

## VCHIP CHAMP VDH COVID-19

April 23, 2020 | 12:15-12:45pm Call Questions and Answers\*

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

### **Practice Issues – Considerations for Reentry and Recovery**

*Lewis First, MD, MS, FAAP, Chief of Pediatrics, UVM Children's Hospital, Chair of Pediatrics, UVM Larner College of Medicine*

The 5-step Restart Vermont Program is something we can do in our hospital and practices. The Restart Vermont Program is based on data and science and not emotion or politics. We cannot begin reentry until we have a good supply of PPE that can be maintained. According to the Commissioner, the state has a sufficient amount of PPE and pretty good supply in most places. We also have to test and trace. We have to work smarter and safer. As we open up, it has to be phased and done in a smart and organized way. The last step, which is critical for us pediatricians, is to play smarter and safer. There has to be daycares and camps open for parents to be able to go back to work.

The situation around the country for the future of practices and children's hospitals requires proactive purposeful collaborative activities on the part of all of us. This is a plan that is generalizable to all of us who care for children. It gets to threading this needle to say we know we didn't have telehealth until 3-4 weeks ago. We know there are all kind of issues and barriers to getting reimbursed. We know there is fear and emotions out there that are running rampant. We now have to be proactive with recovery.

We turned to quality improvement science for reopening and reentry. The Key Driver Diagram created by Dr. Keith Robinson provides a roadmap for how to reopen purposely, collaboratively, and proactively. This is a draft version and the SMART aim is to safely return pediatric primary care and subspecialty clinics to 100% clinic capacity. To do this, we need to make sure what we are doing in our office meets the following criteria: safe, timely, efficient, effective, equitable, patient-centered. We need to walk it and not just talk it. For each of these things on the diagram for our children's hospital, we are approaching reentry and recovery from interventions and programs. We have three options, which are televideo, telephone or necessary in-person care. Our focus on social determinants is going to be as important as ever.

Each of us should be saying in our offices, "what do we need to reopen our offices safely?" We are planning now, so that when the Governor gives the go-ahead to start reopening, we are prepared to do that. The benefits outweigh the risks to get these kids the care they need.

*Dr. David Nelson, UVMMC:* The ED is open and available for any children the pediatricians want to send. We have a partitioned triage system and are not overwhelmed with patients right now. Children are getting a bed quickly. You can call ahead or just have families come in. We are coordinating care and making sure everything's safe. There have been very few HCPs at the hospital who have contracted COVID-19 while working. Dr. Davis hopes that with Dr. Nelson's help, families will be able to connect with EMS services and ED.

### **Practice Issues – Children's Specialty Services**

*Liz Hunt, MD, FAAP, Division Director, Pediatric Nephrology, UVMMC*

There is a lot of work around on who we should be seeing in-person, who we should be doing telehealth with, and keeping patients and families safe. Dr. Hunt is anticipating as things calm down a bit, patients and families who have not been reaching out will reach out more to their pediatricians and the specialty center. Additionally, there has been a decline in patient calls and referrals and this makes Dr. Hunt wonder what is

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

happening to these kids. They may likely still be experiencing incontinence. Dr. Hunt would love to hear what pediatricians are looking for and what the specialty center can do to be useful to their patients. The specialty center offices are checking in more often with patients with complex needs and looking for input on how to open services back up again.

### **Questions/Discussion**

**Q: I am interested in hearing more thoughts about "COVID toes." I am seeing a patient for this via video and plan to have him tested.**

*A: Stephanie Winters, MD, Vermont Medical Society: There was an article on COVID toes in adolescents, which was an interesting development.*

*A: Lisa Gannon, MD, Timber Lane Pediatrics: Business Insider says that American Academy of Dermatology launched a registry to track dermatology effects of COVID. They've had 200 entries according to this source.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I have not seen anything on COVID toes in the medial literature. It seems anecdotal so far, although, to be fair, that is how anosmia was first described. The initial report in the Podiatry literature concluded: Unfortunately, it has not yet been possible to confirm the suspicion of COVID-19 due to the emergency situation present at this time in Italy. If seeing patients with abnormal toes, consider the request to join the registry:*

*<https://www.aad.org/member/practice/coronavirus/registry>.*

*A: Ann Wittpenn, MD, Pediatric Primary Care, UVM MC (Williston): There are a few single case reports from Europe.*

*A: Jennifer Read, MD, VDH: There have been published reports regarding COVID toes/feet in the medical literature.*

*A: David Nelson, MD, UVM Pediatrics ED: <https://www.health.com/condition/infectious-diseases/coronavirus/covid-toes>.*

**C: The more expression of scientific data being what drives opening society, the better!**

*A: Breena Holmes, MD, VDH: Stay tuned for the Governor's Friday press conferences where he focuses on the Restart Vermont approach (people going back to work, summer activities opening with lots of restrictions around them such as cloth masks, program sizes, etc.). Testing is dropping and I need ongoing feedback around front of nose versus back of nose testing and where to send kids for testing. There are no updates yet on front of the nose testing. There is a NYT article on vaccination that does not seem to apply to Vermont.*

**Q: Could the Governor or the Commissioner address having kids still keep vaccine appointments with their PCP? We are giving vaccines in the car if parents don't feel comfortable coming to the office. Maybe having it be part of some public announcement would be helpful to encourage parents to reach out to their PCP to see how to ease anxiety.**

*A: Breena Holmes, MD, VDH: Yes, we will increase our messaging about returning to well care. We are interested in doing this when the majority of patients are encouraged to come in. Many practices are still not doing much in-person care.*

*A: Paul Parker, MD, Richmond Pediatrics: I've been doing check-ups and vaccines in office for newborns through 18 month olds. I haven't had any parents decline the visit in the office.*

**Q: With expanded testing in pediatrics allowed, any thought for self-directed testing rather than going through an order from a PCP (i.e. I read in some areas people can preregister to get tested if any symptoms, they are given a time slot, then present at that time)?**

**Q: What about using schools as a method to vaccinate kids since they are open now and some kids are going there to get their school lunches. We could work with the school nurses on site and parents may**

feel more comfortable going there. Providers could also maybe do a well exam with them as well by video and have the school nurse assist.

A: Leah Flore, FNP, Timber Lane Pediatrics (South): I think there is no reason that the school nurses wouldn't be able to vaccinate the kids. I think it is something that they would just have to coordinate with the Health Department. I work at one of the schools and think this could be done. The things to overcome would be storage, permission by parents, and how to get the state supplied vaccines. Do you bill for these? Vermont does not have full time nurses at every school. Some have one coming in once a week. These are a few things to consider.

A: Breena Holmes, MD, VDH: There is a lot of interest and experience with school nurses and school administered vaccines. Let's keep talking.

A: Shannon Hogan, DO, UVMMC: However, I want to include the PCP in these visits, maybe by visits or sorts due to what Dr. First just said about pediatric practices hurting right now. While I am only a per diem pediatrician right now, I want to do what I can to support our community. I want our pediatric practices to be sustainable.

A: Paul Parker, MD, Richmond Pediatrics: I'm not in favor of having my patients vaccinated at schools. I don't see what that accomplishes.

A: Shannon Hogan, DO, UVMMC: I was just thinking for those who feel more comfortable at the school vs. the office.

A: Paul Parker, MD, Richmond Pediatrics: Sure, I see that could make sense in some scenarios.

A: Sharonlee Trefry, RN, VDH (State School Nurse Consultant): School nurses may be very interested in helping children get into their medical home. School nurses are working full time per their FTE. It would be important for school nurses to connect with the medical home before sending kids there.

**C: If camps open, it would be helpful to consider a relaxation in the physical in the past 6-12 months, as we will have a backlog of patients to get in before June/July.**

A: Breena Holmes, MD, VDH: Oh, not sure about that. I really get the logistics but I would love to figure out a way to get kids in. Some states are looking at relaxing requirements for school sports participation, and the upside and downside for thinking about that. It's completely practical but in context of wanting people to come in, we may not want to delay or waive. VT RAYS met yesterday, and young people have a lot to say about telehealth and what they like and don't like about connecting with providers on Skype. They also discussed what they would like to see in the future of healthcare delivery. As we move forward, don't forget the VT RAYS in future discussions.

**C: Morgan Crossman: Building Bright Futures Update: Our April State Advisory Council Meeting will be held on Monday, April 27th from 1:30-3:00pm. The meeting will include a roundtable discussion on Family Safety and Mental Health to identify regional and state strengths, needs and gaps to inform Vermont's strategic response to support children and families. The agenda also includes agency updates from Children's Integrated Services in the Child Development Division, the Department of Mental Health, the Department of Health and the Family Services Division. We'd love to have a larger pediatrician presence. Register here: [https://www.eventbrite.com/e/bbf-state-advisory-council-meeting-tickets-102798039704?ref=enivtefor001&utm\\_source=eb\\_email&utm\\_medium=email&utm\\_campaign=inviteforma1v2&utm\\_term=attend](https://www.eventbrite.com/e/bbf-state-advisory-council-meeting-tickets-102798039704?ref=enivtefor001&utm_source=eb_email&utm_medium=email&utm_campaign=inviteforma1v2&utm_term=attend).**