

Convening + Uniting + Transforming

September webinar

# PRIMARY CARE'S GOT YOUR



- O1 PCC announcements and introductions
- O2 Nathaniel Beers, MD, MPA, FAAP HSC Health Care System
- O3 Chip Hart
  PCC Pediatric EHR Solutions
- O4 Ashraf Affan, MD
  Angel Kids Pediatrics
- 05 Moderated discussion among panelists
- **06** Participant Q&A



### Today's speakers

#### PANELISTS



CHIP HART

Consulting group director,

PCC Pediatric EHR

Solutions



President,
HSC Health
Care System

**NATHANIEL** 



President, Ange Kids Pediatrics

ASHRAF AFFAN,

#### **MODERATOR**



GREENOUGH, MPP

Director of Policy,
Primary Care
Collaborative

SARAH



### Safe Return to School

Nathaniel Beers, MD, MPA, FAAP

President, HSC Health Care System, Children's National Hospital



The AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school.

**AAP Guidance for School Re-entry** 

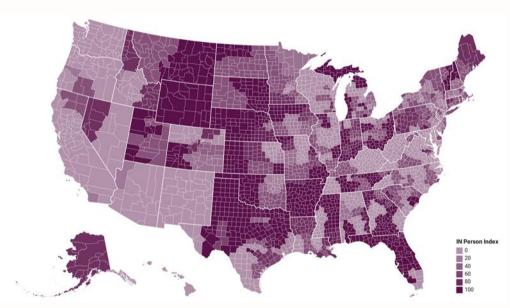
### **RACIAL AND SOCIO-ECONOMIC INEQUITIES**

- COVID-19 Impact on Black, Latinx and Indigenous Communities
  - Increased prevalence of COVID-19 and increased severity of disease
  - Patterns consistent in the adult and pediatric population
- Access to virtual learning
  - Lack of access to devices, internet and appropriate spaces to learn
- Access to adequate nutrition
  - Over 30 million children and adolescents rely of free and reduced lunch
- Quality of school facilities
  - School funding models disproportionately impact Black and Brown communities as well as poor communities leading to insufficient investment in school facilities



### STATE OF US SCHOOLS

- 60% virtual learning
- 37% in-person at least part of the time
  - 19% all in-person and 18% hybrid
  - <u>Burbio School Opening</u> Tracker
- By end of August over 850 school districts with cases



Map Indicates Virtual Versus In Person Learning For K-12 Public Schools Across the US



# AAP GUIDING PRINCIPLES FOR RE-OPENING SCHOOLS

- Communities need to take all necessary measures to limit the spread
- School policies must be flexible and nimble in responding to new information
- Schools must take a multi-pronged, layered approach to protect students, teachers and staff
- Develop strategies that can be revised and adapted to level of viral transmission in the school and community
- Coordinate with state and/or local public health authorities, school nurses, pediatricians and other health experts
- Policies should be practical, feasible, and appropriate for the student's developmental stage
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations



# AAP GUIDING PRINCIPLES FOR RE-OPENING SCHOOLS CONTINUED..

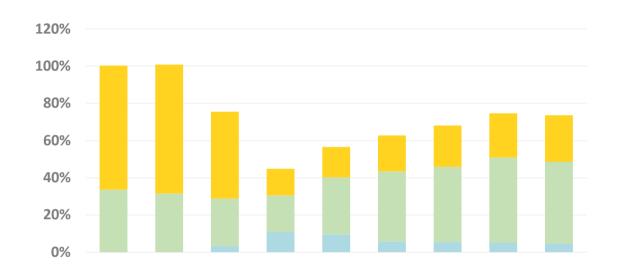
- Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed
- School policies should be guided by supporting the overall health and wellbeing of all children, adolescents, their families, and their communities
- Policies should be consistently communicated in languages other than English, if needed
- Federal, state and local funding should be provided for all schools so they can
  provide all the safety measures and support the educational needs for students
  and staff including in virtual learning environments





The
Last 6
Months





# COVID Impact

Beginning Friday, March 13, 2020, visits plummeted in pediatric practices across the country.

Telemed

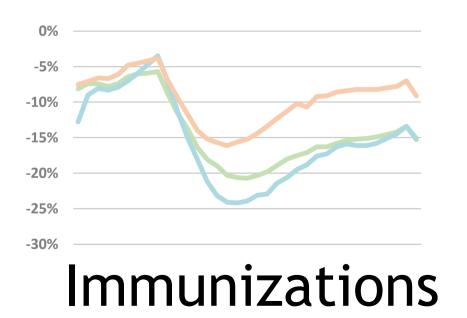
Sick



# COVID Impact

As a result of the massive drop in ambulatory pediatric visits, immunization rates have plunged on a national scale.

Although pediatricians have worked hard to make up for lost opportunity, there is still a considerable bubble of children who went without immunizations earlier this year.



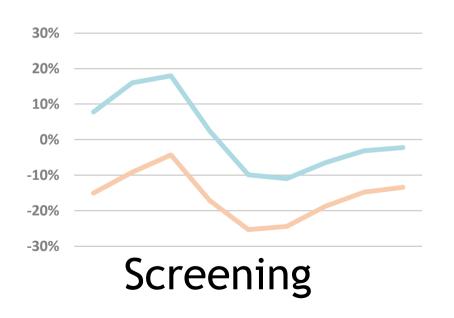
MMR -11.3%

**HPV** -11.2%

**VARI** -11.2%

# COVID Impact

It's not just immunizations, however. Vision screening, depression/behavioral/developmental screening, and the entire Bright Futures schedule has been challenged.







## Vaccine Rates Drop Dangerously as Parents Avoid Doctor's Visits

Afraid of Covid-19, parents are postponing well-child checkups, including shots, putting millions of children at risk of exposure to preventable deadly diseases.



### **Data**

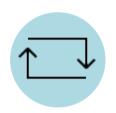
#### pcc.com/business-impact-of-covid-19/

We have aggregated data from our clients across the U.S. to better understand how the COVID-19 pandemic is changing, how independent pediatric practices treat their patients, and how they will fare financially.

The
Next 6
Months



# work we have to do



#### **PEDIATRIC CYCLES**

Well visit catch up; patient recall systems; minimized sick visits.



#### **BUSINESS 101**

Grants, loans, and forgiveness; new procedure codes; H/R.



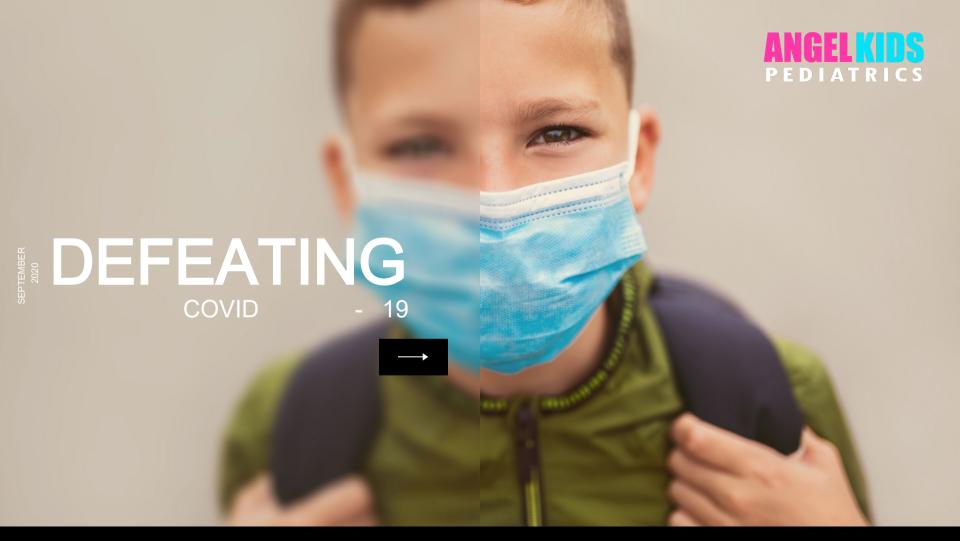
#### **AGILITY**

Curbside flu clinics; telemedicine; return to school.



#### **ADVOCACY**

Payment parity; telemedicine coverage; maintaining the medical home.





### **Our Office Locations**

### **Currently 7 Total Locations**

By the end of 2019, Angel Kids Pediatrics had a total of 6 locations throughout Northeast Florida. Our 7 location, in Ponte Vedra Beach, opened in the beginning of 2020, just a few months before the Pandemic Outbreak

Our offices include 5 located within Duval County, and 2 located in St. Johns County.

Northside Jacksonville - Off Lem Turner Rd.

Westside Jacksonville - Off Normandy Blvd.

Central Jacksonville

- One off Beach Blvd, and 2nd location moving to Atlantic Blvd. (Oct 2020)

Ponte Vedra Beach

**Bartram Park** 

Julington Creek





### ANGEL KIDS PEDIATRICS

SEPTEMBER 2020



### Patient-Centered Medical Home

This model of care strengthens the physician-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship.



### **Convenient Scheduling**

Opened 359 day per year
Opened night and weekends
Telehealth visits available year-round
Educational Virual Seminars for Parents &
Parents-to-Be



Bold City Best Winner
-Best Pediatric Practice-

Was awarded this honor in: 2016, 2017, and 2018



### CMS - TCPI Exemplary Practice

Was awarded this honor in:

2019

### **Our Community Impact**

We are seeing not only growth in patients, but a growth in diversity of both patients and providers.



24,314

Total Patients (2020)\*

23

+40%

Patient Increase since 2018



SIX

Different Languages Spoken in our Offices

49%

Are listed as "Minority" Race, while 42% are White and 9% were

unspecified.\*

Please note: Patients were able to select multiple race options.



#### Prevention

Creation of COVID-19 Taskforce

Telehealth Implementation

Separation of Preventative & Acute Care

**Education Campagins** 

### Risk Assessment

Creation of Phone Triage Screen

Protocols

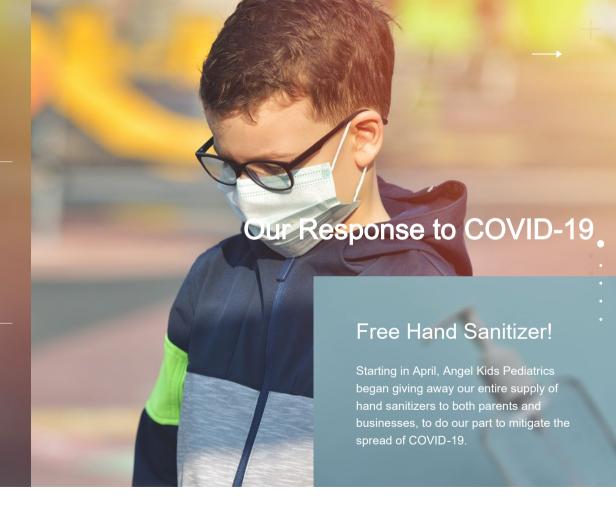
COVID-19 Risk Questionaire

### Treatment

**Antigen Testing** 

**PCR Testing** 

School & Daycare Partnership







### Prevention Team

### Developed COVID-19 taskforce

The team was comprised of: Leadership Personnel Full-time Providers Quality Team Office Managers

### Communication

Zoom Meetings WhatsApp Messaging & Video Chat Weekly taskforce updates







Separation of Preventative & Acute Care Visits

Well Visits and Sick Visits were scheduled separately.

With social distancing within the waiting areas.

Temperature checks given to both parents & children at check-in.

Morning Appointments

Newborn Well-Child Behavioral visits Afternoon Appointments

Acute Care Sick-Child

Psychology Appointments

Offered & Available via Telehealth appointment. Ensures access and continuity of care.

• Telehealth Appointments

Available for both Well & Sick Child visits or concerns. Available in evenings and weekends

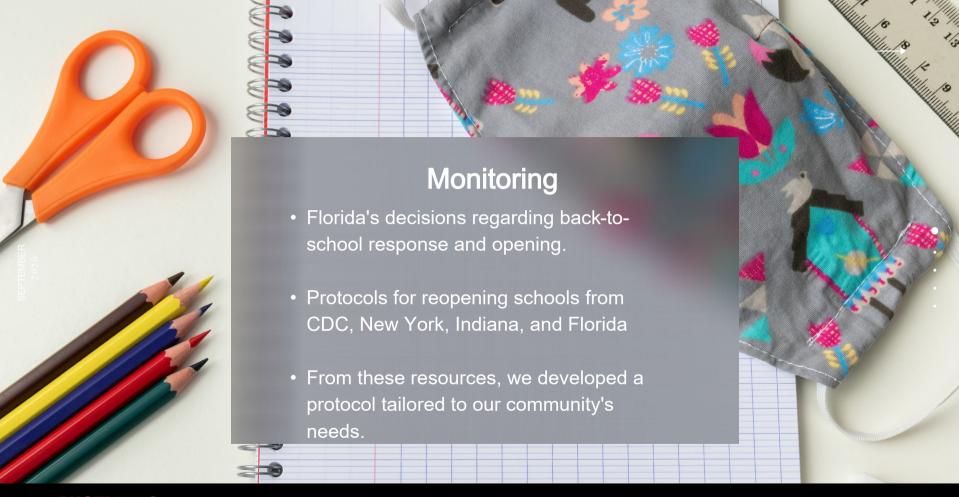


### **Educational Marketing**

Multiple COVID-19 education campaigns were launched to our patients.

- Email and Newsletters Campaigns
- Social Media Campaigns
- Automated Recalls
- Proactive outreach to schedule visits/immunizations







# Strategies To ensure safety of our patients and staff, we implemented the following strategies:



### Phone Triage Screening

to determine the risk, at time of scheduling appointment



#### **COVID-19 Screening**

questionnaire to be completed by parent at time of check-in, as a "second line of defense", for in-office appointments



#### Telehealth

were utilized for any patients with positive screenings to ensure they were still able to be seen by physician.



#### Additional Measures

were implemented following CDC guidelines including: Mandatory Mask Requirements and Temperature Checks when entering office locations.





### We Were the First

pediatric practice, in Jacksonville, to offer Rapid Antigen Testing for our patients.





Drive-up only testing at 2 offices that weren't seeing any patients in office. A telehealth visit with a provider was completed after testing, to discuss results and the plan of care.



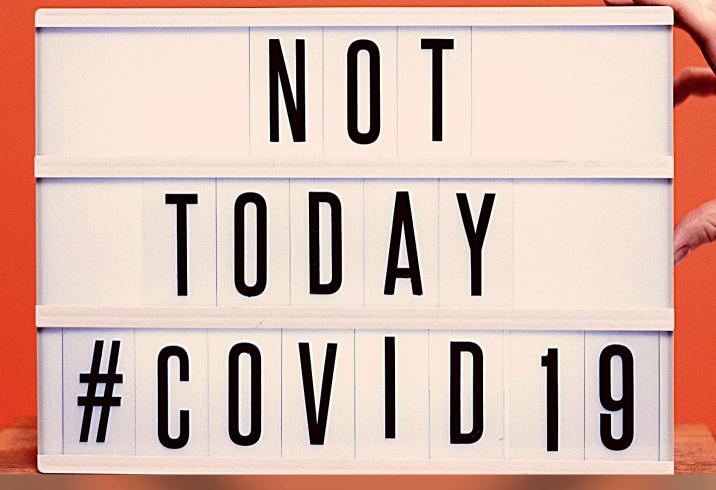
Integration of rapid testing at all other locations that offer in -office visits. Patient who report have positive COVID -19 screens via phone or in-office are tested outside of the office in their car 15 minutes prior to visit time.

If Negative, they are cleared to come in office.

If Positive, their visit is completed via telehealth and plan of care is discussed.



## **PCR Testing Partnerships** We are looking to add this to our portfolio, to We have just launched our partnerships with local enhance our efforts and better identify & treat schools and daycare's to offer affordable COVID patients with SARS -COV-2. 19 testing to students, teachers, staff and parents





# Panel Discussion

