

Continued support of telehealth services urged to address disparities: AAP

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Editor's note: For the latest news on COVID-19, visit <http://bit.ly/AAPNewsCOVID19>.

Updated AAP [interim guidance](#) strongly urges continued use of telehealth and in-person services so that all children and adolescents have access to health care during and after the pandemic. The interim guidance parallels recommendations in a [new](#) AAP policy statement to continue use and sustain integration of telehealth into future models of pediatric care. The policy is published in the September *Pediatrics*.

Care by pediatricians, pediatric medical subspecialists and pediatric surgical specialists should not be delayed due to difficulties with in-person access, according to the AAP. However, many communities have not been able to access care through telehealth due to lack of infrastructure, such as high-speed broadband, and lack of culturally appropriate information, support and resources.

“These inequities can result in worsening existing health disparities, rather than reducing them,” according to the AAP. “This critical mode of health care access will continue in post-pandemic settings.”

The AAP said continued use of telehealth visits is part of the matrix of care options and provides “the right care in the right place at the right time.”

The updated interim guidance comes as COVID-19 cases have been rising sharply. From Aug. 12-26, the cumulated number of child COVID-19 cases increased 9% (384,137 cases were added), according to a [report from the AAP and Children's Hospital Association](#). Children represent 14.8% of all cases in the U.S.

The interim guidance also recommends the following:

- All pediatric health care services, including telehealth, should be coordinated through the medical home.
- Well-child care should be consistent with [Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, fourth edition](#), and the corresponding [AAP/Bright Futures periodicity schedule](#).
- Disparities in under-resourced populations' access to telehealth should be monitored and addressed.
- Quality metrics data collection and analysis measures should be supported across institutions so that disparities in telehealth access can be monitored, evaluated and responded to quickly.
- Payment should be provided for voice-only (telephonic) services when infrastructure does not support full telehealth services.
- Graduate medical education program curriculum should be designed to educate trainees on how to provide high-quality telehealth services.

Updates also were made to the [Guidance Related to Early Care and Education/Child Care During COVID-19](#) and [Guidance on Providing Pediatric Well-Care During COVID-19](#). Visit <http://bit.ly/AAPcovid-19guidance>.