

EXPLORE QUALITY CARE ON A GLOBAL SCALE
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Maintaining Continuity of Care and Global Health Education through Telehealth in the Time of COVID-19

Christine O'Dea, MD
Doug Collins, MD
Andrea Rosado, MD
Anne Kraemer, MA



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MAYA HEALTH ALLIANCE
WUQU' KAWOQ

- Provide primary care in indigenous communities across the Western Highlands
- Focus on childhood nutrition, women's health
- Active in research
- Advocacy within the health care system
- Specializes in complex care for adults and children
- Clean Water



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History of The Christ Hospital/University of Cincinnati program

- 1990 Shoulder to Shoulder founded
- Shoulder to Shoulder model founded on the following ideas:
 - Empower communities through partnership
 - Address social determinants of health utilizing the principles of COPC (Community Oriented Primary Care)
 - Pursue sustainability
 - Leverage resources from partner institutions
 - Realize economies of scale through Intra-institutional coalitions
- 2011 Last trip to Honduras
- 2012-2015 GH dating game



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First TCH/UC trip with Wuqu Kawoq in October 2015



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MAYA HEALTH ALLIANCE
WUQU' KAWOQ

- Founded in January 1, 2007 on the day Wuqu' Kawoq
- Works in Guatemala's indigenous communities
- Core Values:
 - You should not have to choose between your culture and your health
 - You should be able to talk to your doctor in your own language
 - Where you were born should not determine whether you live or die
 - You should not feel locked out of your own health care system
 - Everyone should have the highest quality health care



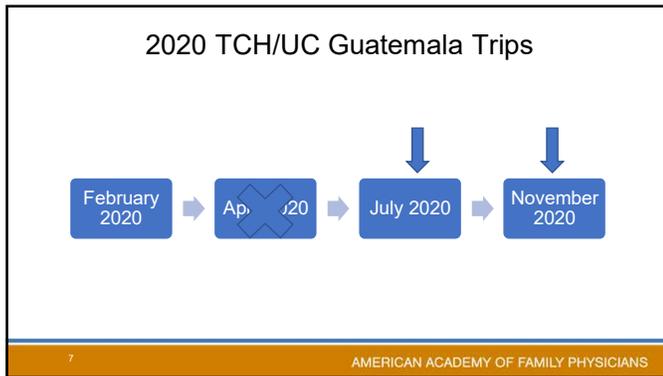
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Partnership between Wuqu Kawoq and TCH/UC based on continuity and long term commitment.

- Consistent, frequent visits: Four trips per year, two weeks per trip (February, April, July, November)
- Shared Electronic Medical Record
- Consistent formulary
- Residents count patients toward continuity



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Telemedicine in Low Resource Settings

- Although telemedicine is a relatively new field especially for low resource settings, it is important for any telemedicine solution to be adequately provided for in terms of human resources and the requisite technology. Research has also shown that senior management buy-in and end-user acceptance of any telemedicine intervention is key for successful implementation (Littman-Quinn et al., 2013; Ndlovu et al., 2014; Wootton & Bonnardot, 2015). (3)
- Urgent need for training and education of both care providers and patients.
- Interoperability among various IT systems is another important factor for low resource settings.

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COVID-19 in Guatemala

As of Sept 1, 2020:

- 74,074 cases
- 2760 deaths

"El Vuelo Maldito"
US deportations to Guatemala spread COVID-19 to Guatemala in the early days of the pandemic

On one flight from Texas to Guatemala on March 24, more than half of the 42 passengers tested positive for COVID.

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Steps to Creating Global Telehealth Program

- *Who / What / Where / When / How?*
- Patient population selection, location selection
- Partnerships with organizations, agreements on goals and objectives, requirements for staffing, equipment
- Protocols and expectations
- Supplies and resources available to patients
- Language interpretation if needed
- Method to communicate with staff on the ground
- Triage patient complaints
- Reviewing safety of treatment plans
- Assessing and overcoming barriers and limitations

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Telemedicine in Low Resource Settings

- the delivery of health care and the exchange of health-care information across distances (1)
- "use of electronic information and communications technologies to provide and support healthcare when distance separates the participants" (2)
- Telemedicine generally encompasses three distinct types of applications, including live interactive videoconferencing (synchronous), store-and-forward (asynchronous) transmission of medical images and/or information, and remote patient monitoring.
- access for those living in rural and underserved communities

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Telehealth process

- What's app used for communication between nurses and residents
- Zoom used for sessions between patients and residents

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Preparing residents to provide care through telehealth

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Feedback from Guatemala



Our staff and our patients loved it. They would love having you in Guatemala better, but overall, went very well.

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Barriers and Solutions

Internet	<ul style="list-style-type: none"> Avoid appointments late in the day during the rain, when the internet goes out Purchase sufficient bandwidth ahead of time
Language	<ul style="list-style-type: none"> Utilize interpreters in Guatemala to function as interpreters and assist with zoom connection, communication with other nurses
Communication	<ul style="list-style-type: none"> Utilized multiple forms of communication between staff and residents, including what's app and zoom All emails in both English and Spanish (bilingual faculty helpful)
Time change	<ul style="list-style-type: none"> Two hour time difference Start early in Guatemala (7 am- 11 am and 12-2 pm)

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Feedback from staff, residents

What went well?

- Internet
- Resident is better able to focus on the patient
- Interpretation in Guatemala (nurse interpreters)

What were the challenges?

- Internet
- Building rapport with patients

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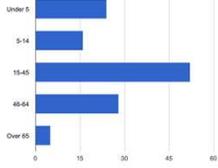
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Trip Summary

Patients served: 125
 Days: 10
 Communities: 2
 Residents: 2
 Most common diagnoses:

- Headache 21%
- Neck or back pain 21%
- Abdominal pain 17%
- Contraception 13.8%
- Subacute diarrhea 12.9%
- Underweight 12.9%
- GERD 12.9%
- Depression 10.3%

Age range of patients served



Age Range	Number of Patients
Under 5	~15
5-14	~15
15-44	~55
45-64	~25
Over 65	~5

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Lessons Learned

- Great introduction to global health work
 - Learner is able to focus on the patient, less likely to be "distracted"
- Have interpreters on both ends
- Give enough time for internet issues (45 minutes per appointment)
- Have enough staff (three staff in Guatemala for two residents)
- At least one of the resident or preceptor should have experience in Guatemala

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Next Steps

- How do we expand our access in between “trips”?
- How do we help residents understand the challenges faced by the patients?

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