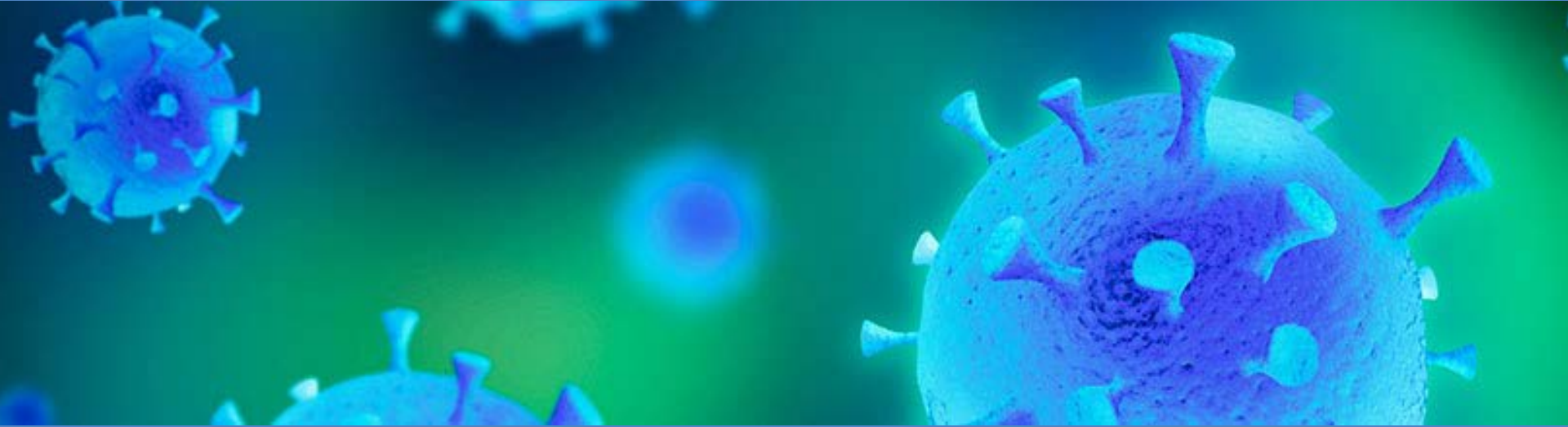


VCHIP / CHAMP / VDH COVID-19 UPDATES



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



Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



VERMONT ACADEMY OF
FAMILY PHYSICIANS



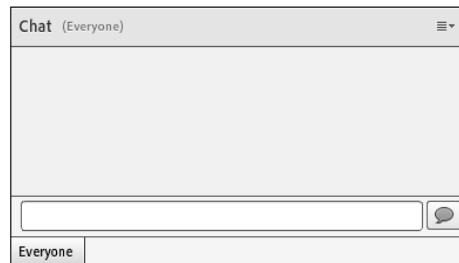
Technology Notes

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

Situation update

Total Cases

862

Currently Hospitalized

11

Hospitalized Under Investigation

15

Deaths

47

Total Tests

15,429

People Being Monitored

18

People Completed Monitoring

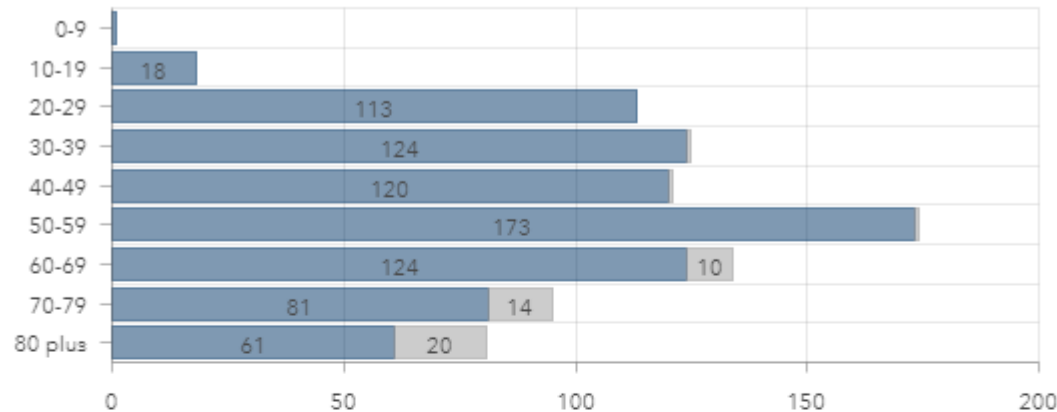
832

Last Updated (M/DD/YYYY): 4/29/2020,
10:25 EDT

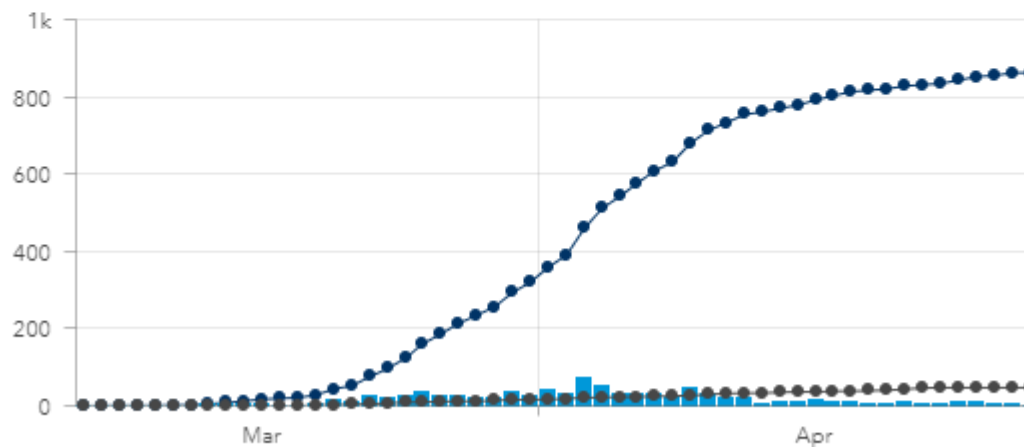
- ❑ **ZERO positive cases yesterday**
- ❑ Public Health Lab: 66 yesterday, anticipate 180 today (NWCF)
- ❑ UVMHC (4/28/20): 10 rapid (45-minute), 132 (3-hour), 37 other in-house (not incl. home or other pvt.)
- ❑ 74 tests to Broad (MIT)
- ❑ 2 patients in ICU
- ❑ 1 patient on ventilator

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

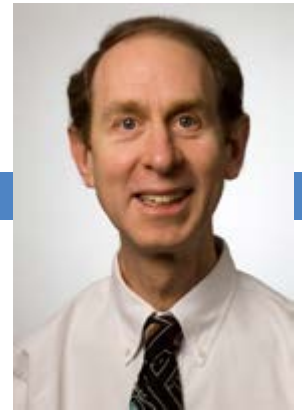
Today's Media Briefing



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

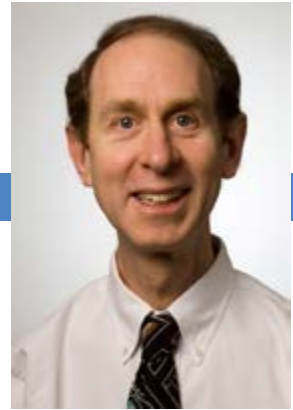
Today's Media Briefing



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

Today's Media Briefing



Commissioner Levine (cont'd.):

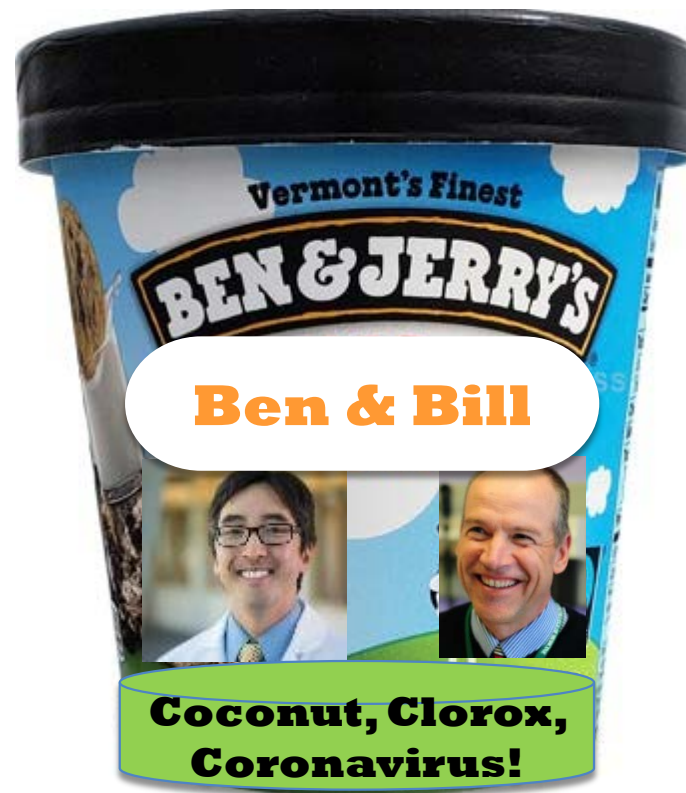
- Testing strategy will be focus of call tomw.
- Expanded testing guidelines
- Focus on populations that will benefit most/vulnerable groups
- Strategy: evidence-based, data-driven, improve on lengthy quarantine, support RESTART VERMONT efforts
- Phased approach in coming weeks using HANs
 - LTC, other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

Today's Media Briefing

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!



Practice Issues

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



The University of Vermont
LARNER COLLEGE OF MEDICINE

COVID-19's Psychosocial Impacts on Children: A Look at the Literature

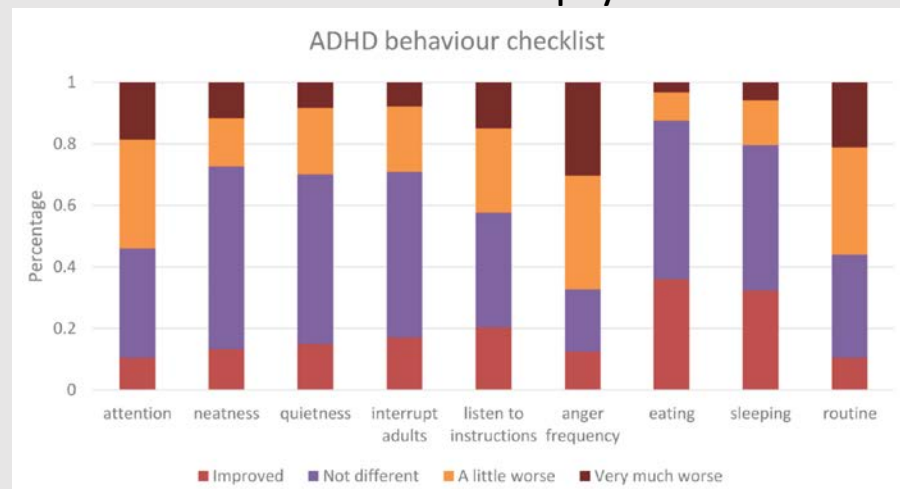
Emily Eichner, MS4

Larner College of Medicine at the University of Vermont

Emily.Eichner@med.uvm.edu

COVID Mental Health Studies

- Survey of 1784 2nd-6th 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

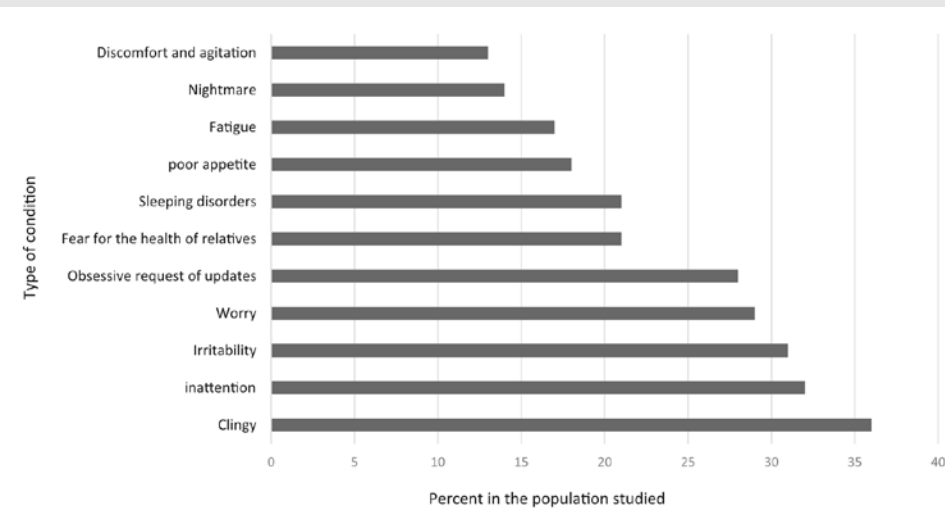


Figure. Psychological conditions studied in a population aged 3-18 during COVID-19 epidemic in the Shaanxi province, China. (January 25-February 8, 2020).

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

Option	Not used	Ineffective 1	2	3	4	Very effective 5
Media entertainment, %	18.77	0.97	5.83	11	37.86	25.57
Reading entertainment, %	19.09	3.56	12.3	17.48	28.8	18.77
Physical exercise, %	22.65	1.29	8.09	16.18	31.72	20.06

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 1

Number of students with different anxiety level ($n = 7143$).

Anxiety Level	Number	Ratio (%)
Normal	5367	75.1
Mild	1518	21.3
Moderate	196	2.7
Severe	62	0.9

Studies continued

- 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

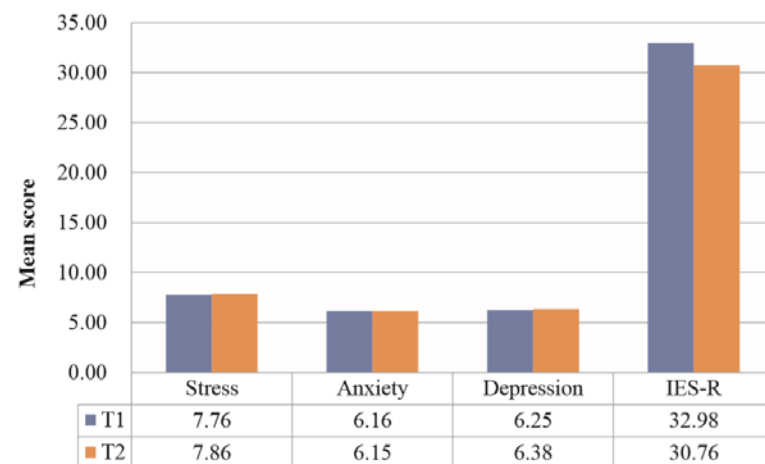


Fig. 2. Comparison of the mean scores of DASS-stress, anxiety and depression subscales as well as IES-R scores between the first (T1) and second (T2) survey.

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 4.1: Common Symptoms of Adjustment Reactions in Children after a Disaster or Act of Terrorism

Sleep problems: difficulty falling or staying asleep, frequent night awakenings or difficulty awakening in the morning, nightmares, or other sleep disruptions
Eating problems: loss of appetite or increased eating
Sadness or depression: may result in a reluctance to engage in previously enjoyed activities or a withdrawal from peers and adults
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
Difficulties in concentration: the ability to learn and retain new information or to otherwise progress academically
Substance abuse: the new onset or exacerbation of alcohol, tobacco, or other substance use may be seen in children and adults after a disaster
Risk-taking behavior: increased sexual behavior or other reactive risk-taking can occur, especially among older children and adolescents
Somatization: children with adjustment difficulties may present instead with physical symptoms suggesting a physical condition
Developmental or social regression: children (and adults) may become less patient or tolerant of change or become irritable and disruptive
Post-traumatic reactions and disorders: see Table 2: Symptoms of Post-traumatic Stress Disorder

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

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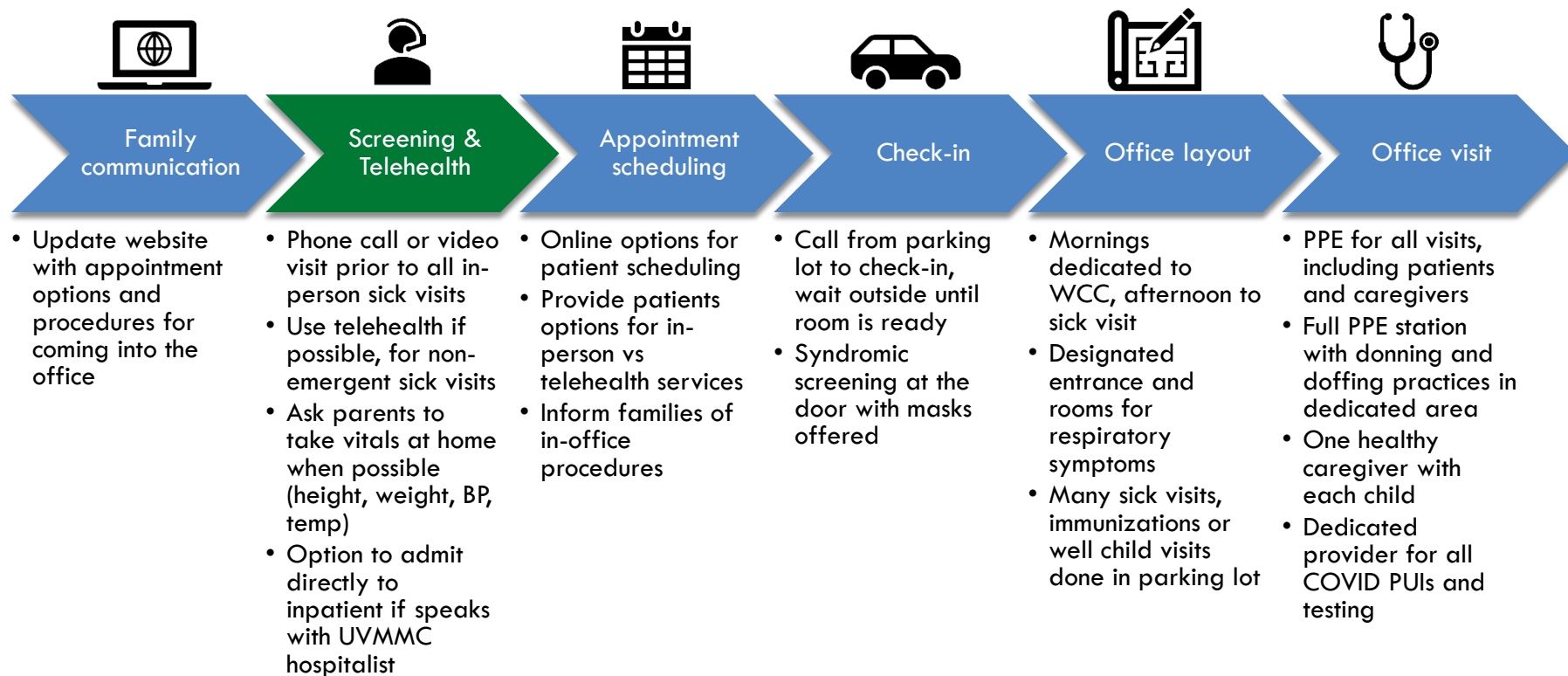
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Vermont Practices getting creative: Focus on Telehealth today



*Telehealth is the focus
of these materials*

Source: VCHIP Practice Strategy Calls, April 2020

Telemedicine coverage expanded during the COVID-19 pandemic

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)

Sources: Department of Vermont Health Access, <https://dvha.vermont.gov/providers/telehealth>. Tables with specific telephone coverage: <https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20Chart%20Services%20Updated%2004.09.20.pdf>

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, VTAFP, 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 & VTAFP 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, UVMHC) to track outcomes and visit data

There are options for delivering telemedicine

Triage/check-in communication



Definition: brief (5-10 min) virtual communication services used to determine whether an office visit or other service is needed.

Criteria:

- Only billed if they do not result in a service needing to be delivered in the next 24 hours (or next available appointment) and the virtual check-in/remote evaluation is not related to a service provided in the past 7 days.

Codes:

- G0071: for FOHCs & RHCs only
- G2012: Brief communication of technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient
- Do not use the V3 modifier or POS 02 for triage calls or telephone check-ins

Sources: BCBS of VT <https://www.bcbsvt.com/sites/default/files/2020-04/vt-telehealth-services-compliance-policy-04-20-rev04-21-2020.pdf>; VT Medicaid <https://www.vermont.gov/sites/default/files/2020-04/vt-medicaid-telehealth-services-compliance-policy-04-20-rev04-21-2020.pdf>



Telephone services (audio-only)



Definition: Services (e.g. established patient office visits, psychotherapy, etc.) delivered by telephone (audio-only).

Criteria:

- Medically necessary and clinically appropriate (generally only for established patients).
- It is not in the best interest of the patient to be seen in the office due to the coronavirus outbreak AND the condition for which the patient is calling can be handled over the phone in a manner consistent with the current standard of care.
- Video/Audio Telemedicine using HIPAA-compliant equipment is not available.
- Meet legal requirements of medical and health information privacy (but the 'secure connection that complies with HIPAA' requirement is essentially WAIVED during this Emergency response).

Codes: reimbursement at the same rate as telemedicine services if the claim is submitted to Vermont Medicaid:

- Medicaid: V3 modifier (to indicate "service delivered via telephone, i.e. audio-only") and a place of service code of "99 - other"
- BCBS: -95 modifier (for CPT codes) or -GT modifier (for HCPCS codes)

Sources: BCBS of VT <https://www.bcbsvt.com/sites/default/files/2020-04/vt-telehealth-services-compliance-policy-04-20-rev04-21-2020.pdf>; VT Medicaid <https://www.vermont.gov/sites/default/files/2020-04/vt-medicaid-telehealth-services-compliance-policy-04-20-rev04-21-2020.pdf>



Two-way audio/video



Definition: evaluation, diagnosis, consultation, or treatment using 2-way, real-time, audio and video/visual interactive communication.

Criteria:

- Medically necessary and clinically appropriate; providers must work within the scope of their practice.
- Complies with HIPAA, provide appropriate informed consent (Medicaid has waived most consent statutes, private insurers often require this for billable services).

Codes:

- Place of Service (POS) code 02 (Telehealth)
- Medicaid uses GT code for live video

Sources: VT Medicaid <https://www.vermont.gov/sites/default/files/2020-04/vt-medicaid-telehealth-services-compliance-policy-04-20-rev04-21-2020.pdf>



Provider to Provider "store and forward"



Definition: Provider A sees patient and forwards information to Provider B regarding the patient's care. Provider B renders a plan or opinion. Provider B charges for services (BCBS of VT).

Criteria:

- The provider at the originating site must obtain consent from the patient prior to the service being rendered via store-and-forward means.
- The provider receiving the information via store-and-forward means must develop a process for obtaining co-payments and deductibles where applicable.

Codes:

- Place of Service (POS) code 02 (Telehealth).
- G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward).

Sources: BCBS of VT <https://www.bcbsvt.com/sites/default/files/2020-04/vt-telehealth-services-compliance-policy-04-20-rev04-21-2020.pdf>



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](#)

Do *not* use POS 02 or V3 modifier for triage calls or telephone E/M (VT Medicaid)

Other Updates

NEW Guidance:

- Breastfeeding Guidance Post Hospital Discharge for Mothers or Infants with Suspected or Confirmed SARS-Co V-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.
- 5/1/20: LCOM Dept. of Medicine Grand Rounds: “The Ethics of COVID-19, a.k.a. The Trolley Problem Hits Home” – Tim Lahey MD MMSC (also OUR speaker Friday, 12:15 call)

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)
- ❑ Tomorrow: COVID-19 Reading Elective presentation:
COVID-19 Testing in Vermont
 - ❑ *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)?
- ❑ **VCHIP CHAMP VDH COVID-19 website:**
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- ❑ 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