VCHIP / CHAMP / VDH COVID-19 UPDATES

Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health
April 29, 2020
1) All participants will be muted upon joining the call. If you dialed in or out, unmute by pressing #6 to ask a question (and press *6 to mute).

Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

2) To ask or respond to a question using the Chat box, type your question and click the icon or press Enter to send.
Overview

- Situation update
  - Surveillance
  - Testing
- VDH and Other Updates
- Practice Issues: presentations from LCOM COVID-19 Reading Elective (April, 2020)
  - COVID-19’s Psychosocial Impacts on Children
    - Emily Eichner, MD Candidate LCOM Class of 2021
  - Telemedicine for Child Health Providers in Vermont
    - Sidney JB Hilker, MC Candidate LCOM Class of 2021
- Question and Answer

[Please note: the COVID-19 situation continues to evolve very rapidly — so the information we’re providing today may change quickly]
Situation update

- ZERO positive cases yesterday
- Public Health Lab: 66 yesterday, anticipate 180 today (NWCF)
- UVMMC (4/28/20): 10 rapid (45-minute), 132 (3-hour), 37 other in-house (not incl. home or other pvt.)
- 74 tests to Broad (MIT)
- 2 patients in ICU
- 1 patient on ventilator
Situation update (cont’d.)

COVID-19 Cases and Deaths by Age Group

Vermont COVID-19 New and Cumulative Cases, Cumulative Deaths

Hover over chart to see values

Cases and Deaths by Date and Age
Today’s Media Briefing

Governor Scott:

- Update on unemployment benefits
- Increase testing & contact tracing – build on existing success (under way)
  - Testing & Tracing Task Force
  - Phased approach to maintain supply chain over next several weeks
- Can only support RESTART VT with continued community mitigation
Commissioner Levine:

- “Testing”: nasal/oral secretions for active infection (NOT Ab/serology testing)
- Testing & (Contact) Tracing Task Force:
  - Ramp up to 1K/day, 7K/week (~3X recent wks.)
  - Diligent efforts to maintain supply chain
  - Maintain readiness in event of increased cases
  - VDH Public Health Lab & UVM MC triage & testing
  - Examining additional out-of-state labs
Commissioner Levine (cont’d.):

- Testing strategy will be focus of call tomw.
- Expanded testing guidelines
- Focus on populations that will benefit most/vulnerable groups
- Strategy: evidence-based, data-driven, improve on lengthy quarantine, support RESTART VERMONT efforts
- Phased approach in coming weeks using HANs
  - LTC, other group living settings, corrections, health care personnel (focus on certain groups), child care
Patsy Kelso, Vermont State Epidemiologist (VDH):

- Increased testing only useful w/robust tracing
- Current: connect, provide resources, further contacts; will increase resources to address any uptick
- Expanded tracing to investigate earlier contacts
- Adequate #s trained staff: up to 500 cases/week (current 34 cases/week)
- Likely to see increase in cases as we RESTART, each case may have more contacts.
- **App** = secure monitoring system: enroll cases & trace contacts, keep in touch, assist w/mgt. (NOT a location or proximity tracker)
Reward for a Job Well Done!

Ben & Bill

Coconut, Clorox, Coronavirus!
COVID-19’s Psychosocial Impacts on Children

Emily Eichner, MD Candidate LCOM Class of 2021

Telemedicine for Child Health Providers in Vermont

Sidney JB Hilker, MD Candidate LCOM Class of 2021
COVID-19’s Psychosocial Impacts on Children: A Look at the Literature

Emily Eichner, MS4
Larner College of Medicine at the University of Vermont
Emily.Eichner@med.uvm.edu
COVID Mental Health Studies

• Survey of 1784 2\textsuperscript{nd}-6\textsuperscript{th} graders in China (Xie et al. 2020)
  • 22.6% had depressive symptoms
  • 18.9% had anxiety symptoms

• Survey of 241 parents of ADHD kids aged 6-15 yrs in China (Zhang et al. 2020)
  • ADHD behaviors significantly worsened compared to baseline
  • Parents’ mood state also impacted child’s ADHD symptoms
  • Some parents concerned about access to psychiatric medicine for their kids
COVID Mental Health Studies

- Preliminary survey of kid’s emotional and behavioral problems in China (320 aged 3-18) (Jiao et al. 2020)
  - Most common problems were clinginess, distraction, irritability, fear of asking questions about the epidemic
    - 3-6 yrs more likely to show clinginess and fear family members becoming infected
    - 6-18 yrs more likely to show inattention and persistent inquiry

![Bar chart showing psychological conditions studied in a population aged 3-18 during COVID-19 epidemic in the Shaanxi province, China. (January 25-February 8, 2020).]

<table>
<thead>
<tr>
<th>Table. Means used by families to address children’s psychological problems and to mitigate their effects during COVID-19, evaluated on a 5-point rating scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option</td>
</tr>
<tr>
<td>Media entertainment, %</td>
</tr>
<tr>
<td>Reading entertainment, %</td>
</tr>
<tr>
<td>Physical exercise, %</td>
</tr>
</tbody>
</table>
COVID Mental Health Studies

- Survey of 7143 undergraduates in Chinese medical college (Cao et al., 2020)
  - 24.9% reported anxiety symptoms
  - Economic stressors
  - Effects on daily life
  - Academic delays

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>Number</th>
<th>Ratio (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>5367</td>
<td>75.1</td>
</tr>
<tr>
<td>Mild</td>
<td>1518</td>
<td>21.3</td>
</tr>
<tr>
<td>Moderate</td>
<td>196</td>
<td>2.7</td>
</tr>
<tr>
<td>Severe</td>
<td>62</td>
<td>0.9</td>
</tr>
</tbody>
</table>
• Survey of 1210 general population of China (28.4% aged 12-21.4 yrs, 52.8% students) (Wang C et al. “Immediate” 2020)
  • 53.8% had moderate or severe psychological impact
  • Students suffered the highest impact (including highest stress, anxiety, depression)
  • Internet was primary source of health info for 93.5%
    • Higher satisfaction with health info received associated with lower psychological impact

• Follow up survey 4 weeks later. 861 (38.7% also completed 1st survey) (Wang C et al. “A Longitudinal” 2020)
  • Stable levels of stress, anxiety, depression despite sharp increases in COVID cases
  • Aged 12-21.4 had higher psychological impact
  • Notably parents w/ kids under 16 did not have higher scores – possibly due to less worry of kids getting severely infected w/ COVID

• Conclusion: Young and Students especially prone
Children Socioeconomic Issues of COVID
Other papers/commentaries in the Literature

• Food security – including weight gain
  • (Rundle et al., 2020) (Dunn et al., 2020)

• LGBTQ+
  • (Green et al., 2020) from the Trevor Project

• Family/child abuse/violence
  • (Campbell, 2020) (Bradbury-Jones and Isham, 2020) (Usher, 2020) (Humphreys et al., 2020) (Ragavan et al., 2020)

• Vulnerable Children- housing/income inequalities
  • (Rosenthal et al., 2020) (Van Lancker and Parolin, 2020) (Dorn et al., 2020)

• Finances, school closures, parenting
  • (Cauchemez et al., 2009) (CDC, 2010) (Dalton et al., 2020) (Berkman, 2008)

• Mental health commentaries
  • (Liu et al., 2020) (Wang G et al., 2020) (Lee, 2020) (Davis et al., 2020)

• Need for more literature regarding racial/minority COVID social impact on children
Lessons From Past Infectious Outbreaks

• 1/3 of kids experiencing isolation/quarantine had PTSD symptoms (Sprang and Silman, 2013)
  • Strong relationship between PTSD symptoms in parents and kids
    • Identification of PTSD in parents should trigger exam in children
    • Need for a trauma-informed approach understanding reactions to pandemics
• SARS related stressors associated with psychological symptoms in Chinese college students (Main et al., 2011)
• Review psychological impact of quarantine of SARS, Ebola, H1N1, MERS, equine influenza (Brooks et al., 2020)
  • Children and parents quarantined had high PTS symptoms
  • Stressors during quarantine:
    • Duration - longer linked with poorer mental health
    • Fears of infection (esp in parents of young children and pregnant women)
    • Frustration and boredom
    • Inadequate supplies
    • Inadequate information.
  • Stressors post quarantine:
    • Finances (esp those w/ lower annual income)
    • Stigma (esp minority groups)
Lessons from Disasters

- Mental health symptoms in children may not develop until weeks, months, or even longer after an event (Williams et al., 2008)
  - May manifest as somatic complaints (dizziness, headaches, stomach-aches) (Danese et al., 2020)

- Significant PTSD in youth after Hurricane Katrina (Self-Brown et al., 2013) (Kelley et al., 2010)
  - After Katrina, PTSD associated with reactive aggression and aggressive behavior (Marsee, 2008) (Scott et al., 2014)

<table>
<thead>
<tr>
<th>Table 4.1: Common Symptoms of Adjustment Reactions in Children after a Disaster or Act of Terrorism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep problems: difficulty falling or staying asleep, frequent night awakenings or difficulty awakening in the morning, nightmares, or other sleep disruptions</td>
</tr>
<tr>
<td>Eating problems: loss of appetite or increased eating</td>
</tr>
<tr>
<td>Sadness or depression: may result in a reluctance to engage in previously enjoyed activities or a withdrawal from peers and adults</td>
</tr>
<tr>
<td>Anxiety, worries, or fears: children may be concerned about a repetition of the traumatic event (eg, become afraid during storms after surviving a tornado) or show an increase in unrelated fears (eg, become more fearful of the dark even if the disaster occurred during daylight); this may present as separation anxiety or school avoidance</td>
</tr>
<tr>
<td>Difficulties in concentration: the ability to learn and retain new information or to otherwise progress academically</td>
</tr>
<tr>
<td>Substance abuse: the new onset or exacerbation of alcohol, tobacco, or other substance use may be seen in children and adults after a disaster</td>
</tr>
<tr>
<td>Risk-taking behavior: increased sexual behavior or other reactive risk-taking can occur, especially among older children and adolescents</td>
</tr>
<tr>
<td>Somatization: children with adjustment difficulties may present instead with physical symptoms suggesting a physical condition</td>
</tr>
<tr>
<td>Developmental or social regression: children (and adults) may become less patient or tolerant of change or become irritable and disruptive</td>
</tr>
<tr>
<td>Post-traumatic reactions and disorders: see Table 2: Symptoms of Post-traumatic Stress Disorder</td>
</tr>
</tbody>
</table>

From Chapter 4: Mental Health Issues in AAP’s Pediatric Disaster Preparedness and Response Topical Collection (Chung et al., 2019)
Hope, Resilience, and Role of Youth Participation

• Arts Program in Liberia for youth after Ebola (Decosimo et al., 2019)
  • Decrease in psychological stress symptoms after participation
• Youth Leadership Program after Hurricane Katrina (Osofsky et al., 2018)
  • Resilience based leadership and empowerment improved self-efficacy
  • Models important role for youth in disaster preparedness and response
• Vermont’s Building Bright Futures #vermontstrongkids campaign
• Many teacher/school based interventions (Fu and Underwood, 2015) (Coombe, 2015)

• Many other examples of youth programs created to help foster recovery and resilience after disasters
  • 2008 Sichuan earthquake in China
  • 2004 Beslan School Siege
References


- Coombe J, Mackenzie L, Munro R, Hazell T, Perkins D, Reddy P. Teacher-Mediated Interventions to Support Child Mental Health Following a Disaster: A Systematic Review. *PloS Curr*. 2015;7:ecurrents.dis.466c8c96d879e2663a1e5e274978965d. Published 2015 Dec 8. doi:10.1371/currents.dis.466c8c96d879e2663a1e5e274978965d


References Continued

References Continued


Vermont Practices getting creative: Focus on Telehealth today

**Family communication**
- Update website with appointment options and procedures for coming into the office
- Phone call or video visit prior to all in-person sick visits
- Use telehealth if possible, for non-emergent sick visits
- Ask parents to take vitals at home when possible (height, weight, BP, temp)
- Option to admit directly to inpatient if speaks with UVMMC hospitalist

**Screening & Telehealth**
- Screening & Telehealth
- Online options for patient scheduling
- Provide patients options for in-person vs telehealth services
- Inform families of in-office procedures

**Appointment scheduling**
- Call from parking lot to check-in, wait outside until room is ready
- Syndromic screening at the door with masks offered

**Check-in**
- Mornings dedicated to WCC, afternoon to sick visit
- Designated entrance and rooms for respiratory symptoms
- Many sick visits, immunizations or well child visits done in parking lot

**Office layout**
- PPE for all visits, including patients and caregivers
- Full PPE station with donning and doffing practices in dedicated area
- One healthy caregiver with each child
- Dedicated provider for all COVID PUIs and testing

**Office visit**
- Option to admit directly to inpatient if speaks with UVMMC hospitalist

---

**Telehealth is the focus of these materials**

Source: VCHIP Practice Strategy Calls, April 2020
What is different about telemedicine coverage with COVID-19?

- Vermont Medicaid will be temporarily providing reimbursement for medically necessary and clinically appropriate services delivered by communications technology, including telephone, from a date of service of 3/13/2020. The ‘secure connection that complies with HIPAA’ requirement is essentially WAIVED per federal guidance during this Emergency response to COVID-19.

- More services delivered by telephone covered including applied behavior analysis, physical therapy, occupational therapy, speech therapy, Choices for Care, home health, hospice, lactation, Family Supportive Housing and Children’s Integrated Services as of 4/8/20.

- Coverage and reimbursement for the use of ‘triage’ to allow providers to receive payment for brief virtual communication services used to determine whether an office visit or other service is needed.

- Well child checks for all children (including those less than 2 years old) can be done with an initial audio/video call followed by an in-person physical exam at a later date (BCBS update).

BCBS of VT now covers hybrid WCCs via telehealth for all ages

- Preference remains to see children in the office when possible
- BCBSVT will add well child checks for children under 18 months to acceptable telehealth codes (retroactive to 3/13/20)
  - AAPVT, VT AFP, VMS will draft guidance on best practice for well-child visits
- Expectation is for this to be a “hybrid” visit
- We will continue to follow outcome and visit data, particularly for 0-4 months to ensure quality is maintained
  - AAPVT & VT AFP will work with VDH to use grant funds to do peer to peer education
  - VCHIP will work on quality review

Audio/video telehealth used for history, screenings, and anticipatory guidance

Visit billed as a Well Child Check with POS 02

Child seen in the office at a later time for physical exam and vaccines

In person visit documented, but not billed

Partnership (VCHIP, AFP, AAP, UVMMC) to track outcomes and visit data
There are options for delivering telemedicine

Dental coverage uses same codes with similar delivery options
An overview of specific billing codes

- **Triage calls**: G0071 for FQHCs and RHCs, G2012 & G2010 non-FQHC/RHC

- **Telephone evaluation and management**: 99441-99443

- **Comprehensive preventive medicine visits**: 99391-99395 (use POS 02 to indicate telehealth)

- **BCBS VT acute visits** (A/V and telephone): 99201-99215

- Vermont Medicaid [telephonic code reference table](#)

- American Academy of Pediatrics [telemedicine code tables](#)
NEW Guidance:

- Breastfeeding Guidance Post Hospital Discharge for Mothers or Infants with Suspected or Confirmed SARS-CoV-2 Infection (4/23/20)
  - Optimally d/c neg. infant born to pos. mother to non-infected caregiver; mother maintains 6 ft. distance when possible; use mask & hand hygiene until afebrile X 72 hrs. & > 7d. since sx onset. Expressed milk (strict hygiene) by healthy caregiver. direct BF with hygiene and mask while nursing.

Upcoming topics

- Continue to follow telehealth/phone coverage
- Summer camps/other recreational activities
- OneCare Vermont all-payer model adjustments
- UVM MC and HN plans to resume necessary care
- School reentry; adolescent well care; IZ catch-up (flu)
  - Benjamin Grebber, LCOM MD Candidate Class of 2021
- Dr. Tim Lahey, UVMMC – ethical considerations (May 1, 2020)
Questions/Discussion

- Q & A Goal: monitor/respond in real time – record/ disseminate later as needed (and/or revisit next day).
- For additional questions, please e-mail:
  - vchip.champ@med.uvm.edu
  - What do you need – how can we be helpful (specific guidance)?
- Next CHAMP call: Thursday, April 30, 12:15-12:45 (same webinar/call information – invitation to follow)
- Please tune in to VMS call with Commissioner Levine:
  Tuesday, May 5, 12:15-12:45
  Phone: 1-802-552-8456
  Conference ID: 993815551