

VCHIP CHAMP VDH COVID-19

April 6, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM

Breena Holmes, MD, FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

Pediatric Orthopedic Care – Jenny Lisle, MD, UVMMC

We have received many inquiries regarding pediatric orthopedic acute care with special concerns regarding emergent/urgent care. Dr. Lisle is seeing acute pediatric orthopedic patients at the Tilley Drive location in South Burlington, VT. She reviews all pediatric triage and referral calls daily. She's available to assist with concerns about developmental dysplasia of the hip, foot deformities, birth fractures, limping child, and other issues.

Pediatric Fracture Care

She is placing soft roll fiberglass waterproof casts at Tilley Drive for all upper and lower extremity fractures and giving parents and caregivers instructions regarding cast removal at home, including timing. Dr. Lisle conducts phone follow up (video coming soon). Tilley Drive has pediatric durable medical equipment (DME) on site as well (WeeWalkers, cock up wrist splints, and Sargimiento braces).

Sharing Practice Strategies – Chip Hart, PCC Pediatric EHR Solutions

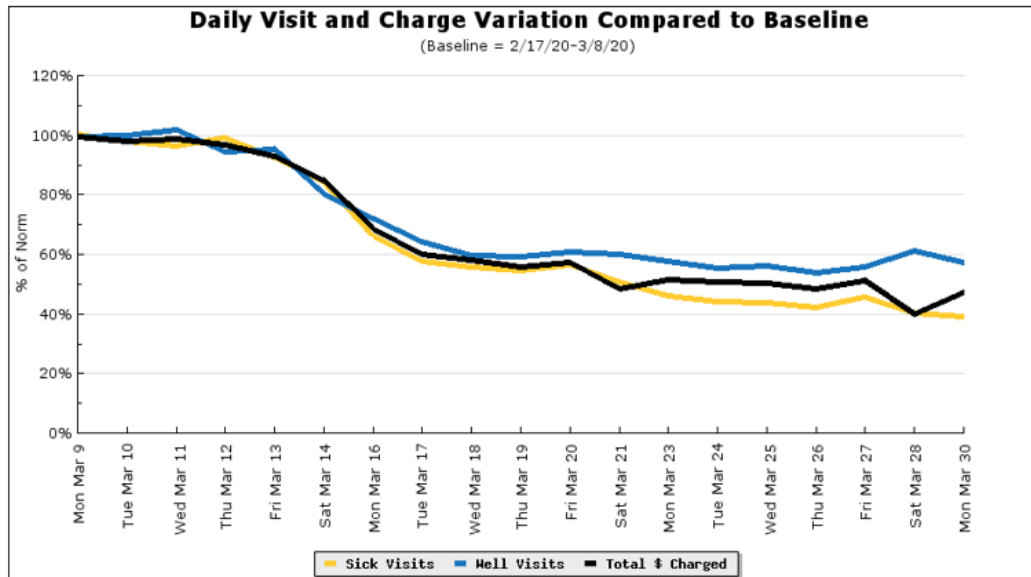
Chip Hart, PCC Pediatric EHR Solutions: National Perspective of COVID Impact on Independent Pediatricians (and implications for Vermont)

You are already making tough decisions for your clinics and your families. I have experiences and information gathered from parts of the country being hit much harder than Vermont right now and want to share some data with you. All of our clients are independent pediatric practices distributed throughout 40 states. They range in size from small part-time solos to 40-doctor independent pediatric practices. If you have any questions after this webinar, please email me at chip@pcc.com. We are here to answer your questions. We are really committed to helping any pediatric practice. PCC is a benefits corporation, so we are obligated legally to put the needs and interests of our customers, our employees, and of the community ahead of our shareholders. We are committed to sharing information for the common good.

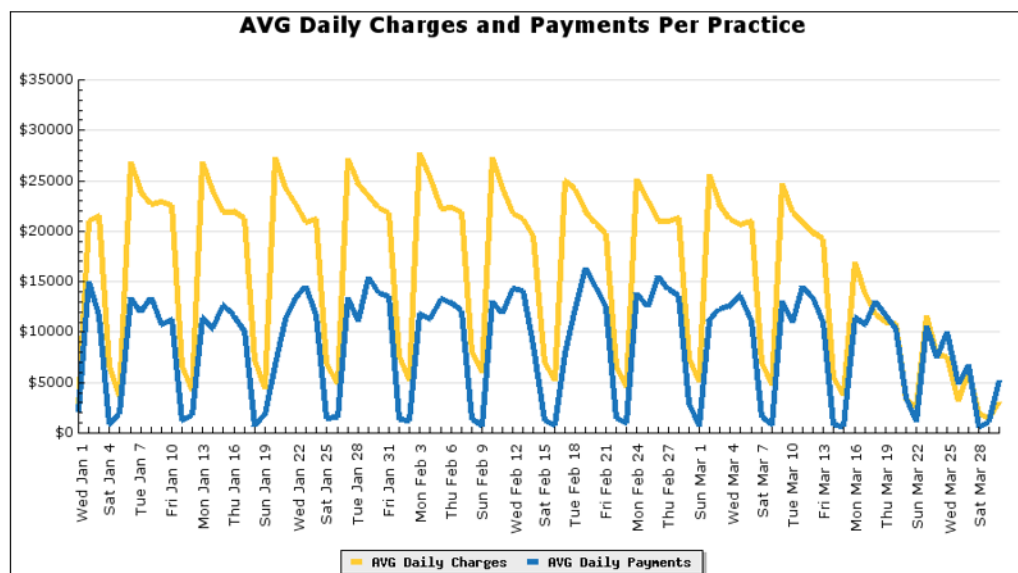
Vermont is way ahead of the curve on the concepts of payment and coverage right now. The rules already established about telemedicine are putting Vermonters and Vermont clinicians way ahead of what's happening in other states. We are far ahead of bending the curve. Reaction and the way that people have organized here in terms of social distancing is very strong. I advocate that everyone stay as vigilant as possible in Vermont. COVID-19 is as real as everyone says it is. Healthcare providers are the first and last line of defense that we have right now. Vermont is ahead organizationally, especially with this webinar.

We moved our data to a public web site (<https://www.pcc.com/business-impact-of-covid-19/>) and plan to update it daily. We gather information from our clients all over the country. We've been analyzing it for weeks and trying to explain it to people. I want to give you a sense of what things look like nationally.

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

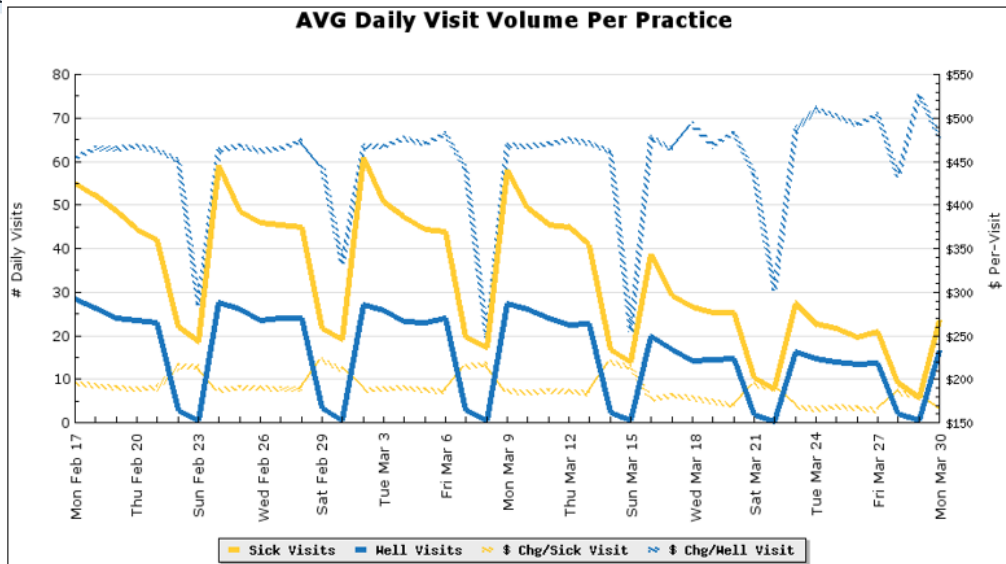


These three lines represent the average total sick and well visit volume and total dollars charge volume. We focus heavily on those total dollars charged because our clients are independent pediatric practices and most of them may not have enough cash to get them through the end of the month. March 13 is when everything fell, and March 16 is when things got worse. Best predictor of volume for our clients is the volume of the week before. Nationally, sick visits are down 60%, and well visits are down 40%. Total charges are down around 50%. That's not good news. Payments are going to lag depending on what part of the country you are in and efficiencies of your billing operations somewhere between 1 and 4 weeks.

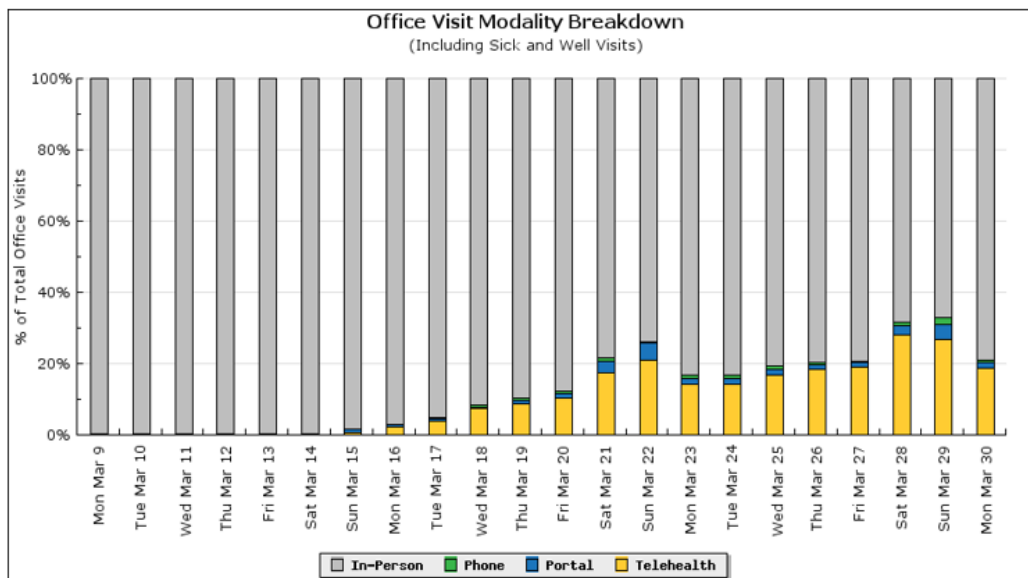


This chart shows the trend for average daily charges (yellow line) and payments (blue line) per practice. Dip around February 18th due to spring break. It pops back up at the beginning of March, but then slides down. We have the data as of today, but there is an average charge posting lag of 3.5 days.

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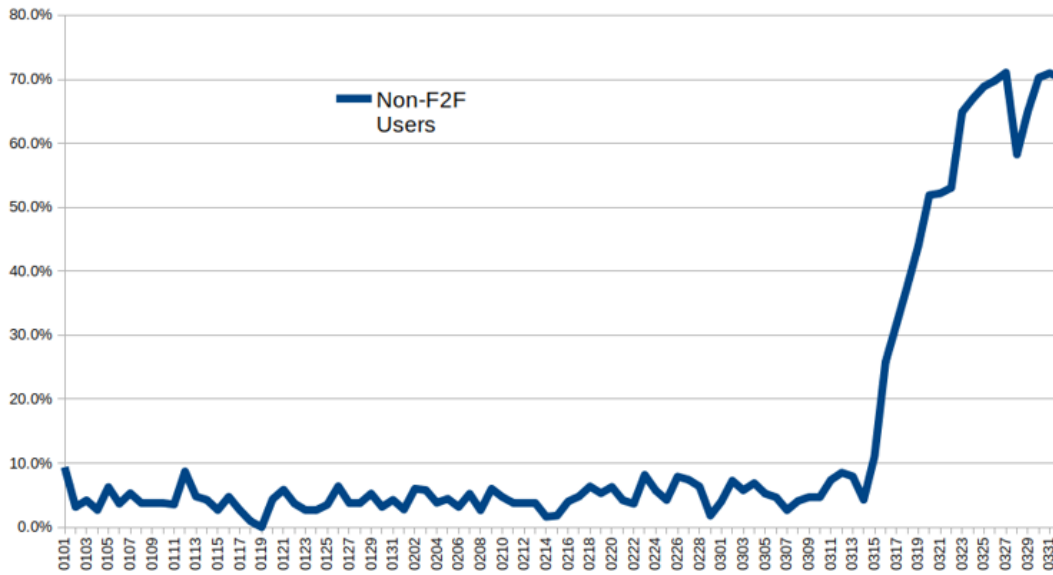


The blue dotted line is the average charge per well visit nationally. It has actually climbed. Pediatricians are concentrating on well visits that have vaccines. Outside of Vermont (universal state for vaccinations), vaccines represent 25-30% of the overall charges for pediatricians, and it's a much bigger concentration of well visits.

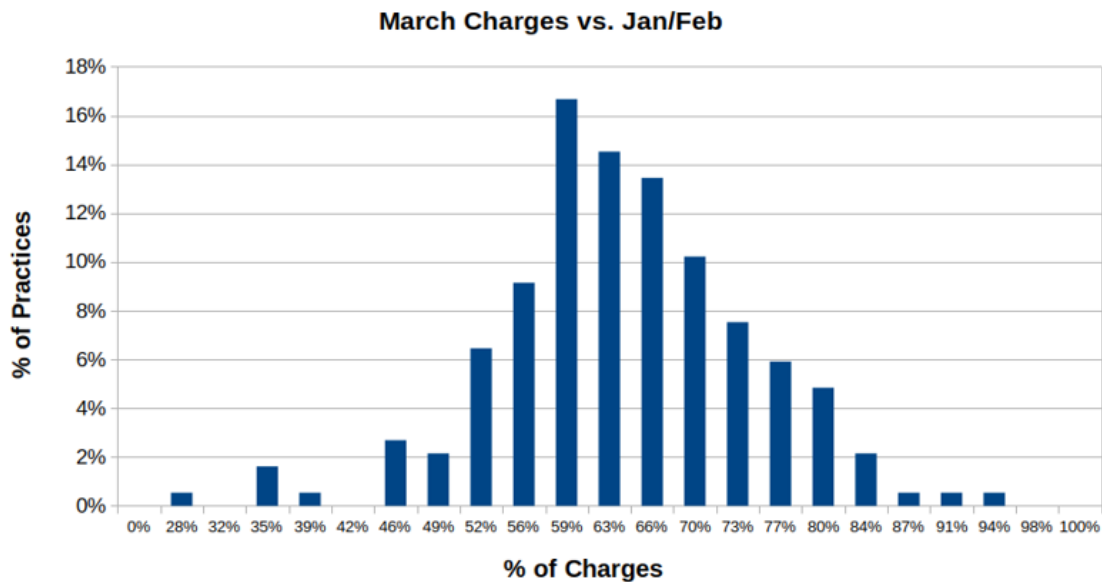


This slide reflects the impact of telemedicine. If you look at Monday March 9th, phone, portal, email, texting, and telemedicine visits only .5% of total visits. By March 22, the number approached 30% and crossed the 30% line last week on Saturday and Sunday (March 28 and 29). We expect telemedicine to climb to 40-50% of the visits nationally. This chart shows the overall volume of national practices.

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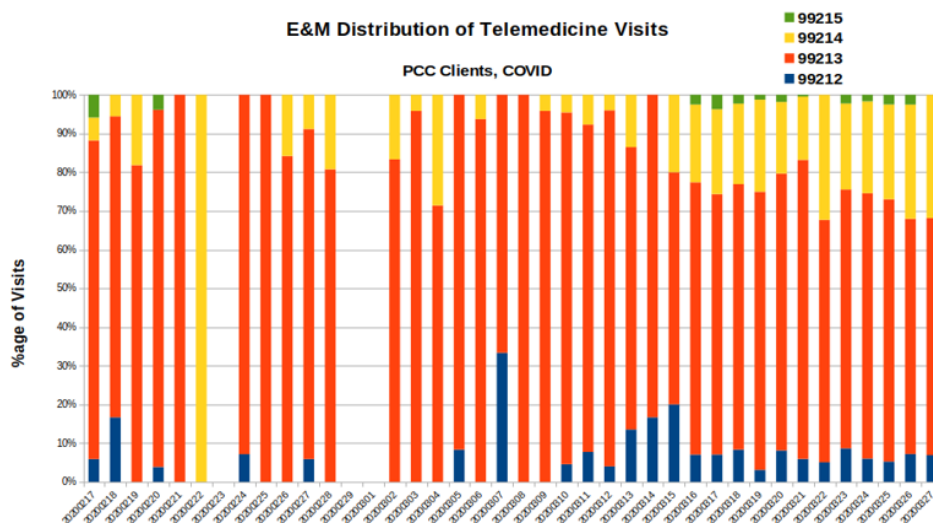


Measure of the practices that bill at least one non-face-to-face code every day: from January 1 through the middle of March, lower than 5%. After the middle of March, we go up to 70% of the country posting telemedicine visits every day. I'm not sure what the remaining 30% are doing besides not billing or not doing telemedicine. We need to find out this week. Without telemedicine, practices are in trouble.



This chart shows that 17% of PCC's client had billed only 59% of average monthly charges in March compared to January and February. The majority of practices are between 20 to 50% off from their normal charges in the month of March. We are just beginning April and expect it to get worse.

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If following CMS rules, you should be billing telemedicine visits as E&M codes (99212, 99213, 99214, 99215). We have many private payers nationally who won't pay for anything above a 99213. We have many private payers who won't accept them at all. We tried to get a sense with this chart of the codes people are using. This has implications later, as telemedicine becomes much more of the norm. The younger generation isn't going to let it go. In six months, telemedicine will be an integral part of providing care to pediatric patients. You need to know what will be the impact on payments. This chart shows a relatively normal E&M distribution.

Lessons Learned:

- Adopt telemedicine last month. (Some physicians nationally do not want to do it, but have to for the viability of their practices. You have an obligation to keep your patients healthy and informed and must move into telemedicine.)
- Have important conversations last week. Communicate with your patients immediately. Sit down with your staff virtually or otherwise to explain to them what's happening and what your expectations are in terms of employing them, what you are planning to do with keeping your office open, plan for PPE, etc.
- Sit down with your partners right now if you're in private practice. This situation could damage the business relationship. You need to come up with plans for distributions, how to pay for things, figure out what you will do afterwards (tidal wave of well visits in June/July/August and financial hole digging out of). You will need to work 7 days a week and do telemedicine visits from home to catch up. It's going to be painful. Have those conversations now.
- SBA loans – EIDL and PPP this week. Speak with your bank and accountant to get either the EIDL loan or the PPP loan, do that this week. Most of our clients are on board, and many have already applied. It will not be the only thing the feds do. There will not be enough money in this first round. We are expecting physician-specific response in the next round, but you must be prepared for this right now.
- Agility and flexibility
- Stay healthy – PPE requirements are legitimate. My clients are getting sick right now. It's important to stay healthy so that you can address the volume you do have. I have heard a lot of anecdotes

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about poor clinical isolation requirements, like front desk staff with a sore throat checking patients in all day. Make sure you and your staff isolate yourselves when you are sick.

- Plan for the rebound - HPV and MMR vaccines are down 50-60%. They have plummeted. We cannot handle a measles outbreak one year from now or a return to HPV and rotavirus. When a COVID-19 vaccine is created, only pediatricians are prepared to do mass vaccinations. It's the only way we will get back to a normal clinical response.

PCC has a COVID Forum with over 2,000 people sharing data, FDA information, and other documents and resources. (forum.pediatricsupport.com). Webinars can be found at pediatricsupport.com. Here is the link for the webinar on Tuesday, April 7: https://zoom.us/webinar/register/WN_ycieSQLaTeatmhMOMzAt9w.

Questions/Discussion

Q: Anyone know for the children who tested positive in the 10-19 age group how many are <15yrs?

A: Breena Holmes, MD, VDH: There was 1 child is under age 15 who tested positive.

A: Paul Parker, MD, Richmond Pediatrics and Adolescent Medicine: We are testing so little in the under 9 age group that we are certainly under estimating.

A: Breena Holmes, MD, VDH: Kids without or with mild symptoms should not be tested. Use your great clinical judgment. We have more test kits than we did a week ago, but still really only want to test moderate to severe pediatric patients.

A: Wendy Davis, MD, VCHIP: The VDH Commissioner is promoting more testing for mildly symptomatic adults, but that's it at this point.

Q: Is the extension for prior authorizations for 6 months inclusive of out of state medical visits and medications?

A: Breena Holmes, MD, VDH: I dont know Kristy! I will find out! Kristy, Marietta Scholten from DCHA just answered your question. YES to out of state medical visits and medications.

Q: Is VDH/VT AAP reaching out to the Department of Education findings of mental health stressors of children at home? I saw a stressed MOC of child with ADHD this AM. She's working full-time and trying to homeschool. I am reassuring parents they are doing as well as possible and not to feel guilty. Is there a systematic way the DOE can have schools reassure parents they are doing their best? This messaging would be helpful, particularly for parents of kids with learning disabilities.

A: Wendy Davis, MD, VCHIP: Breena can probably answer this question best. as she has a school health team that should be able to help with this.

A: Breena Holmes, MD, VDH: Thanks Ellen. There are a lot of people talking and thinking about that topic but a real life example is helpful. I can pull up specific resources for parents about being gentle with themselves.

A: Jessica Denton, Community Health Team Social Worker, Lakeside Pediatrics: Ellen Gnaedinger. I'm hearing similar narratives from families.

A: Breena Holmes, MD, VDH: <https://healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/COVID-19-Information-for-Families-of-Children-and-Youth-with-Special-Health-Care-Needs.aspx>. This is a good AAP resource on parenting children with special needs, including learning at home.

Q: Are there any updates to the health guidance for childcare providers?

A: Breena Holmes, MD, VDH: We had to amend the health guidance for childcare providers today. We updated VT guidance to reflect CDC changes for emergency childcare providers. We are doing a webinar with childcare providers tomorrow, VT afterschool care doing care with school-based children, and DCF. I will send the link with Wendy's normal email. I can also share highlights of the updates on Wednesday's call. We are definitely requiring masks.

Q: Breena, are you sending the updated guidelines for childcare providers to all of us?

A: Breena Holmes, MD, VDH: Yes, we are updating the link on our web site. It is changing every 2 days due to CDC guidance.

Q: Chip, can you send your contact information?

A: Chip Hart, Consultant at PCC: chip@pcc.com. Anyone and everyone is welcome to reach out and disseminate anything we provide.