

VCHIP CHAMP VDH COVID-19

March 20, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD FAAP, Vermont Child Health Improvement Program, UVM; Breena Holmes, MD FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

Practice Implementation Strategies

Alex Bannach, MD, North Country Pediatrics: Two goals, 1) continue preventive and chronic care (to avoid other problems) and 2) limit exposure both for parents and staff. We only allow healthy children into the building with one healthy care giver. Patients are screened during appointment reminder call and we have a greeter at the door on arrival. They are seen in the exam room and the physicians wear goggles and a surgical mask (concern for possible asymptomatic carriage). We've had a high number of no-shows, and we call them immediately following the appointment to try to get them to come in. If they still don't want to come in, we offer a telehealth visit. Since we can't complete at PE using telehealth, I'm not doing things like clearance for sport (will require a visit later). We conduct intense phone triage for sick calls, which has reduced the number of face-to-face encounters to avoid unnecessary risk for exposure. Patients who are given acute visit appointments (which can only be given by a nurse or physician) are instructed to arrive at the back door, call-in for telephone registration. The physician puts on gown and gloves, brings a mask to be placed on the patient, a thermometer and stethoscope and meets them at their car. We have them roll down the window of the car and ask that they place the mask on the patient. I step back the recommended distance while I take the history and then open the door for the exam. Because it's been cold, the exam can be very limited. We're able to check ears and do nebulizer treatments in cars with extension cords. We use precautions upon reentry of the building and try not to touch anything before cleaning. Our goal is to avoid sending patients to the ER, where they're going to expose and be exposed. Overall, parents have been receptive and so far it has been a successful strategy.

Q: Insurance coverage for repeat visit for sports CPX?

A: Alex Bannach, MD, North Country Pediatrics: Thinking we will call it a "check BP" and then only bill as a 99213.

Questions/Discussion

Leah Costello, MD, Timber Lane Pediatrics: FYI I just spoke to Jenny Lisle about trying to avoid x-rays in urgent care and at UVMHC. She is just in clinic every day now and she has x-ray at Tilley Dr. She said call her schedulers, send a referral and they can get kids in for non-urgent x-rays and a visit with her. I just sent in a r/o fibula fracture to her after 5 days of continued pain and limp. Obviously this plan could change but for right now, she said to go ahead and do that to avoid Fanny Allen and UVMHC ER.

Q: Any update on how to reuse/multiple use spacers for HFA/MDI between patients?

A: L.E. Faircy, MD, UVMHC: We're following the same protocol we provide to families for washing spacers. Spacers should be washed in warm soapy water and air dried. We are also asking families to bring their own spacers.

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

Q: We don't usually wash spacers, could you provide more detailed guidance on the procedures?A:

L.E. Faircy, MD, UVMMC: Yes, I will send the detailed procedure we follow and provide to families for distribution to the CHAMP list.

A: Karen Leonard, MD, UVMMC: Patients being admitted to hospital should also be instructed to bring in their own MDI/spacer.

Q: Could the state connect college students with child care needs?

A: Breena Holmes, MD, VDH – many people are offering assistance.

We are also working on policies to address concerns about children in DCF custody.

A: James Metz, MD, UVMMC: We're working closely with DCF and I'm working with hospital colleagues to develop a policy.

A: Leah Costello, MD, Timber Lane Pediatrics: Most of us are still paying for our child care providers even though they are closed so paying for babysitter too is cost prohibitive for most families.

A: Shannon Hogan, MD, UVMMC: You are correct. Paying for childcare is cost prohibitive for many in healthcare, such as MAs, first responders, etc. We need to come up with creative solutions to not put others at risk.

A: Ashley Miller, MD, South Royalton Health Center: I am still hearing child care being provided for non-essential parents.

Q: Do you have helpful concise resource we can direct families/parents to, especially for those that are not supporting social isolation?

A: Breena Holmes, MD, VDH: Yes, I will find and send.

Q: I'm concerned about children in the community whose families depend on developmental service support--these families may spill over to crisis. Howard is pulling support out...

A: Leah Costello, MD, Timber Lane Pediatrics: We are going to add something about 211 to the main screen on our website. We are also going to use our CHT SW who is doing telehealth visits.

Q: I am wondering if there is any public health messaging being crafted surrounding the stresses of being cooped up and concerns of children being at the receiving end of that stress?

A: Breena Holmes, MD, VDH: There are good resources about cooped up children. I will find and send.

Q: Ellen Gnaedinger: School nurses want to let VDH know that they are glad to help where needed.

A: Breena Holmes, MD, VDH: We know that schools nurses would be of great help here and they are being asked to do a lot so we are being careful.

A: Alex Bannach, MD & Sarah Davidson, MD, North Country Hospital: We have also called school nurses and reminded them to reach out to parents to pick up their ADHD medications as they will need them at home.

Q: Is there a plan to distribute PPE to community docs from the hospital as that rolls out - how do we request?

A: David Nelson, MD, UVMMC: There are shortages around the state, so I think it's unlikely.

A: William Raszka, MD, UVMMC: I am not familiar with any plan to distribute to community.

A: David Nelson, MD, UVMMC: VDH has some N95s, but I don't know the total numbers.

A: Breena Holmes, MD, VDH: Please use the VDH form and you will likely get some.

*A: Ashley Miller, MD, South Royalton Health Center: We used the VDH form at the beginning of the week and have heard nothing yet. **[Follow-up response from Ashley at 1:10 p.m. today: "our VDH supply delivery just arrived!]***

A: Barb Kennedy, MD, Timber Lane Pediatrics: It did work through the form and we were sent some limited N-95s through VDH.

Q: Any more information about asymptomatic spread? Especially around recommendations for PPE when giving immunizations to well babies with well parent.

A: William Rasza, MD, UVMMC: This is still an issue. The CDC still says asymptomatic transmission is not the driver. However, it is possible that adults with mild disease are transmitting. To date, there is no change in guidelines (as of this minute).

Follow-up Needed

- Q: Is there a way a private practice can obtain an albuterol MDI for office use?
- Q: Do the usual telephone billing rules apply if patients are seen within 7 days prior or 1-2 days after the calls or whatever the rules are?
- Q: Do you have helpful concise resource we can direct families/parents to, especially for those that are not supporting social isolation?
 - *A: Breena to find and send*
- Q: I am wondering if there is any public health messaging being crafted surrounding the stresses of being cooped up and concerns of children being at the receiving end of that stress?
 - *A: Breena to find and send*
- Q: We don't usually wash spacers, could you provide more detailed guidance on the procedures?
 - *L.E. to send*