

Telehealth FASD Diagnostic Partnership: A Manitoba Community Based Model

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About Norway House






**About the Clinic for
Alcohol and Drug Exposed
Children [CADEC]**



CADEC

- Located at Children's Hospital, Winnipeg, Manitoba



**The FASD Diagnostic Centre in
Winnipeg [CADEC]**

- Established in 1999
- 400 referrals annually
- 200 assessments annually
- ~45% of those seen in Winnipeg receive FASD diagnosis; higher via telehealth

“The FASD assessment process starts by recognizing the need for diagnosis and ends by implementing appropriate recommendations. The process means building relationships on many levels, with the clients and their families as well as various community resources.”

- FASD Toolkit for Aboriginal Families

CADEC: Approach to Diagnosis of FASD

- Interdisciplinary team approach
- Partnership with community
- FASD diagnosis linked to follow-up support and education

CADEC: Telehealth Experience

Telehealth offered 2 half days/month as part of the overall diagnostic and follow-up program for FASD.

History:

- 1999 Thompson MB
- 2000 The Pas, Flin Flon
- 2003 Norway House

Norway House: telehealth experience

- Number of children seen = 19
- Number of children diagnosed with FASD = 17
- Average number of participants/session = 5

About Telehealth

What is telehealth?

- *Telehealth* refers to the use of telecommunication technology in the practice of promoting health
- *Telemedicine* refers to physician based telehealth services.

Telehealth Equipment



Large group units

Telehealth Equipment



Mobile Tandberg
Cart



Guidelines for Telehealth Session

- Technician required at both sites
- Getting past the technology
 - warm-up period
 - close up mode
 - wait for camera
 - mute function
 - anticipate delay
- Establish confidentiality policy

- Consider the set up of the room for the age of the child and the number of people attending
- Limit the number of participants
- Introduce all participants
- Ensure enough time is allowed for questions and feedback

Why telehealth?

- To address the challenges of northern and remote communities

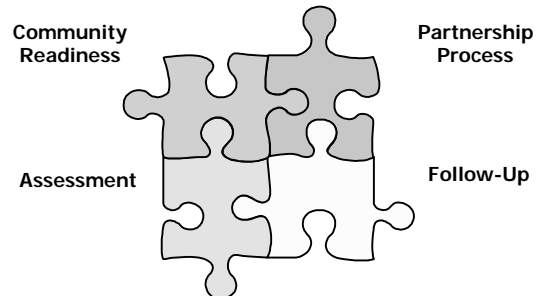
Challenges for families:

- Long distances to travel
- Stress
- Unfamiliar environs & healthcare team
- Cost
- Previous negative experiences in urban hospitals
- No informal/familiar supports

Challenges for diagnostic team

- Limited or no prior contact with family
- Time limitations = no debriefing / follow-up education opportunities
- Limited knowledge of community resources
- Traditional elder not part of diagnostic team

Components for Successful Telehealth with Norway House



Community Readiness



Norway House
Community Roundtable
on FASD
1997-2007
Ten years of growth

The Roundtable Committee

- Multi-agency
- Action Sub-Committees
 - Awareness
 - Education and Training
 - Prenatal Prevention
 - Diagnostics
- 5 year strategic plan

FASD Project

- Initial funding in November 2004
- FNIHB funding in April 2005
 - half-time project coordinator
 - 2 full-time mentors

FASD Project Objectives

- Work with one-on-one with prenatal and postpartum women with addictions.
- Partner with Canadian Pre-Natal Program and Maternal Child Health.
- Develop protocol for telehealth partnership with CADEC
- Promote general awareness of FASD

FASD Community Coordinator

- Responsible for planning, organizing and supervising all activities in the work plan
- Acts as a liaison with local school, Child Care agency, Health Division, RCMP, etc.
- Reports progress to Roundtable
- Responsible for proposals and reports

- Contact person for diagnostic clinic

FASD Activities

- Building a Positive Community Context:
 - Annual Conference
 - Arrange and conduct workshops
 - Awareness and media campaigns
- Prevention Curriculum

Effectiveness of Round Table Model

- Round Table in operation since 1997 on a *volunteer* basis
- Roundtable laid a good *foundation* for current work
- *Commitment* from all agencies
- Increased *comfort level* and general knowledge about FASD

Partnership



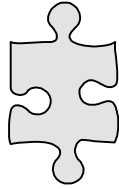
Building the Partnership

- Common purpose based on local need
- Broad community ownership/ involvement
- Outreach visits to establish relationships
- Identify community expertise/strengths
- Identify training needs – provide training
- Maintain contact using telehealth

Partnership in Action

- Respect for the roles, expertise and experience of all participants
- Debrief/feedback after Telehealth session
- Adapt process based on learning
- Maintain sense of humour

Assessment



Pre-Assessment: Role of Community

- Local team screens and prioritizes referrals
- Identify case coordinator
- Arrange for in-community assessments

Role of local team

- Consultation with key individuals
- Clarify problem/concerns
- Explore strengths and successful strategies
- Confirm history of prenatal alcohol exposure
- Discuss expectations and benefits of an FASD assessment
- Explain referral and assessment process
- Complete standard intake forms
- Emphasize voluntary process
- Explain telehealth process



Preparation of Child & Family

- Conference call with CADEC Coordinator
 - Who attend assessment?
 - Confidentiality issues
 - Identify special considerations
 - Questions and feedback from family
 - Discuss preparation for child

Assessment: Role of Community Coordinator

- Support family at assessment
- Arrange child care
- Ensure family is aware of other participants
- Debrief following assessment
- Arrange follow-up meeting
- Facilitate feedback to diagnostic centre

Assessment: CADEC Team

- Interpretation of assessments
- Interview with child
- Interview of parents and others
- Developmentally appropriate approach

Assessment Interview

With family and local team

- Medical History
- Developmental History
- Social History
- Family History

Physical assessment:

- Facial measurements: *need trained community resource or photographic analysis*
- Growth measurements
- Neurologic exam

Developmental assessment:

- Mental status examination of child
- +/- developmental assessment

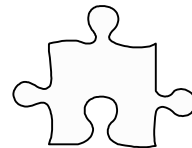
Diagnosis & Recommendations

- CADEC Team Meeting
- National guidelines for FASD
 - Growth
 - Face
 - Brain
 - Prenatal alcohol exposure
 - Pre- and post-natal co-morbidity issues
- Meet with family and professionals to discuss outcomes and recommendations

Creating an Environment of
Respect

The Key to a
Positive
Diagnostic Experience

Follow-Up



Follow-up

- Disability awareness with child
- Provide information to family
- Consult to schools
- Case planning



Expansion of Activities

- Justice and law enforcement
- Support for adults with FASD
- Support for parents of children diagnosed and/or awaiting assessment
- Support for diagnosed children and adults
- Education and training in the area of polydrug use and fetal drug effects

Benefits of telehealth

- Reduced travel for parent and child
- Reduced cost
- Less disruptive for child / reduced stress
- Opportunity to include others in child's circle of care.
- Less time away from work/home/school
- Shorter waiting period for FASD assessment
- Recommendations developed in consultation with community
- Less isolation for family

Small Steps cover Great Distances

- Still have long way to go.
- Progress towards a community where:
 - People with FASD are treated with respect,
 - Where they are given a supportive environment to help them achieve their full potential,
 - Where pregnant women with addiction issues receive appropriate help and treatment,
 - And where everyone knows and avoids the dangers of prenatal alcohol exposure.
- Someday Norway House will be FASD friendly and FASD free.

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