

Improving Medication Adherence and Clinic Engagement for Children in Foster Care through a Telehealth Initiative

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BACKGROUND

- Children in foster care are a vulnerable population with many unmet health care needs complicated by trauma histories.
- Providing comprehensive care to this special needs' population can be challenging.
- Youth in foster care have fragmented health care with frequent placement changes making clinic engagement and medication adherence difficult.

PURPOSE

This study aimed to determine whether a telehealth initiative was effective in improving medication adherence and clinic engagement in a medical home for children in foster care.



METHODS

- Causal comparative design comparing medication adherence and clinic engagement between two groups, group with no telehealth between February and July 2022 and a group with telehealth between February and July 2023.
- Data collected through a retrospective chart review.
- Descriptive statistics as well as group differences, within group differences and between groups, were analyzed.

RESULTS

Variable	No Telehealth N=69		Telehealth N=72	
Age				
Mean (SD)	10.3 (5.52)		10.47 (5.59)	
Gender				
	N	%	N	%
Male	27	39.1	38	52.8
Female	40	58	33	55.8
Transgender Male	0	0	1	1.4
Transgender Female	2	2.9	0	0
Race				
African American	33	47.8	25	34.7
Caucasian	28	40.6	29	40.3
Other	8	11.6	18	25
Ethnicity				
Non-Hispanic	66	95.7	53	73.6
Hispanic	3	4.3	7	9.7
Placement Type				
Foster Home	58	84.1	45	62.5
Group Home	7	10.1	22	30.6
Other	4	5.8	5	6.9
Insurance				
Medicaid	63	91.3	65	90.3
Other	6	8.7	7	9.7

Findings

In evaluating differences between the two groups, the telehealth initiative did not statistically improve clinic engagement by attendance at the one-month in-person visit [Chi Square =0.31, P= 0.58].

Over half (51.4%) who were offered the telehealth initiative participated in the telehealth initiative.

Comparing group home to foster home placement, there was a statistical difference noted with group home engagement at 2 weeks [Chi Square=6.88, P=0.01] and 1 month appointment attendance [Chi Square=6.29, P=0.01].

Findings

The mean age is not statistically different as tested by the independent t-test for equal variances (t=-4.73, P=0.64).

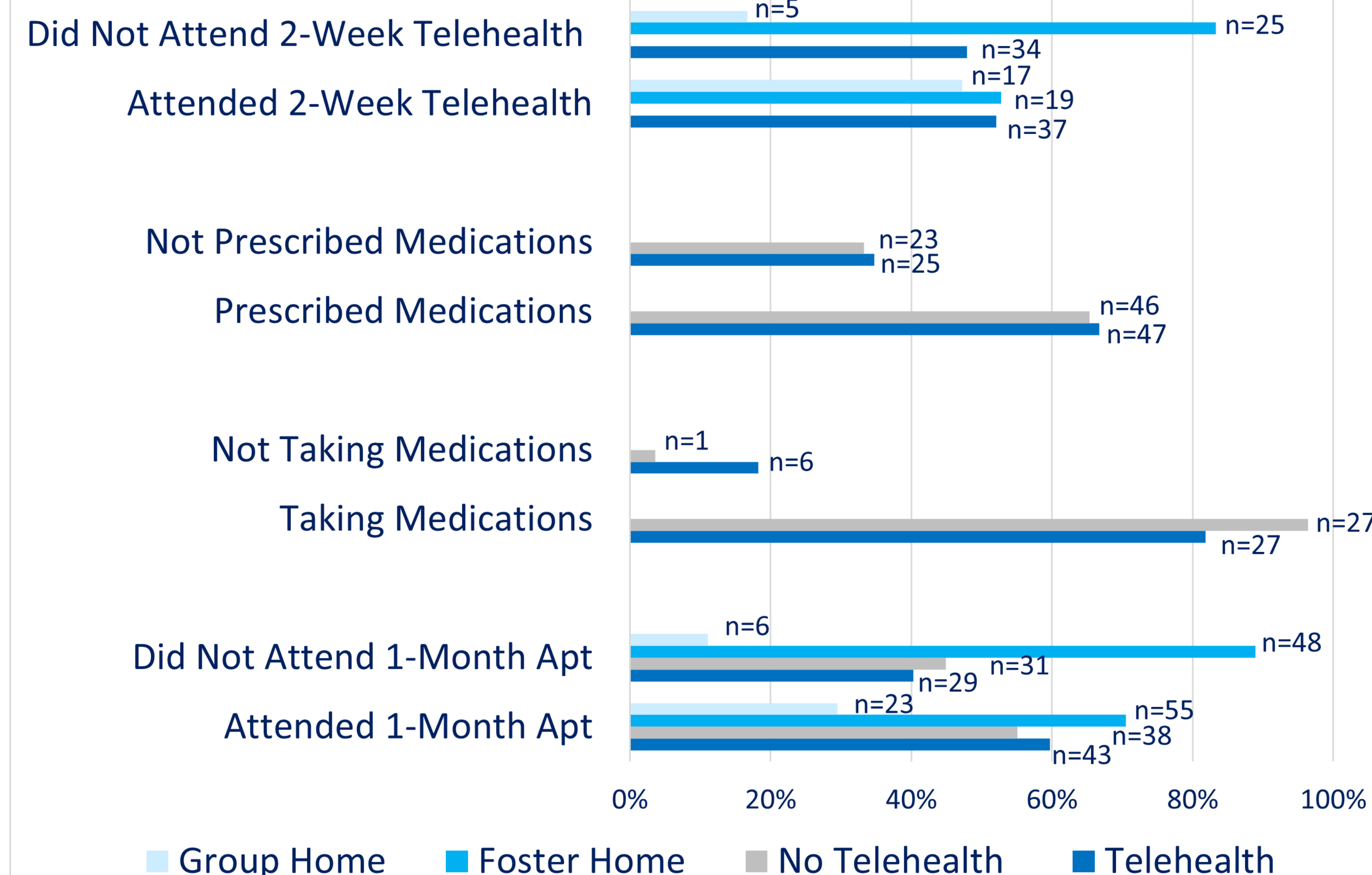
There was no differences noted in gender between Males and Females in the two groups [Chi Square=2.42, P=0.12].

There was no difference in race between Caucasians and African Americans in the two groups [Chi Square=0.7, P=0.40].

There was a statistical difference noted in the placement type (foster homes and group homes) in the two groups with a greater percent of group home placements in the telehealth group [Chi Square=9.37, P=0.002].

There was no difference in insurance types between the two groups [Chi Square=0.04, P=0.83].

Telehealth Initiative in Foster Care



CONCLUSIONS

- The two groups (no telehealth and telehealth) are overall similar except with placement types.
- There was no statistical difference between the medication adherence and clinic engagement with the implementation of the telehealth initiative.
- Statistical differences were noted with placement types, with group homes having better engagement at the 2-week and 1-month appointments.
- Greater than 50% of those offered telehealth, engaged in the telehealth initiative.

IMPLICATIONS

- This study's findings contribute to the body of knowledge surrounding youth in foster care and known fragmented and transient care that can lead to poor health outcomes.
- This study also demonstrated the ability for a population with likely high number of social determinants of health to engage in telehealth visits.
- This study demonstrates the continued need for further research in this area to improve health outcomes for this vulnerable population.

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