

VCHIP CHAMP VDH COVID-19

June 21, 2021 | 12:15-12:45pm Call Questions and Answers*

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Update on Blood Lead Screening in Vermont

Matthew Saia, MD FAAP, Children's Primary Care, UVM Children's Hospital: In 2019-2020 during the pandemic, the elevated blood lead level still remains a problem in VT. In 2020, 400 children under the age of 6 had elevated blood lead level $\geq 5\mu\text{g}/\text{dL}$. There has also been a decrease in blood lead screening during this time frame too. These are capillary results. To access your patients' blood lead test results or identify patients for screening, please go the Vermont Department of Health website, Children's Environment Health, and Lead Prevention Guidance or click [here](#).

Wendy Davis, MD FAAP, VCHIP: Thank you, this is an important topic and data to follow. A core issue with blood lead screening, as with some other Bright Futures services, is whether they are bundled with well-child care visits. We continuously advocate with the payors that this service does require time and staff commitment. The beauty of this is the VT-AAP/VT-AFP have grants with the VDH to provide the Lead Care II machines, and in some case follow-up lead testing kits.

Judy Orton, MD, Green Mountain Pediatrics: You do need a CLIA waiver and need to be included on the lead code. Medicaid does not typically cover but some private insurers will. We have been doing blood lead screening for 21+ year. We do the finger stick and if it's elevated, the patients will need to come back in. We either draw them or puncture in the office or they go to the hospital lab. We usually have the results before they go home too. Generally, we approach it like a vaccine. One last caveat is to make sure you scrub and wipe very well because it will collect extra residue. We found better success of not having falsely elevated numbers from capillaries by using the D-wipe as the last wipe.

Becky Collman, MD, Collman Pediatrics: We have been successful because of Kathy. We have paper charts and have a packet of materials for 1 and 2 year check-up. This was created originally because of a QI project. We do not have the point-of-care machine and send our screening to the state. We also do not get reimbursed for this.

Wendy Davis, MD FAAP, VCHIP: Thank you, Becky. You have one of the lowest rates of missed screening in the entire state. What you are doing is working! Essex Pediatrics also has a track record on this. Please reach out to Jill at 879-6556 for more info.

For guidance or questions, please reach out to Matthew.Saia@uvmhealth.org or jill.davis@med.uvm.edu

Questions/Discussion

Q: Do these abnormal data include screening cap results or only confirmed venous results?

A: Matthew Saia, MD, UVM Medical Center, Pediatric Primary Care (Burlington) (verbally): These are capillary results and not venous results.

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

A: Alex Bannach, MD, North Country Pediatrics: We do POC testing and love it. When we were not able to use it for a few months, our completed lead screening rates plummeted because parents simply did not take the kids to the lab following the visit.

Q: Alex, how is reimbursement for the test?

A: Alex Bannach, MD, North Country Pediatrics: Meghan, we are hospital owned so we are billing through the hospital, so not sure, but you are going to love it!

A: Meghan Gunn, MD, Southwestern Vermont Medical Center, Pediatrics: We are hospital owned too, but they were telling us the kits were too expensive so I need to prove we will not lose money.

A: Wendy Davis, MD, VCHIP (verbally): We are in the process of collecting some information for you. What we can provide is correct coding and billing practices. We can identify what we know Medicaid reimbursement or payment is currently.

A: Michelle Perron, MD, Timber Lane Pediatrics: We have done POC testing for years. I do not think that the collections on this are great, but a necessary procedure.

A: Alex Bannach, MD, North Country Pediatrics: Meghan, the point I would make towards administration is also that nursing time needed for all those outreach calls for missed lead tests is significant, and often we have to call 3 or 4 times and still don't get a result.

A: Meghan Gunn, MD, Southwestern Vermont Medical Center, Pediatrics: Yes, totally agree Alex. I will try! Side note, we do lead screening. We are just sending it to the state (we are not missing this requirement).

A: Alex Bannach, MD, North Country Pediatrics: Re, flow, we, of course, do finger prick for HB testing at 1 years old and 2 years old if indicated anyways, so it does not actually add much time because it is in the workflow already. Only one pick instead of two!

A: Essex Peds: Anyone can feel free to reach out. We have been very successful for several years. 879-6556

A: Judy K. Orton, MD, Green Mountain Pediatrics (verbal): Re reimbursement, I have had one payer put it through a deductible in the past 20 years. We recoded the diagnosis and they still said it was not part of preventative care. For the most part, it at least covers your cost and it probably is a little bit better than that. You do have to have a CLIA waiver and has to be included on the lead code. You can also code for the finger stick. However, typically Medicaid does not pay for that. Some of the private insurances will.

Q: Regarding the funding issue, could you compare costs to future costs associated from lead toxicity/poisoning? Maybe looking at Flint, Michigan for data? As Matt said, any lead level is too high. Are there any studies pointing to this to help one's case? Hospitalizing kids due to missed lead screening since they did not go to a lab is an expensive endeavor and may speak well to POC testing.

A: Shannon Hogan, DO, UVM Medical Center, Pediatric Primary Care (Burlington): Recent find in Connecticut, so not far away. <https://www.wtnh.com/news/connecticut/2-kids-1-adult-test-positive-for-lead-poisoning-ceramicware-pots-identified-as-source/>.

A: Jeanne Kellner, MD, Shelburne Pediatrics: That is true, as we are not reimbursed. It costs money to mail samples in. We routinely screen all one and two year olds also.

C: Jill Davis, VCHIP: Any practice interested in working on improving lead testing can contact Matt or Jill at jill.davis@med.uvm.edu.

C: Matthew Saia, MD, UVM Medical Center, Pediatric Primary Care (Burlington): Thank you everyone! Please reach out at Matthew.saia@uvmhealth.org if there is anything I can do to help your practices lead screening and reporting!