

VCHIP CHAMP VDH COVID-19

April 20, 2020 | 12:15-12:45pm Call Questions and Answers*

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Contact Tracing Status Update

Breana Holmes, MD, VDH: The only way Phase II will get started is with tons of testing and contact tracing. VDH has the adequate amount of staff for the number of positives right now. Sidney, our medical student, is doing some research right now on how other states are using medical students for contact tracing. I can't think of a better idea. The epidemiology team wants to do this, but it all comes down to IT issues, such as using the right electronic devices and information sharing platforms. If we end up with more positive cases in Vermont and we need a workforce of 100s to do contact tracing, we will do it. It will go beyond public health employees. Stay tuned on this.

Practice Issues – Mother/Baby Care

A reminder that the Northern New England Perinatal Quality Improvement Network ECHO project hosted by Dartmouth on planning and clinical management of perinatal COVID-19 cases launched on April 9th. The target audience includes Maine, Vermont and New Hampshire perinatal care teams. You will have to register in advance if you wish to participate (link to register: <https://connect.echodartmouth-hitchcock.org/Series/Registration/265>; note: use a browser other than Internet Explorer).

Additionally, the AAP has recently redirected our attention to the existing guidance on newborn screenings. This has been a concern in the context of possible expedited newborn discharges. They are wanting to make sure folks are continuing to follow federal and state guidelines on newborn screening (link here: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-newborn-screening-during-covid-19/>).

The AAP has also published a policy statement on providing care for infants born at home. This policy statement had undergone a thorough, lengthy review with significant discussion regarding implications. In the end, the AAP felt it was important to provide good guidance to make sure mothers and infants are appropriately cared for in this context.

Questions/Discussion

Q: Do we have any statistics on recovery of patients? Are any of them getting off the ventilators without dying? Any information on those recuperating? Any similarities among them?

A: Breana Holmes, MD, VDH: The hospitalized patients who recover are recorded but I don't know anything about them.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Patients are getting off ventilators. I just do not know the exact percentage.

A: Breana Holmes, MD, VDH: You can tell from the numbers that a handful of patients who are hospitalized recover each day.

Q: Are some practices doing regular well-child care for patients over 2 years of age? We are still only seeing checkups for kids under age two. Where do we look for guidance on this?

A: Ashley Miller, MD, South Royalton Health Center: We are seeing all well visits. The AAP has developed guidance on this. If these can be done safely, they are recommending all WCCs be a priority to those under 2.

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

- A: Leah Flore, FNP, Timber Lane Pediatrics (South): We are trying to see all well checks as well.*
- A: Breena Holmes, MD, VDH: This is a good topic. As the Governor starts to add back activities, you can all consider bringing others in.*
- A: Kathleen Geagan, MD, Mt. Ascutney Hospital and Health Center: We are seeing well visits, prioritizing under 2, but all ages.*
- A: Andrea Green, MD, UVM MC Pediatric Primary Care (Burlington): UPeds is opening it up to 30 months and younger and opening it up to 4/5 year-olds and 11-13 year-olds soon.*
- A: Alex Bannach, MD, North Country Pediatrics: We have also been seeing all WCC visits. We are still screening at the door and only allowing one caregiver with each kid. We ask that parents and kids (>2 years-old) wear cloth masks throughout the visit and we have some at the door to provide if they don't bring any, exactly to address that concern.*
- A: Paul Parker, MD, Richmond Pediatrics: It sounds like most practices are getting back to seeing all WCCs in-person in the office.*
- A: Indra Lovko MD, Community Health Centers of the Rutland Region: In Rutland, we are not even close to seeing all WCCs in person yet.*
- A: Susan Sykas DNP, Appleseed Pediatrics: We've been seeing mostly kids under 2 years-old in the office, and others by telehealth per a parent request, and some in-house if they are comfortable. We are screening at the door also.*
- A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): Yes, continuing with the safety precautions on entry to the clinic and the office.*
- A: Monica Fiorenza, MD, Timber Lane Pediatrics (South): We are continuing to do the majority of WCCs by telehealth.*
- A: Roya Mansoorani, MD, Northwestern Medical Center Pediatrics: We see all WCCs up to 2-years-old and any WCCs that need immunizations for now.*
- A: Alicia: In regards to restarting routine well-care and messaging from the state, the major concern from families (and our staff) is about the possibility of asymptomatic/pre-symptomatic shed and healthcare workers being vectors. If the messaging can directly address this risk, that would be helpful. They understand why the care is important. They just don't want their well child to become sick. We do as well.*
- A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: One bit of information that may be helpful is that the rate of positivity of UVMHC HCW at this time is 0.3%. These are symptomatic workers so a bit different, but it is very reassuring that we have seen so few infected HCW here.*
- A: Susan Sykas, DNP, Appleseed Pediatrics: At CHSLV, we have put on the web page (CHSLV.org under the COVID-10 information button) all the steps we are taking to keep our patients healthy (e.g. PE's only NI's in AM, sick in PM, etc.). We also tell them our steps when we speak on the phone.*

Q: I wonder if it would help to have some information from AAP/VDH to reassure parents they can come in safely?

- A: Ashley Miller, MD, South Royalton Health Center: That would definitely be helpful.*
- A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I think the messaging is essential for health care workers and families.*
- A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): Definitely hearing about adults who are not getting their own chronic condition cared for, for fear of COVID exposure. CSHN families are very hesitant to come in for their chronic condition management. Also messaging from the Commissioner would be very helpful.*

Q: What test is being conducted for all UVMCMC Labor & Delivery patients who will be tested beginning today?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: They're using the Panther test, which has a 3-hour turnaround time. They're not using the Cephheid, which is the 45-minute test.

Q: What about the pediatric testing HAN?

A: Breena Holmes, MD, VDH: The Commissioner is reviewing it now. Tracey Dolan, along with Jane Lindholm, are on VPR as we speak. I asked Tracey to state that clinical decision within the medical home on expansion of pediatric testing. It was written by Ben Lee, Bill Raszka, Breena Holmes and Wendy Davis reviewed it (along with a medical student). It says that mildly symptomatic children can be tested. The hope is that it will go out today or tomorrow.

Q: Question to the group about telemedicine: For the post-COVID centric state of affairs, I'm interested in developing a telemedicine system to provide live consultation with a Pediatric Emergency Physician (based at UVM MC) to all the hospitals in the state, and ultimately to private practices around the state. I know that many of you have set up telemedicine for your practices. I would be interested in knowing what technology you are using (special apps, tablet, cell-phone, etc.) and any HIPAA issues you may have run into. I would love to talk to any of you or we can use email.

A: Ashley Miller, MD, South Royalton Health Center: We are using doxyme. It works pretty well about 90% of the time and is HIPAA compliant.

A: Becky Collman, MD, Collman Pediatrics: I'm using doxy.me too.

A: Cindy Howes, RN, Just So Pediatrics: We are using doxy.me as well.

A: Alicia Veit, MD, Timber Lane Pediatrics: We are using one connected to our EHR. We use doxy.me when that does not work, which often works better. We have access to EPIC, so if there is one that works through EPIC, we could log onto EPIC.

A: Monica Fiorenza, MD, Timber Lane Pediatrics (South): We also use Doximity. The dialer video is very easy to use and it's HIPAA compliant. It is free to healthcare professionals.

A: Tawnya Kiernan, MD, Rainbow Pediatrics: We are using Doxy.me without any issues for us or families. It's super easy to use and no HIPAA issues.

Q: Our hospital lab leadership is asking for medical staff input on joining a Mayo Clinic effort to begin plasma donations from patients who have recovered from COVID-19. Does anyone know if this is a different program from what we heard about at Copley Hospital?

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: That sounds a bit different. That would involve blood donations from someone known to be infected. That is quite different from the Copley plan.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: UVM MC is joining a clinical trial looking at the use of convalescent plasma for treatment being run out of Mayo.

Q: Can UVM patients be treated with Remdesivir?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That is up in the air. We had been treating some patients initially, but now that means to access the medication have changed, it is unclear to me if this will be able to continue or not.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The ID team did not think we would be able to use Remdesivir as a compassionate use situation. We do not have the volume, which is actually good news I think.

Q: Is anyone doing home visits for home births?

A: Ashley Miller, MD, South Royalton Health Center: One home birth baby's family refused us coming into their home, we were vectors. They would only let in a midwife, who was not a nurse. They got mad when we tried to explain the difference and switched practices.

Q: Could the Commissioner/Governor put out a message that was fairly generic, referring families back to their child's medical home, as each practice is re-opening at the pace/style each feels is the safest?

A: Breena Holmes, MD, VDH: Please weigh in on the timing of public messaging to drive patients back to offices for well care and other visits.

A: Stephanie Winters, Vermont Medical Society: I think that anytime the Commissioner could get in front of parents and the population at large would be good. Don't wait for healthcare, contact your PCP to see if now is the time to be seen.

A: Freyda Neyman, MD, CVMC, Pediatric Primary Care: As lots of community folks are listening to Governor Scott's press conferences, framed messaging regarding preventing other epidemics by immunization lapses could be effective.

A: Buzz Land, MD, Pediatric Medicine: There just needs to be consistency in messaging.

A: Jill Rinehart, MD, UVM MC Pediatric Primary Care (Williston): I would like to see a message that it is safe to bring patients into medical homes based on the safety precautions we are all making.