

WELL-CHILD VISITS AND VACCINATIONS

Special Considerations During the Ebb and Flow of COVID-19 Pandemic



Due to the COVID-19 pandemic, pediatric primary care practices are facing unprecedented cancellations by patients who have scheduled well-child visits and/or vaccinations. These cancellations can be detrimental to patient well-being and to the viability of primary care practices. As schools and other children's learning and leisure time settings prepare for re-opening, providers should anticipate and prepare for a rapid increase in the demand for well-child services.

On May 8th, 2020, the American Academy of Pediatrics (AAP) revised its initial recommendations for delivering well-care during COVID-19 such that:

- All well-child care should occur in person whenever possible and within the child's medical home where continuity of care may be established and maintained.
- Practices who have successfully implemented telehealth (audio and visual) to provide appropriate elements of the well-child exam, should continue with telehealth, followed by a timely in-person visit.
- Providers may initiate well-child visits through telehealth, recognizing that some elements of the well exam should be completed in-person. These elements include, at a minimum:
 - comprehensive physical exam;
 - office testing, including:
 - laboratory testing;
 - hearing, vision, and oral health screening; fluoride varnish; and
 - immunizations.

Well-child care should be consistent with [Bright Futures/ AAP Recommendations for Preventive Pediatric Health Care](#) (Periodicity Schedule).

The following checklist will walk you through special considerations for your practice during COVID-19 pandemic.

PREPARE THE OFFICE SETTING

- Arrange waiting area with chairs at least 6 feet apart
- Mark check-in line to enable 6 feet distance between patients checking in
- Prepare one ultra-clean room for vaccine administration only
- Offer curbside or drive-through vaccinations (prepare back-up for inclement weather)
- Dedicate Saturdays (or other day of the week) for vaccination catch-up only
- Schedule well visits in the morning (newborns first) and sick visits in the afternoon
- Ensure adequate supply of PPE for patients, families, staff, and clinicians
- Provide check-in area/staff with plexiglass
- Maintain easy access to hand sanitizer at front entrance and other high-traffic areas
- Request co-pays/co-insurance using credit/debit cards rather than cash
- Consider using the increasingly common practice of having patients call into the office when they arrive, wait in the car for their appointment time, and receive a call when the room is ready. Take the patient immediately to the exam room, without utilizing the waiting room at all. This, of course, requires the parent has a cell phone.

IDENTIFY PATIENTS NEEDING CATCH-UP WELL-VISITS AND VACCINES

Query your EHR for your patients who are:

- More than one month behind in vaccination(s) (per 2020 ACIP immunization schedule) [cdc.gov/vaccines/acip/recommendations.html](https://www.cdc.gov/vaccines/acip/recommendations.html)
- Behind in well-child visits, per Recommendations for Preventive Pediatric Health Care downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

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If community circumstances require limiting in-person visits, AAP urges providers to:

- Prioritize in-person newborn care, newborn well visits and immunization of infants and young children through 24 months of age whenever possible.
- Continue well visits for children through telehealth, with the acknowledgement that some elements of the well exam will occur in clinic once community circumstances allow.
- Complete in-person elements when circumstances permit. These elements include, at a minimum, the comprehensive physical exam; office testing, including laboratory testing; hearing, vision, and oral health screening; fluoride varnish; and immunizations.
- Conduct acute or chronic care via telehealth and complete some elements of the acute or chronic care visit in clinic as indicated and when circumstances permit.

SCHEDULE THE WELL-CHILD VISIT

- In-person only or
- Hybrid
 - Telehealth for some elements
 - Followed by in-person for the remaining elements

According to the AAP, all components of the well-child check should occur in-person for patients who are 24 months of age or younger.

If a family is reluctant to come to an in office well-child visit and needs vaccination, combining a telehealth visit and drive through vaccination is an acceptable solution.

WELL-CHILD ELEMENTS & SUITABILITY FOR TELEHEALTH

Bright Futures Element (refer to periodicity schedule)	Suitable for Telehealth?
History	Yes
Anticipatory guidance	Yes
Measurements (e.g. heights, weight, BP)	Contingent upon home equipment & provider/patient preference
Developmental/behaviorial health screenings and assessments	Yes
Oral health screen/flouride varnish	No
Hearing and vision (sensory screening)	No
Physical Exam	No
Administer vaccinations	No
Tests: Anemia, lead, tuberculosis, dyslipidemia, STD, HIV, cervical dysplasia	No

Note: Lactation assistance is also suitable for telehealth.

TIPS FOR CONTINUING PRACTICE FLOW DURING COVID-19 PANDEMIC

- Consider allowing sibling well-child visits (parents may prefer going to the office once instead of twice as it is more aligned with guidance on social distancing).
- Implement a consistent schedule for telehealth visits and for in-person visits to enable smooth patient flow.
- Allow extra time during the patient's first telehealth visit for visit "check-in," start-up, and orientation to telehealth technology.
- Telehealth visits typically end when patient-provider communication ends. For this reason, it is important for a practice to have a process for prompt patient contact to schedule next appointment, ensure the patient knows their next steps if the provider ordered any labs or screening/diagnostic tests, and to collect feedback on the telehealth experience.
- Share telehealth FAQ document with patient. Example: ncahec.net/wp-content/uploads/2020/05/TelehealthPatientFAQ.pdf
- While the Federal Government has relaxed some of its HIPAA requirements for telehealth during the COVID19 pandemic, providers should aim toward a sustainable telehealth solution that is fully HIPAA compliant.
- ZOOM is a preferred method for American Sign Language (re: bigger screen).
- If your EHR has bi-directional data sharing with the NC Vaccine registry, query the registry for your patients' vaccination status.
- Engage with NC HealthConnex. It can help providers working either in the office or remotely in the following ways:
 - a. Provides access to secure, web-based patient's longitudinal record across healthcare settings.
 - b. Enables practices to view patient history, hospital and ER admissions/ discharges, vaccinations, and lab test results (especially as they relate to COVID-19 and other respiratory or influenza diagnosis codes) as they become available via participant EHRs.
 - c. Enables direct (electronic) messaging between providers.
 - d. NC HealthConnex information is available at: hiea.nc.gov/providers/how-connect

ADDITIONAL RESOURCES

- Stanford video for providers on "presence" during telehealth visits youtube.com/watch?v=DbLjEsD1XOI
- NC AHEC/NCDHHS/CCNC – provider resources on COVID-19 communitycarenc.org/newsroom/coronavirus-covid-19-information
- Recording webinars for providers on COVID-19 – NC AHEC/NCDHHS/CCNC communitycarenc.org/newsroom/coronavirus-covid-19-information/covid-19-webinars-dhhs-ccnc-ahec
- Centers for Disease Control and Prevention cdc.gov/coronavirus/2019-nCoV/hcp/index.html
- American Academy of Pediatrics services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/
- AAP, Breast feeding guidance post-hospital discharge services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/breastfeeding-guidance-post-hospital-discharge/
- NCDHHS COVID-19 covid19.ncdhhs.gov/
- Special Medicaid bulletins on COVID-19 medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/covid-19-special-medicaid-bulletins