

Patients with Use of Telemedicine in Paediatric Subspecialties

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Perspective

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INTRODUCTION

Direct patient-to-provider access has been difficult for many paediatric subspecialties. According to the American Academy of Paediatrics, more paediatric subspecialists work at academic institutions in urban regions, spend less time in person with patients, and some disciplines, like endocrinology and neurology, have appointment wait periods that are longer than two weeks. Furthermore, not all states have practising doctors in some areas, such as paediatric rheumatology. Research on clinical-model improvement, particularly telemedicine, is of particularly high priority, according to a new study of families of children and teens with unique health care requirements, policy experts, and researchers. In order to improve access to tertiary care facilities and doctors, paediatric providers have been utilising tele health technology since 1978^[1-5].

DESCRIPTION

Emotional distress

Depression numerous telemedicine care delivery methods have been discussed in a variety of fields, including paediatric cardiology, endocrinology, orthopaedic surgery, palliative care, and others. Studies on the use of telemedicine in paediatric outpatient care in the US have shown potential financial savings for families, higher health-related quality of life and satisfaction, and less time missed from school and work. Despite the fact that paediatric telemedicine use has been steadily increasing in the United States, licencing concerns, a lack of provider enthusiasm, and a lack of funding for provider training were previously impediments to greater acceptance of telemedicine services. Reimbursement had continued to be a problem for sites that had previously implemented telemedicine practises, which had further restricted the growth of common telemedicine procedures. Even in programmes with early adoption of telemedicine and policies, telemedicine utilization among patients in paediatric subspecialties has been low. In many ways, the COVID-19 pandemic eliminated these obstacles to the adoption of telemedicine, leading to a swift transition in care delivery across all sectors of the health care system in response to public health directives to reduce patient and healthcare worker exposure to the COVID-19 illness. Telemedicine has been quickly implemented across health systems as a replacement for in-person visits as a result of rapid deployment in academic health systems and hospital networks. Each speciality in this study had five or fewer telemedicine visits in April 2019 compared to up to 753 telemedicine visits in April 2020 at Stanford Children's Hospital, a significant tertiary care facility; the number of paediatric telemedicine visits grew approximately 35-fold from over a year ago.

Early life adversity

Early In many ways, the COVID-19 pandemic has produced a natural experiment because there are sufficient numbers of paediatric specialties using telemedicine to assess how well it performs when institutional constraints are removed. During the quick implementation of telemedicine at an academic children's hospital, we used this chance to assess the nuances of telemedicine with regard to caregiver-patient-provider communication, patient and provider experience, and clinical approaches to video visits in four different paediatric subspecialties.

CONCLUSION

In terms of patient-provider communication, patient satisfaction, provider experience, and clinical characteristics during the COVID-19 pandemic, this study describes the use of telemedicine in paediatric subspecialties. It is the first study of its kind to analyse telemedicine effectiveness in four distinct paediatric specialties at the same time, and it illustrates a use case

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for telemedicine in follow-up paediatric subspecialty treatment. Although the pandemic has dramatically increased the use of telemedicine, proving its viability, further research is required to determine its acceptability and safety as part of standard paediatric specialist treatment. The goal is to make telemedicine a permanent component of the delivery of healthcare.

REFERENCES

1. Carlberg U, Hesselstrand M . Ppatient-reported outcome of a multidisciplinary pain management program, focusing on occupational performance and satisfaction with performance. *Open Rehabil J.* 2011;4:42-50.
2. Ingstad K, Moe A, Brataas HV. Patient influence in home-based reablement for older persons: Qualitative research. *BMC Health Serv Res.* 2017;17:736.
3. Cameron J. Resilience-A key to happiness? University of Brighton. 2015.
4. Pergolotti M, Williams GR, Campbel C, et al. Occupational therapy for adults with cancer: Why it matters, *oncologist.* 2016;21:314–319.
5. Carbonell-Baeza A, Aparicio V, Sjostrom M, et al. Pain and functional capacity in female fibromyalgia patients. *Pain Med.* 2011;12:1667-1675.