County
Nationwide Children’s – Franklin County
Portage County
Stark County
Warren County
The remaining 19 CACs offer Medical Evaluations by referral based on some or all of the following criteria:

Disclosure of Abuse
Presence of Symptoms
Disclosure of Penetration
Caregiver request - occasionally
12 Board Certified Child Abuse Specialists Practicing in Ohio

And that Still isn’t enough!!

15 Known Board Certified CAS at 7 Hospitals
2 Akron Children’s Main
1 Akron Children’s Beegly
3 Cincinnati Children’s
1 Dayton Children’s
3 Nationwide Children’s
1 Rainbow Babies and Children’s
1 Toledo
3 Not Practicing
In Ohio, CACs Medical Exams are performed by:

Board Certified Child Abuse Specialists
Pediatricians
Family Medicine Doctors
Emergency Medicine Doctors
OB/GYN
Pediatric Nurse Practitioners
P-SANE Nurses
Tuscarawas County

Population – 92,916 - Rural Community - 571 Sq. miles
36,965 households, and 25,318 families
Median income for a household in the county was $42,081
About 9.2% of families and 12.8% of the population live below the poverty line
Considered Appalachia, large Amish, Mennonite and Christian religion base
  96% Caucasian,
  1% African American,
  2% Latino (largely Guatemalan),
  1% All other Races
3 Cities – New Philadelphia, Dover and Uhrichsville
16 Villages - 9 with their own Police Department
13 School Districts
Interstate 77 runs North and South through County
2 Community Hospitals – Union and Twin City
Tuscarawas County
Child Advocacy Center

Opened in June of 2011 – Child Friendly Space – 3 rooms
Remodeled office space - Child Support Enforcement Agency
Private, Secure CAC Entrance
Donated by the Tuscarawas County Commissioners -$1 lease a year

Establishing Partners -
Tuscarawas County Children’s Services Director
Tuscarawas County Sheriff
Tuscarawas County Prosecutor
Tuscarawas County Juvenile Court Judge
Tuscarawas County Alcohol and Drug Addiction and Mental Health Services Board

Mental Health Partnerships
Linkage Agreements with 4 Mental Health Agencies

Law Enforcement
Multiple partnerships, some agreements for TCSO to handle cases
Tuscarawas County
Child Advocacy Center

Forensic Interviewers
Children Services Workers
Law Enforcement Officers
   Primary Detective from Sheriff Office
   Have added Other Law Enforcement and
   Prosecutor Office Investigator – also Bi-Lingual
   TCCAC Director as Back Up Interviewer

Audio and Video Recording of all TCCAC

Case Review
   1st and 3rd Wednesday of the Month – All MDT Members attend

Victim Advocates
Dedicated Victim Advocate through Tusc. Cty. Prosecutors Office
Have added Victim Advocate Service Coordinator by contract
services through Tusc. Cty. Family and Children’s First Council
Since opening, the TCCAC #1 Goal: To meet or exceed the 10 Standards of Best Practice Care to Victims of Child Abuse to become an Accredited Member of National Children’s Alliance

Largest Roadblock: Establishing the Medical Component
Options Considered

Local Health Department – has onsite OB/GYN General and Pregnancy Clinic;
Local Hospital – has onsite SANE Program;
Local Pediatricians and Family Practice Physicians;
Patients Travel Established Child Abuse Specialist Provider
Challenges to Developing Medical Evaluation Standard

MDT perception that Medical Evaluation is unnecessary and traumatic experience for the child

Unavailable and Unwilling Local Medical Providers

Distance to Appropriate Medical Providers
Resolution...

For TCCAC children to receive an appropriate Medical Evaluation that would meet NCA Accreditation Standards...

Children and Families had to travel to an established medical provider at Akron Children’s Hospital or another approved facility
Unfortunately, the solution came with considerable drawbacks with huge consequences: Youth NOT receiving appropriate medical care!

Repeat Interviews
Distance to Facility
Discomfort with “Big City” Environment
Unreliable Transportation
Gas Costs
Drive Time is between 1 and 2 hours
In 2012

Akron Children’s Hospital began implementing Tele-Health Programs for Child Psychiatry – and they successfully met a HUGE need!!

Dr. Steiner began thinking...
What if...

We could use Tele-Health to bridge the gap in Child Abuse Services to youth that simply can’t or won’t get to the service that can provide them with the specialized medical care they need?
Telehealth from the Medical Provider’s View
About Akron Children’s

• Ranked a Best Children’s Hospital by *U.S. News & World Report*

• 10th largest children’s hospital in country*

• Magnet® Recognition for Nursing Excellence

• Largest pediatric provider in NE Ohio
  • 2 hospital campuses
  • 23+ primary care locations
  • 60+ specialty location

• 4,700+ employees

• 700+ medical staff

*Source: 2013 Becker's Hospital Review*
Sex Abuse Medical Evaluation from the Medical Provider’s View

- The concern for sexual abuse is a medical issue needing a medical evaluation in search of a diagnosis and treatment. When the diagnosis of sexual abuse is made, there is a mandate for the involvement of CPS, law enforcement and the legal system to be involved to assure the child’s safety and to bring justice to the victim.
Sex Abuse Medical Evaluation from the Medical Provider’s View

- The concern for sexual abuse IS NOT a crime seeking medical evidence to prove the criminal case in court proceedings.
Sex Abuse Medical Evaluation from the Medical Provider’s View

• The “gold standard” for the sexual abuse medical evaluation is a face-to-face encounter with the child.
Sex Abuse Medical Evaluation from the Medical Provider’s View

- However, limited resources makes the face-to-face medical evaluation extremely challenging.
  
  - Fewer than 400 CAP’s in the country
Sex Abuse Medical Evaluation from the Medical Provider’s View

• Options:
  – Patients come to a pediatric center
  – Providers go to the local clinic/CAC
  – Periodic/batch scheduling of the medical evaluations.
  – Store-and-forward telehealth for diagnosis and/or Peer Review.
  – Real-time or synchronous telehealth
Sex Abuse Medical Evaluation from the Medical Provider’s View

• The closest to the “gold standard” for the sexual abuse medical evaluation is real-time or synchronous telehealth evaluation
Telehealth from the Medical Provider’s View

• Elements of a medical evaluation.
  – Diagnostic interview to determine the nature of the medical complaint and the associated medical history.
  – A focused physical examination guided by the data discovered in the diagnostic interview and medical history.
  – Diagnostic testing, if needed.
  – Diagnosis
  – Treatment for the diagnosis made.
Telehealth from the Medical Provider’s View

• A synchronous telehealth system is a valuable tool that allows a medical provider to come very close to the “gold standard” sexual abuse medical evaluation
Telehealth from the Medical Provider’s View

• How Akron Children’s Hospital was able to establish a synchronous telehealth program with Tuscarawas County CAC.
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*Source: 2013 Becker's Hospital Review*
Telehealth from the Medical Provider’s View

- The Akron Children’s Hospital purchased a telecommunications infrastructure from Vidyo.
- Purchased to provide video and audio communication between the various organizational sights in NE Ohio.
- Primarily for administrative purposes and Tele-psychiatry.
Telehealth from the Medical Provider’s View

• Tele-health sexual abuse medical evaluations were added once we were able to be reimbursed by the Ohio Attorney General’s Office.
Telehealth from the Medical Provider’s View

• Vidyo is an internet based system that uses standard “off the shelf” PC’s as well as any other portable device with internet connectivity.

• The audio and video input is from the PC or portable device or any add-on that can be plugged into a USB port
Telehealth from the Medical Provider’s View

• The clinic facility is a multi-provider primary care pediatric office in New Philadelphia, Ohio, less than 1 mile from the Tuscarawas County CAC.
Telehealth from the Medical Provider’s View

- At the patient end there is a COW with attached HD Web-Cam, Microphone/Speaker and an exam camera.

- Exam Camera is an HD Nikon video camera purchased from the local electronics store.

- An PNP/RN/LPN to assist with the operation of the computer and assist the patient and family.
Telehealth from the Medical Provider’s View

• At the provider end there is the standard issue PC a Microphone/speaker as well as a headset with microphone.

• The provider can control the web cam pan-zoom functions at the patient end.
Telehealth from the Medical Provider’s View

• The elements of the sexual abuse Medical evaluation.
  – Diagnostic interview to determine the nature of the medical complaint and the associated medical history.
  • The patient is interviewed at the CAC and the interview is recorded. A copy of the recording is sent to the provider for review prior to the medical exam appointment.
Telehealth from the Medical Provider’s View

• A focused physical examination guided by the data discovered in the diagnostic interview and medical history.
  – The trained PNP/RN/LPN positions the patient, manipulates the genital anatomy and aims the video camera at the appropriate structures under the guidance of the provider at the remote location.
  – The patient is told that the “nurse” is doing the exam and that the provider is supervising the “nurse”.
  – The exam is recorded on the memory card in the camera.
Telehealth from the Medical Provider’s View

• Diagnostic testing, if needed.

  – The primary pediatric care facility and the sub-specialty facility share the same EMR so the diagnostic test are ordered as needed.
Telehealth from the Medical Provider’s View

• Diagnosis and treatment.
  - The diagnostic loop is closed immediately at the end of the evaluation with a discussion with the parent of the diagnosis and treatment options.
Telehealth from the Medical Provider’s View

• Limitations
  – The medical provider cannot touch the patient.
Telehealth from the Medical Provider’s View

• The synchronous telehealth sexual abuse medical evaluation is a tool that can be used by the medical provider provide a medical evaluation that is as close to the “gold standard” as possible.

• It does not replace the “gold standard” face-to-face medical evaluation.
Our Response...

Initial Response – No WAY

Approached with an Open Mind

Limited Alternatives

Lack of Youth receiving services

Duplication of Interviews

Trust of Dr. Steiner

Unknown Costs
Our Superheroes...
Noah Shoup and his Family
Doug, Kristen and Evan

In May of 2006, Noah Shoup died at the hands of his babysitter from physical trauma he sustained while in her care; she was convicted of murder. Since that time his parents, brother, grandparents and extended family and friends established Noah’s Hope.
Noah’s Hope has been the medium for the Shoup family to increase Community Awareness and Prevention Efforts against Child Abuse.

They have been raising awareness and money since 2006. Noah’s Hope has donated over $125,000 to Akron Children’s CARE Center and the Tuscarawas County Child Advocacy Center for the care of victims of child abuse.

Their financial support provided a gateway for the Tele-Health components to be purchased and to get the system up and running.
Nuts and Bolts – How does it work?

Forensic Interview is scheduled at the Tuscarawas County Child Advocacy Center. MDT members are present and the interview is recorded;

Following the FI and based on the disclosure or patient need, the Medical, Mental Health, Service Coordination and/or other identified services are scheduled and set for the child while they are still at the CAC.
CAC staff contacts ACH staff to schedule the medical evaluation with the Child Abuse Specialist; DVD of the FI is burned and sent by courier from the ACH-NP Location to the Doctor; Information about the case is Faxed to both ACH locations – the office the child will go to and the office where the physician is located.

Family is given the day and time of appointment and who to contact if they would have any problems or need to make any changes.
Our Location
Akron Children’s Hospital – Local Pediatrics Office in New Philadelphia is just 1 mile and 3 minutes from the Tuscarawas County Child Advocacy Center
Benefits....

Child is able to receive specialized medical care in their own community and at a location that Families are comfortable and familiar and less intimidating all which improve patient compliance

Able to reach the right patients, at the right location with right diagnosis, at the right time
By the Numbers...

The number and percentage of children at the Tuscarawas County Child Advocacy Center that are receiving the Specialized Medical Care they need has increased from:

Between 5-10% in 2013 (before Tele-Health)

to 30% in 2014
to 64% in 2015
Uses of Video-conferencing…

• Attend MDT Case Review
• Attend staff meetings
• Provide supervision of nurse practitioners
• Provide consultation to Akron Children’s Emergency Department and Inpatient providers for body surface injuries
• Provide physical & sexual abuse evaluations in rural areas lacking local services
TCCAC #1 Goal: To meet or exceed the 10 Standards of Best Practice Care to Victims of Child Abuse to become an Accredited Member of National Children’s Alliance

Largest Roadblock Removed: Medical Evaluation Established and Case Review Participation

Accredited Center
January 2016
BIG Benefits... but still some Challenges

• Technology is **NOT** the primary challenge
• Determining how and when to use Tele-health
• Learning how to use Tele-health to manage the demand on the provider end
• Coordinating two locations to make sure everyone is in front of camera, especially during off hours
• Some cases must be seen in-person (e.g., 72 hours)
What did you think of the Tele-Health program and meeting with the Doctor on the TV?

**What the Youth are Saying....**

“I thought it was pretty cool”
H.S. age 13

“At first, I wasn’t thrilled about it, but it was a lot better than I thought it would be”
V.M. age 14

“It made you feel like you had someone to talk to that is there for you”
M.P. age 15

**What the Families are Saying....**

“That was really easy”
Patients mom

“It was good. The nurse was so nice and she had a big smile too – she explained every little detail so she knew what was happening next. She ended up having an infection, so it was really good we went.”
Patient’s Grandmother
What the MDT Members are Saying....

"The tele-medicine program has been a tremendous resource for our families who may struggle to travel a great distance. Instead of a long drive to a large hospital, they can be seen locally causing less trauma and inconvenience."

David W. Haverfield, J.D.
Director, Tuscarawas County Job & Family Services

“Tele-health offers our patients and their families a little less stress at a very stressful time. It helps them stay local, in a more familiar environment rather than traveling hours away to an unfamiliar place. The patients and families are appreciative, comfortable, and amazed with our tele health services.”

Christina Hodkinson
Tele-Health Program Nurse
Akron Children’s Hospital
New Philadelphia Office
Our NCA Accreditation experience...

Dr. Steiner attended Case Review via webcam and that was fine, didn’t seem at all unusual or surprising; but the site reviewers seemed a bit apprehensive when we informed them that they would be meeting with our Medical Provider through Tele-Health Program at our local ACH-NP office.

It was important for us to show them to see what our patients experience. Their response was more than positive and expressed it is an innovative solution with the potential to meet the medical needs of children around the country, especially those in rural communities.
Technically speaking....

On the New Philadelphia Tele-health cart we have the following equipment and recommend the entire system be High Definition:

• **Codec** (e.g., the Vidyo videoconferencing box that functions as the computer. Codec stands for compressor/ decompressor or coder/decoder. This name reflects the function of the device which is to encode a data stream for transmission and then decodes it for playback)

• **High-Definition Pan-Tilt-Zoom (PTZ) Camera** (We sometimes refer to this as the interview camera. In case you are asked the brand is Minrray on the New Philadelphia Cart but we also use Sony. You may also want to mention that the provider has the ability to use control the PTZ functionality remotely.)

• **Hand-Held Exam Camera with Tripod** (we use a Canon Vixia Camcorder)

• **USB Speaker/Microphone** for audio (the New Philadelphia cart has a ClearOne Chat-150 model but as an organization we also use the Phoenix Quattro3)

• **HDMI Digital Scaler/Switcher** (allows nurse at New Philadelphia to switch between the two cameras without unplugging/plugging in the devices)

• **24” HD Monitor/Screen**
Thank you!
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General Considerations:

● High speed internet at both sites
● Endpoints - Two Major Classes
  ➢ H.323 - Standalone system
    Hardware based, often older and/or larger
  ➢ SIP/Web-based - Client/server system
    Software based (using a host computer)
● Peripherals - Exam Camera, Stethoscopes, Otoscopes, Monitoring, etc.
Tele-evaluation of child abuse

- Initial site is New Philadelphia ACHP (primary care) office
- Working with Tuscarawas County Child Advocacy Center
- Funding received from Noah’s Hope Foundation
- Nurse at primary care site conducts examination under physician’s direction via videoconference
- Reimbursed through Ohio Attorney General