**VCHIP CHAMP VDH COVID-19 Update***
**March 18, 2020 | 12:15-12:45pm**

**Sharing Practice Strategies –** Aaron Burley, MD, Essex Pediatrics

Seeing patients for school and well visits in a.m. and sick visits in afternoon. Using conference calls/telemedicine if not sick and doing extensive up-front triage if fever, cough, URI symptoms. Using separate entrance and separate exam room (with PPE) for sick/symptomatic patients. If patient tested for COVID-19, exam room is cleaned and blocked off for 2 hours. One designated provider/day for COVID-19 testing. Other areas of the practice are blocked off for well visits (no respiratory symptoms or fever).

**Questions/Discussion**

**Q: (To Aaron): What ages of kids are you bringing in for Health Supervision? We have transitioned those to telehealth.**

*A: Aaron Burley, MD, Essex Pediatrics: We are doing all ages for well checks at this point. We have not switched fully to telemedicine for those, but we would have that option if the patient requests/prefers.*

**Q: Who is considered "high risk?"**

*A: Breena Holmes, MD, VDH: High risk for testing prioritization is health care providers and hospitalized patients first.*

**Q: How do parents establish that they are part of the "essential" group? What type of documentation is needed?**

*A: Breena Holmes, MD, VDH: The definition of essential is a moving target but will email you all the current definition.*

**Q: Is CIS out in the community?**

*A: Breena Holmes, MD, VDH: CIS guidance will be out this afternoon.*

**Q: What is the risk of "well" asymptomatically shedding?**

*A: Dr. William Raszka, UVMMC: There is no easy answer to asymptomatic transmission. Even the definition is challenging as it unclear if that is a) a patient who is not symptomatic and never symptomatic or b) someone presymptomatic. I think it reasonable to assume that someone with COVID can be contagious just before (1 or 2 days) onset of symptoms. It is quite unclear how much totally asymptomatic children or adults are driving the epidemic. If there is some silver lining, it would appear that children are getting their disease from adults, not the other way around.*

**Q: Has Medicaid said they will pay for phone call visits yet? BCBS-VT has said they will do this. Not telehealth, which has HIPAA-compliant issues, what about telephone?**

*A: Breena Holmes, MD, VDH: Yes, Medicaid is paying for tele-visits and the Office of Civil Rights has waived HIPAA requirements.*

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

**Q: Can PCPs refer to the testing tent? Or do they still have to go through VDH?**

*A: Breena Holmes, MD, VDH: All decisions to test still require a call to VDH for the epidemiology paperwork to keep the right information connected to each sample (802-863-7240).*

**Q: Should we be doing full PPE for our cough/cold/fevers? We don't have the ability (i.e. we do not have any gowns, goggles/face shields, N95)**

**Q: L.E. Faricy, MD, UVMMC: When people refer to "full PPE," this includes N95 mask that is single use, correct?**

*A: Sarah DeSilvey, APRN-C, NMC: We are following the UW subacute PPE recommendations (guideline link here: https://www.ehs.washington.edu/system/files/resources/ppeguidelines.pdf) for all but critical care and specimen collection. (i.e. mask not N95 but all else the same. N95 for collection and critical care).*

**Q: Does asthma count as a condition for which we need to test if COVID symptoms as well?**

*A: William Raszka, MD, UVMMC: People with underlying health conditions are in the higher risk category. I think, however, and this is just me, that a child with stable asthma is not at particularly higher risk and does not mandate testing. Some of this will be case by case.*

*A: Andrea Green, MD, UVMMC: If on Prednisone for asthma exacerbation that may be different – I appreciate you looking at the European and Chinese data.*

**Q: (Brattleboro) We still haven't gotten calls back from VDH about tests we did yesterday – should we leave the patient's info on the voice mail? We know that we won't get the results, we didn't get a call about the fact that we did the swab.**

*A: Breena Holmes, MD, VDH: You're not going to hear back from low or medium risk samples in 24 hours. Right now they're getting around 280 samples a day and have the capacity to run 100-120 samples per day, so the lab has to prioritize high risk." There are 3 testing components that I'm sure you've heard about in the news: pipettes, reagents and PCR, which all have different supply chains. If you don't hear back, that's because the patient was not determined to be high risk, so you'll likely hear back within 48 to 72 hours.*

*A: I strongly feel that we need to expand testing. The general population (at least our population) does not take this seriously and they only will when they know people are infected!*

**Q: Deborah Jerard, MD, CVMC: Is the Health Department using the CDC tests or are they using commercial testing kits?**

*A: Breena Holmes, MD, VDH: Currently using all CDC tests, but there will be a lot to say over the next few days about increasing capacity with UVMMC.*

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**Additonal Practice Strategies**

- *Ashley Miller, MD, South Royalton Health Center*: We are doing drive through vaccinations for older kids and prioritizing 2, 4, 6 and 12 month well visits due to immunizations.
- *Jill Rinehart, MD, UVMMC*: We are prioritizing 2, 4, 6, 9 and 12 month well visits due to immunizations, etc. We just decided to not have our pediatric residents in the ED and preserve them for more essential parts of the hospital.
- *Elizabeth Hunt, Timber Lane Pediatrics*: We are only sending patients to the ED if they are in respiratory distress.
- *Alexandra Bannach, MD, North Country Hospital*: We are continuing WCC visits (but many don't show), only allowing healthy child and one healthy caregiver into the building. Any infectious patients are seen in their cars (with mask on patient). And we are triaging aggressively. I am hoping to continue this. We are starting tele and phone visits for med checks etc. We are telling all parents calling to socially isolate and NOT go to ER, but keep on calling us with concerns and we will see them so that they don't have to go to the ER.
- *Stan Weinberger, MD, UVMMC*: Same with UVMMC Peds. Triaging with phone/video visits and some acute visits on site. Only sending to ED/urgent care if respiratory distress. We will be standing up a separate location with our family medicine colleagues for respiratory visits that need exam but not needing ED level. This is in relation to community spread of COVID and the assumption that anyone with fever and respiratory symptoms could have COVID.

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