

VCHIP CHAMP VDH COVID-19

October 21, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD, FAAP, Physician Advisor, Maternal & Child Health, Vermont Department of Health (VDH), VCHIP Senior Faculty

VDH Update – Developmental Referrals

Wendy Davis, MD, VCHIP: We wanted to share some updates with you regarding the process for developmental referrals to multiple sources, including the Health Department, Child Development Clinic. All referrals should go to VDH Child Development Clinic (CDC) should now be directed to the central intake for Vermont's Developmental Evaluation Programs. There is now a single, integrated point of referral for CDC, UVMHC Developmental Behavioral Pediatrics and the Autism Assessment Clinic at VCCYF. All incoming referrals are reviewed by the intake team to consider the best steps for the evaluation of the child's developmental needs. Please direct referrals to: The Intake Team, Developmental Evaluation Programs; Phone: 802-847-2007; fax: 802-847-3358. There are some additional details about the paperwork associated with these referrals, which we will include in this evening's email.

Breena Holmes, MD, VCHIP & VDH: This is our process, but we're hoping for continuous quality improvement, so if it has glitches or challenges or concerns on your end, we really want to know.

COVID-19 and Ice Hockey – Special Testing for Hockey Outbreak

Wendy Davis, MD, VCHIP: There will be a special VDH pop-up testing clinic tomorrow, Thursday, October 22 at Barre Auditorium from 9:00 a.m. – 3:00 p.m. Registration is requested, but walk-ins will be accommodated (asymptomatic; recommended for people with direct links to the teams and their close contacts). To register, go to: <https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19>.

Central Vermont Medical Center (CVMC) also added special testing clinics this Tuesday through Friday from 2:00 – 4:00 p.m. at the Acute Respiratory Clinic at 1311 Montpelier-Barre Road, Berlin. This testing site is also for asymptomatic patients and appointments are required. CVMC will continue its regular clinics for symptomatic and pre-op patients that run seven days per week from 9:00 – 11:00 a.m. Also, folks can contact Kinney Drugs and ClearChoiceMD in Berlin to check availability and make an appointment for testing.

Practice Issues: Update on Home-Based Service Delivery Guidance, Monica Ogelby, MSN RN, Contact Tracing Clinical Lead, CSHN Director, MCH Division, VDH

Monica Ogelby, MSN RN, VDH: We wanted to make sure that these programs can continue delivering services, but that we wouldn't be overwhelming families on the receiving end. We need to address concerns about service providers moving from home to home. The key points related to restarting home-based services include prioritizing services related to safety and medical necessity for in-person services. If the desired outcomes can be achieved remotely via telehealth agencies, programs are encourage to use those options as long as possible. Coordination among providers is necessary to maintain awareness of which

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

services are being provided in the home and how/if collaboration can occur to best limit the spread of COVID-19.

We meet every few weeks to months. Those service providers are focusing on social determinants of health, which is causing some interruption to the home services that are intended to be delivered. We do have concerns about moving in-person visits indoors with changing weather. It's remarkable to hear stories about creative ways of maintaining connections with families while maintaining distance, such as outdoors. We are prioritizing in-person visits when concerns for health, safety, crisis, and communication barriers exist. The opportunity that has arisen is improved collaboration and communication between care teams. With only one or two service providers in the home when many need the same information they gather or some overlap of information, so we've had to get better at sharing information, partnering with in-home providers, and identifying common themes in required data and information between programs.

In terms of guidance, we have resources available on the web.

Questions/Discussion

Q: In home health, we are having MANY more clients returning to work.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: The next three "holidays" (Halloween, Thanksgiving, and winter) are going to be essential. We have to be consistent in the messaging.

A: Ilisa Stalberg, VDH: The Health Department is working on messaging specifically for schools.

A: Shari Levine, VDH: Here's the travel messaging campaign: "masks on faces, six foot spaces, uncrowded places".

A: Stephanie Winters: I think it needs to be super clear that gatherings are NOT okay. It is a bit hidden in the message.

Q: Are there plans for more pop-up sites around the holidays?

A: Breena Holmes, MD, VCHIP, VDH: There are ongoing conversations. We're in a constant state of capacity and need and who should be doing the testing, who can do the testing. Because when there is an outbreak, that's when the health department mobilizes quickly and we get a ton of people tested.

Q: Two schools in White River Supervisory Union are discussing remote learning on November 30th and December 1st. Any thoughts?

A: Wendy Davis, MD, VCHIP: I think we're hearing a lot in communities about different things being considered and I think the secretary just wished to be quite thoughtful in saying they're aware of concerns, they know these discussions are going on, they're engaged in conversations with superintendents and education community personnel.

A: Breena Holmes, MD, VCHIP, VDH: I'm super interested in that because it's being discussed at the state level but I don't know if there's a fair amount of autonomy at the local level. It's been floating about in a rumor way and it would be nice to get this solidified.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: We should be emphatic that K-12 should not be remote from Thanksgiving to mid-January. The pandemic is inconvenient for lots of people. I am sorry. If we shut schools because of holiday travel, I recommend shutting down everything and I mean everything in VT.

A: Becca (Rebecca) Bell, MD, UVM Medical Center: On the holiday travel issue and consideration of shutting down schools, I hope decision makers know and understand that "holiday travel" is an activity for the privileged and most of our vulnerable families are not jetting off somewhere for the holidays. If schools are shut down, they have the most to lose, once again.

Q: What should we tell patients/families that have recovered from positive COVID and their immunity to further exposure? Any links/written literature?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Recovery from COVID at this time does not imply immunity. Rules for them are no different than for anyone else.

Q: I'm wondering if VDH would consider a one page Q&A for schools to distribute to parents about safe activities/gatherings information for kids, i.e., can we carpool, can we have sleepovers, and can we play indoor sports this winter? I am seeing a lot of confusion among parents and people going back to normal activities (like sleepover parties).

A: Wendy Davis, MD, VCHIP: I think the sports guidance is going to be forth coming.

A: Monica Ogelby, MSN RN, VDH: That one pager would be quite short in its response.

A: Breena Holmes, MD, VCHIP, VDH: We can certainly emphasize within the messaging that we really have to double down on our prevention strategies in a special section for children that we know it's hard but you can't gather like that.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: An FAQ sounds reasonable. Some carpooling is probably OK (as children take the bus) but windows open and masked. Sleepovers are not a good idea. There will most likely be some winter school and recreational sports (at this instant in time).

Q: I understood you to say that children are not transmitting to adults. Does that mean that it is safe for grandparents to see grandchildren?

A: Breena Holmes, MD, VCHIP, VDH: While children are not spreading with any efficiency to date, this is not an absolute. And there is risk associated with any visiting. That said, there are certainly ways to visit safely: masked, distanced and outside, as long as no one is sick.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: Anyone can transmit SARS-COV-2. Children, particularly younger children, do not transmit as well or as efficiently as adults.

Q: I am very frustrated by ongoing remote services for CIS. This is not working for families. This has been going on for more than 6 months. CIS needs to offer robust in-person services. I think in services should be the norm and CIS needs to lead here. Parents cannot provide OT, PT, speech therapy via zoom. I should not be advocating one-on-one for kids.

A: Monica Ogelby, MSN RN, VDH: As I alluded to earlier, it's really about continuing remote services if the outcomes can be achieved. If the outcomes can't be achieved and we are in phase 3, in-person services can certainly be restarted. We just ask that it be done in collaboration with the team so that everyone going into the home needs to be going into the home. But certainly if outcomes can't be achieved in a remote way, then we are in a place in terms of community transmission, or lack of it, that the provider should be able to go into the home and provide services. We have heard from our early and Head Start colleagues that they are going into childcares and preschools and providing services as part of early childhood education. It is certainly happening when more hands-on therapies are needed. This is really helpful feedback because perhaps we need to be more explicit with some of our AHS colleagues.

A: Beth Forbes, MD, UVM MC: I agree. Most of the families I follow (DBP) are struggling to engage, and some are observing regression in children who previously made good progress. It's been difficult to return to in person service, even with recent guidelines. I've tried to advocate when children are not making good progress, but with limited success. EL team often states "no in person" without much discussion.

A: Carol Hassler, MD, UVM MC: It has seemed particularly confusing when the children are attending group day care, but without the in person support from therapies and developmental education. In one region, the SLP is a private contractor and has continued in person weekly visits, while CIS staff cannot.

A: Melissa Kaufold, RN, UVM Health Network Home Health & Hospice; Family and Children's Program: It would be good to discuss further about the impossibility of controlling for home visiting exposures. When there are many, many others in the home, or coming/going, it is very difficult to manage PPE in and out of each home in the way that you could do institutionally and going home to home with families who want their homes to be safe.