

Safe and On-Schedule Immunizations During COVID-19

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American Academy of Pediatrics
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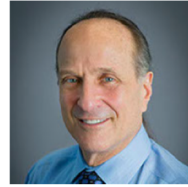
Presenters



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Agenda

- Welcome and introductions: Ashley Edwards, VCHI
- Examples of workflow strategies and other operational changes employed by practices: Dr. Chung & Dr. Goel
- Messaging to patients/parents: Dr. Martin
- Discussion of the financial implications for practices: Dr. Libby
- Looking ahead - planning for fall: Flu and back to school: Dr. Ring & Dr. Epling
- Policy and payment levers: Dr. Elward
- Overview of VCHI curated resources: Saraya Perry, VCHI
- Facilitated Q&A: Ashley Edwards - VCHI



Workflow Strategies and Operational Changes

Sandy Chung, MD
President of Virginia Chapter, AAP
Fairfax Pediatrics

Neeta Goel, MD
Inova Medical Group



Workflow + Operational Changes

Dr. Chung

Strategies for keeping families safe when they come to the office.

- Only one healthy adult with the child
- Take temperatures of anyone who comes into the office
- Everyone wears a mask (ages 2 years and up)
- All staff wears masks. Those who will be in close contact with patients wear masks, gloves, and eye protection.
- No waiting room. Parent calls/texts when arrives to parking lot. Then call/text them when time to come in and take directly to the exam room.
- Separate hours for well and sick visits
- Separate locations for well and sick visits (if you have multiple offices)
- Strict cleaning of rooms in between patients
- Giving vaccines in alternate locations, such as in cars or outdoors in tents

Workflow + Operational Changes

Dr. Goel

Strategies utilized at large practice group with multiple locations:

Safety measures:

- Safe facilities; Physical distancing; Masking; Hand-washing; COVID screening; Visitor policy

Patient communication:

- Repeated consistent communication about safety practices - Do not delay care!

Schedule modification:

- Weekly rotation of providers on-site vs. remote; In-person visits alternating with virtual visits.

Patient outreach:

- Cancellation list; Wellness exams

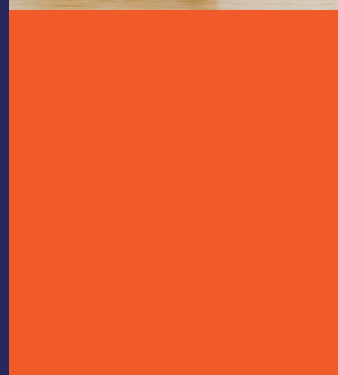
Virtual visits:

- Adult and child wellness exams

Communicating to Patients and Families

Encouraging patients to keep up with vaccines and care

Michael Martin, MD, FAAP
Vice President of Virginia Chapter, AAP
Owner of Einstein Pediatrics, PLLC



Communication to families

- Everyday part of operations
- It's a rolling conversation - don't stress the small mistakes
- It is how they validate you as a practitioner
- **THEY EXPECT IT!**

Where do you communicate?

Letter

Phone/Text

Website

Email

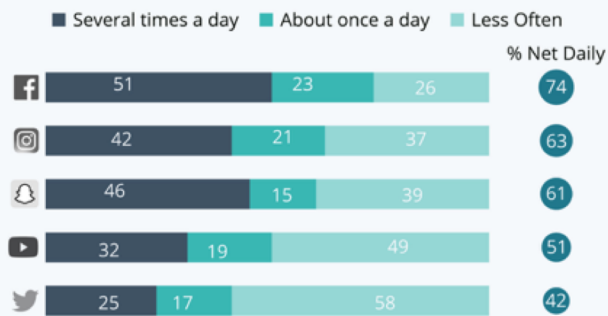
Social
Media



Where do Patients go online?

Driving Home to Facebook

Distribution of U.S. adults according to frequency using social media, by platform



n=1,502, survey conducted January 8-February 7, 2019
 Polltakers who didn't respond are not shown
 Source: Pew Research Center



statista

What is the message?

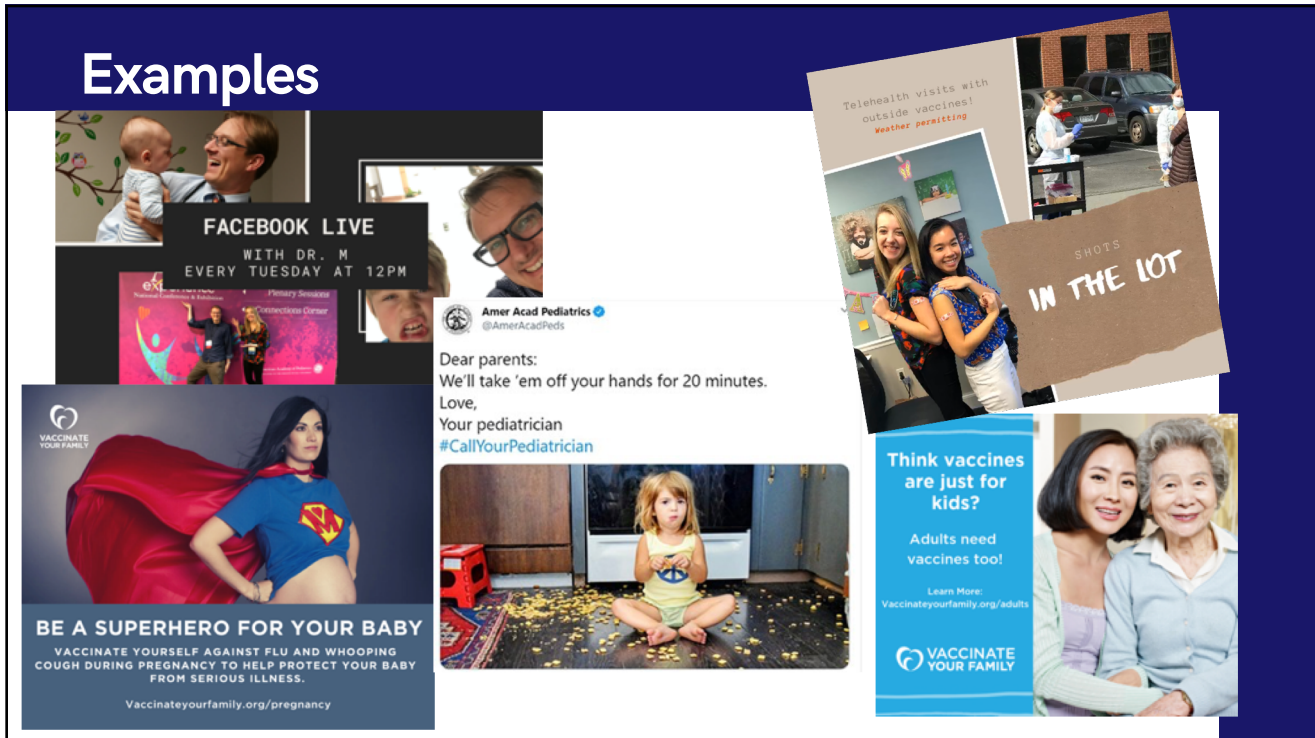
What do patients and families want?

- Information on steps to control risk and things at home
- Health and nutrition advice
- Emotional wellness tips
- **Information on what to do if they need services**
- **Reassurance about what is going on**

What do patients and families need?

- To know that well visits should be maintained
- Vaccines are critical and should not be delayed
- **Your operating procedures and how to utilize your services**
- **To hear reassurance from you**
- How to communicate with you

Examples



Have a plan



Designate person or team



Select channels to use



Make weekly plan

Example weekly plan

+ **Recalls for the week** - phone, email or text → prepare text for staff

+ **Social media** - choose 2-3 outlets

- **Monday** - Post practice updates about what you are doing to keep patients safe while in your office - remind them you are available and open
- **Tuesday** - Fun post - creative ideas to keep active and fit
- **Wednesday** - Q&A or Facebook Live - allow patients to ask you questions directly
- **Thursday** - Post about the different tests available for COVID 19 - notify where they can get tests and if they can in your office.
- **Friday** - Post mental health resources and your availability for these services - remind them you are available and open

+ **Email/Letter** - monthly to all families for the practice. Personal letter about practice being there for families as well as updates on operations. Post it to social media and website

Resources

+ **Making posts:**

- Canva.com - helpful to make graphics and visuals (free and paid)
- PicMonkey
- Stencil

+ **Programs to help with scheduling and send out social media**

- Hootsuite
- Agorapulse
- Buffer

+ **Websites:**

- <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/Memes-and-Videos-to-Share.aspx>
- <https://www.immunizevirginia.org/>
- <https://www.vaccinateyourfamily.org/>



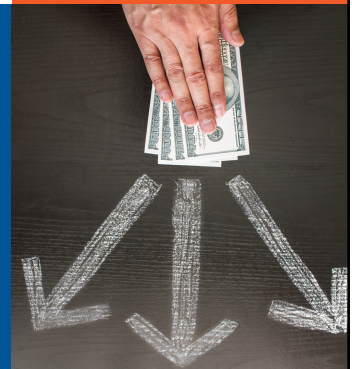
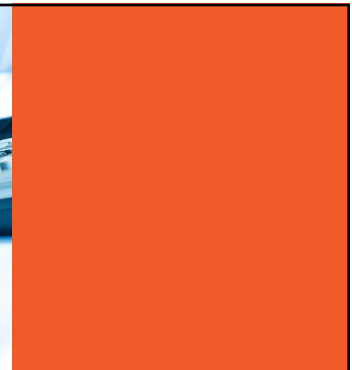
“It's a dialogue, not a monologue, and some people don't understand that. Social media is more like a telephone than a television.”

- Amy Jo Martin

Immunizations in Practice

Financial Implications

Russell C Libby, MD, FAAP
Virginia Pediatric Group



Financial significance

- Cash flow and the revenue cycle
- Accounts payable
- Margin on vaccines
- Administration codes
- Operations and staff
- Inventory/storage

Impact of COVID-19

- Patient visits
- Office revenues
- Immunization rate
- Immunization revenues

Cost of COVID-19

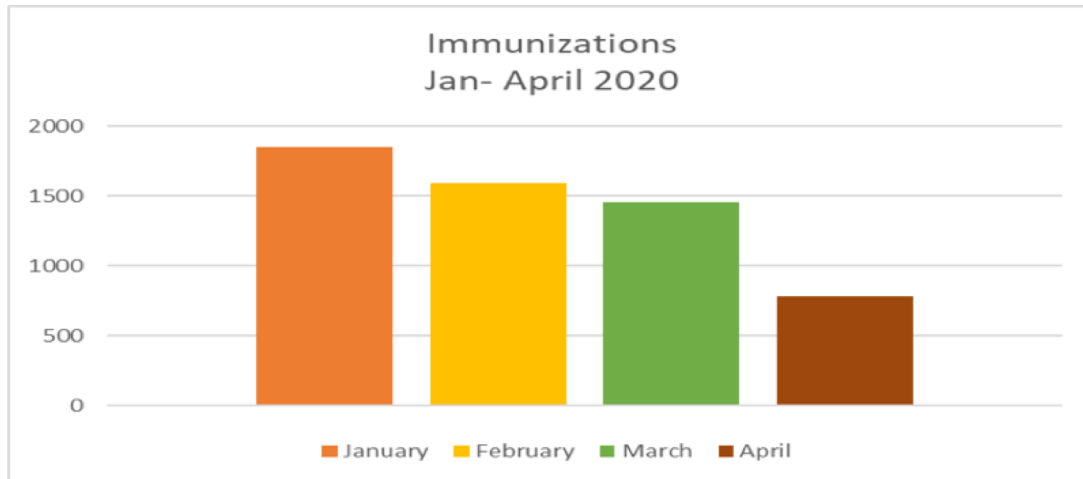
	Patient Numbers	Billed Charges
January	4207	\$1,169,144.25
February	4059	\$1,128,260.33
March	3064	\$803,870.35
April	1691	\$433,848.24

Cost of COVID-19

Immunizations 2020

	Total Number of Immunizations	Total Charges
January	1852	\$199,101.50
February	1591	\$178,016.32
March	1460	\$172,479.40
April	784	\$93,397.69

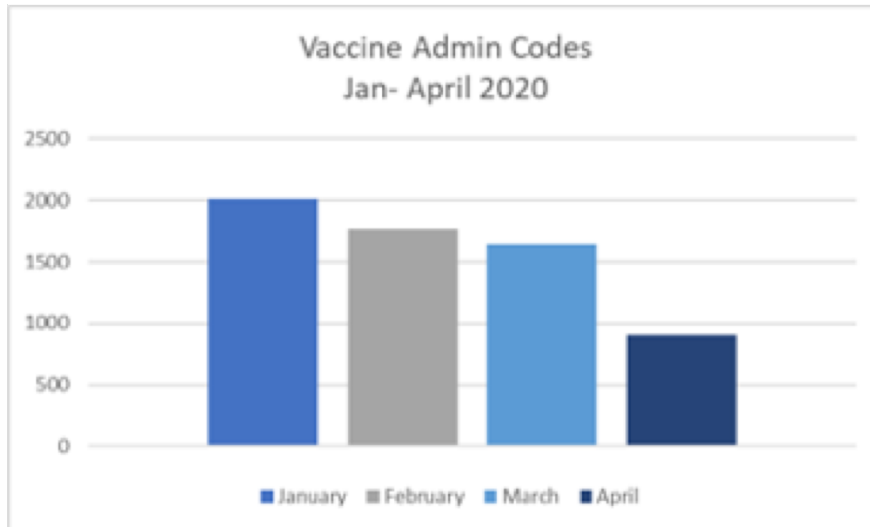
Vaccinations given



Cost of COVID

Immunization Admin Codes 2020			
	Total Number of Admin codes	Total Charges	
January	2014	\$91,145.00	
February	1767	\$81,631.75	
March	1638	\$78,392.50	
April	904	\$43,812.00	

Vaccine Administration Codes



Adaptation to the pandemic

- Vaccine clinics
- Drive-by vaccinations
- Focus on 0 to 2
- Mine the EMR to identify missed immunizations
- COVID 19 related costs **SUSTAINED BY THE PRACTICE**

Cost of COVID-19

Extra Costs for the Curbside/ Drive thru Immunizations

Scheduling & Front Desk	\$5.00	
Nurse	\$10.00	
PPE	\$5.00	

Revenue Lost

- Revenue loss
- Opportunity loss
- Public health loss
- Potential impact on PCMH and Value Based Contracts

Planning ahead for fall

Flu + Back to School

John Epling Jr., MD
Carilion Family Medicine

John Ring, MD
Immunization Chair, Virginia Chapter - AAP



Fall & Flu shots: The issues

Dr. Epling

+ Reversing public health messaging

- "Stay away!" → "Come see us quickly!"
- Patient impression of lockdown requirements

+ Less "opportunistic" vaccination capacity - reduction in F2F visits

+ Decline (Michigan/VSDL data, VFC data)

+ Disparities (Michigan data - Medicaid)

+ Unclear school policies/requirements

- Not necessarily the time for relaxation of standards

+ "Why do we need flu vaccine if we're all wearing masks anyway?"

- And other "hesitancy" arguments

Fall & Flu shots: Some Ideas

Dr. Epling

+ Engineer your sites

- Limit number of patients, close waiting rooms

+ Separation of vaccines from visits

- Drive-through vaccine clinics
- Nurse-visit-only vaccine appointments

+ Separate well checks from sick visits (AM/PM, locations)

+ Prioritize required visits and vaccines

+ Anticipate vaccine hesitancy messaging

+ Population health methods - registries, care coordination

+ Attend to your team!

What's Old?

Dr. Ring

Providers face routine challenges every year

School entry evaluations (including required immunizations)

- Individualized health care plans
- HPV and seasonal influenza
- Vaccine hesitancy/resistance

Pre-participation evaluations (sports physicals)

Well-child care

- Health care maintenance for children with chronic illness
- Adolescents

Sick-child care

- Allergies

What's New?

Dr. Ring

The novel coronavirus pandemic - past, present, and future - poses unique challenges that are unprecedented in the experience of most providers.

Testing - symptomatic children and asymptomatic contacts

- Multiple issues re: testing
- Changes in workflow
- Safety - patients and staff
- Billing
- Referrals - delayed or disrupted

"Catch up" care: well-child examinations and immunizations

Absent, conflicting or duplicative guidance

- Trusted sources of information are silent
- Actions impacting the public's health not predicated on data

Rapidly evolving knowledgebase for COVID-19

Practice viability

Parent/caretaker focus on 'return to normal' centers on schools - education, childcare and nutrition

What can we do?

Dr. Ring

- **Modify your workflow**
- **'Noodle' with your staff**
- **'Noodle' with your colleagues**
- **Identify trusted sources of information and shut out the rest**
- **Message effectively and repeatedly the importance of maintaining.**

...and, in your 'spare' time...

Dr. Ring

- **Advocate!**
- PPE availability; access to testing; financial support for practices; coordinated response from payers; unmuzzle CDC
- **'Noodle' with your staff**
- **'Noodle' with your colleagues**
- **Identify trusted sources of information and shut out the rest**
- **Message effectively and repeatedly the importance of maintaining.**

While we're
waiting for a
COVID
vaccine...

[Policy and Payment Ideas](#)

Kurt Elward, MD, MPH
Sentara Family Medicine



What are other states doing?

- Allowing Telehealth preventive visits and subsequent shot visits.
- Allowing any vaccine (VFC or other) to be used and billed for.
- Increasing administration fees.
- Promoting collaboration with local health departments, Medicaid and PCP offices to coordinate activity and identify best practices.
- Vaccine programs at schools in Fall.
- Using vaccine registries to track delays in shots and providing data to PCPs.
- Using variety of media approaches to promote vaccines to parents.

Action Steps

Advocacy

- MCOs
- Administration
- Schools
- Employers
- Media

DMAS is listening to and learning from clinicians and the experience of other states

Work for equity to as great extent as possible

Collaborate with your LHD

