

## VCHIP CHAMP VDH COVID-19

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

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM

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

### **VDH Updates**

*Breana Holmes, MD, FAAP, VDH*

There is a growing number of people coming from out of state (i.e. returning snowbirds, people with second homes, warmer weather, and Memorial weekend) and we needed clear guidance on the rules of quarantine. The VDH HAN will be going out today and it will state that people can self-quarantine in their origin home and drive up to Vermont. This will be different than driving up and sitting for 14 days or driving up and sitting for 7 days and getting tested.

The testing plan guidance for outpatient settings is now out and states you need a testing plan, but nothing specific. What was being worked on and being held up in the Governor's office was inpatient elective procedures and the Office of Professional Regulation (OPR) professions that are also seeking guidance on testing plans as we start to open up other sectors of our society that OPR has a big role in. We still have an opportunity to inform what you want your checklists to look like and what type of template you want to use (i.e. standardized vs. making up your own plan).

There is a growing list of vulnerable patients who would benefit from anterior nares testing (i.e. pediatric, long term care, oncology adult patients, and pre-procedure for children in the hospital). We would like a group to think about how to prioritize and make a decision on how to distribute the swabs to these different groups. The supply chain is still not good. UVM is expecting a large supply for back of the throat testing in 2-3 weeks.

We have several one-pagers coming out as supplements to the child care reopening guidance. One is for parents, one on MIS-C, and one on cloth facial coverings for children. As mentioned previously, the number one source of calls to our division is the cloth facial coverings in children. The CDC is not very helpful and are saying children under 2 years old should not wear them. We had to be explicit and state they should not be worn while sleeping, eating, or swimming. They can be removed outdoors where physical distancing can be maintained, but they need access to them in case they need to put them back on. We should help kids to understand that we are wearing these cloth facial coverings to prevent germs and adults are wearing them and kids should try too. It is developmentally appropriate for children when they can properly put them on, take them off, and not touch or suck on the covering. Children who have a medical reason for not wearing a cloth facial covering must not be required to wear one.

*Wendy Davis, MD, VCHIP:* Concern has been expressed regarding some cloth masks being made with strings and the potential risk of choking and strangulation.

*Breana Holmes, MD, VDH:* It is not ideal for children to wear them around their necks. Putting them in your pocket and back on is also problematic from the touching.

### **Governor's Media Briefing – Wednesday, May 20, 2020**

Today's media briefing was significant as the Governor announced the Vermont Economic Recovery Package. The package include \$400 million for Vermont from the CARES Act in two separate phases:

- Phase 1: \$310 million for immediate relief to help businesses survive.
- Phase 2: \$90 million for "investments to help economy survive/thrive" (details to follow)

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

The Agency of Commerce & Community Development Secretary, Lindsay Kurrle, announced \$250 million in direct grants/loans to VT businesses. \$150 million for RESTART VERMONT, with action grants to food, accommodation, retail, agriculture, etc. based on tax revenues, this will not need to be repaid. Additionally, \$80 million for VT Economic Injury & Disaster grants & low-no interest loans to businesses in other sectors and \$20 million for smaller businesses. There will also be relief for farmers and dairy-related businesses, housing and rent stabilization, and a promotional marketing campaign.

### **Practice Issues – Update from the UVM Children’s Hospital & LCOM Department of Pediatrics**

*Lewis First, MD, UVMMC*

My goal today is to talk about the Children’s Hospital and what is going on at the medical school and root it back to what it means I consider to be short-game and long-game. The pandemic is considered a short-game event. We have had a lot of issues in pediatrics that we had to play and sometimes they are not good. The long-game of who we are and what we do is worth playing. While we have been dealing with the pandemic, we also have been thinking about what is the long-game to keep our state and kids healthy. Because of what you have done in taking our nursing and medical students throughout the state, Pediatrics was awarded by the graduating classes and was runner-up for clinical department of the year. The Emergency Department won clinical department of the year. Medical students emphasized in their comments the commitment to teaching and learning by the Department of Pediatrics.

Also in the midst of the pandemic, we managed to welcome seven (7) student residents, and they are excited to come, especially due to these VCHIP webinars and other activities and innovations. In the midst of quarantine, we have been able to recruit people with multiple job offers. Two (2) of our residents are staying in the Burlington area, two (2) neonatologists will be staying in VT, and we recruited a third who has never seen the NICU. They are picking us because of pediatricians in VT. We are putting together a Grand Rounds in June to do a Town Hall focused on re-opening issues (i.e. childcare, summer camps, etc) with Dr. Breena Holmes, Commissioner Mark Levine, and Patsy Kelso. In addition, L.E. Faricy has been selected for a small cohort called the Young Physician Leadership Alliance Program at the Academy. The work we do together with our specialists and primary care clinicians was unique enough to have the Academy say Dr. Faricy will now be in a cohort to focus on leadership for our state and country. This is good news that in the midst of a pandemic, the Department of Pediatrics can match and recruit.

There is also the issue of finances and how we all got together to discuss with Kate McIntosh and Josh Plavin (BCBS VT) that we need to get reimbursed for telehealth under the age of 1, and we will commit to making sure our children get immunizations. This kind of financial recovery would not be happening with our payers if we could not do this together. The Department of Pediatrics’ commitment is not just about what’s happening in Burlington but trying to advocate for all us.

In terms of our fiscal situation, we are looking at what has happened in the state as being a problem for which we need to be helped by 3 buckets of funding.

- 1) Apply for federal and state recovery funds - there is a \$1.2 billion package sitting in the Legislature and with the Governor, some of which will be for health care.
- 2) Getting families to feel that it is safe and not fearful to come back and see us - messaging on media on how to keep kids and families safe. To get this piece to happen, it requires all of us as a state linked together. We also should not just talk but also walk the issue of safety.
- 3) Expense cutting - at the Children’s Hospital and medical school, to protect our staff and each other, all of the leadership took a salary and benefits cut, freezing on hires and per diem, vacations, CMEs, etc. We are trying to prevent lay-offs of staff, though some are on furlough. Furlough is better than lay-offs. We are doing it wisely knowing bucket 1 is here and we are doing a nice job in bucket 2. Throughput is up 70-80% through telehealth and visits.

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

With those 3 buckets, the long-game is starting to look better and better again. We are offering help to advocate for you across the state. We are trying to make this as easy as possible so that families know “call your pediatrician” and our specialists at UVMHC will get on Zoom calls with you. There is something unique going on in our state and if we do not continue to remember that, the joy of what we do and why we do it even in difficult times will effect how we treat ourselves and the resiliency we want to see in our patients.

### **Questions/Discussion**

**Q: If the facial cloth covering is around your neck, aren't you pulling the germs back up to your mucous membranes when you pull them back on? And when you pull them down, you are spreading and letting the germs touch your neck/shirt?**

*A: Breena Holmes, MD, VDH: It's not ideal around the neck. They could put it in their pocket and put it back on but there's some age restrictions and a lot of touching. If outdoors, maybe not wearing them at all is the best advice, but I don't know how to reconcile that with when they come back to the group and are standing together as they need easy access to putting them back on.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The mask is to prevent transmission. I suspect the handling will be sub-optimal but that is the best one can do.*

**Q: My local summer camp has been struggling with this and is now considering face shields as an alternative for staff. Would VDH support that? It seems to also prevent droplets while being more summer and kid friendly.**

*A: Breena Holmes, MD, VDH: Face shields are definitely a good alternative and we fully support them. I don't want to say that in the guidance though because it's also a supply chain issue and we're already having trouble with wipes, hand sanitizer, etc.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Interestingly, I was notified that a child care facility decided not to follow any of the recommendations for childcare. The rationale was that all are recommendations without enforcement and they were not worried.*

*A: Judy Shaw, EdD, FAAP, VCHIP: AAP has 7" limit on ties, strings on toys. Thus, I have recommended to my sewer colleagues to use the 1/8inch ear elastic. The recommendation was to untie the top string and let the mask drop down, then only touch the ties to put back on. However, I strongly advise against having the mask with ties hang around a child's neck.*

*A: Ann Wittpenn, MD, Pediatric Primary Care, UVM MC (Williston): The demonstration of masks on and off and in and out of pockets is demonstrated to any on watching the Governor press conferences. Even kids would pick up these behaviors if they watched.*

*A: Ashley Miller, MD, South Royalton Health Center: I agree Judy, no strings!*

**Q: The current essential daycare has no masks for kids?**

*A: Breena Holmes, MD, VDH: Yes, we are hearing that. Guidance is just guidance, right?*

**Q: Are kids going to have to wear masks or it is going to be up to the facility? I hear it is recommended but not going to be enforced.**

*A: Breena Holmes, MD, VDH: They are not required. So yes, programs will decide. I am not using the enforcement word on any of the guidance.*

**Q: I like the bandana idea. What do you all think about that?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Bandana is fine with me.*

*A: Melissa Kaufold, Pediatric Palliative Care Program Home Health Agency: This method may be helpful from the perspectives of accessibility, ease, size for children. The simplest DIY mask requires only a sock and scissors <https://twitter.com/donalscannell/status/1259804672455557120>*

*A: Ashley Miller, MD, South Royalton Health Center: I guess if everyone is wearing bandanas, no one will be breathing on the outside of your mask. That is better than wearing them out when people aren't wearing them and spreading germs to the front of your bandana. I just don't want to make the spread worse because they are constantly touching the front and spreading germs everywhere from their hands.*

*A: Breena Holmes, MD, VDH: I say 10 times a day: let's do the best we can with facial coverings.*

**Q: I miss the UVM Pediatrics spring CME. Will that come back? It's a fun time with Lewis!**

*A: Marshall "Buzz" Land, Pediatric Medicine: We will rethink the seminar.*

**C: I believe encouraging people to come into our offices has more to do with our long term relationships with families and communicating with them about creative scheduling, cleaning, masking of staff, etc. to make them feel comfortable rather than testing asymptomatic HCW. Truly, no family has asked about testing HCW but all have said thank you for the other measures.**

**Q: It's great that we have the guidance re: masks/social distance, but I have gotten push back & frequently see workers in different mini-marts not complying w/ social distancing by customers and staff not wearing masks. I am not sure if the people understand the importance of continued precautions, that it's a marathon not a sprint.**

*A: Breena Holmes, MD, VDH: Last night I met with the NE Kingdom BBF council and people thought we were creating a higher standard for child care providers than the general public because our governor is not mandating cloth facial coverings and only recommending them. They did comment that many spouses' businesses are requiring them.*

*A: Alex Bannach, MD, North Country Pediatrics: I personally wish the governor would make it mandatory within stores/public buildings, etc.*

**Q: How would the billing work if a specialist collaborates on a telehealth visit?**

*A: Lewis First, MD, UVMCH: It is equivalent to calling a referral consult except we are doing it with you. It would be as if you sent them to our office, similar to reimbursement for telehealth. But Dr. Keith Robinson can give that to you on another call.*

*A: Lisa Gannon, MA, Primary Care Health Partners: Yes, but usually those are not on the same day of service. Thanks!*

*A: Wendy Davis, MD, VCHIP: Yes, that is being addressed, too.*

*A: Erica Gibson, MD, Pediatric Primary Care, UVM MC (Burlington) & VCHIP: Billing point regarding multiple visits in a day is key. Often payers won't pay for more than one visit in a day. This was a big problem when I worked in NYS but may be different in VT.*