

VCHIP CHAMP VDH COVID-19

April 22, 2020 | 12:15-12:45pm Call Questions and Answers*

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

Pediatric Testing Health Advisory – HAN 4/21/20

Breena Holmes, MD, FAAP, VDH: Per CDC recommendations, it is okay to take a sample from the front of a person's nose with a vigorous wiggle. The front nose testing would be less traumatic to pediatric and elderly patients, but VT does not currently have the testing labs setup for these samples. The public health lab is working with UVM on figuring out how to validate the test that could be run on the front of the nose instead of the invasive NP swabs. The HAN recommends testing symptomatic children, regardless of severity, with NP swabs and referring children to central testing sites. The HAN also recommends giving priority to children of healthcare providers, children with chronic conditions and those who live in congregate housing, along with children who have had exposure to a patient with COVID-19.

Practice Issues – Mental Health Services During COVID-19

Laurel Omland, MSNCC – Child, Adolescent & Family Unit Director; Samantha Sweet, LICSW – Operations & Care Management Director

Mental health services have been deemed essential services and all Designated Agencies (DAs) across the state are open and functioning. The Department of Mental Health (DMH) is in concert with DVHA and has leveraged the COVID-19 Medicaid flexibilities to adjust and alleviate restrictions on service delivery and payment mechanisms. All services can be provided through telehealth (audio and video combined) or phone-only. There are in-person services being provided where deemed clinically necessary.

All DAs have shifted their service delivery and are connecting with children and youth, individuals, and families. They are also accepting and have been receiving new referrals and are starting services with those individuals. They can initiate services without face-to-face interaction, if that component is not deemed clinically necessary. Additionally, there are now streamlined medical clearances for all levels of care, including inpatient, residential and crisis.

Link to DMH guidance: <https://mentalhealth.vermont.gov/coronavirus-covid-19-information-specific-groups/service-providers>.

The child, youth and family and adult mental health services that are still in place and being provided are listed here:

- Psychiatry via telehealth
- Therapy via telehealth & telephone
- Emergency Services via telehealth and in-person with protocols
- ABA with children with Autism via telehealth and in-person with protocols – vulnerable needs with school closures and absence of usual services
- Case management via telehealth and telephone
- Discharge planning from inpatient
- School-based supports via telehealth, telephone, and within remote learning platforms
- Challenges with internet access & limited phone minutes

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

Emergency Services

Samantha is meeting, on a weekly basis, with the emergency services team during COVID-19. All DAs have crisis phone numbers that everyone can contact but about half of the DAs have “warm lines” that are staffed by clinicians, case managers and mobile outreach personnel throughout various DAs. They are not crisis trained but are on the phones in case someone needs extra support during this isolation time. The Emergency Services Director reported at the beginning, about a month ago, the emergency departments (ED) were eerily quiet, and they thought the phone lines were not working and were wondering why no one was showing up. They found out people were scared. However, in the last week, they have seen an increase of phone calls, contacts and people showing up and needing the inpatient level of care. We are seeing a lot more people reaching out for mental health treatment and support.

During the COVID time, there has been lots of shifting to telehealth screening. Our Emergency Services team was not allowed to go into the ED but is now allowed to screen via telehealth. They can meet with people in community to do face-to-face screenings, if needed. We have a mobile outreach team (crisis team) throughout the state who have been doing a lot of creative outreach. They have been delivering medications, meals, and checking in on people who are most vulnerable. Additionally, they have been able to connect with peers, staff and psychiatry. A lot of the DAs are now talking about “how do we exist after COVID-19?” and are still providing a lot of these services.

Inpatient Care

As most of you know, Brattleboro Retreat is the only hospital in Vermont that provides inpatient level for treatment for youth and adults. We have five other hospitals that provide inpatient treatment outside of Brattleboro and they include Rutland Regional, CVMC, Wyndham Center, VPCH, and UVMHC. Each one of these inpatient units provide different levels of services for acuity.

Medical Clearance

During COVID-19, we have been able to allow for less of a medical clearance. Prior, we needed a lot of lab work. In addition, each inpatient unit required a lot of attention and additional medical workups. We are now able to clear them as medically safe without needing to go through the ED. Every hospital has worked hard to move people to the inpatient unit quickly without boarding them in the ED with increased exposure to COVID-19. We are now testing everyone for COVID-19 before they go to an inpatient unit. We are trying to figure out how to test an involuntary person who is refusing a COVID-19 test.

Dr. David Rettew clarified in the chat section that we aren't advocating for LESS medical clearance but different priorities such as things like vital signs. Vital signs are still really important but some labs are less important and if kids can avoid going to an ED for medical clearance then that is preferred. Also, as we start to look at eventually re-opening things, keep in mind that lots of little kids might not want to go back to camp or school. We will hopefully have some guidance on that.

Practice Issues – Food Insecurity & Access for Vermonters

Breena Holmes, MD, FAAP, VDH

A study was recently conducted on food access and security was done by the UVM Department of Nutrition and Food Sciences and the Center for a Livable Future at John Hopkins University. They were seeking input from families about their experience starting on March 29. The online survey was pushed out through Front Porch Forum and different social media channels. They heard back from 3,251 Vermonters.

Not surprisingly, there has been a 33% increase in food insecurity since the COVID-19 outbreak began in Vermont (end of March). We heard that most respondents want to feel safer going to stores. Types of food and food access are also concerns for people.

Respondents experiencing food insecurity were more likely to be people of color, female and households with children and larger households. There is concern that folks are not utilizing all the food assistance programs that are available. We see an uptick in WIC participation, but that is not enough. We will need to dig deep on why access to these programs is dropping. 2/3 respondents reported they are buying different cheaper foods or eating less to make their food last longer.

One nice bright spot of the survey is that Vermonters are helping each other. There was a reported doubling in the percentage of people receiving food via delivery from other people.

WIC is continuing to innovate and be creative. WIC now has an Online Referral Form that is posted on VDH's Resources for Health Professionals webpage. This resource will persist after COVID-19 and is a great way for health care providers to refer for services. Health care providers should not determine eligibility. All WIC appointments are currently being done by phone and we've seen a good increase in participation. VDH is still waiting on permission from USDA in regard to EBT by phone. We will learn from other states on the different modifications they are requesting.

Questions/Discussion

Q: Does anyone have feedback on the LabCorp at home test?

A: Breena Holmes, MD, VDH: We are still trying to validate the Abbott point of care test. There are tons of caution on the testing front as products come out without clear sensitivity testing. There is a lot to say about the frontier of testing; at home testing is currently not our priority.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I do not have any information about that test, but we can look into it and try to bring back more information on a future call.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: It is designed as a front of the nose test. The test characteristics are NOT known. I think for the LabCorp test, the family contacts the company and the company decides if they meet criteria. It could be they demand a prescription. This is all brand new within the past 24 hours.

A: Ann Wittpenn, MD, Pediatric Primary Care, UVM MC: It will be interesting to track when and if we start getting calls from families asking us to "order the at-home test." As I understand, it "needs a doctor's order."

A: Molly Rideout, MD, UVMHC: Per NPR, the LabCorp test is the first FDA-approved home test but it still needs a prescription.

Q: Is Gifford Medical Center a centralized testing site?

A: Breena Holmes, MD, VDH: Yes, per Heather, our MCH Coordinator, please call 802-728-7000.

Q: Is there any news on possible re-opening of childcare for the summer? I'm asking for a friend whose kids are currently tackle-screaming each other (a pandemic-inspired game).

A: Breena Holmes, MD, VDH: There is a lot of conversation around this and things are looking up for increased childcare openings as more workers return to work.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I think we will have to be very careful about requiring tests for entry into day care, parental employment, and other activities.

Q: I'm wondering if there is an additional link that we should share regarding the DAs with warm lines?

A: Laurel Omland, MS, NCC, Child, Adolescent & Family Unit Director: I'm checking to see if we have them all in one place. If not, I will pull together links and send via VCHIP to distribute.

C: I have heard from WIC colleagues that virtual visits have significantly increased the kept appointments. We know of many families who stopped WIC years ago when the same day appointment rule went into effect. We have worked on some people being able to schedule, but it's not the routine.

A: Breena Holmes, MD, VDH: I have heard that too. The survey was surprising to me in that arena.

C: THE online ASQ-3 is freely accessibly for anyone on the HMG webpage:

<https://helpmegrowvt.org/ages-stages-questionnaire>.

A: Breena Holmes, MD, VDH: We have been promoting this for months and now COVID is driving folks to this great resource even more.

A: Lisa Gannon, MA, Primary Care Health Partners: This ASQ link is worth its weight in gold! This will really help our pre-video visit planning.

Q: I got a call today about a teenager with “COVID Toes” which has been in the popular media. Do you think we should be testing these patients in the absence of other symptoms? This is new information to me.

A: Wendy Davis, MD, VCHIP: Good question, I’ve heard about this also. Maybe we can get Dr. Raszka and/or Dr. Lee to weigh in for tomorrow.