Community Provider Virtual Town Hall

Nationwide Children’s hosted its first ever virtual town hall for community providers on May 15, 2020. The session covered the current state of COVID-19 and Nationwide Children’s plans for reopening services over the coming months. Participants were encouraged to submit their questions for a live Q&A with our panel of experts, all summarized below.

Missed the livestream event? Watch it by visiting, https://livestream.com/nationwidechildrens/providertownhall

TESTING UPDATES:

Q Can you share COVID-19 data regarding testing, admissions, etc. to help us give data-driven advice to families and safely and effectively do our jobs in the community?

While we are collecting data surrounding COVID-19, currently we find these numbers are highly skewed by our testing indications and are not comparable to other viral testing data that our lab routinely releases, such as with flu or RSV. The data we have does not adequately convey the current pre-test probability in the outpatient setting. Once we have generalizable data to share, we will do so.

Some general comments to guide discussions of risk with families are highlighted below.

• The majority of patients testing positive at Nationwide Children’s have had mild illness not requiring hospitalization
• Similar to national data, patients with medical comorbidities have had increased severity of illness though the risk remains low
• Very few patients have been hospitalized due to COVID-19 at Nationwide Children’s to-date
• No cases of MIS-C / PMIS have occurred at Nationwide Children’s to-date
• Very few patients are testing positive who have no symptoms on pre-procedural screening

Q Can you further explain Priority 1-5 for testing?

Following ODH guidelines, in conjunction with the CDC, priority 1-5 testing is a tiered approach to prioritize the scarce testing resources - priority 1 being the highest hospitalized patients and priority 5 which are asymptomatic patients. Nationwide Children’s is currently focusing on the priority 1-3.

Priority 4 would be the ill outpatient, the largest bulk of those needing testing. Those are the patients with no other underlying comorbidities and who are not hospitalized. This is a large volume of patients that requires a large amount of testing supplies. Nationwide Children’s is working closely with our lab to procure additional supplies and working with the Ohio Department of Health and Columbus Public Health to determine the timing of expanding some of those testing resources.
What are the root causes of the varied limited testing capacity that we have?

It is multi-factorial. A combination of supply chain interruptions of the nasopharyngeal swabs manufactured in Italy, for example, and increased demand. In terms of insuring adequate extraction reagents, viral transport media, anywhere from collection to the running of the sample, things are opening up. There are now more supplies than there were just a month ago, but we hope for more.

Is there a projected timeframe for testing outlying NCH CTH Centers?

Nationwide Children’s is continuing to assess this, but we don’t currently have an exact date. In partnering with Dr. Washam and his team, we hope to have a better idea and sense of timeframe for this over the next couple of weeks. Information and details will be sent out when testing ability is expanded.

Would you advise obtaining, when available, both outpatient PCR testing and COVID-19 serology testing in the office?

Point of care testing is going to be a combination of factors, some based on the regulatory component surrounding it – which labs and what the FDA regulations will be. It will likely be dependent on the cost of the machines that are needed to analyze and run the specimens, on the availability of PPE to ensure staff are appropriately protected when they obtain the specimen, where else you could send the patient to get testing externally. It might make more sense in rural areas where families would need to drive further for drive-up testing sites. Lastly, dependent on what you would do with the results. If testing is just for confirmatory purposes or for public health measures as well. Each clinic will be unique in what makes sense for their patient population as well as what tests are available and what their sensitivity/specificity are.

The NCH COVID hotline has told my patient that a physician can order a COVID-19 test outside of guidelines. When should we order outside the guidelines or what should we do when NCH tells families to contact us to order a test for them?

Currently, Nationwide Children's is only testing priority 1-3 at our outpatient drive-through testing location. We are requesting all orders have those indications noted that have been previously distributed – either a known contact, a known exposure, or a patient with an underlying medical co-morbidity.

What is the sensitivity or specificity of the tests run at Nationwide Children’s?

The PCR run at Nationwide Children’s is a very high sensitivity and can detect a very low level of nucleic acid. We are persistently detecting positive patients for samples beyond a month after symptoms have begun. We are still learning more about the serology that we send out that does have a very high sensitivity and specificity, although that is not the case for all serologic tests out there.

Is NCH sending testing specimens out to other labs to increase capacity?

Yes. Specimens are being sent out to The Ohio State University in order to increase testing capacity.
Other than Kawasaki and toxic shock syndrome has this pediatric multi-system inflammatory syndrome presentation been seen with other viruses. I read it was not reported in China – do you think it wasn’t reported or there was a difference in the virus?

In terms of association with other viruses, to our knowledge, no. This appears to be a unique clinical syndrome specifically related to the immune response of SARS-Co-V-2.

In terms of its prevalence elsewhere in the world, it appears at this time to be reported predominantly in North America and Europe. Whether or not that is representative of some slight shifts in the viral strain or the immune response in populations throughout the world, we are unsure of its prevalence elsewhere, and specifically in Asia.

Has NCH seen any cases of this pediatric multi-system inflammatory syndrome?

We have not seen any cases at Nationwide Children’s or in central Ohio.

Do you think a COVID-19 antibody testing is indicated for patients with atypical Kawasaki in late January/early February?

Regarding the usefulness of the serologic testing, we are still learning a lot about the body’s immune response to SARS-Co-V-2, specifically with the interpretation of either a positive or negative IgG. Serology can be a useful public health tool to determine prevalence within the community as well as a research tool. Its more challenging to interpret on an individual clinical level because most people are trying to predict the future risk, or risk of reinfection. At this time, we don’t know. If we are looking retrospectively at a diagnosis of a viral illness back in January or February in patients who had atypical Kawasaki disease, we would have to presume that there is community spread approximately a month prior (this is reflective of the immune response). It would not be inappropriate to test those patients because again, you are trying to answer a specific clinical question, but the initial information gathered from it is likely going to be minimal and I would venture to guess that it is a very high probability that testing looking for transmission in December or January a low probability of being positive.

Any update on the COVID toes phenomenon?

This is thought to be an immune-mediated reaction to the virus. Patients with this finding usually test negative via PCR.
**Q Do children with suspicious rash need testing?**

If present in the context of additional symptoms (fever, respiratory, GI, etc.), then it is reasonable to consider SARS-CoV-2.

**Q Pediatric News mentions patients are delaying care due to fear of exposure. What has been Nationwide Children’s experience with this in primary care, urgent care, ED setting?**

Nationwide Children’s primary care, urgent care and ED have all seen reduced volumes during the pandemic. This is likely due to social distancing policies, fear of exposure and the willingness to delay care. At our primary care locations, we are working hard to avoid unnecessary delays in well care and vaccinations through continued outreach. We are communicating to parents that their child’s well care and immunizations are important to their health, and reinforcing the many steps Nationwide Children’s has taken to ensure their child’s safety during these visits.

**Q If well visits are used for telehealth, would they be covered through insurance?**

Under the current emergency rule, nearly all CPT codes are being covered for reimbursement, and in nearly all cases, at the same rate as an in-person visit. Once the emergency rule passes, it is unknown if well visits will continue to be covered.

Since Nationwide Children’s doesn’t have the experience of doing well visits by telehealth, we don’t have the experience to know if we would get insurance denials on those. Based on a survey of Children’s Community Practices, affiliated with Nationwide Children’s, the majority of well visits are being reimbursed at parity rates for in-person visits.

**General Practice/Ramping Up:**

**Q When an asthmatic or wheezing child comes into the office (typically coming in for an albuterol aerosol), do we decide if they are stable for home or needs to go to the ED if we don’t do the aerosol or should we have patients bring in their own inhalers and not do aerosols in the office?**

There are many unknowns around the transmission regarding aerosols. In terms of aerosol-generating procedures and nebulized medication, it does generate aerosols, but these aerosols are different than other aerosol-generating procedures such as bronchoscopy or intubation in that the aerosols are generated by the medication. As of now, it is still data unknown in terms of the absolute risk of providing a nebulized medication therapy.

At Nationwide Children’s, we are categorizing that as an aerosol-generating procedure and are requiring an N-95 respirator for administration. That might not be practical or feasible for all outpatient settings depending on the availability of PPE supplies. If possible, try to avoid the use of nebulized medication, by having the family bring in their own NBI and spacer. That would limit potential exposure - although you would need to weigh the risks and benefits case by case.
Q Some primary care providers will do courtesy visits on hospitalized patients – as PCPs are we allowed to access our hospitalized patients even if they are on the hospitalists’ service or do you prefer us not to come in?

We understand the need for continuity of care and would request this type of visit to be done virtually if possible. There might be case-by-case specifics where a virtual visit would not be possible, in which case, providers should contact the inpatient medical team to help facilitate.

Nationwide Children’s continues to expand our capacity to provide virtual options for family members and others to participate in the care of children knowing that we have strict visitor restrictions in place through video conferencing and other technology.

Q Is there a current timeline or plan for reopening the dental clinic evening hours at the Livingston Avenue Center?

Yes. The dental clinic is beginning to come online. The initial focus will be on daytime hours to ensure things are operating appropriately. There is no specific date set for evening hours to reopen but we will continue to slowly add services in June 2020.

Q When do you expect students to return to various services and clinics in the hospital and outpatient setting?

The timing of the return of students will be made based on local transmission patterns and in conjunction with the various health professional schools.

For a full list of resources and updates related to COVID-19, visit NationwideChildrens.org/Provider-COVID19