

Telemedicine for Pediatric Inflammatory bowel disease in the Era of COVID-19

Sofia G. Verstraete¹, Ana Marija Sola², Sabina A. Ali¹

¹Department of Pediatrics, University of California, San Francisco, and UCSF Benioff Children's Hospital San Francisco, San Francisco, California, USA.

²University of California, San Francisco, School of Medicine, San Francisco, California, USA.

Corresponding author:

Sabina Ali

Email: sabina.ali@ucsf.edu

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Telehealth is a widely adopted solution to maintain high quality care for patients with chronic diseases while lessening the risk of transmission of SARS-CoV19 (1, 2).

We would like to share our experience in expanding our telemedicine capability to address the comprehensive care needs for our pediatric inflammatory bowel disease (IBD) population.

Our Pediatric IBD Center is located in the Bay Area, one of the earliest adopters of shelter in place. Given an existing telemedicine practice at our institution, we were able to convert appointments in less than a week to 100% telehealth visits. Our primary goals as we implemented our telemedicine program included:

1. Screen patients prior to infusion appointments, to keep infusion center safe.
2. Telehealth visits with patients receiving home infusion.
3. Injection teaching.
4. Routine care to our IBD patients, including multidisciplinary visits (Pediatric Gastroenterologist, Nurse, Practitioner, Social Worker, Pediatric Dietician, Interpreter and other specialists such as Surgery, Rheumatology, Immunology).
5. Provide urgent evaluations during flares to minimize emergency room visits and admissions.
6. Support ongoing IBD clinical trials.

We instituted a weekly virtual meeting with the care team - to review acute issues, disseminate current literature on SARS-CoV-19 and IBD, and navigate limitations in available resources, such as non-urgent procedures. As we rethink our care algorithms to accommodate social distancing, we are also creating alternatives that we hope to continue beyond this pandemic (3).

Despite physical limitations we continue to promptly address questions, coordinate complex care, and triage clinical needs while enabling patients to stay at home, helping to reduce the spread of the virus to mass populations and the medical staff on the frontline.

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