

## VCHIP CHAMP VDH COVID-19

April 29, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Practice Issues – COVID-19's Psychosocial Impacts on Children**

*Emily Eichner, MD Candidate LCOM Class of 2021*

I looked at the literature and the effects of the COVID-19 pandemic on children's mental health. There are not that many studies currently. The studies that do exist are out of China and came out last week. Xie et al. (2020) surveyed 1782 2<sup>nd</sup> through 6<sup>th</sup> graders in China and found higher than normal prevalence rates of depressive (22.6%) and anxiety (18.9%) symptoms. Zhang et al. (2020) surveyed 241 parents of children with ADHD aged 6 through 15 in China. Compared to baseline, ADHD behaviors (attention, neatness, quietness, interrupting adults, listening to instructions, frequent to anger, eating, sleeping, and sticking to routine) significantly worsened. Parent mood states also impacted the child's ADHD symptoms. Some parents expressed concern about access to psychiatric medicine for their children.

Jiao et al. (2020) conducted a preliminary survey of children's emotional and behavioral problems in China. They surveyed 320 aged 3 through 18. The most common issues noted were distraction, irritability, and fear of asking questions about the pandemic. Other issues measured included discomfort and agitation, nightmares, fatigue, poor appetite, sleeping disorders, and inattention. Children 3 through 6 years old were more likely to show clinginess and fear of family members becoming infected. Older children aged 6 through 18 were more likely to show inattention and persistent inquiry about the virus. Families rated media entertainment, physical exercise, and reading entertainment as very effective for mitigating the effects of children's psychological problems during the COVID-19 pandemic.

Cao et al. (2020) surveyed 7143 undergraduates in Chinese medical college. A large percentage (24.9%) of the students reported anxiety symptoms. In particular, they worried about finances, the effects of the pandemic on their daily lives, and academic delays in their education.

Wang C et al. ("Immediate," 2020) surveyed 1210 individuals in the general population of China with 28.4% of the sample aged 12 to 21 and 52.8% students. Of those surveyed, 53.8% experienced moderate or severe psychological impact. Students suffered the highest impact, including the highest levels of stress, anxiety, and depression. The internet served as the primary source of health information for those surveyed (93.5%), and higher satisfaction with health information received correlated with lower psychological impact. Wang C et al. ("Longitudinal", 2020) followed up with another survey 4 weeks after the first, and 861 individuals completed the second survey. Levels of stress, anxiety, and depression remained stable with those aged 12 through 21 having the highest level of psychological impact. Parents will children under age 16 notably did not have higher scores, potentially due to less worry of their children getting severely ill if infected with COVID-19. The researchers concluded that youth and students were especially prone to negative psychosocial impacts as a result of the virus.

Other papers and commentaries in the literature, which did not offer hard data, reported on increased food insecurity and weight gain, impacts on LGBTQ children, increased family violence and child abuse, impacts of housing and income inequalities on already vulnerable children, and the impacts of financial hardship and school closures on parenting. There is a need for more research on the social impact of race and minority status on children during the COVID-19 pandemic.

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

There is a lot in the literature about past outbreaks and how children were affected. During the SARS and H1N1 outbreaks, Sprang and Silman (2013) report that 1/3 of children experiencing isolation and quarantine had PTSD symptoms. Given the strong relationship between PTSD symptoms in parents and children, identification of PTSD in parents should indicate an exam for their children. Providers need a trauma-informed approach in understanding children's reactions to pandemics. Main et al. (2011) reported that SARS-related stressors in Chinese college students were associated with psychological symptoms. Brooks et al. (2020) reviewed the psychological impact of quarantine during SARS, Ebola, H1N1, MERS, and equine influenza outbreaks. Children and parents quarantined showed PTS symptoms. Stressors during quarantine included longer duration linked with poorer mental health, fears of infections (especially for pregnant women and parents of young children), frustration and boredom, inadequate supplies, and inadequate information. Stressors after quarantine included economic concerns, especially for those of low socioeconomic status, and stigma, especially for minority groups.

Disasters, hurricanes, tsunamis, terrorist attacks, and so on, have been studied extensively in the literature. Lessons from disasters include the possible delay of mental health symptoms in children (weeks, months, or even longer after an event). Symptoms may manifest as somatic complaints, such as headaches, stomachaches, and dizziness. After Hurricane Katrina, youth experienced significant PTSD resulting in reactive aggression and aggressive behavior.

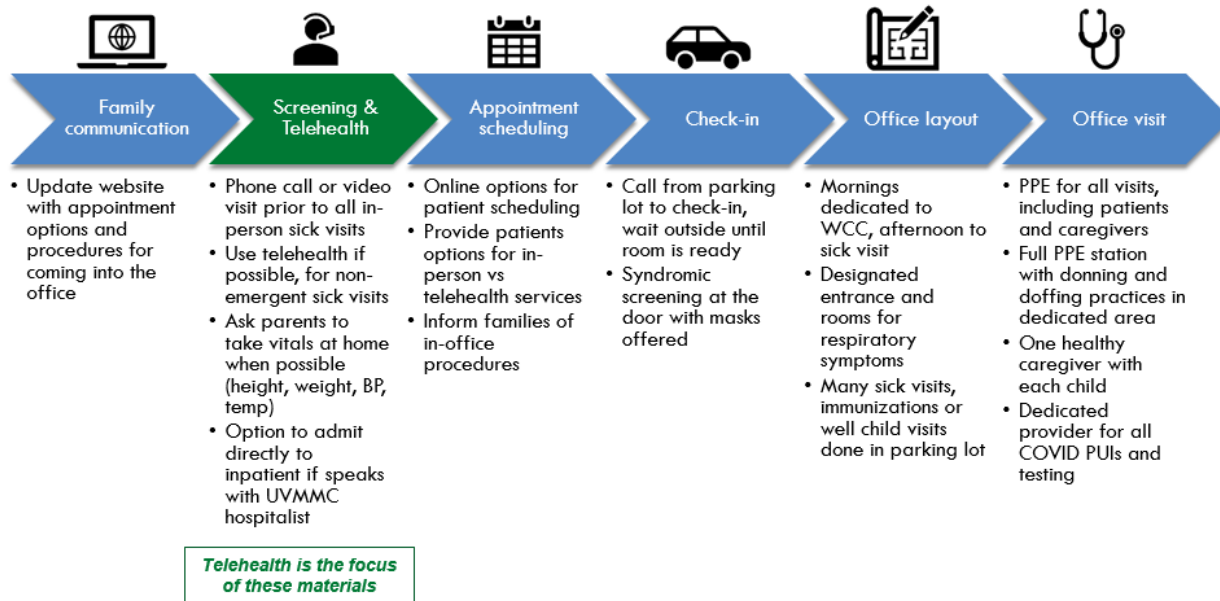
Despite overwhelming challenges, there is ample evidence to have reason for hope and resilience of youth. An arts program in Liberia for youth after the Ebola outbreak resulted in a decrease in psychological stress symptoms after youth participation. After Hurricane Katrina, a Youth Leadership Program improved self-efficacy by including an important leadership and empowerment role for youth in disaster preparedness and response. I want to give a shout-out to the current #vermontstrongkids campaign through Vermont's Building Bright Futures, which is a great resource. There are also many effective school-based programs available.

*Wendy Davis, MD, VCHIP:* The Arts Program info reminds me of the Art Bus in VT following Tropical Storm Irene. Lou DiNicola was very involved, and the project was supported by an AAP Friends of Children grant. The effort came out of the Randolph/South Royalton area. A printed book of art children created to express their feelings about Hurricane Irene was created afterward.

### **Practice Issues – Telemedicine for Child Health Care Providers in Vermont**

*Sidney JB Hilker, MD Candidate LCOM Class of 2021*

Everyone on this call has engaged in creative practice strategies during this pandemic, and the flowchart shows the aggregate of those adaptations. While these changes came out to specifically address the practice issues created by COVID-19, these new options might become a larger part of practice after this pandemic.



Traditionally, telehealth has required two-way audio-visual services, but those requirements have been waived during this time. Retroactive to a date of service of March 13, 2020, any platform is now allowed (telephone, Facetime, Zoom, etc.), even if it is not HIPAA-compliant. More services delivered via telephone are now covered, including applied behavior analysis, physical therapy, occupational therapy, speech therapy, Choices for Care, home health, hospice, lactation, Family Supportive Housing, and Children’s Integrated Services as of April 8, 2020. A number of billing codes have been added to cover and reimburse for briefer triage virtual communications to allow providers to receive payment for these interactions to determine whether an office visit or other service is needed.

Well child checks for all children, including those less than two years old, can now be done with an initial audio/video call followed by an in-person physical exam (a “hybrid” visit) at a later date according to an update from BCBS/VT. To reiterate, BCBS/VT now covers hybrid well child checks via telehealth for all ages. The preference remains to see children in the office when possible. BCBS/VT will add WCCs for children under 18 months to acceptable telehealth codes retroactive to March 13, 2020. AAPVT, VTAFP, and VMS will draft guidance on best practice for well-child visits. The expectation is for this to be a “hybrid” visit, so you will see the patient physically at a later time. As expressed previously, the concerns about expanding telehealth is that children may not be seen for one month, especially earlier in life, and that standard of care could suffer.

We will continue to follow outcome and visit data, particularly for children 0 to 4 months of age, to ensure that quality of care is maintained. The AAPVT and VTAFP chapters will work with VDH to use grant funds for peer-to-peer education, and VCHIP will perform a quality review. Dental coverage uses the same billing codes with similar delivery options.

Specific billing codes include:

- Triage calls: G0071 for FQHCs and RHCs; G2012 & G2010 for non-FQHC/RHC. (Note: Do not use POS 02 or V3 modifiers for triage calls or telephone E/M (Vermont Medicaid).)
- Telephone evaluation and management: 99441 – 99443
- Comprehensive preventive medicine visits: 99391 – 99395 (use POS 02 to indicate telehealth)
- BCBS VT acute visits (A/V and telephone): 99201 – 99215

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Vermont Medicaid telephone code reference table:

<https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20Chart%20Services%20Updated%2004.24.20.pdf>

American Academy of Pediatrics telemedicine code tables: [https://www.aap.org/en-us/Documents/coding\\_factsheet\\_telemedicine.pdf](https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf)

### **Questions/Discussion**

**C: What a great way to connect these two excellent and timely discussions. Almost all my video visits include an opportunity to discuss how all are doing with this "experience." We try to end all with a positive and most are appreciative.**

*A: Alex Bannach, MD, North Country Pediatrics: Agree, acceptance by patients has been good. Teenagers in particular appreciate having WCC visits without getting undressed. On a side note, I find that phone visits are shorter for med checks and asthma checks than traditional visits, but tele/zoom visits take longer for WCC visits even though I do not do an exam. I find myself taking more time trying to "break the ice" and also having more detailed conversations about financial and food resources for families which we usually screen for with a written screening tool and are now turning into conversations.*

**C: Now on to figuring out how to teach residents and students in a telehealth environment!**

*A: Sidney Hilker, MD Candidate, LCOM: The incoming third year students are scheduled to receive telehealth training. If that goes on, perhaps it could be a model for others.*

*A: Krissa Jamieson: HICO lab is doing a telehealth study, I was interviewed last week.*

*A: Molly Rideout, MD, UVM MC: Cate Nicholas from the Sim Center has a 2-week telehealth course for the rising clerkship students but it is designed for all levels and could be used for rising fourth years and residents.*

**Q: Any way the community providers could take the 2-week telehealth course?**

*A: Molly Rideout, MD, UVM MC: This is an interesting idea. I will pass it along.*

**C: We have been holding care conferences via telehealth with great success. I've been so thankful to connect with our patients and their teams during this challenging time.**

*A: Breena Holmes, MD, VDH: I'm so happy to hear this. Our nurse home visitors are having great success on telehealth visits as well.*

*A: Melissa Kaufold, Home Health Agency: I'm confirming there have been very positive experiences (for many, though not all) families seen by home visitors.*

*A: Karen Bielawski-Branch, LICSW, CIS: All of CIS services are having varied success as well!*

*A: Stephanie Winters, MD, VMS: VMS may be doing a survey on what people are liking about what has changed in practice during this pandemic and what should stay!*

**Q: UVM is planning to be open in the fall. Is there an approach to the COVID on campus treatment pathway? How can UVM MC help, community pediatric help...etc.?**