Background
The shortage of pediatric neurologists has been called a crisis by both the American Academy of Neurology and the Child Neurology Society. Pediatric neurologists are often asked to urgently see patients for questionable episodes. Until today there was no HIPAA compliant platform to share medical videos.

Objective
An effective triage system is an integral part of scheduling patients in pediatric neurology practices. Referrals accompanied by video documentation augments the traditional triage system, allowing more effective use of limited resources for patients with suspected paroxysmal disorders.

Methods
For the purpose of triage, patients were twice dichotomized into urgent vs. non-urgent groups. A child neurologist reviewed primary medical doctor (PMD) referrals and medical records without, and subsequently with, videos of 19 children between the ages of 6 months to 7 years. CaptureProof™ was the medical media platform used to organize and review the videos. Following a comprehensive history and physical exam a diagnosis was established for each patient.

- Referral from Primary Medical Doctor to child neurologist
- Triage 1 - Review Primary Medical Doctor referral and medical records.
- Triage 1 - Dichotomized: Urgent vs Non-urgent
- Triage 2 - Review Primary Medical Doctor referral, medical records and video on CaptureProof™
- Triage 2 - Dichotomized: Urgent vs Non-urgent
- Pre-appointment exams performed based on Triage 1.
- Appointment scheduled based on Triage 2.
- Full neurological exam performed and diagnosis established for each patient.

Results
Review of Primary Medical Doctor referrals and medical record without video resulted in 1 non-urgent patient referred for tics, 18 urgent patients referred to rule out seizures, and 18 pre-appointment EEGs scheduled. The review of medical records with videos resulted in 15 non-urgent patients: (4) gratification disorder, (2) paroxysmal tonic upgaze (PTU), (6) stereotypies, (1) staring, (2) tics; 4 urgent patients: (1) absence seizure, (2) infantile spasms, (1) unclear, and 4 pre-appointment EEGs scheduled.

Conclusion
CaptureProof’s easy to use, non-invasive, secure system for real life patient monitoring at a fraction of the cost of current standards will benefit patients from the very first event through diagnosis and treatment. The study demonstrated the usefulness of media in pediatric neurology practices proving that: a) allows for faster and more accurate diagnosis, b) reduces the need for costly tests, ER/Office visits, and lengthy hospital stays, c) optimizes treatment modalities and d) results in better care at a fraction of the cost of the current standard of care for patients.

References


Disclosures
Conroy works for CaptureProof™