VCHIP CHAMP VDH COVID-19

April 17, 2020 | 12:15-12:45pm Call Questions and Answers*

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Practice Issues – Pediatric Health Care Delivery – Coding/Billing/Payment Updates

Wendy Davis, MD, FAAP, VCHIP, UVM: We are continuing to add clarity around coding/billing/payment issues specific to telehealth/telephone care delivery based on both updated guidance we are receiving from Vermont payers and information from the national American Academy of Pediatrics. We also want to start thinking about what the future will look like.

We are also working with OneCare Vermont to identify what they envision in term of quality metrics for monitoring and payments in the calendar year of 2020 and moving forward. They are working very hard to clarify with the federal government, GMCB and the Scott Administration, and they are advocating for the right kind of support that would make sense in this type of environment.

Kate McIntosh, MD, FAAP, Blue Cross and Blue Shield of Vermont: OneCare Vermont has sent out a notice that 100% care coordination payment for high-risk patients has been approved by the board of managers. The action appears to be waiving many requirements and trying to push out as many incentive payments to practices as possible.

There are concerns that DCF referrals are way down, but child abuse cases coming in are way up in numbers and are more extreme. The policy is written based on the best standard of care for nonverbal children in an environment of increased stress. DFR rules are in place for 180 days, but it could potentially be longer than that. Individuals under these rules could potentially not see a newborn from birth until 6 months old or even potentially a year old. We need to remember individuals who see children are not just pediatricians. There are a wide variety of physicians who do well care besides pediatricians.

The question is how do we provide appropriate care for nonverbal children whose physiological conditions change rapidly over the course of the first 12 months of life? These are the kids who are not being visualized from outside the families. How do we write a policy to allow practices to stay open, but also meets the needs of the nonverbal children especially in their first two years of life? We know how complex it can be from the age of 1-2 years. These children cannot admit or discuss their problems over an audio or video telemedicine. We also need to be sympathetic to the parents who may not want to come in for a prolonged visit or spend all of their time in the office.

It does matter a lot for this age range, because things can change really quickly. Plus, there is an increased concern about child abuse at this time when children are isolated and families are very stressed. There's also the issue of needing to give the children their vaccines, as the AAP is also concerned with the rise of measles due to fall off in vaccinations.

When we say "in this pandemic situation, care can be provided over telemedicine", we need to remember that there are for-profit telemedicine companies and for-profit insurance carriers who want to take market share and have a lot of sway because they can provide services for less than in-person medicine costs. As technology evolves, there are risks that we will devalue ourselves and we need to be careful about that.

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These risks are reasons why we are strongly recommending hybrid visit models. You'll be able to do all the counseling over the phone, then bring them in to examine the child in the car or in your office, and if it feels safe and necessary, give the child shots at the same time. Any practitioner with pediatric practice within their range can provide pediatric well care. Fear is a big issue and is not going to go away any time soon. We will need to figure out how to create an environment where people are willing to bring their kids back in a way that makes parents comfortable that we can stand behind as a standard of care.

When you do a hybrid visit of any kind, you can bill the telemedicine visit portion with an 02 code, and then bring them in for a physical later (you cannot bill for a physical until later, but you can document and charge it as $0). For example, you do a telemedicine visit initially and when you bring the kid into the parking lot for their shots and physical exam, this is where you will bill at office visit 11 (which means you had eyes on that child). It gets split and will require a lot creativity and flexibility. There is nothing about this that is normal or easy. Somewhere in this, now that the shock has worn off, how do we provide a standard of care as pediatricians that we can stand behind?

Practice Issues – Serology Workgroup Recommendations

Benjamin Lee, MD, UVMMC: The main take home point from looking at the currently available serologic tests and the lack of sufficient information for accuracy and reliability is that there was a consensus with the workgroup that these tests are not accurate enough at this time to be able to use them to guide decisions and recommendations to change individual or population level behaviors or to be used to establish proof of immunity.

To reopen the economy, we will still need to rely on public health principles. It's important to recognize the success VT has been having in the state. Recommendations may change based on periodic review of new data (e.g. test improvements).

Moving forward, VDH should consider conducting sero-prevalence studies in VT to get a better sense and establish what percentage of the general population has been infected with SARS-CoV-2 (additional survey may be needed for high-risk individuals/settings). We should also consider periodically repeating these studies to assess changes in population exposure. The criteria used to reopen businesses and for return-to-work decisions should be made on established public health practices and clinical data. There are currently no data to make recommendations regarding vaccination strategies in Vermont. The workgroup will reconvene in one month to reassess available data.

Dr. Holmes stated that Copley Hospital has already acquired a test, a story that was picked up by the media. We are acknowledging that those tests are not aligned with these recommendations. More specifically, Copley is advising the use of serology and donation of plasma by patients who have already had COVID-19. This workgroup does not recommend that at this time.

Additionally, Dr. Lee stated a lot of this comes down to the nuance of interpreting serology. It is reasonable to assume that if someone has a positive antibody test and at some point have been infected, we still really don't know yet if that predicts immunity. This is a very complex topic. We need to see if these individuals get infected at a rate similar to those who don't have the antibodies.

William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Due to the problematic nature of serology, the FDA pulled back and will need to re-evaluate how they have let them

proceed. Convalescent sera is also problematic and that necessitates evaluation of different types of antibodies.

RESTART Vermont (Gov Phil Scott)

1. Keep our eyes on the data
2. Maintain health care readiness
3. Increase testing and tracking (continue to make testing more widely available)
4. Work smarter and work safer
5. Play smarter and play safer

Predictive modeling: Follow the daily number of new confirmed cases, demand for hospital resources (acknowledge delay between onset of symptoms and worsening illness severity) and the total number of actively infected patients.

Questions/Discussion

Q: For the non-medical participants, what is HAN?

A: Breena Holmes, MD, VDH: HAN is the Health Alert Network. These are public health recommendations shared with medical providers about important clinical guidance. HANs are all catalogued on the Health Department website under the health care professional section.

Q: At this point, will UVM test all labor patients? Or only symptomatic patients?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: It's evolving. I suspect that by Monday, all in-active labor and C-sections will be tested. The issue is that in NYC there is a fairly high rate (e.g. 10%) of asymptomatic mothers testing positive. We will have to see what our numbers show as we are in a much lower prevalence rate. Things do change very quickly across the network and it is always fluid.

A: Marj Meyer, MD, UVM MC: No, we are not performing universal testing in Labor & Delivery. We do expect the presence of masks on everyone (even mom, as long as she can stand it) and droplet precaution PPE for second stage and delivery. The current testing is sensitive for patients with symptoms but not sensitive enough for asymptomatic patients. Testing all moms will be implemented later when testing sensitivity is improved.

A: Julie Parent, VCHIP: Universal Screening for SARS-CoV-2 in Women Admitted for Delivery Thus, 29 of the 33 patients who were positive for SARS-CoV-2 at admission (87.9%) had no symptoms of COVID-19 at presentation. See the following link: https://www.nejm.org/doi/full/10.1056/NEJMc2009316?query=featured_coronavirus.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Of course, another way to say it is that 29 (13.7%) were positive for SARS-CoV-2 (in a high prevalence area). Still, this has been driving a lot of discussion.

NNEPQIN Information

A: Julie Parent, VCHIP: Planning and Clinical Management of Perinatal COVID-19 Cases launched a course on April 9th. This course offers obstetric and pediatric providers, nurses, lactation consultants and other team members up-to-date information and support on the COVID-19 pandemic. A multidisciplinary panel of specialists will share the latest developments and guidelines, discuss management of patient cases presented by participants and answer questions during the hour-long sessions. The target audience is Maine, Vermont & New Hampshire Perinatal Care Teams. Registration link: https://connect.echodartmouth-

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hitchcock.org/Series/Registration/265. YOU MUST REGISTER TO PARTICIPATE! – Please note you must use a browser other than Internet Explorer. Use the link above to register and share this with your colleagues.

Ambulance service and pediatric patients

A: Wendy Davis, MD, VCHIP: Dr. Dave Nelson confirmed that the general guidance is that one parent or caregiver can ride with the pediatric patient. If anyone is hearing something otherwise, please let us know so we can address that at the local level.
A: David Nelson, MD, UVM Pediatrics ED: Let me know if there are any problems with EMS. I will look into it.

Comments about WCC for children under 2 years old and the use of telehealth/telemedicine

A: Denise Aronzon, MD, Timber Lane Pediatrics (North): I have heard that South Carolina Medicaid is now covering telemedicine well child checks for under age two-infants and toddlers. I expect other states will begin to follow.
A: Shannon Hogan, DO, Pediatric Primary Care, UVM MC (Burlington): In CT, we are doing telehealth well checks for Medicaid, but only billing the phone coders and completely well visit in 6-8 weeks, if able.
A: Michelle Perron, MD, Timber Lane Pediatrics: BC/BC VT and all insurers should follow the guidelines presented from the AAP regarding paying for telemedicine.
A: Stephanie Winters, Vermont Medical Society: I think this is another reason that if you can't get a child under 2 in the office, at least a phone call or video visit is a "touch point" to check in on family.
A: Alex Bannach, MD, North Country Pediatrics: I just wanted to share that our approach of only allowing healthy patients and caregivers into the office and seeing potentially infectious patients in their car is working very well for us. We also do offer tele- and phone visits, but do not have very high numbers of those and our schedules are fully booked. Obviously not all patients come in, but then we follow up immediately with a phone outreach call and try to reschedule them. Both to keep revenue coming in, but also out of concern that we will not be able to work through the back log of patients once things normalize.
A: Jill Rinehart, MD, Pediatric Primary Care, UVM MC (Williston): I am hoping that we can have some messaging from the Governor and VDH specifically to the importance of bringing babies in, helping the culture to shift so this is ok, and letting families know how safe we are for seeing them.
A: Jennifer Barker, RN South Royalton Health Center: South Royalton Health Center is seeing patients in the office for well child checks for children under 2 and older.
A: Stacy Strouse, MD, Northwestern Pediatrics: We are seeing well checks that need immunizations in the morning 2 and under, telemedicine mixed with some well triaged sick visits in the afternoon. High COVID-19 concerns are supposed to go to our UC 'hot' respiratory clinic run by our primary care group.
A: Morgan Crossman, Executive Director, BFF: At Building Bright Futures, we're also hearing concern across the state about health and safety, child abuse, social emotional needs, and many other topics. The State Advisory Council is meeting monthly to discuss these topics. This is an open meeting. Please feel free to attend and send us priority topics from pediatric health partners! Breena is a member of our board and has been instrumental in elevating these messages as well. The next meeting is April 27th from 1:30-3pm. Happy to disseminate the login information to this group next week if you're interested. I will also send the meeting recap along for your review.

Q: How do we convince families that it is safe to return to the office? I am not saying that we have to do that, but it is philosophical and becoming a practical issue.
A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): We explain all the things we are doing (i.e. one parent, only in the morning, everyone masked).
A: Alex Bannach, MD, North Country Pediatrics: We also send a phone message to all patients saying that they should continue to keep all appointments and call us with concerns. When reminder calls are placed or appointments are made, we review the precautions we are taking.

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A: Jennifer Barker, RN, South Royalton Health Center: We have been having well visits in the morning, sick visits in the late afternoon. For those families who are concerned, we encourage at least vaccines in the car. Med checks and other follow ups are done by telemedicine at South Royalton Health Center. Nursing collects intake by phone first, this decreases the time for MD, and the amount of time the family is in the clinic environment.
A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: It turns out that I am on a committee and look to you for advice. You are developing great models.

Q: Dr. Raszka, do you agree it is safe to bring them in for well child care?
A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: It is not easy to give a blanket statement. I think we need to balance the Governor's directive, the data that shows how effective we have been, and the fear amongst parents and families. I think it will be a slow evolution. SARS-CoV-2 will be in low level in the community for some time.
A: Stephanie Winters, Vermont Medical Society: Hopefully you all saw the following from the AAP as well: https://contentsharing.net/actions/email_web_version.cfm?ep=f6wbULQeWCFnWt5rkluQfHop2VeatzJdfbdVsqCJ6Hh9lNyfb__6SM9tijFZA2ACJ9jxflbUa_KjTX3HQEjpY9z0IB3fa86eJ8836nkPq-2J0-BFyjIP6M48Z9lXNwkHYh23XoiLdENNmMjf6ts9OA~~

Q: Do you know any naturopaths who are seeing patients right now?
A: Breena Holmes, MD, VDH: Yes, they are also testing for COVID-19.

Q: To those who are seeing patients right now, have you had any positive staff members or physicians in your office?
A: Alex Bannach, MD, North Country Pediatrics: Both MDs in my practice have been tested for vague symptoms, but were negative.
A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: At UVMMC, there has been an incredibly low rate of positives among HCP.
A: Stacy Strouse, MD, Northwestern Pediatrics: We have not at NMC Pediatrics.
A: Carolyn Lorenz-Greenberg, MD, Pediatric Primary Care, CVMC: We have had none at CVMC.

Financial Relief Information
Stephanie Winters, Vermont Medical Society: Great OneCare newsletter today with financial relief information! https://mailchi.mp/onecarevt/network-news-october-553722?e=c197502731

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