

VCHIP CHAMP VDH COVID-19

April 1, 2020 | 12:15-12:45pm Call Questions and Answers*

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Practice Implementation Strategies – Donna Burkett, MD, Planned Parenthood

Donna Burkett, MD, Medical Director, Planned Parenthood of Northern New England

I'm a family physician like a lot of you. A few weeks ago, we moved most of our visits to phone-based triage to make sure it made sense for patients to come into the health center. We leave the final decision for any given case up to our clinicians, like an IUD insertion. If there is no other option for a patient (such as the bridge method), then we are able to see them. Today, we started a regional telehealth model. Each of our states (VT, NH, ME) now has a centralized regional telehealth staffing model to see patients virtually for almost everything. Next week, we hope to turn online scheduling back on. We are trying to understand our demand. Our patients like to book online better than by phone. Having that opened back up will expand access and allow folks from all over the state to access our services. We are open. All of our sites all over the state are open, with the exception of some temporary closures for illness.

We consider the breadth of our services during a pandemic to be essential services to prevent poor outcomes in the coming weeks and months. Abortion is one of those services. We are moving to low- or no-touch abortions when possible. Our aim is reduced cycle time and reduce the use of PPE. That approach is becoming the standard-of-care across the world during this pandemic. We are following those recommendations closely. Patients are in and out as quickly as possible, sometimes within 6 minutes.

We have reached out to all three state health departments in VT, NH, and ME to see how we can be helpful during the pandemic, including being an alternate site to an ER or for drive-up testing. We are happy to pitch in and understand collaborative improvements and access points.

Questions/Discussion

Q: Breena Holmes, MD, VDH: For family medicine colleagues, are you using test centers or testing in your offices? If you are seeing adults, are you testing in your office or sending to a test site? If you are sending to a test site, do you know where it is, hours of operations, etc.? Two more FQHCs are receiving additional support for setting up testing centers (Essex County and Grand Isle).

A: Jessie Reynolds, MD, Little Rivers Health Care: LRHC is not sending patients to a test site, as the closest one is 45 minutes away. We're 3 sites and doing all the testing at one site to minimize use of PPE. Tests are being sent to Quest lab, as we do not have easy access to courier for state lab.

A: Breena Holmes, MD, VDH: Jessie, if you had a test center nearer, would you use it?

A: Jessie Reynolds, MD, Little Rivers Health Care: We would use it (as long as the patient could travel). LRHC had been initially contacted to become a test site, but I hear from the COVID group that that's on hold.

A: Toby Sadkin, MD, Northwestern Medical Center: St. Albans Primary Care (Family Medicine) is referring testing to the testing center managed by Northwestern Medical Center.

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

A: Kim Aakre, MD, Mt. Ascutney Hospital and Health Center: We are testing at Mt. Ascutney Hospital (Windsor) and sending samples to VDH. We have both an "adult" and a pediatric respiratory clinic. There is concern about supplies.

A: Breena Holmes, MD, VDH: Thanks, Kim. Testing supplies or PPE or both of concern?

A: Kim Aakre, MD, Mt. Ascutney Hospital and Health Center: Both, although I think we are currently "okay." We are all just very aware of this issue and trying to be judicious in our use.

A: Breena Holmes, MD, VDH: Kim, is the Mount Ascutney testing in a tent or in the parking lot? Any idea of hours?

A: Kim Aakre, MD, Mt. Ascutney Hospital and Health Center: Patients are screened at the entrance and sent to a separate part of the hospital. Currently the testing is daytime only, with adults all day, kids in afternoon.

A: Breena Holmes, MD, VDH: Thanks, everyone. We need a lot more clarity around hours of operation and where people should go. We need to conserve PPE and testing supplies.

Q: Has anyone "recovered" in VT?

A: John King, MD, UVMMC: Two patients have been extubated and are doing well at UVMMC.

Q: The migration of pregnant women from NYC is starting to happen here, as confirmed by our OB's this morning. They're starting to get calls from these patients. Anyone else seeing this trend?

A: Ashley Miller, MD, South Royalton Health Center: We had a family from NY call us yesterday about a tick bite, they are here now "hiding out."

A: Meghan Gunn, MD, FAAP, Southwestern Vermont Health Care: We are hearing of some out of staters down here in Bennington too, including calls about newborn babies. Specifically, the family delivered in NYC and they're now coming up here. We're requesting they quarantine for 14 days before coming into the office or having VNA nurse go out to see the baby.

A: William Raszka, MD, UVMMC: At UVMMC we build into our pathways women from "high risk" areas who are delivering within 14 days of leaving the high risk area.

Q: Can someone clarify the OnCall request-- Are practicing docs who will be tied up when the wave hits being asked to sign up? Or just retired/part-time people with bandwidth?

A: David Nelson, MD, UVMMC: <http://oncallforvt.org/medical-reserve-corps/>

A: Wendy Davis, MD, VCHIP: They are asking for licensed and certified health care providers. We can try to clarify who they're really looking for and their triage for deployment. Thanks, Dave, for the link. We have also posted it on our VCHIP COVID-19 web page.

A: Jessie Reynolds, MD, Little Rivers Health Care: Yes, I've been on the OnCall website and have no clarity. I will be checking emails. Thanks for trying.

Q: Where can we refer for SANE exams to avoid the ED? I have two possible patients this afternoon, so I'm planning ahead.

A: Donna Burkett, MD, PPNNE: We can try to help. Please call me after the webinar.

A: Erica Gibson, MD and Andrea Green, MD, UVMMC: Our providers are also wondering about NAT evaluations.

A: James Metz, MD, UVMMC: They can call, come in, and be seen if not urgent. If urgent, then we should see them in the ED. They can call through the referral line or page me at 847-2700.

Q: What about guidelines for obtaining newborn weights?

A: Meghan Gunn, MD, FAAP, Southwestern Vermont Health Care: I'm glad to send our RN home visit protocol for newborns if anyone wants it.

A: Tawyna Kiernan, MD, Rainbow Pediatrics: We are focusing on newborn discharge and coordination of care. We have had to adjust follow-up of newborns since adjusting our hospital-based program for moms and babies at 24-48 hours post discharge. Adjusting times of office visits and needs to check weights, bilirubins, missed NBS if they're discharged before 24 hours of age.

A: Meghan Gunn, MD, FAAP, Southwestern Vermont Health Care: Colleen, do you have an office RN you could send to homes? We got permission to use our Blueprint case manager RN (former VNA nurse).

A: Colleen Moran, MD, Northwestern Pediatrics: Meghan: As an FQHC offering care off-site can be limited. I will ask.

A: Meghan Gunn, MD, FAAP, Southwestern Vermont Health Care: It's totally out of the typical scope and working for a hospital, I had to go through a ridiculous amount of red tape, but I argued that it is best for patients and families. It's working well. We're only doing this for essential weight visits for babies.

A: Breena Holmes, MD, VDH: The MCH nurses in the VNA have no referrals right now and want referrals. They can do Skype or FaceTime with new moms and babies, and they've gotten good at lactation consultations over the phone. They don't need to go into the home. There is a current movement to get women and newborns out of the hospital quickly (less than 24 hours). This is an essential time for an MCH nurse referral. We recommend using the MCH nurse referral network before other options, like Blueprint nurses, to streamline the process for home visits. CIS also provides services, as nurses who see babies and kids can't see elderly patients right now.

A: Alex Bannach, MD, North Country Pediatrics: Hi Breena, that's what our VNA did and the sheer small number of nurses has therefore led to the decision to currently not have them go into the homes of neonatal/pediatric patients unless urgently needed.

A: Meghan Gunn, MD, FAAP, Southwestern Vermont Health Care: We are doing lots of referrals to VNA down here and are sending one of our own RNs from the office to homes to weigh newborns as necessary.

A: Colleen Moran, MD, Northwestern Pediatrics: believe there is a shortage of VNA nurses in Lamoille County.

A: Jill Rinehart, MD, UVMHC: Glad to hear VNA will go to homes still. It seems there is a shortage?

A: Colleen Moran, MD, Northwestern Pediatrics: Also, FYI we are having a shortage of VNA RN in Lamoille County.

Q: To support the ACO vision (preventive care), has VDH gotten an idea from commercial payers what criteria will be used to stop telemed reimbursement requirement (patient initiated, providers in clinic office, etc.). Patients will likely not want to go back to business as usual and an altered funding scheme has consequences for practices big and small.

A: Breena Holmes, MD, VDH: It's a silver lining question. With what's going on currently, it's hopeful to think about what our life will look like after this situation. For WIC, we led a national movement on how to do telehealth visits and have long wished for the flexibility in federal funding to be able to do telehealth for WIC. I hope we won't have to go back to having families load up all the kids and come into the office and that it will lead to flexibility around how we provide care. This could be a catalyst for change.

A: Wendy Davis, MD, VCHIP: Both BC/BS and Vermont Medicaid have been very clear that their response has been to address this extreme emergency situation. They do not want to step away permanently from Bright Futures guidelines for health supervision and care.

Q: Any thoughts about WIC or home health buying scales that could be sent home with high risk infant for 2-4 weeks and then ideally returned and disinfected?

A: Meghan Gunn, MD, FAAP, Southwestern Vermont Health Care: We've had people use mail scales.

A: Colleen Moran, MD, Northwestern Pediatrics: On a similar note, some states are sending patients home with pulse ox to help keep people out of the hospital, with even more for adult sick patients to keep them out even for 24-48 hours.

A: Shannon Hogan, DO, UVMHC: What about weighing infant with mom and then mom alone and weights can be reported then?

A: Alicia Veit, MD, Timber Lane: The scales are around \$50.00, and if they could avoid 1 re-hospitalization, it would be worth it.

A: Alex Bannach, MD, North Country Pediatrics: Yep, Shannon, I have done that, but adult scales often only report in full pounds, so it's less accurate for newborns.

A: Shannon Hogan, DO, UVMHC: True, Alex, they would need a better scale.

Follow-up Needed

- *Donna Burkett, MD, PPNNE: What are folks using for their symptom screening questions for staff and patients?*
- *Ashley Miller, MD, South Royalton Health Center: Does anyone know anything about the "COVID-19-specific Medicaid Retainer for April 2020 Vermont Agency of Human Services - March 27, 2020" and if we get that money, if it will prevent us from getting the CARES payroll SBA loan?*
- Wendy to clarify OnCall MRC criteria