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Additionally, VCHI would like to thank:
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VA-AMP IMMUNIZATION CHAIR

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

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?

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.immunizevirginia.org/
- https://www.vaccinatelyourfamily.org/
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

<table>
<thead>
<tr>
<th>Patient Numbers</th>
<th>Billed Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January</strong></td>
<td>$1,169,144.25</td>
</tr>
<tr>
<td><strong>February</strong></td>
<td>$1,128,260.33</td>
</tr>
<tr>
<td><strong>March</strong></td>
<td>$803,870.35</td>
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<tr>
<td><strong>April</strong></td>
<td>$433,848.24</td>
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</tbody>
</table>

## Cost of COVID-19

<table>
<thead>
<tr>
<th>Immunizations 2020</th>
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</thead>
<tbody>
<tr>
<td>Total Number of Immunizations</td>
</tr>
<tr>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>January</strong></td>
</tr>
<tr>
<td><strong>February</strong></td>
</tr>
<tr>
<td><strong>March</strong></td>
</tr>
<tr>
<td><strong>April</strong></td>
</tr>
</tbody>
</table>
Vaccinations given

![Bar chart showing immunizations given from January to April 2020.]

Cost of COVID

<table>
<thead>
<tr>
<th>Immunization Admin Codes 2020</th>
<th>Total Number of Admin codes</th>
<th>Total Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2014</td>
<td>$91,145.00</td>
</tr>
<tr>
<td>February</td>
<td>1767</td>
<td>$81,631.75</td>
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<tr>
<td>March</td>
<td>1638</td>
<td>$78,392.50</td>
</tr>
<tr>
<td>April</td>
<td>904</td>
<td>$43,812.00</td>
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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

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<tbody>
<tr>
<td>Scheduling &amp; Front Desk</td>
<td>$5.00</td>
</tr>
<tr>
<td>Nurse</td>
<td>$10.00</td>
</tr>
<tr>
<td>PPE</td>
<td>$5.00</td>
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</table>

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

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

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?

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?

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?

- 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...

- 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 (VVFC 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**