

PHN COVID Webinar: Strategies for Practice Recovery



Presented by:

Betsy Watts, M.D.

Colleen Cagle, M.D.

Sandy Chung, M.D.

Rachel Bakersmith, Administrator

Pediatric Health Network



COVID-19 Response (as of April 7, 2020)

- Children's National Hospital is **open for business**.
- Telehealth is deployed system-wide. Patients can request telehealth during scheduling appointments with the call center.
- Full time specialists available for real time consults – to contact dial Physician Access Line 202-476-4880 (M-F 8a to 5p; hospital operators 202-476-5000 after hours).
- Explore and participate in shared learning opportunities Childrensnational.org/webinars.
- Drive up/walk up specimen collection site (limited to patients age 22 or under as referred by a primary care physician). Childrensnational.org/COVID19testforms.
- Most elective surgeries are postponed- critical surgeries continuing.
- Hospital is positioned for a surge in patients (pediatric and young adult) and has implemented measures to preserve the health of clinical staff in the event of influx.

Children's National Resources

Stay informed with the latest resources for providers, staff and patients on the Children's National Coronavirus (COVID-19) Resources for Primary Care Practices

<https://childrensnational.org/healthcare-providers/refer-a-patient/covid>

Future of Pediatrics 2020: June 16-17 In-Person Meeting Cancelled, Virtual Series Coming Soon

There is a “**Future of Pediatrics**” after COVID-19!

We are busy reimagining our 21st annual Future of Pediatrics program as a virtual learning experience.

We will begin bi-weekly Future of Pediatrics CME web presentations late June.

We look forward to gathering in-person at our **Business of Pediatrics** program in December.

Stay tuned.

Thank you, as always, for your commitment to our children, families, and community.

PCP Town Halls

Tuesday, May 26, 2020 @ 12-1PM

Speakers include: Denise Cora-Bramble, M.D., MBA, Bud Wiedermann, M.D., Joelle Simpson, M.D., Anthony Sandler, M.D., Ashraf Harahsheh, M.D., Ellie Hamburger, M.D.

Agenda includes:

- Introduction and Acknowledgements
- Infectious Disease
- COVID-19 Testing Data
- Re-engaging for Surgical Care
- Virtual Visits in Cardiology
- Q&A

Visit www.pediatrichealthnetwork.org for Zoom information.

A few notes about today's Webinar

- All lines are muted throughout the webinar.
- Please use the Chat function to ask questions or make comments.
- To avoid feedback noise, please do not have computer audio and phone audio active at the same time.
- Today's Webinar recording and slides will be posted to the PHN website following the presentation.
www.pediatrichealthnetwork.org

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Meet Our Panelists



Betsy Watts, M.D.



Colleen Cagle, M.D.



Sandy Chung, M.D.



Rachel Bakersmith, Admin

Today's presenters have no conflicts to disclose:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices

Introduction & Framing

Mark Weissman, MD

Summary of Federal Guidelines

Phase 1

- Reported symptoms and cases decrease over 14 days
- Hospitals treat all patients without crisis care
- Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

Phase 2

- Reported symptoms and cases continue to decrease over a 2nd 14 day period

Phase 3

- Reported symptoms and cases continue to decrease over a 3rd 14 day period

Suggested Recovery Plan

(dates are **tentative** – based on current trends/forecast) as of 5/13/20

Phase 0 (Now)	Phase 1 (June 15 – July 1)	Phase 2 (July 2 – July 16)	Phase 3 (July 17 – July 31)
<ul style="list-style-type: none">• Essential Care• Resume in person visits where telemedicine is inappropriate for care	<ul style="list-style-type: none">• Increase in person visits across sites gradually.• Assess impact on PPE requirements.• Assess need for in person visits vs. telemedicine where appropriate, given clinical indication for visit.	<ul style="list-style-type: none">• Continue to increase in person visits per plan developed in Phase 1	<ul style="list-style-type: none">• Continue to increase in person visits across sites per plan developed in Phase 1• Continue Telemedicine as supported by payors/regulations and patient need

*May vary by state and by local jurisdiction.

Key Practice Considerations for Staged Recovery

- PPE & cleaning supplies
- Waiting room and exam room capacity, maintaining physical distancing
 - Building & parking lot access
- Staffing levels to meet needs & maintain physical distancing
- Volumes/day pre-COVID, during Phase 0, and anticipated need phased in over summer months

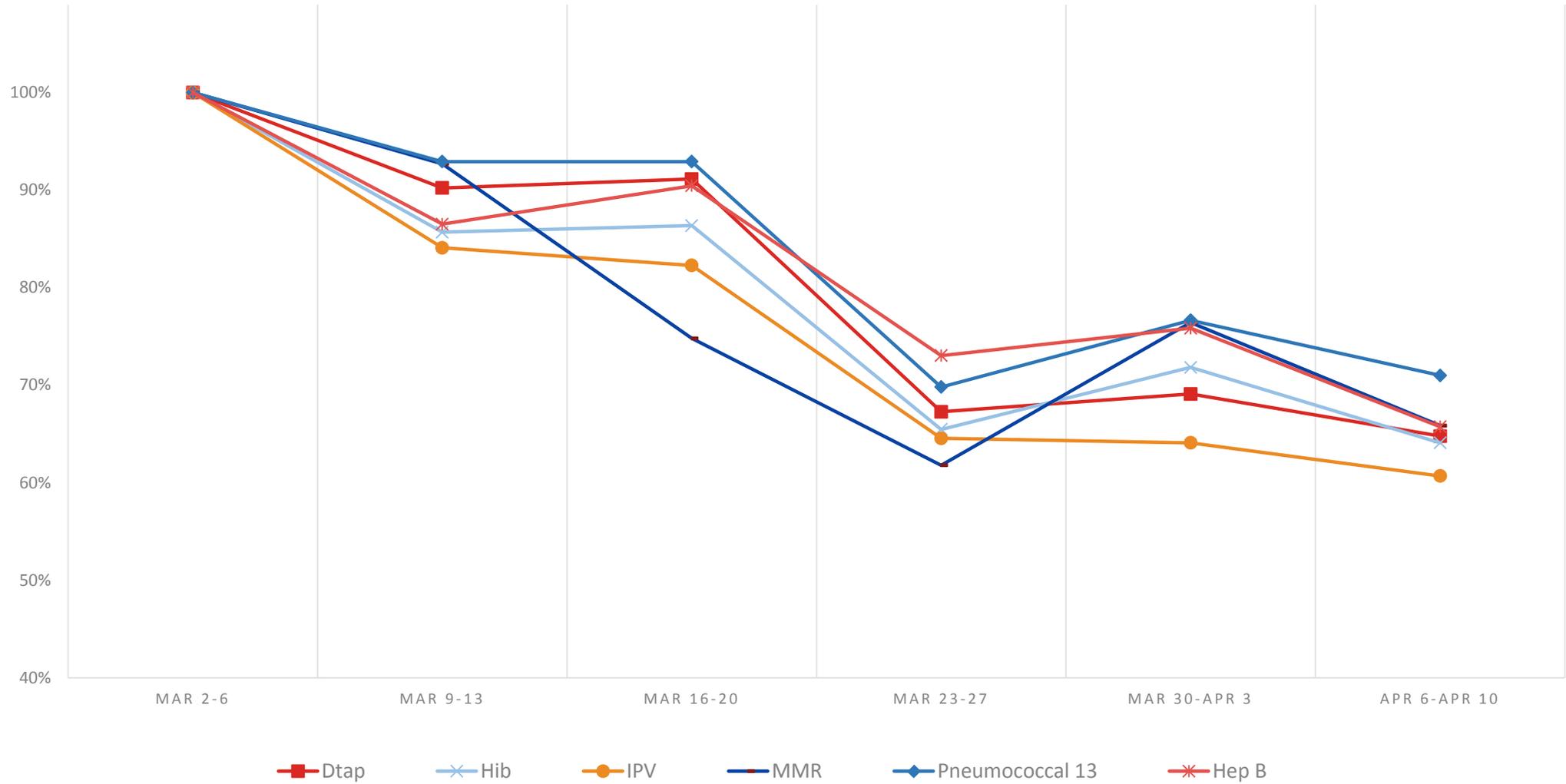
Identifying Gaps & Outreach

Sandy Chung, M.D.

Betsy Watts, M.D.

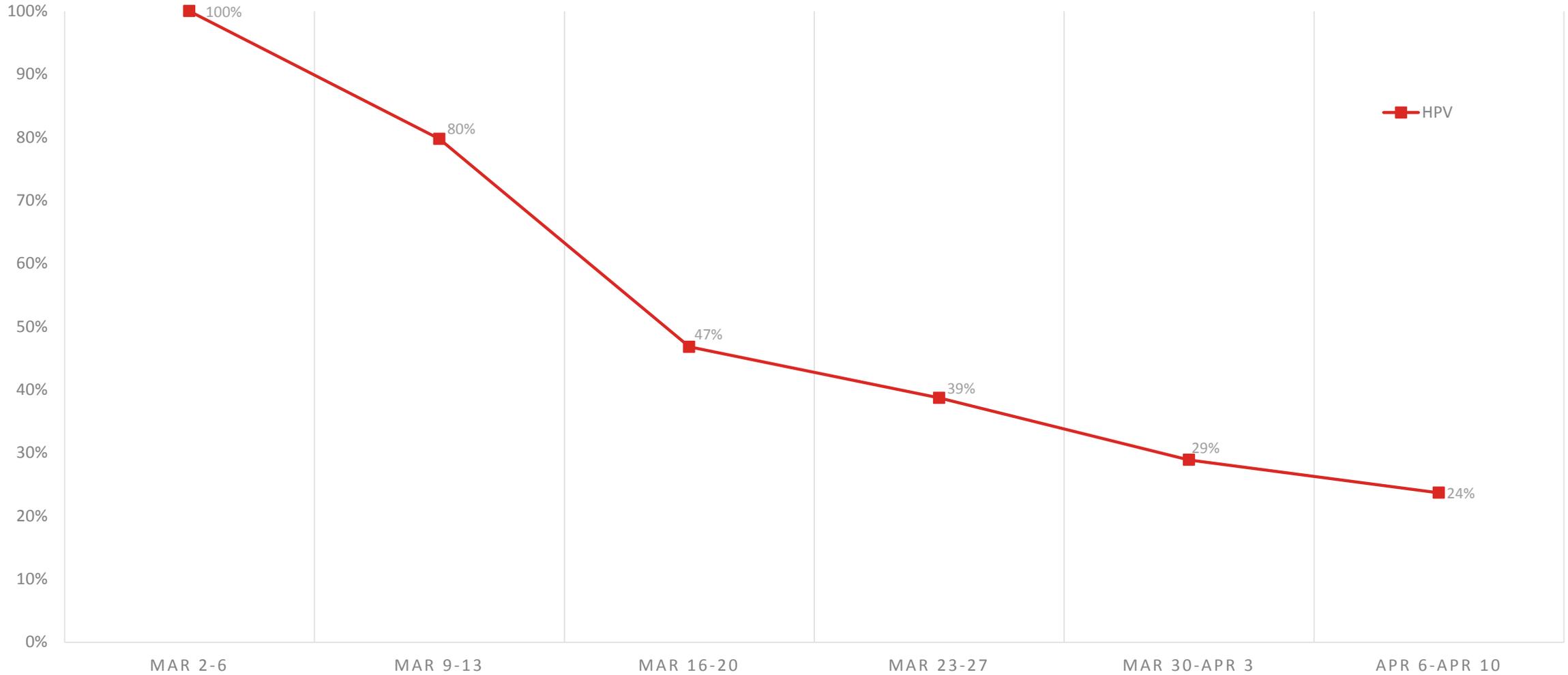
Decreased Vaccination Rates and Well Visits – How to Fix This?

VIRGINIA CHAPTER AAP INFANT VACCINE RATES



VIRGINIA CHAPTER AAP HPV VACCINE RATES

Data from 111 pediatric providers (9 practices across the state)



Getting the message out...

Childhood vaccinations plunge since Covid-19 pandemic started, CDC says



By Maggie Fox, CNN

Updated 7:13 PM ET, Fri May 8, 2020



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

AAP News

AAP urges vaccination as rates drop due to COVID-19

Melissa Jenco, News Content Editor
May 08, 2020

The Washington Post

VIRGINIA

Pediatricians report decline in vaccinations

As parents avoid the doctors' offices, fearing the risk of exposure to covid-19, pediatricians are reporting a troubling decline in vaccinations that they fear could lead to another public health crisis.

In the past six weeks, pediatricians in Virginia have seen a 30 percent decrease in infant vaccinations and a 76 percent decrease in adolescent vaccinations, according to the Virginia chapter of the American Academy of Pediatrics, which surveyed more than 100 providers.

Sandy Chung, president of the group's Virginia chapter, said that if 30 percent of infants miss their routine vaccines, babies will be at higher risk of contracting preventable diseases

Morbidity and Mortality Weekly Report (MMWR)

CDC



Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020

Early Release / May 8, 2020 / 69

Jeanne M. Santoli, MD¹; Megan C. Lindley, MPH¹; Malini B. DeSilva, MD²; Elyse O. Kharbanda, MD²; Matthew F. Daley, MD³; Lisa Galloway¹; Julianne Gee, MPH⁴; Mick Glover⁵; Ben Herring⁶; Yoonjae Kang, MPH¹; Paul Lucas, MS¹; Cameron Noblit, MPH¹; Jeanne Tropper, MPH, MS, MBA¹; Tara Vogt, PhD¹; Eric Weintraub, MPH⁴ ([View author affiliations](#))

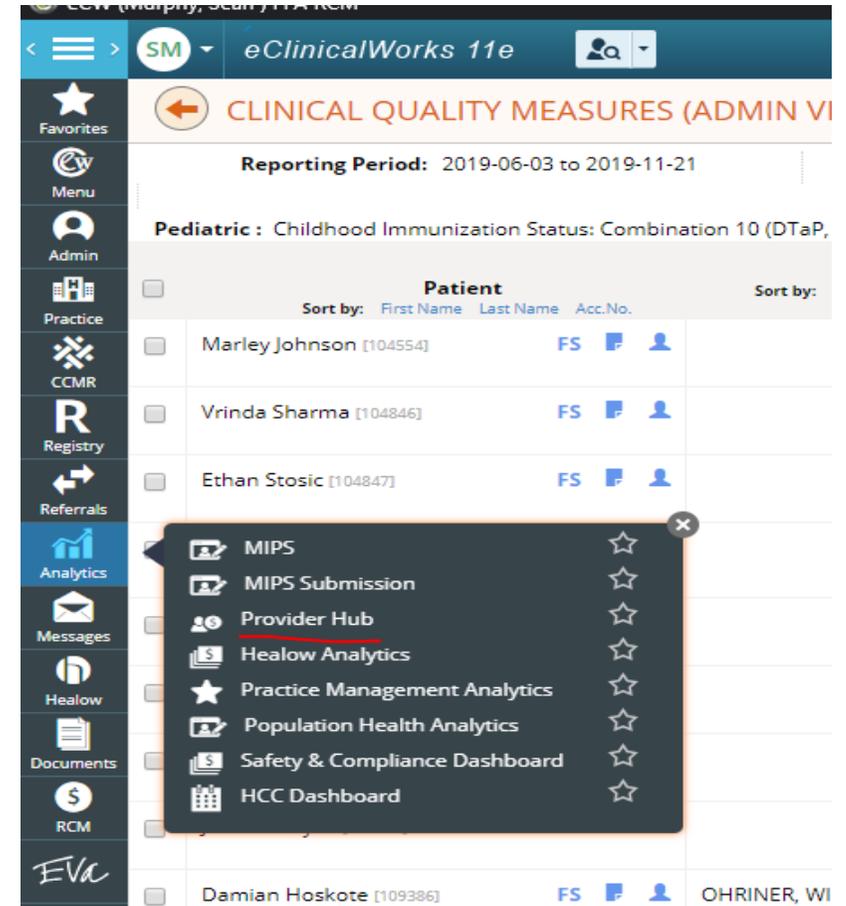
Using Your EMR: HEDIS Dashboard – Quick Way

eClinicalWorks EMR Example:

HEDIS measures can be used to quickly see if any patients under 2 yo are missing vaccines.

To access the HEDIS measures go to the left panel menu > analytics > provider hub

** Note HEDIS Dashboard in your EMR may not be accurate if recently transitioned to a new EMR (no historical data)



Select Clinical Quality Measures

<h3>TODAY'S OUTLOOK</h3>  <p>Good Morning Murphy, Sean! <i>Here is your outlook for today.</i></p> <ul style="list-style-type: none">0 Overall Appointments0 Cancelled Appointments0 New & 0 Repeat Patients0 Upcoming Appointments0 Patients with No Wellness Visit Past Year	<h3>QUALITY METRIC</h3>  <p>Access Your Reports</p> <ul style="list-style-type: none">→ EHR Use Measures, Last 6 Months→ Syndromic Surv., Last 6 Months→ CPT Codes, Last 6 Months	<h3>OPERATIONAL DASHBOARD</h3>  <p>Appointments & Referrals</p> <ul style="list-style-type: none">0 Min Avg Wait Time Today0 Min Avg Wait Time Last Week0 Avg Cancellations Last Week0 Avg Appointments Last Week
<h3>ACO MEASURES</h3> 	<h3>PQRS MEASURES</h3> 	<h3>CLINICAL QUALITY MEASURES</h3>  <p>Active Programs</p> <p>108 HEDIS Measures</p>

Choose the metric that deals with vaccines or well visits depending on who you want to recall

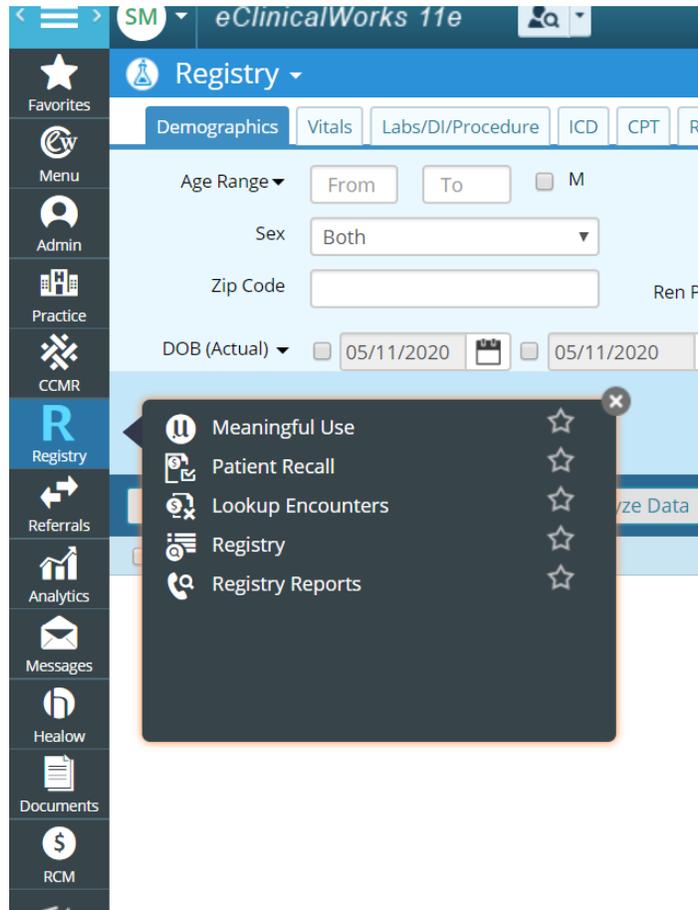
Use of Imaging Studies for Low Back Pain (Inverse Measure) [LBP]	3	3	0	0	100.00 %	(N/A)	●
Pediatric							
Adolescent Well-Care Visits Age:12-21 [AWC]	2367	1651	716	0	69.75 %	80 %	●
Appropriate Testing for Children with Pharyngitis [CWP]	23	22	1	0	95.65 %	(N/A)	●
Childhood Immunization Status: Combination 10 (DTaP, IPV, MMR, HiB, VZV, PCV, HepA, RV, Influenza) [NQF0038-20]	304	219	85	0	72.04 %	80 %	●
Childhood Immunization Status: Combination 2 (DTaP, IPV, MMR, HiB, HepB, VZV) [NQF0038-12]	304	283	21	0	93.09 %	80 %	●
Childhood Immunization Status: Combination 3 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV) [NQF0038-13]	304	273	31	0	89.80 %	80 %	●
Childhood Immunization Status: Combination 4 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA) [NQF0038-14]	304	271	33	0	89.14 %	80 %	●
Childhood Immunization Status: Combination 5 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, RV) [NQF0038-15]	304	249	55	0	81.91 %	80 %	●
Childhood Immunization Status: Combination 6 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, Influenza) [NQF0038-16]	304	237	67	0	77.96 %	80 %	●
Childhood Immunization Status: Combination 7 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV) [NQF0038-17]	304	247	57	0	81.25 %	80 %	●
Childhood Immunization Status: Combination 8 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, Influenza) [NQF0038-18]	304	235	69	0	77.30 %	80 %	●
Childhood Immunization Status: Combination 9 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, RV, Influenza) [NQF0038-19]	304	221	83	0	72.70 %	80 %	●

You can see the numerator and denominator description for the HEDIS measurement by hovering over and selecting the blue ?

This Hedis measurement show the list of patients who do not have a complete vaccine record before their 2nd birthday.

Selecting the Non-compliant column, a list of patients will be provided.

Using the Registry or Similar Function in Your EMR



A registry could be more accurate but it is more advanced to use.

In eCW, can be accessed by selecting registry in the left panel menu, then selecting registry.

Filter your report based on what you are looking for. (Vaccines or well visits)

Registry ▾

Demographics | Vitals | Labs/DI/Procedure | ICD | CPT | RX | Chief Complaints | Medical History | Imm/T.inj | Encounters | Structured Data Reports | Saved Reports | Referrals | Reports | Allergies

Age Range ▾ From To M Select All Facility ▾ Race ▾

Sex Both PCP Insurance ▾ Name ... Language Ethnicity ▾

Zip Code Ren Provider ▾ Program ...

DOB (Actual) ▾ 05/11/2020 05/11/2020 Patient Search Options Inactive Deceased Registry Enabled Exclude Beneficiaries

Save Queries Run Subset (Not) Run Subset Run New

Patient Outreach – “Special Forces” Team



WHO makes the calls?

Excellent Critical Thinker
Best Customer Service



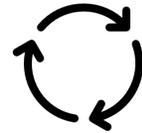
DOCUMENT in the chart

Design a specific way to document that family has been contacted so we do not duplicate or annoy!



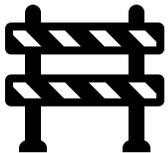
PREPARE a script

Write it down & make sure your team believes what they are saying!



FEEDBACK documentation

What are your patients saying?
What are you going to change in response?



BARRIER follow-up

If family declines, understand why they are uncomfortable. Anticipate Barriers

“Well Check Due” Outreach Report Workflow

- ✓ Review the Chart
 - ✓ Confirm they are due for a well visit. Is there anything else they need?
 - ✓ Do the siblings need to come in as well?
- ✓ Make the Call
 - ✓ Make it personal – we have a great recall system, but they want to hear from us in person!
 - ✓ Ask to schedule then WAIT for their reply. Acknowledge any reluctance or hesitation
 - ✓ Explain the precautions we have taken for patient safety
 - ✓ Schedule appointment if they agree
- ✓ Leave a message
 - ✓ We prefer patient portal with request to get back to “me” with questions

CAP Sample Script

Subject Line: Well Check Due

Good morning/Afternoon! My name is (Insert name) and I work at Capital Area Pediatrics with (Provider/Office). We wanted to reach out to you during this difficult and uncertain time and make sure the family is doing well.

Given that physical exams are important to the growth and overall wellness of your child, we are reaching out to notify you that (insert child(ren)s name) physical exam will be due in the next month

At CAP, we have taken several steps to keep your safety a top priority. For example, we have separated offices so that when you come in for your well child exam there are only other well children in the office during that time (no sick appointments). Everyone who enters the clinic over the age of 2 (staff and families) are always required to wear masks. Only one well parent is allowed to attend visits with their child. Additionally, we are keeping chairs an appropriate social distance apart while you wait to be called back for your appointment.

Certainly, I understand your concern. We also have the option to have you wait in your car rather than the waiting room. When it is time for your child's appointment, we will notify you so you can then enter the clinic and go straight back into your appointment.

We want to make sure you and your child feel as safe as possible coming to these visits. If you have any further questions/concerns and/or are ready to schedule an appointment, please call our office or write back via portal.

We look forward to hearing from you!



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Moving Forward Safely: In-Office Visits and Physical Distancing

Colleen Cagle, M.D.

Rachel Bakersmith, Administrator

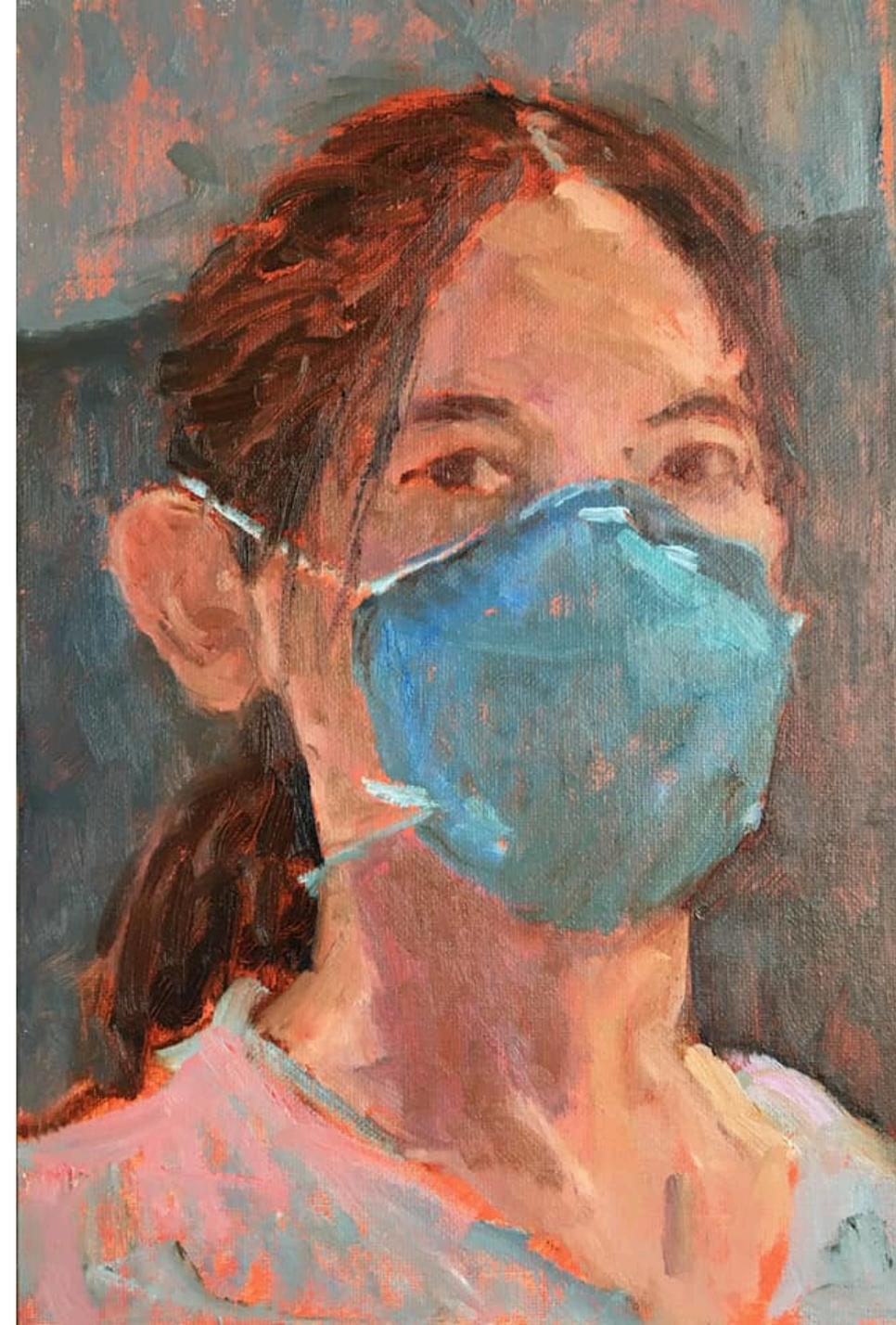
Planning and Strategies Around Visits: Large Multi-office Practice Perspective

Colleen Cagle, M.D.

The Pediatric Center of Frederick

6 locations

14 physicians, 10 Nurse Practitioners



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Moving forward

Being ready to significantly increase numbers of patients in the office requires multiple steps:

- Make the office a safer place... and let the patients know that!
- Adjust the templating on EMR for new situations
- Adjust scheduling to maximize safety and yet allow for increased capacity

Make your office as safe as possible and let your patients know!!

Use e-mail, Facebook, Twitter, Instagram, phone messages, to let them feel safe enough to come in for appropriate medical care

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IN OFFICE VISITS KEEPING OUR FAMILIES & STAFF SAFE

- Taney East scheduled with sick appointments **ONLY**. Patients seen by team dedicated to sick care only.
- Satellite offices seeing only **ONLY** non-sick visits with a team dedicated for well care only.
- Because we can't screen patients for symptoms prior to entering the office, **WALK-IN APPOINTMENTS ARE SUSPENDED**
- All waiting rooms are closed. All patients check in from their vehicle and are escorted to an exam room upon entering our office.
- Clinical staff wear masks and gloves for all patients and wear N95 masks and eye protection when seeing patients with fever or cough.
- We wipe down all exam rooms thoroughly after every visit, sick or well.
- We require that everyone, patients and parents/guardians, over the age of 4 to wear a face cover when they enter the office and ask that parents only bring the child that needs to be seen for the visit.

In-Office Visit: Empty Waiting room!

Patients call office when arrive

Wait in car

Met at door by MA with mask

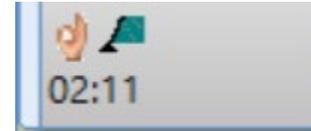
Taken directly back to clean exam room



Templating in your EMR

Use your EMR to prepare ahead as we face new categories of patients

Virtual Health Visit : VHV (Green Flags)



- Template includes blocks of VHV for providers to minimize donning.doffing PPE
- Green flag tells MA to look for them in virtual waiting room
 - MA sets up patient and works out any technical difficulty
 - Provider moves to different location to do virtual visit

ANY COVID-19 symptoms / significant exposure (Red Flags)

- MAs and providers don appropriate PPE

Scheduling

COVID-19 and related concerns will be with us for awhile

- Start now to transition to recovery mode with scheduling further out
- Continue with adjusted locations: well teams and one sick team
- Expand back to full day schedules ahead of need (make room for recalls)
- Plan to transition providers from sick to well teams as needed
- Continue to integrate VHV as blocks in schedule

Moving Forward Safely

Requires:

- Minimizing risks in office with appropriate protocols
- Informing patient's families of the safety measures in place
- Adjusting schedules and templates to reflect our changing practice

COVID Recovery

How do we **START** to adapt?

Rachel Bakersmith, Administrator
Children First Pediatrics

Answer 2 Questions:

1. What processes in the office can be made contactless?
2. Where can we limit or decrease the contact or volume of patients in the office at one time? (what parts of the day or types of visits create too many people)

Our answers (so far) Contactless....

Telehealth-what continues virtually?

- Suspend Walk in Sick and will now have Walk in Virtual Sick
- Blocks in our schedule for providers to wait in the virtual waiting room for patients to log in
- On our website-update telehealth pages
- Written protocol for staff
- Continue med checks and some therapy

Check in Front Desk now to be done over the phone

- Allows patients to go right back to rooms when they enter the office
- Can email or fax copy of insurance if changes
- Front Desk can confirm all address and phone numbers are up to date
- Can ask Social Determinants of Health over the phone
- Create New Patient Reg Forms to be emailed
- Credit cards-Credit card on file policy or have new device at front desk that allows patients to swipe...

Question 2: Decreasing Contact

Physical Barriers/Options

- Nooks in waiting room to solve registrations issues, answer questions, CHADIS if needed, etc.
- Plexiglass at front desk to help separate
- Exiting office through different door then entering
- Remove some of the seating in the waiting room to allow for distancing if they have to sit in the room
- Therapy moms/dads will be asked to hang out in their car
- Shots at car still if needed (or parents want)
- Triage from nurses now to be done in the rooms

Check Out Process:

- Mobile Front Desk person with laptop or IPAD....get next appts scheduled, hand any scripts, labs, etc.
- Limits how many people stop at front desk on way out

Inform Patients

- Patients want to know how you are going to keep them safe
- Patients will need to know what to expect and new processes
- Ask for their feedback throughout the process
- How to communicate:
 - Social Media-Instagram, twitter and Facebook
 - Facebook Live
 - Texting
 - Staff calling
 - Emailing
 - Website
 - Phone message

Work in progress—still have to figure out scheduling, evening/weekend hours, timing, flu clinics, etc....this is just a step in a long staircase! Start with a few ideas or biggest areas that you can start with. And-be willing to make changes and adapt.

Filling Gaps in Revenue

Betsy Watts, M.D.

Filling Gaps in Revenue

GAPS in revenue will continue, especially for the remainder of 2020. We expect a permanent shift in the business of pediatrics, requiring a rethink both revenue and expenses.

To thrive in the “new normal” we will need to be CREATIVE!

Telemedicine

- Extended hour “walk-in” telemedicine, including revenue capture after-hours or even overnight!
- Expanded behavioral health – create your protocols for in-person vs. telehealth for ADHD, Autism, Anxiety, Depression
- Group Classes
 - Parenting difficult behaviors
 - Asthma
- Vertical business – have a provider add one session per week / month to do their behavioral health

Turn your passion into new lines of business

1. CBT for Sleep
2. Board Certified Obesity Medicine

Re-examine ALL expense

Q&A

To find this webinar recording and more information,
visit our website:

<http://pediatrichealthnetwork.org>

Email us at:

phn@childrensnational.org