

INTRODUCTION

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The Philippine General Hospital (PGH) became a designated COVID-19 referral center. Hospital operations were streamlined, resulting in the temporary closure of the PGH Developmental and Behavioral Pediatrics (DBP) Outpatient Clinic. The practice of DBP shifted to telemedicine despite having no experience in its use. However, there is no local data regarding the use of telemedicine in DBP. This study aimed to describe the practice of DBP in a tertiary COVID-19 referral center in the Philippines.

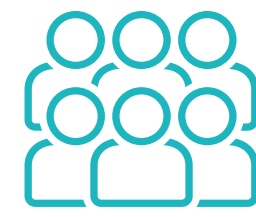
METHODOLOGY

Study Design: A total enumeration of 5 fellows of the PGH Division of DBP from June 2020 to May 2021 were included in a focused group discussion to gain insight on the changes, benefits, and challenges in the practice of DBP during the COVID-19 pandemic. A review of medical records of all patients seen at the PGH DBP Outpatient Clinic from June 2020 to May 2021 was also done.

Outcome Measures: Themes regarding the conduct of DBP consultations prior to and during the COVID-19 pandemic, benefits and challenges, as well as physician confidence and satisfaction in the conduct of DBP consultations during the COVID-19 pandemic were extracted from the focused group discussion. The socio-demographic profile and clinical characteristics of patients seen, as well as the characteristics of the consultations were also collected from medical records.

Data Analysis: Themes were extracted manually for the qualitative analysis of the focused group discussion. Descriptive statistics was used to summarize the socio-demographic and clinical characteristics of the patients, as well as the characteristics of the consultations.

RESULTS



1,861 patients were seen at the PGH Developmental and Behavioral Pediatrics Clinic from June 2020 to May 2021

Adaptations and Changes in the PGH DBP Outpatient Clinic



Telemedicine was quickly adapted



PGH shifted to **electronic medical records**



A **Facebook page** was created to reach out to patients



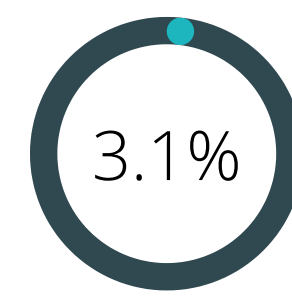
Average Wait Time to Initial Consult

Early Referral: 2 months
Regular Scheduling: 25 months



Average Duration of Consultation

Initial Consult: 141 minutes
Follow Up: 72 minutes



No Show Rate



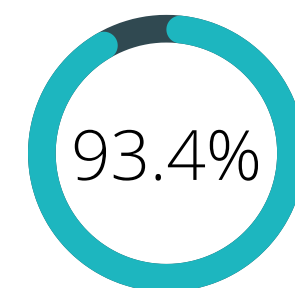
Average Physician Satisfaction



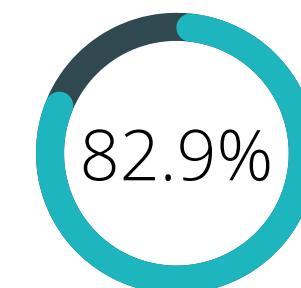
Average Physician Confidence

Characteristics of Consultations

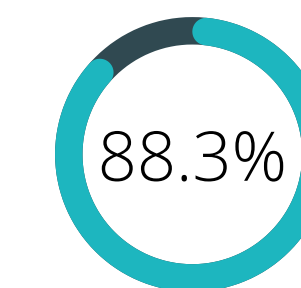
All patients were seen through telemedicine



of consultations were done through **video call**



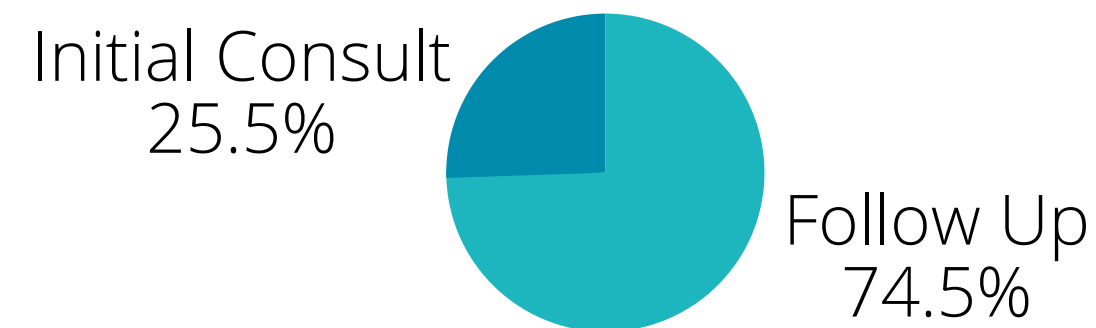
of video calls used **Facebook Messenger**



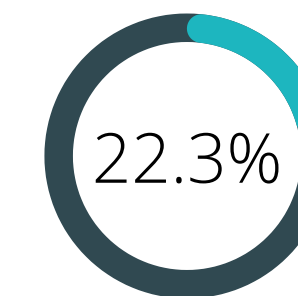
of video calls were done using a **smartphone**

Socio-Demographic Profile and Clinical Characteristics

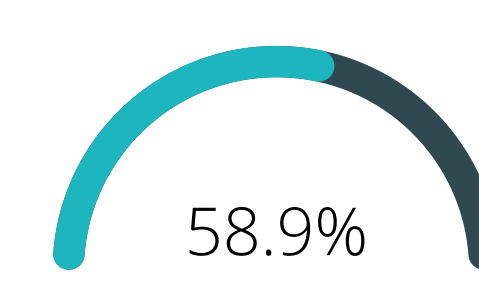
Purpose of Consultation



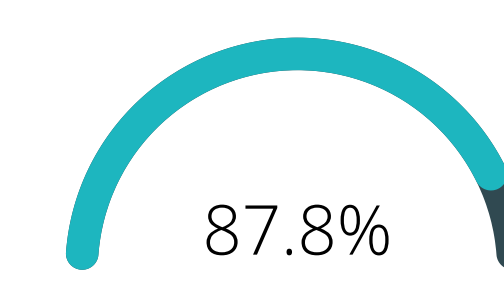
Male predominance
68.7%



were in the **preschool age group**



resided in the **National Capital Region**

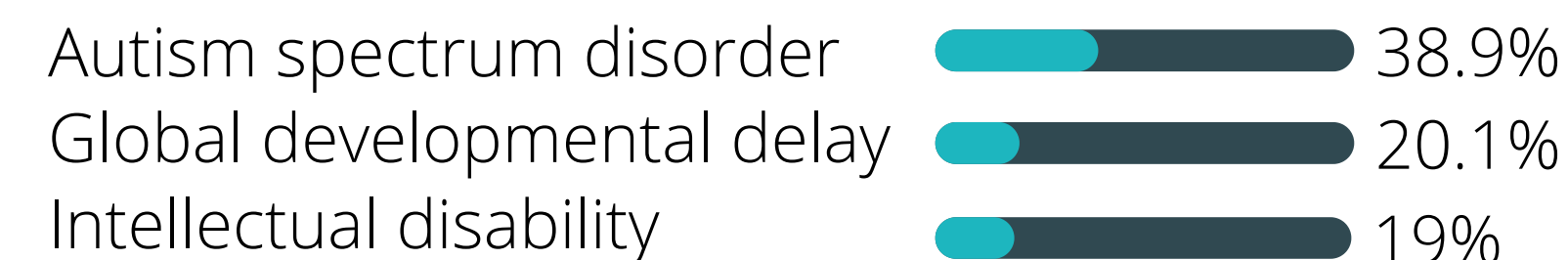


were accompanied by their **mothers**

Socio-economic Status



Top 3 Diagnoses



Benefits

- Minimized exposure to COVID-19
- Saw patients and their families in their natural environment
- Decreased overall costs of care
- Improved accessibility of services especially for patients in remote areas

Challenges

- More labor and time intensive
- Technical issues (e.g., poor internet connectivity, lack of appropriate device)
- Limitations in performing comprehensive physical examinations and developmental evaluations through telemedicine

CONCLUSION

The PGH DBP Outpatient Clinic implemented various adaptations to continue providing healthcare services for its patients amidst the COVID-19 pandemic. Telemedicine was quickly adapted despite inexperience in its use. A constant review of workflow processes and protocols should be done to improve healthcare delivery and to continue supporting these patients and their families. Enhancing the good practices identified and surmounting challenges encountered will enable effective delivery of DBP services through telemedicine, even beyond the COVID-19 pandemic. This study may serve as a model for low- and middle-income countries, where there is a paucity of developmental and behavioral pediatricians and limited resources in accessing DBP services.

