

VCHIP CHAMP VDH COVID-19

July 8, 2020 | 12:15-12:45pm Call Questions and Answers*

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Practice Issues: Update on COVID-19 Testing in Vermont

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The reality for the Vermont Department of Health (VDH) right now is that we cannot meet the testing demand we are seeing in the community. We are looking to expand our partnership with the health care community around testing for Vermonters. There has been a lot of discussion about asymptomatic versus symptomatic testing and surveillance versus non-surveillance testing, so I'd like to provide some clarity on that. Basically, we want to make sure anyone with any symptoms is tested in a hospital setting where they have all of the appropriate protocols and PPE. We also want to make sure symptomatic folks are connected to a health care provider.

Asymptomatic testing (quarantine indicated & health care workers):

Asymptomatic is too general an umbrella term for the discussion of testing strategies, so I'm going to break it down into a few different groups, starting with folks in quarantine (close contacts of known-positive or travel-related). There is high demand for testing among this group and they are primarily attending VDH pop-up sites for testing. We understand that primary care cannot handle individuals who are not their patients and that's definitely not our ask of primary care. We consider these folks high-risk, since we would expect a higher percent positive than in the general population, so it's important whenever possible to have a connection to their primary care in case they have questions.

The next group of individuals is health care providers who are trying to get tested because they had a high risk exposure or they were close to someone who tested positive. These are folks who are not working for hospitals, since hospitals have their own internal testing. We are also asking that you help with this group of individuals, since they are another high-risk group that could be asymptomatic. We are not asking primary care to take on the individuals who are just curious or members of the general population. We are also not currently doing surveillance testing. At some point when we have solid serology platforms and a plan, we will probably try to do that with our federal funding.

Test types:

So far, the majority of the testing has been NP swabs. We're hoping to move towards the nasal swab platform for as many of our clinics as possible. VDH has a good supply of nasal swabs right now, but we are not sure about the sustainability of the supply chain. We are looking to build out a system with UVM Medical Center and the State Emergency Operations Center (SEOC) once we have a more sustainable supply chain for those swabs. Our goal is to have primary care use these nasal swabs in their offices.

Commercial testing:

The next topic I would like to discuss is commercial testing, since we really need to use every part of our system available. I know primary care has taken the brunt of the referrals in the response so far. We are working with the hospital systems, pharmacies, and urgent care centers. Hopefully, at some point, we will be

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

able to include primary care with the nasal swabs or rapid point of care testing machines. We are working as hard as we can to get all of those pieces up and running as effectively and efficiently as possible. WE would like connectivity with primary care to support symptom management. We're hoping to get connectivity to VITL as well to improve documentation.

Reimbursement and coverage:

At some point, this needs to become part of how we do business. We need to fully incorporate this into insurance. The Department of Financial Regulation (DFR) put in a new bulletin clarifying that any insurance agency regulated by DFR needs to pay for diagnostic testing ordered by a provider and/or indicated by VDH with no cost sharing. The same is true for Medicaid. That is not necessarily the case for serology or antigen testing. Medicare will also pay for any diagnostic testing for people in the aforementioned risk categories. The groups that are not covered by insurance are potentially antigen and serology testing, back-to-work testing or any other type of testing not indicated by VDH. We will transition to using insurance for testing at pop-up sites as well, since our grant funding will not allow for expensing tests going forward. We could use those dollars to do serology testing for surveillance purposes in the future.

Testing out-of-state visitors:

One of the big reasons we want to get pharmacies up and running with testing is to test out-of-state visitors. We are working through insurance questions now. Our hope is that visitors could go to pharmacies or urgent care to get tested, but we are currently getting a lot of visitors attending our pop-up sites. We often get questions about testing site locations and hours. We are working with the hospitals to make sure the hours are accessible and we now have a map on our website with testing site information.

Sharing test results:

In a pharmacy setting, the pharmacist is the ordering physician, so they would be required to share the results with the patient. VDH provides results through our public health nursing staff. These results would hopefully get to primary care providers through VITL when that is up and running. Right now, it would be the responsibility of the patient to convey that to you.

Questions/Discussion

Q: If capacity is starting to become an issue, I worry more and more about the justification for resource allocation to those who are asymptomatic and not in quarantine, who just want to be tested.

A: Leah Costello, MD, Timber Lane Pediatrics, South: We are getting a lot of calls about patients who just want to be tested. Since pop-ups are full, they are calling us to order testing. They want to travel or see grandparents and are asymptomatic and w/o exposures or are returning from visiting grandparents in higher risk areas and need to return to work as soon as possible. Our practices are also getting requests from kids going to camps where it's required for attendance.

Q: What is the age minimum for the Vermont Youth Council?

A: Anyone in Vermont aged 11-21 can participate: https://drive.google.com/file/d/1TaUhtSSw-qT57rIZqI5_HP-RrO-fVfz0/view?usp=sharing.

Q: Can you include the category of surgical dental procedures in your public facing document? Those test requests have also been coming through primary care.

A: Shayla Livingston, Public Health Policy Advisor Testing Team, Health Operations Center, VDH: Those individual tests should be ordered by the provider who is doing the surgery and should be referred to the hospital who is doing the procedure. It's not possible for the dentist to do the test but they can order the test.

A: Breena Holmes, MD, VDH: What happens in pediatrics is that the pediatrician does the pre-op for the dental procedure. They are the ones then asked to do the test. But with primary care, it is supposed to be the surgeon.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: I think those surgical procedure COVID tests should be ordered and followed by the surgeon. We do the pre-op, but the test is supposed to be ordered by the surgeon.

A: Elizabeth Hunt, MD, Timber Lane Pediatrics: We do the pre-op visits, so we are asked to do the tests. It's easier for us to do it as we know it will get done and is the easiest for the family.

A: Dayna Stimson, DNP, Rainbow Pediatrics: We have been told by the pediatric dentist we often work with that they cannot order the tests. I don't mind doing it as part of the pre-op exam, (the results come through UVM MC and are available to the surgeon), but it might not be clear to patients when looking at that document.

Q: This is helpful as we anticipate a deluge of calls once school starts regarding exposure and need for testing. What about residential students from out of state and out of country at local private schools? School nurses are wanting universal testing for them.

A: Breena Holmes, MD, VDH: We were really clear that the overnight camps and the residential student guidance was something that had to be worked out with the camp or the school and their local testing situation. There's no universal testing required or prescreening test for public schools. There will be a lot of contact tracing if there is a positive case. You don't have to step in and do universal testing but you may want to help navigate where to get kids tested.

Q: When will Walmart's site be online and open for testing?

A: Shayla Livingston, Public Health Policy Advisor Testing Team, Health Operations Center, VDH: The Walmart's and Walgreen's and bigger pharmacies are working through the HHS and the Feds with their program. We have very little control over that. Testing there is free. It's hard to get them to do specific things because we're too small. We're trying our best. A drive through window at the Walmart in Derby will be opening but I'm not sure when. Kinney Drug in the Newport area is doing a pilot with us. This month, each Monday of the month, they will open testing. We hope it will soon be across the state moving forward at all Kinney Drugs. On the 24th of July, the Walgreens in Essex Junction will open up for testing and we hope to divert demands to that site soon.

Q: There are many independent schools in my district and the only option for them to test is Clear Choice.

A: Breena Holmes, MD, VDH: In that circumstance, can you talk with hospital leadership about doing a hospital clinic?