

## Virtual Care in the Age of COVID

The past few weeks have seen one of the largest changes in outpatient medical care in the history of medicine, from office-based care to virtual care, by phone and video. The rapidity of this change is leading to innovative ways of thinking about medical care, but risks leading to missed diagnoses and adverse outcomes if we are not careful.

### **Some Innovations:**

- Redeploying medical assistants and front office staff into new roles with new workflows and responsibilities. Having them tee up the visits, assisting patients setting up the video portion of the visit is a key role.
- Setting up patients with scales, blood pressure cuffs, etc. that will upload information directly into the electronic health record.
- Creating templates and workflows for virtual visits for:
  - chronic disease care visits
  - buprenorphine-medical assisted therapy
  - advance care planning conversations
  - perinatal education/case management
- Extending and re-learning the role of careful observation to produce a helpful remote physical examination.
- Adding a third party to virtual visits, for example palliative care, home care nursing

### **Risks:**

- Missing key patient factors that lead to set up an in-person visit for a physical exam. Examples include:
  - A patient who hasn't been seen for many years who calls for a "routine physical" but who really has a concern that they have trouble verbalizing.
  - A peri-menopausal patient with irregular but not heavy vaginal bleeding.
- Treating a symptom whose diagnosis is difficult to determine without a physical exam. Examples include:
  - Ear pain in a child
  - Abdominal pain
- Cognitive trap called "tunneling," where the clinician latches onto the most common cause of a symptom, not probing for alternatives. An example:
  - Assuming that a child with upper respiratory symptoms and rapid breathing has COVID, when in fact they have diabetic ketoacidosis.
- Lack of privacy of visit. To counter this, a best practice is to routinely identify others on the patient's side of the visit who are able to hear and listen, to be sure you do not disclose sensitive information inadvertently.
- Liability concerns. The virtual visits create a new problem of missed or delayed diagnosis due to not making a decision to bring a patient in for an exam or testing. Two hints: documenting the reason for the virtual visit, the verbal consent of the patient for the virtual visit, and the nature of limitations from a virtual visit. It might be worth a conversation with your medical liability carrier to see if they have other recommendations or limitations.

Supporting innovation and mitigating risks requires leadership attention, with a focus on frequent communication, a steady stream of clinician and staff education, and systems for repeated testing of small changes. There isn't a great playbook for this work yet so each of you will be figuring it out as you go, learning from each other. We will try to capture some highlights, which will be a topic of discussion at the May Virtual Regional Medical Director Meetings (see below for options and links to sign up).

## Breaking News:

### Maintaining Childhood Immunizations During COVID-19

Both the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) have provided recommendations for prioritizing childhood immunizations and strategies to help reduce the spread.

#### Prioritizing Immunizations

- For practices that provide limited well child visits: prioritize newborn care and vaccination of infants and young children (through 24 months of age).
- Rescheduling well visits for those in middle childhood and adolescence to a later date.

#### Strategies to Reduce Spread

- Separate well visits (schedule in the morning) from sick visits (schedule in the afternoon).
- Place sick visits in different areas of the clinic.
- Clinics that have multiple sites might consider using one location for well visits and another location for sick visits.
- Collaborate with other practices in the community to identify locations to hold well child visits.
- Increase the use of telehealth and “drive through” testing for sick visits, if available.

**Important:** Before referring to any Local Health Departments Immunization Clinics consider checking their availability, as they might be limited or not available.

#### Temporary Relocation of California Vaccines for Children (VFC) Location

To support safe handling of immunizations, the VFC program will expedite the enrollment of temporary alternative sites, as well as grant approval of the relocation of immunization services for an enrolled location. Please refer to

<https://eziz.org/vfc/enrollment/>.

**Questions?** Please contact the VFC Customer Center at (877) 243-8832.

### Spring 2020 PHC Regional Medical Directors Meeting Changes to Virtual Meetings

Due to rising concerns of social spacing, due to COVID-19, the Spring PHC Regional Medical Directors Meetings are not only rescheduled but also accessible virtually.

Meetings that were previously scheduled on Friday, April 17, 2020 (Redding), April 27, 2020 (Eureka), May 1, 2020 (Ukiah), and May 8, 2020 (Novato) are now available on the following dates:

**Date:** Friday, May 8, 2020

**Time:** 8:30 a.m. – 11:30 a.m.

[Sign-Up Now](#)

**Date:** Friday, May 22, 2020

**Time:** 9 a.m. – Noon

[Sign-Up Now](#)

**The content will be the same on both dates**, allowing the staff you want to attend to choose one or the other.

In response to suggestions from prior meetings, we are testing a new modular meeting format. This will allow you to have appropriate members of your team come to one or more portions of the meeting, depending on their interest. Our goal is to make the level of discussion, for all topics, to be of interest for all clinical leaders.

## Psychiatric Side Effects to Montelukast

The FDA has put a new black box warning on montelukast, due to some potential psychiatric side effects. Other medications should be tried first for allergic rhinitis.

## Albuterol MDI Shortage

For a variety of reasons, there is an international shortage of albuterol metered dose inhalers. One options, for patients with mild to moderate asthma: substitute prn Symbicort or Dulera, in which the long acting beta agonist (formoterol) also has a quick onset of action, acting like a rescue medication (although its inhaled corticosteroid means it is classified as a controller medication).

## PHC Educational Opportunities and Events

### Accelerated Learning Education Programs: Pediatric Well-Child Visits

We acknowledge that the Covid-19 response is changing how health centers and practices approach their daily work and QIP efforts. Wishing to be mindful of the situation, we solicited feedback regarding your ability to participate in the upcoming scheduled webinars. The information received back indicates that most would like the webinars to continue as planned. We want to continue to provide education and resources to help practices on the PCP QIP measures, and will maintain the currently scheduled webinars:

#### **Accelerated Learning Education Program: Pediatric Well-Child Visits**

**Date:** Wednesday, April 15, 2020

**Time:** Noon – 1 p.m.

[Flyer](#)

[Sign-Up Now](#)

**Accelerated Learning Education Program: Childhood Immunization Measures (CIS10, IMA2)**

**Date:** Wednesday, April 29, 2020

**Time:** Noon – 1 p.m.

[Flyer](#)

[Sign-Up Now](#)

## **Recommended Educational Opportunities Outside of PHC**

### **PrEP Train-the-Trainer: From Basics to Onboarding Your Team**

The National LGBT (Lesbian, Gay, Bisexual, Trans) Health Education Center, a program of The Fenway Institute, is providing train-the-trainer session on how to use its newly revised Pre-Exposure Prophylaxis (PrEP) Detailing Kit and Readiness Assessment tools. These clinical resources to help providers incorporate PrEP into their practices, including helpful resources such as tips on taking into their practices, including helpful resources such as tips on taking a comprehensive sexual history, frequently asked questions about PrEP and a pocket card about PrEP prescribing and monitoring. Sessions will cover basics and case scenarios for PrEP, and empower clinicians to train their teams on how to use the PrEP Detailing Kit to make fast and well-informed decisions about PrEP management and care.

Learning Objectives:

- Learn how to start, stop, and manage PrEP in their clinical settings, as well as how to manage patients using PrEP At Home strategies.
- Learn how to coach all members of a clinical care team on providing PrEP and supporting patients using the medication.
- Gain resources to refer to when navigating PrEP management, including information on PrEP financing, working with pharmacies, and patient care.

**Date:** April 14, 2020

**Time:** Noon – 1 p.m.

**Cost:**

**CPCA Member, Health Center:** \$50

**Associates:** \$62.50

**Non Member, Non Health Center:** \$75

[Sign-up Now](#)