



Recovery Toolkit- COVID-19

A Pathway to a New Model of Care



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Recovery Toolkit – COVID-19: A Pathway To A New Model of Care



The onset of the COVID-19 pandemic has vastly disrupted normal routines for everyone. The SARS-CoV-2 virus has impacted families and healthcare entities all over the world. Pediatric practices in particular have been hit hard by the rapid decline in visits during the COVID-19 pandemic. We are working through challenging times, and we thank you for your dedication and commitment to providing care to the families and communities you serve.

Kids Health First and The Children's Care Network are here to support your practice as we recover from the COVID-19 crisis. We have provided educational resources and best practice tips along the way, but now want to go a step further and provide you with a comprehensive Recovery Toolkit as we look to building a pathway to a new model of care. The Recovery Toolkit is designed to be a user-friendly framework that practices can implement over the next several months.

The objective of this toolkit is two-fold. The first objective is to provide a pathway for practices to actively engage with their patients over the course of the next year. Proactive communication and outreach efforts are the foundation of this approach. Secondly, we created a customizable framework that applies to practices in every stage of the process. This approach is meant to be used as a “plug and play” resource that takes the guesswork out of what to do over the next several months.

Instructions for Using the Toolkit:

The Recovery Toolkit consists of five tiers designed to guide practices through an actionable framework to transition out of the COVID-19 crisis. In the following pages, you will see greater detail about each tier. Beneath the description of each tier, you will find a detailed list of the items below:

- Objectives and details on patient population management
- Additional Opportunities
- Suggested timeframes
- Questions to consider

Please note that this framework is designed to be fluid in nature and will constantly evolve as new information is learned. Please note that the suggested timeframes are meant to be a guideline and not a mandate. We strongly encourage you to adapt the framework and the timelines listed that makes the most sense for your individual practice needs.

These materials have been created based on information currently available from the Center for Disease Control (“CDC”), other third-party experts and Children’s Healthcare of Atlanta, Inc.’s (“Children’s”) own experience. Guidance on COVID-19 is changing rapidly. Consequently, Children’s is unable to make any representations and/or warranties of any kind, including, but not limited to, any implied warranties of merchantability or fitness for a particular purpose. While these materials may be updated from time to time based on new information, Children’s is not assuming any duty to update the materials or modify them for the specific circumstances of any individual, practice, business or other entity. The recipient should use his or her own professional clinical judgement with respect to patient care and engage his or her own counsel and/or business and finance advisors on matters such as billing, tele-health and other business practices.

Tier 1: Restricted Operations

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Tier One

Restricted Operations

Scenario:

Practices in Tier 1 are operating under limited capacity. Community circumstances such as “shelter-in-place” orders prohibit non-essential travel outside of the home. As a result, practices are seeing a limited number of patients for in-office visits.

Objective:

The focus for Tier 1 is on prioritizing preventative care for the youngest patient populations. We recommend recalling patients age 0-24 months who have either missed their most recent well-child visit during the COVID-19 period or are due to come in for their next visit. In your recall efforts, practices should communicate with parents the important of keeping up-to-date on well visits and recommended vaccine schedules for this age range.

KHF & TCCN will send two actionable recall lists to assist you in your patient outreach as listed below:

- **Children who turned either 12 or 15 months during the COVID-19 period and have not had their 12 or 15 month well-child visit.***
 - The 12-15 month visit was prioritized to adhere to Bright Futures and AAP recommendations for developmental screenings and immunizations: Hep B, DTaP, Hib, PVC13, Polio, MMR, VAR, Hep A.
 - Recall list definition for 12 and 15 months : Patients born between 12/1/18-5/1/19 that did not have a well visit between 3/1/20-now. (well visit codes: 99382, 99392)
- **Children who turned 24 months during the COVID-19 period and are due for their next well-child visit.***
 - Recall list definition for 24 months: Patients born between 3/1/18-5/1/18 who did not have a well visit between 3/1/20-now. (well visit codes: 99382, 99392)

***Note:** Regarding recall list definitions- please feel free to adjust the dates for recall list definitions if applicable, based on the time period your individual practice was operating under restricted operations.

Additional Opportunities:

Practices should also prioritize recall efforts for patients age 2 months, 4 months, and 6 months to help keep patients on track with the recommended vaccination schedule. This includes vaccines like the rotavirus that must be administered within a certain timeframe. We recommend that practices encourage parents to schedule their next visit before they leave the office.

Additionally, consider implementing telemedicine visits for acute and chronic care patients.

You may also consider conducting well-child visits for patients over the age of 24 months via telemedicine. We recommend retaining a list of these patients that will need “close the gap” appointments in-office when community circumstances permit doing so.

In an AAP news statement dated [April 14, 2020](#) the AAP issues guidance to ensure continued care for children during the pandemic, and stated, “Well-child care should be consistent with **Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents**(4th Edition) and the corresponding **Bright Futures/AAP Recommendations for Preventive Pediatric Health Care** (Periodicity Schedule).”

In addition, the statement from the AAP dated [April 14, 2020](#) also recommends that if community circumstances require limiting in-person visits, the guidance urges pediatricians to:

- Continue well visits for children through telehealth, with the acknowledgement that some elements of the well exam will need to be completed 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.
- It is important to note, that coverage for the well-child telehealth and “close the gap” visit may not be paid for by the patient’s plan. It is recommended that you internally discuss your policy on well-child telehealth visits and contact your payor partners.
 - As of 5/28/20, payors are not paying for “close the gap” visits. Practices could look into whether billing as a nurse visit when a patient comes into the office to receive their immunization would be appropriate under their payor contracts.
- It is important to pay attention to state and national state of emergency orders and declarations, as payors make policy changes based on these declarations.

Questions to Consider:

1. Has my office successfully adopted the CDC recommendations on safety?
2. What is my capacity to see patients in-office under the CDC guidelines?
3. Do we have a telehealth platform currently?
4. Will we integrate telehealth into our practice workflow now or in the future?
5. Does our office want to consider completing well-child telehealth visits knowing that some elements cannot be completed via telehealth and that an office visit will be needed once circumstances allow?

Tier 2: Resuming Operations: Segment A- Well-Child Focus

Scenario:

Community “shelter-in-place” restrictions have been lifted and practices are starting to expand the patient scope of their daily operations.

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Tier Two

Resuming Operations

Objective:

The first focus of Tier 2 is to prioritize patient recall efforts on well-child visits for the following age groups. KHF and TCCN will provide the following recall lists to your practice.

- **Children who are due for their 30 month well-child visit.**
 - Children should be assessed for developmental screenings, early detection screenings and get caught up on any past due immunizations.
 - Recall list definition for 30 months: Patients born between 9/1/2017 and 11/1/2017 who did not have a well visit between 3/1/20- now. (well visit codes: 99382, 99392)
- **Children age 4 and 5 years old.**
 - This patient population includes children who turned age 4 and 5 between 3/1/2020 and 5/1/2020, or if they have not had a well-child visit from the period between 3/1/2020 and now.
 - Children should be assessed for hearing and vision screening, their readiness for school, developmental milestone and psychosocial/behavioral development. Updating the necessary school forms should also be a part of this visit.
 - Children should be up-to-date on immunizations for DTaP, IPV, MMR, VAR.

- Recall list definition for 4 year olds: Patients born between 3/1/2016-5/1/2016 who did not have a well visit between 3/1/20- now. (well visit codes: 99382, 99392)
- Recall list definition for 5 year olds: Patients born between 3/1/2015-5/1/2015 who did not have a well visit between 3/1/20-now. (well visit codes: 99383, 99393)
- **Children age 11 years old.**
 - This includes children who turned 11 years old between 3/1/2020 and 5/1/2020, and if they have not had their well-child visit from the period between 3/1/2020 and now.
 - The focus during this visit should be on the pre-adolescent visit, addressing the transition to middle school and the psychosocial/behavioral assessment.
 - Patients should have received immunizations for Tdap and Meningococcal first dose prior to their 12th birthday.
- Recall list definition for 11 year olds: Patients born between 3/1/2009-5/1/2009 who did not have a well visit between 3/1/20-now. (well visit codes: 99383, 99393)
- **Children age 16 years old.**
 - This includes children who turned 16 years old between 3/1/2020 and 5/1/2020, and if they have not had their well-child visit from the period between 3/1/2020 and now.
 - The focus during this visit should be on the adolescent visit, addressing the transition to high school and the psychosocial/behavioral assessment.
 - Patients should receive immunizations for Tdap, the first dose of Meningococcal vaccine if it was missed, and scheduling of the second dose of Meningococcal if patient is 16 years old.
- Recall list definition for 16 year olds: Patients born between 3/1/2004-5/1/2004 who did not have a well visit between 3/1/20-now. (well visit codes: 99384, 99394)

Tier 2: Resuming Operations: Segment B- Acute and Chronic Care Focus

Scenario: Community “shelter-in-place” restrictions have been lifted and practices are starting to expand the patient scope of their daily operations.

Objective:

The second focus of Tier 2 is patient recall efforts on high-risk patients for their follow-up visits. KHF and TCCN will provide the following recall lists to your practice.

- **ADHD Patients**

- This includes patients age 6-21 years old who have not had at least 2 ADHD follow-up visits in the past year.
- The recommended timeframe for this visit is prior to the start of school. Providers should also check medications during this visit.
- Practices should also recall patients who are home from college or to proactively schedule when they do return.

- **Asthmatic Patients**

- These patients are between the ages of 4-21 years of age who have been diagnosed with asthma in the past 3 years and who have not had an Asthma Control Test (ACT) in the last 12 months.
- During this visit, providers should check patient medications and complete an updated Asthma Action Plan (AAP) and Asthma Control Test (ACT).



- **Patients with Anxiety and Depression**

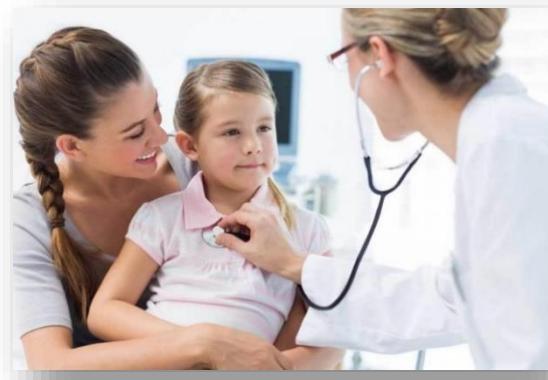
- KHF and TCCN will provide a list of patients between the ages of 12-21 years of age who have been diagnosed with anxiety and/or depression in the past two years and who have not had a visit in the past year.
- During the visit, providers should assess response to medication, refills needed, screen for symptoms and score appropriate screening tool, assess for suicidal ideation, medication side effects, and check to see if the patient is seeing a counselor.

Tier 2: Resuming Operations: Segment C- Well-Child and Acute/Chronic Care

Additional Opportunities:

In addition to the KHF and TCCN provided recall lists, practices should continue to schedule well-child visits for any patients that contacted the office- regardless of age.

Practices should also consider continuing to offer telehealth visits for sick visits as requested by the patient. Telehealth opportunities can also be made available for follow up visits for chronic conditions when an in-person visit is not possible.



Questions to Consider:

1. Do I have a plan to proactively reach out to patients on my recall list?
2. Is my staff trained on how to properly respond to patient/parent questions about safety following COVID-19?
 - **Please note:** KHF and TCCN recommend sharing the “Frequently Asked Questions about COVID19” resource with your patients and staff.
3. Does my office staff have talking points detailing how to explain to patients the new office flow and what to expect at the visit?
4. Are there any additional protocols I can adopt to help families feel reassured of our safety measures that are in place to help prevent the spread of COVID-19?

Tier 3: Overlooked Opportunities

Scenario:

Daily operations have resumed to near normal and practices are continuing to actively reach out to patients to schedule in-office visits for patients who may have missed appointments or need to see a provider for follow-up care.

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Tier Three

Overlooked Opportunities

Objective:

The objective of Tier 3 is to actively reach out to patients who may have missed either a well-child visit or follow-up visits in the previous months. KHF and TCCN will provide the following recall lists to your practice.

HPV

- Patients who have not received the second or third dose of the HPV vaccine
- An article from the AAP dated [August 20, 2020](#) states that HPV vaccinations rates among teens made a small improvement in 2019 but still lag behind most other vaccines. In 2019, about 54.2% of teens were fully vaccinated against HPV, compared to 51.1% in 2018.
- The AAP recommends starting the HPV vaccine series between 9-12 years.

Other Overdue Well-Child Visits

- Recall lists will be provided for children age 3-6 year old and adolescents who missed their well-child visit in prior months
 - Recall list definition for patients 3-6 years of age: patients 3-6 years of age who had one or more well-child visits with a PCP during the last 12 months. (Well Visit codes: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461)

Recall Patients for Flu Vaccine

- Both the CDC and the AAP recommend that everyone 6 months and older get vaccinated with any licensed, age-appropriate vaccine. As stated in an article from the AAP [dated August 21, 2020](#), pediatric deaths from flu tied a record last season. Officials are urging all patients to get their flu vaccine this fall when both flu and COVID-19 are expected to be circulating.
- Additional guidelines from the AAP dated [September 8, 2020](#) also recommend that patients should ideally get their flu vaccine by the end of October for the highest chance of protection against the flu.

- High-risk for Flu Vaccine- Continue to recall patients that are considered high-risk, such as asthmatic patients, to receive the flu vaccine. Recall efforts for high risk patients should ideally begin in August and continue throughout the flu season.

Additional Opportunities:

As a supplement to the recall lists provided by KHF and TCCN, practices can also consider pulling their own internal lists from their EMR systems. Sample criteria could include pulling:

- A list of patients that were “no-shows” during the COVID-19 period.
- Likewise, a second example could be recalling patients that are due for sports physicals based on the date of their last physical during the previous summer.

Referral to Specialty Care:

- Practices should reach out to patients that were referred to a specialist and have not completed the appointment to ensure the care gap is closed and appropriate follow up care was provided.

Questions to Consider:

1. Are there any other recall lists that I can pull internally from my EMR system?
2. Are there additional multi-dose vaccines that patients did not complete?
3. Are there other high risk patients that need the flu vaccine?
4. How should I plan for the COVID vaccine? (*when it becomes available*)
5. Are there high risk patients that providers are “worried about” that providers can consider contacting?
6. Practices should consider re-evaluating their flu vaccine order due to increased need.

Tier 4: Incentivized Opportunities

Scenario:

Practices have seen success recalling patients for missed well-child and follow-up visits and patient volume to the office is increasing.

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Tier Four

Incentivized Opportunities

Objective:

The objective of Tier 4 is to look for incentivized opportunities within your practice's payor contracts. Your payor contract may include incentives for contracted metrics that are based on meeting quality targets. Please note that most of these metrics are HEDIS based.¹



Additional Opportunities:

Consider recalling gap reports from other payors your practice is contracted with that have incentive programs.¹

Questions to Consider:

1. Should my practice expand my payor selection due to the growth of Medicaid due to economic situations?
2. What other payors am I contracted with that have incentive programs?
3. Can my payor partner help with recall? Payors may have resources to reach out to patients.
4. Is there any available education on additional services that can be offered to patients from their benefit carriers, such as social services, counseling, behavioral health and transportation?

¹*Please note that the content in this document is intended to serve as a guide. We recommend that all recipients of this document review all billing and tele-health questions with their own legal and business advisors.*

Tier 5: Future Opportunities

Scenario:

Practices have successfully completed all prior recall efforts coming out of the COVID-19 period. The focus will now shift from looking back to thinking about best practices for the future.

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Tier Five

Future Opportunities

Objective:

Congratulations! This is the last step in the COVID-19 Recovery Toolkit. In Tier 5, practices should focus on continuing to strengthen relationships with patients and re-establishing the medical home. Special attention should also be placed on patients that require more frequent check-ins than annual visits to ensure they are receiving ongoing optimal care.

KHF and TCCN recommends placing additional focus on the following patient populations

- Obesity, Anorexia and Food insecurities
- Child abuse and neglect
- Mental and Behavioral Health
- ADHD
- Depression
- Anxiety
- Developmental Delays
- Medication Management – Asthma / ADHD
- Complex Kids
- Special Needs Children
- Children in Foster Care



Additional Opportunities:

This is where operational activities and communication strategies merge to strengthen relationships and re-establish the importance of the medical home. Below are some sample questions to consider when visualizing the future of your practice.

1. What operational activities can I put in place to best meet my patients' needs and wants?
 - How can I make doctor's visits more convenient for my patients to encourage them to stay up-to-date on all well and follow-up visits?
 - Will I continue to utilize telehealth and if so, what types of visits make the most sense and which ones will payors reimburse?
2. How will I continue to effectively communicate with my patient population? What communication vehicles do my patients prefer?
3. Is my practice equipped to meet my patients' communication preferences?

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