

Vermont
Medical
Society

2020-2021

THIRD THURSDAY
WEBINAR SERIES

12:00 *pm* to 1:00 *pm*

The logo for the Vermont Medical Society, featuring the text "Vermont Medical Society" in a white serif font on a dark green square background.

Vermont
Medical
Society

THIRD THURSDAY WEBINAR SERIES

Date: March 18, 2021

Title: Practicing in a Pandemic: A Panel Discussion

134 MAIN STREET, MONTPELIER, VERMONT, 05602

TEL.: 802-223-7898

WWW.VTMD.ORG

CME DISCLAIMER

In support of improving patient care, this activity has been planned and implemented by the Robert Larner College of Medicine at the University of Vermont and the Vermont Medical Society. The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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Please watch your email as the Vermont Medical Society will be providing directions following the webinar on how to claim your CME credit.

**CME credit must be claimed within
30 days of participating in the event.**

Vermont Medical Society Third Thursday Webinar Series FY 2021 – Practicing in a Pandemic

Speakers: Trey Dobson, M.D., Matthew Prohaska, M.D., Wendy Davis, M.D., & Katherine Marvin, M.D.

Planning Committee Members:

Jessa Barnard, ESQ, Catherine Schneider, MD, Stephanie Winters & Elizabeth Alessi

Purpose Statement/Goal of This Activity: Join four Vermont physicians who have continued to work during the COVID-19 pandemic, gaining new insight and perspective along the way. This panel will bring forth on-the-ground experience and will allow for in-depth discussion on relevant topics for frontline providers.

Learning Objectives:

1. *Lessons in Leadership & Communication Garnered During the Pandemic:* Dr. Dobson discusses leadership that motivates and inspires staff which results in better outcomes and is easy to achieve for those willing to forgo control.
2. *Adapting Orthopaedic Care to The COVID World with Dr. Prohaska:* Although the medical environment changed due to COVID-19, hips and knees continued to cause pain and dysfunction requiring adaptations at every level, including same day joint replacements.
3. *VCHIP & Pediatric Community Perspective:* Dr. Davis will discuss the VCHIP collaborative work on disseminating timely information during a pandemic.
4. *Primary Care & Telehealth:* Dr. Marvin will present a firsthand account of the effect of the pandemic on primary care and the way in which telehealth was utilized during the pandemic and could be implemented into everyday practice.

Disclosures:

Is there anything to Disclose? Yes No

Did this activity receive any commercial support? Yes No

(The CMIE staff do not have any possible conflicts)

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Lessons in Leadership & Communication Garnered During the Pandemic

March 18, 2021

Trey Dobson, MD

Chief Medical Officer

Southwestern Vermont Medical Center

Dartmouth-Hitchcock Health

State of emergency

- Situation of high apprehension and despair
- Recognized the need for rapid decisions and actions
- “We cannot be paralyzed with anxiety, and we should not be lulled into complacency.”
- Principal versus position
 - Principal – what we need to accomplish
 - Position – how we believe we should go about it

Leadership guided by principal

- Keep our staff safe
- Ensure clarity of responsibilities and accountabilities
- Motivate and inspire to reach desired outcomes

5 things ... lessons in leadership

- Define
- Communicate
- People
- Awareness
- Strategy

Define

“Define yourself as who you are, not what you do.” Simon Sinek

- Inspire and motivate towards outcome
- It is “we”, not “I”
 - When talking about objectives
 - When responding to an inquiry
 - When promoting an accomplishment
- ~~It is my opinion that ..., I believe strongly that ...~~
- I am hopeful that ...

Communicate

“People seek clarity in direction, the satisfaction of doing well, and want to be acknowledged for their performance.” Trey Dobson

- Clear
 - Standardized understanding
- Concise
 - Frequent, even repetitive messaging
- Committed
 - Uncertainty leads to fear and apathy, and it undermines resilience
- Transparent
 - Transparency and familiarity breed trust
- Clear, concise, committed, transparent communication
 - motivates and inspires
 - better outcomes

People

“Opinion, whether well or ill informed, is the governing principle of human affairs.” Alexander Hamilton

- See past the flaws
- Love your people
- Leadership is about motivating and inspiring
 - It is not about control
 - Leadership is, above all, about people

Awareness

“Great leaders don’t set out to be leaders ... they set out to make a difference.” Lisa Haisha

- Vibrant enthusiasm
- There is humility in recognizing what you do not know
- “When I become angry or outraged I become ineffective.”
- “Prosperity and joy comes to those who learn from yesterday, prepare for tomorrow, and most importantly, live for today.”
Trey Dobson

Strategy

“A willingness to change your mind, and even one’s strategy, is key to long term success.” Many

- “My judgments must be made on what is right and necessary and not on what people say and do.”
Leo Tolstoy
- “What matters most to me is not how my actions are judged today but how they are judged when society has comes its senses.”
Trey Dobson
- “Success lies in finding existential joy, even in the face of adversity.”
Trey Dobson

ORTHOPAEDIC CARE DELIVERY AND COVID-19

MATTHEW PROHASKA, MD FAAOS FAAHKS

NORTHEASTERN VERMONT REGIONAL HOSPITAL
ST. JOHNSBURY, VERMONT



ORTHOPAEDICS AND COVID-19

- Pre-COVID 19: Musculoskeletal conditions accounted for 602.3 million medical consultations, 2.2 billion prescriptions, and 21.5 million hospital discharges annually in the United States before the COVID-19 pandemic.
- Mid-March 2020: American College of Surgeons (ACS) and the Centers for Medicare & Medicaid Services (CMS), have recommended postponing or canceling elective procedures/services
 - American Hospital Association estimated losses of approximately \$40 billion per month from cancelled surgeries and services
 - Brown et al. projected 130,001 primary and 12,436 revision hip or knee arthroplasty procedures would occur in a given month during 2020.
 - What is elective?
 - Disabling pain? Ambulatory Dysfunction? Functional Weakness?

ADAPTING ORTHOPAEDIC CARE

- Reduce in-person office visits
 - Phone triage
 - Telemedicine
 - Patient education materials by email, mail or pickup

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Warmup: Be
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Stretch: Aft
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AAOS does not
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Rotat Purpose of Program

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and effective for you, it should
about which exercises will bes

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these muscles strong can reliev

Flexibility: Stretching the mus
Gently stretching after strengt

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• Trapezius muscles (uppe
• Rhomboid muscles (upp
• Teres muscles (supportin
• Supraspinatus (supportin

Length of program: This shot
specified by your doctor or ph
program for lifelong protectio
maintain strength and range o

Getting Started
Warmup: Before doing the fol
riding a stationary bicycle.

Stretch: After the warm-up, d
exercises. When you have con

Do not ignore pain: You shou
any pain while exercising.

Ask questions: If you are not s

AAOS does not endorse any treatments
not intended to serve as medical advice.

Rotator Cuff and Shoulder Conditioning Program STRETCHING EXERCISES

3. Passive Internal Rotation

Repetitions
4 each side
Days per week
5 to 6

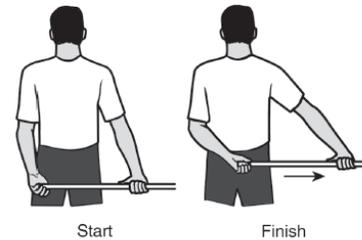
Main muscles worked: Subscapularis
You should feel this stretch at the front of your shoulder

Equipment needed: Light stick, such as a yardstick

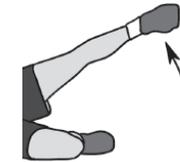
Step-by-step directions

- Hold a stick behind your back with one hand, and lightly grasp the other end of the stick with your other hand.
- Pull the stick horizontally as shown so that your shoulder is passively stretched to the point of feeling a pull without pain.
- Hold for 30 seconds and then relax for 30 seconds.
- Repeat on the other side.

Tip Do not lean over or twist to side while pulling the stick.



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4. Passive External Rotation

Repetitions
4 each side
Days per week
5 to 6

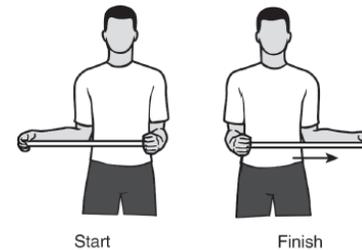
Main muscles worked: Infraspinatus, teres minor
You should feel this stretch in the back of your shoulder

Equipment needed: Light stick, such as a yardstick

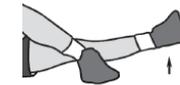
Step-by-step directions

- Grasp the stick with one hand and cup the other end of the stick with the other hand.
- Keep the elbow of the shoulder you are stretching against the side of your body and push the stick horizontally as shown to the point of feeling a pull without pain.
- Hold for 30 seconds and then relax for 30 seconds.
- Repeat on the other side.

Tip Keep your hips facing forward and do not twist.



increase the resistance
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(Thighbone)

lar Cartilage

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inbone)



rthritic knee

AAOS does not endorse any treatments, procedures, products, or physicians referenced herein. This information is provided as an educational service and is not intended to serve as medical advice. Anyone seeking specific orthopaedic advice or assistance should consult his or her orthopaedic surgeon.

as an educational service and is
orthopaedic surgeon.

ADAPTING ORTHOPAEDIC CARE

- Reduce in-person office visits
 - Phone triage
 - Telemedicine
 - Patient education materials by email, mail or pickup
- Reduce hospital resource utilization for “elective” procedures
 - Push as much as possible to outpatient
 - Identified by Iorio et al. and others as the key to resuming orthopaedic care
 - Avoid COVID-19 spread to patients or staff (CDC and Vermont guidelines)
 - Test everyone
 - Avoid aerosolizing anesthesia in favor of regional and spinal

TELEMEDICINE . . . AND ORTHOPAEDIC LIMITATIONS

- Two high-quality randomized controlled trials of telemedicine in orthopaedics (Buvik et al. and Seeley et al.) showed similar patient satisfaction with in-person visits
 - Videoconferences took place at regional medical centers with trained clinicians onsite and radiographs performed on site prior to consultation.
- Limitations
 - Musculoskeletal exam (palpation, joint stability, sensation, strength, provocative tests, etc.)
 - Imaging
 - Patient Technology
 - In the Northeast Kingdom, there is a low rate of broadband access with low technology literacy
- Patient visit groups suited for all types of telemedicine
 - Follow-up not requiring imaging
 - Chronic musculoskeletal conditions

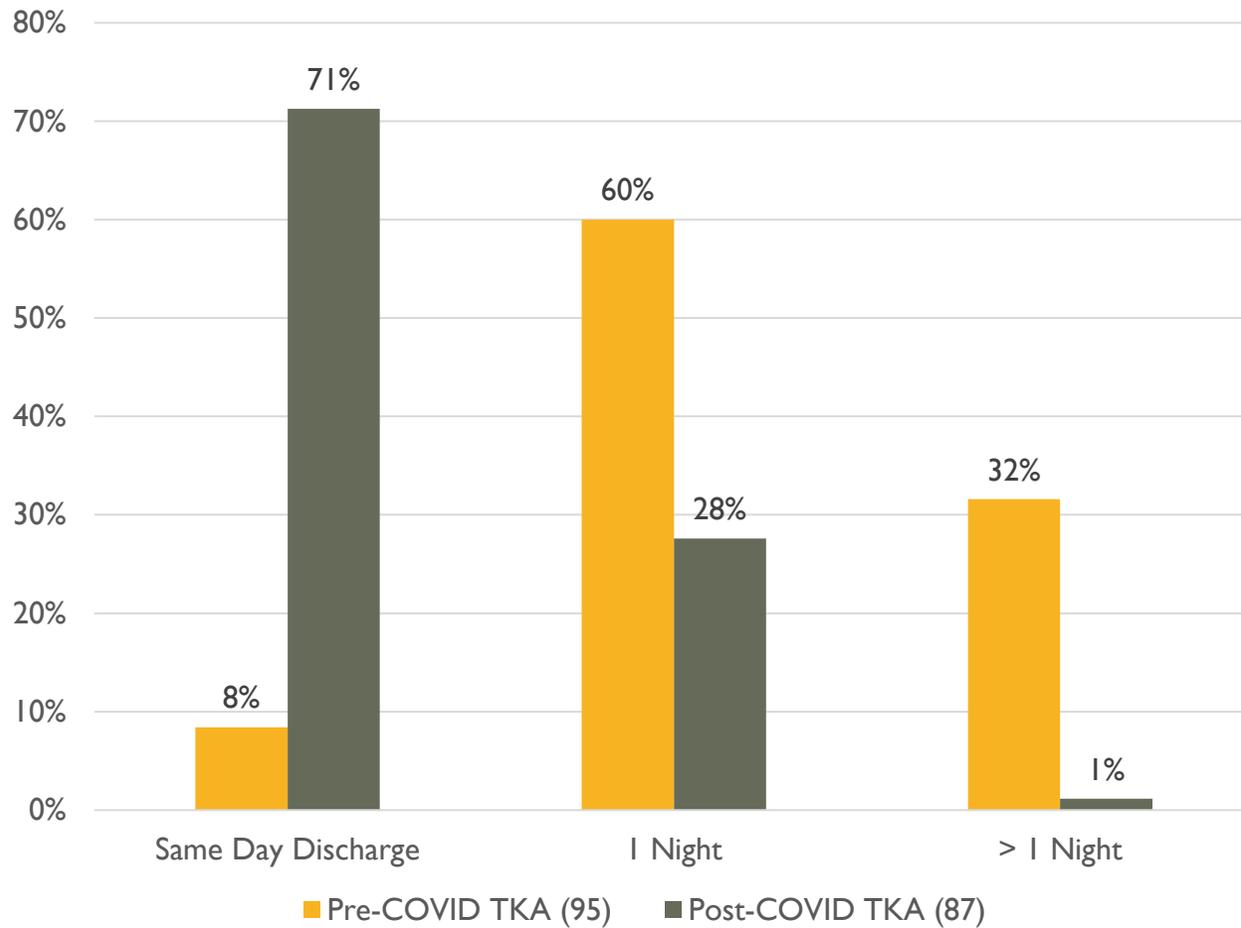
PROVIDING OUTPATIENT JOINT REPLACEMENT DURING COVID-19

- Hip and knee arthroplasty improves quality of life
- Multiple guidelines hinge resumption of arthroplasty on limiting inpatient utilization
- Prior to COVID-19 there was a trend to shorter, expedited stays
 - COVID-19 served as a springboard
- Outpatient and Same Day Arthroplasty:
 - No difference in adverse events or outcomes when compared with inpatient stays or if performed in a hospital or ambulatory surgery setting
 - No difference between Medicare and non-Medicare populations
 - **Most studies/centers have risk stratification internal medicine teams

PROVIDING OUTPATIENT JOINT REPLACEMENT DURING COVID-19

- 2018 position statement from American Academy of Hip and Knee Surgeons (AAHKS) and American Academy of Orthopaedic Surgeons (AAOS)
 - Patient selection
 - ASA 3 or 4, Advanced Age, Poor Preop Function or Home Support
 - Patient Education
 - Printed and Direct Communication of Expectations
 - Social Support
 - Education and Home Health Services
 - Clinical and surgical team expertise
 - Hospital wide agreement to focus on efficient and enhanced recovery
 - Conducive facility environment – same day area of hospital
 - Evidence-based pathway for:
 - Pain management – spinal, regional, peri-articular blockade, multi-modal pre and post
 - Blood conservation – TXA and operative time
 - Wound Management – subcuticular closure, extended duration dressings
 - Mobilization – with PT (up from chair, walk 100 feet, ascend/descend 1 flight)
 - VTE Prophylaxis – Aspirin 81 mg BID (unless on preop anticoagulation)

Total Knee Replacement Before and After COVID-19



TKA AND HOSPITAL STAY

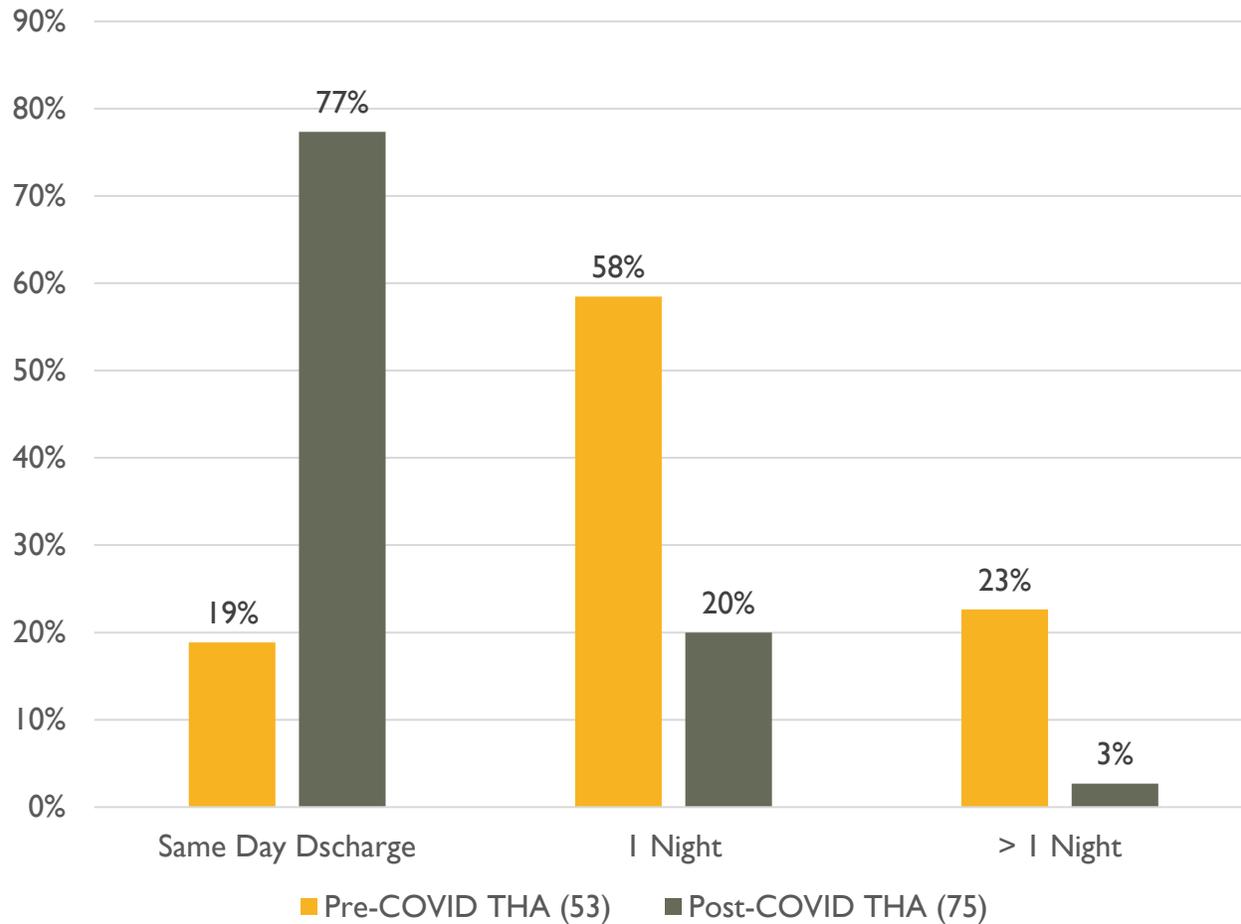
No Significant Difference ($p=0.06$):

- Pre-COVID Age: **66.6 (36-87)**
- Post-COVID Age: **64.3 (31-85)**

Significant Difference ($p<0.0001$)

- Pre-COVID OR Time: **107 min**
- Post-COVID OR Time: **97 min**

Total Hip Replacement Before and After COVID-19



THA AND HOSPITAL STAY

No Significant Difference ($p=0.11$):

- Pre-COVID Age: **67.8 (48-87)**
- Post-COVID Age: **65.8 (43-90)**

Significant Difference ($p<0.0001$)

- Pre-COVID OR Time: **103 min**
- Post-COVID OR Time: **82 min**

ORTHOPAEDIC CARE DELIVERY DURING COVID-19

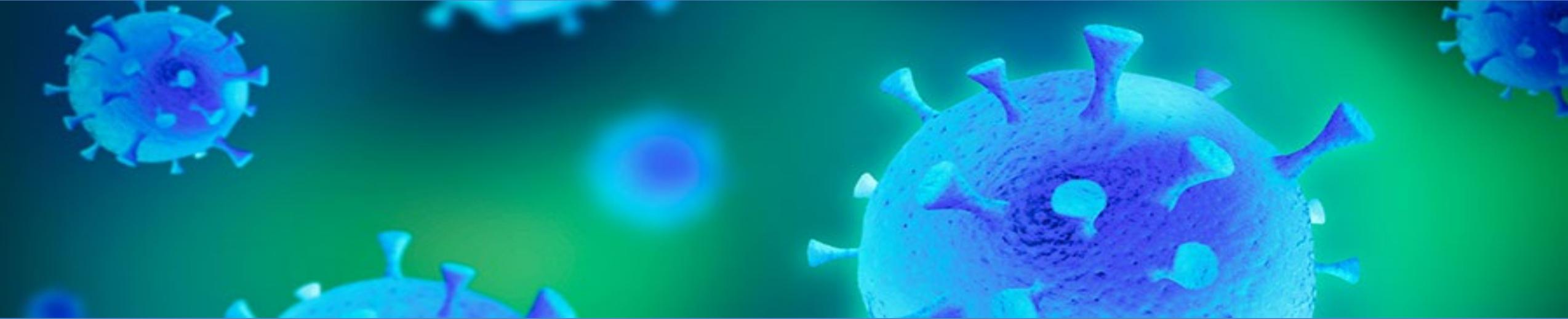
- Triage and provide patient information early
- Take precautions but still see patients for vital exam and imaging
- Move as much surgery as possible to the “Same Day” and “Outpatient” world
- Thanks for your time, please feel free to contact me:
Matthew Prohaska
m.prohaska@nvrh.org



**FOUR SEASONS
ORTHOPAEDICS**

NORTHEASTERN VERMONT REGIONAL HOSPITAL

*VMS Thursday Webinar Series: Practicing in a Pandemic
VCHIP & the Pediatric Community Perspective*



*Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program
Department of Pediatrics, Larner College of Medicine, UVM
March 18, 2021*

Overview

Objectives

- Understand the integrated response by public & child health professionals (including the Vermont Child Health Improvement Program/VCHIP's CHAMP practice network) & community partners, supporting Vermont's unique approach to pediatric pandemic response
- Describe structure, content/sources, themes, and work products emerging from collaborative calls (example: *school reopening*)
- Consider the road that lies before us!

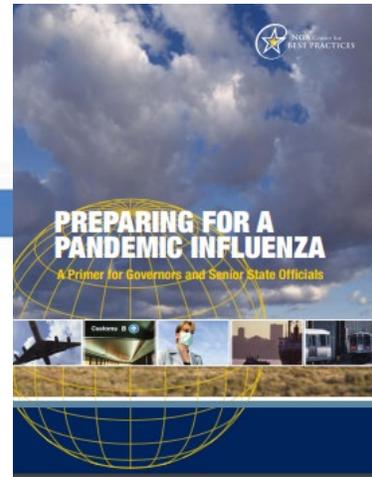
[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we're providing today may change quickly]

Vermont Child Health Improvement Program & Vermont Dept. of Health **Integration** to Support Child & Family Health Improvement

- **Partnerships:** Maternal & Child Health/Vermont Department of Health (MCH/VDH), Vermont Child Health Improvement Program (VCHIP) & the Vermont Chapters of the American Academy of Pediatrics (AAP-VT) and American Academy of Family Physicians (VAFP)
- Annual **grant funding** from VDH to partners to support attainment of mutual goals: **improved** child & family health care delivery & (population health) **outcomes**
- Expansion to include **multiple disciplines and community partners, family engagement**
- **Public Health – Primary Care Integration Work Group**
 - ▣ Forum to rapidly address **emerging issues**
 - ▣ **Implementation infrastructure**



Preparing for a Pandemic Influenza (2006)



- The effects of a pandemic flu will be broad, deep, and simultaneous, and states must focus resources to ensure continuation of essential services.
- Medical response capability in a pandemic will be limited, strained, and potentially depleted during a pandemic, and other measures will be needed to control the spread of the disease
- A pandemic will force many key decisions to be made in a dynamic environment of shifting events, and **partnerships** must be built now and tested to ensure appropriate and rapid action.

<https://www.nga.org/wp-content/uploads/2020/02/Pandemic-Influenza-Primer.pdf>

2009 H1N1 Pandemic – Lessons Learned

- ❑ Disconnect between federal and local pandemic planning and management recommendations
- ❑ Variable screening and treatment practices across facilities/ practices within local communities
- ❑ Demand for clinical services by ill and ‘worried well’ patients exceeded capacity
- ❑ Availability of key medications and supplies limited service delivery and placed patients & staff at risk
- ❑ Impact of the pandemic on healthcare staff further reduced service capacity at all levels of care
- ❑ Impact on key safety net services threatened; patient care quality and safety

March 5, 2020: “Preparing” for COVID-19

- **Vermont Health Alert (HAN)** – *“At this time, most individuals in the U.S. have little immediate risk of exposure to the virus, and the virus is not currently spreading widely in the U.S. Health care workers caring for patients with COVID-19, close contacts of persons with COVID-19, and travelers returning from affected international locations where community spread is occurring are at higher risk. The situation is rapidly evolving.”*
- Health Operations Center (HOC) activated late Jan./early Feb.
- HOC is a branch of State Emergency Operations Center (SEOC)
 - Latter coordinates statewide assets (e.g., first responders to VNG)

And then...

- March 7, 2020 – first Vermont Case
- (Monday) March 8th – Maternal & Child Health (MCH) leaders joined Health Operation Ctr. (a **branch** of State Emerg. Ops Ctr.)
- March 9 – discussed school closure decision-making w/Vermont Agency of Education; estab. school/childcare hotline for admins.
- March 10 – Patsy Kelso, VT State Epidemiologist and Breena Holmes, MCH Director, assigned to school closure phone calls; added childcare team from Department for Children and Families to planning; first school and childcare guidance released
- March 11 – SEOC activated w/unified command & HOC in parallel

March 2020 Timeline (cont'd.)

- March 11 – UVM Children’s Hospital Pediatric Medical Staff discussion of school/childcare closure procedures, first school closing
- March 13 – meeting between VDH/MCH and Vermont Child Health Improvement Program leadership: ***“How can we help?”***
- March 13 – Governor Scott Executive Order: Declaration of State of Emergency in Response to COVID-19 and National Guard Call-Out
- March 15 – Governor Scott orders closure of public schools by March 18
- **March 18: Inaugural VCHIP CHAMP-VDH COVID-19 Update Call!**

VCHIP/CHAMP – VDH – COVID-19 Update Calls

- ❑ **CHAMP:** Child Health Advances Measured in Practice – statewide practice network of pediatric and family medicine practices engaged in practice-based quality improvement to improve health care delivery/outcomes
- ❑ **Background:** at onset of COVID-19 pandemic in Vermont (first presumptive case announced 3/7/20), VCHIP & Maternal and Child Health (MCH) Division at Vermont Department of Health (VDH) agree to leverage existing partnership to assure timely dissemination of credible, accurate information.
- ❑ **WHAT:** topics include situation updates, latest epidemiologic data, public health/clinical guidance, practice adaptation/innovation strategies to assure continuity of care and sustain practice viability.
- ❑ **HOW:** VCHIP & VDH moved quickly to host series of webinars (AdobeConnect) – slide presentation accompanies each call; call leadership shared by Dr. Wendy Davis, general pediatrician and senior faculty at VCHIP, and Dr. Breena Holmes, general pediatrician and then Director of MCH at VDH (now physician advisor to VDH & VCHIP Senior Faculty)



VCHIP/CHAMP – VDH – COVID-19 Update Calls

- **WHEN:** began **March 18, 2020**, 4 days/week (M, W, Th, F) from 12:15-12:45 (revised to M/W/F at beginning of July) – **celebrating our “anniversary” this week!**
 - ▣ **Goal:** provide support to network members in their unique role as primary care providers in responding to the COVID-19 pandemic; leverage this network to reduce duplication and complement existing efforts.
 - ▣ Initial **target audience** = 50 VT pediatric/family medicine practices that comprise VCHIP’s CHAMP Practice Network (participate annually in chart audit & child/family health QI projects); quickly expanded to include broad array of community partners, including child- and youth-serving state agencies and organizations
 - ▣ **Logistics:** continuous process improvement in response to feedback from participants regarding content, format, call schedule and timing
 - ▣ VCHIP web site hosts archive of slide presentations, supporting materials, call recordings, and streamlined Q & A document

VCHIP/CHAMP – VT Dept. of Health – COVID-19 Update Calls

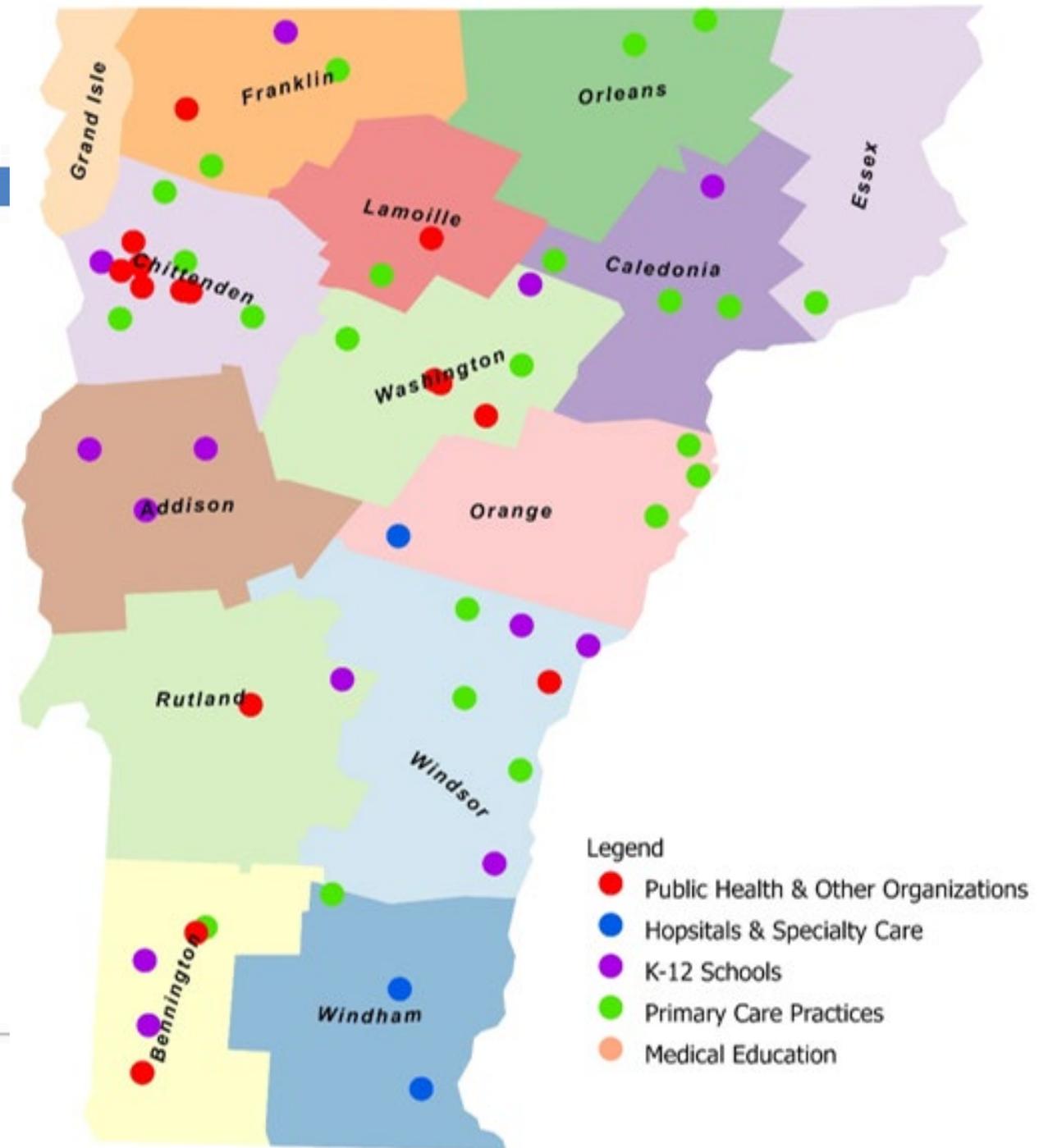
- ❑ **Content:** streamlined, child & family-focused clinical guidance, virtual sharing of strategies about how practices respond to the pandemic (e.g., how to triage, provide testing and clinical care, including via telehealth), opportunity for Q & A with experts (questions that could not be answered immediately are addressed in a timely manner and shared with participants on subsequent calls and/or via email)
- ❑ **Presenters:** (excluding call facilitators) PCPs (12%), specialists (20%), VDH (10%), LCOM/UVM MC trainees (6%); insurers; OCV; VMS/AAP; other State of VT
- ❑ **Volume: 165 calls as of today!**
- ❑ Call presentations, materials, Q & A documents and recordings may be accessed at: http://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- ❑ **Archived** materials may be accessed at: http://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_archived_information
- ❑ Includes links to key guidance documents and references

Call Participant Summary

~**680 unique participants*** joined at least one call, including representatives from:

- **21** K-12 schools across 8 counties
- **70** primary care practices across 12 counties
 - ▣ 80% are in the CHAMP Network
- **38** health related organizations
- **24** clinical subspecialties

[*14,806 total attendees on calls (includes repeat attendees)]



State of Vermont Look Back: Timelines & Topics

- March: Vermont's Initial Reaction to COVID
- April: Modeling for Hospital Capacity
- May: Modeling Vermont's Economic Restart
- June: Opening Vermont to Leisure Travel
- July: Monitoring for Outbreaks
- August: Modeling & Monitoring Higher Ed Restart
- September: Modeling K-12 Restart
- Fall/Winter: Tourism, Cold Weather and Flu Season
- December – January: **COVID-19 Vaccine!**

Courtesy Michael Pieciak, Commissioner, VT Dept. of Financial Regulation

VCHIP-VDH COVID-19 Call Themes

- March-April: primary care delivery adaptations (telehealth!); safety (PPE); correct coding/billing/payment; specialty & inpatient (newborn) care delivery
- April: psychosocial impact on children & families – social-emotional and mental health; vigilance for abuse & neglect; emerging info MIS-C
- May: reopening child care; COVID testing; **racism & child health**
- June – July: reopening schools
- August – **pediatric data** (AAP)
- September – schools; sports; (routine) vaccines; home-based svc. delivery
- October – November: schools; adult “algorithm”
- December – January: COVID-19 vaccine!
- **February – March:** vaccine (cont’d.); cardiac risk/return-to-activity post-COVID; preparing for increased in-person school (April), summer, fall

AAP (National) Pandemic Response



Operations

- 3/6/20: CEO/EVP Mark Del Monte establishes internal COVID-19 Work Group (wk. of 3/16/20: AAP HQ (IL) & DC offices transition to mandated telework (IL/DC SIP)

Advocacy: financial relief, addressing racism, telemedicine, vaccine policy

- November, 2020 – [Transition Plan: Advancing Child Health in the Biden-Harris Administration](#) (26 child health issues; >140 recommendations)
 - ▣ Early & now ongoing engagement with Biden-Harris Administration (CDC, DHHS, DHS, etc.)

Education for Clinicians: “Interim Guidance” (contrast w/usual policy development)

Education for Parents: HealthyChildren.org (parenting web site)

Communication: COVID-19 Web Page (critical updates); COVID-19 Mailbox (member inquiries); COVID-19 Discussion Board; COVID-19 ECHO Series

Vermont School & Child Care Reopening (Success) Story

- Early declaration as “mission critical”: (learning, social emotional well-being, connection; access to healthy food; supports for children/youth in difficult home situations; physical activity)
- Followed the data, science, expert opinion
- Formed a multidisciplinary Task Force (a national recommendation)
- Developed “Safe &
- Companion guidance as needed
- Continued community outreach/engagement:
 - ▣ child care & school communities; home based service providers; mental health professionals; hospital system leaders, Agency of Human Service Departments
- AAP-VT Advocacy: press releases; trips to “the podium”



Safe and Healthy Schools Task Force: Original/Current Frame

- Decrease risk of individuals infected with COVID-19 from entering the school
- Decrease transmission of COVID-19 among staff and students
- Quickly identify individuals with COVID-19 and put containment procedures in place
- Ensure that the special needs of students with physical, emotional and behavioral concerns are thoroughly addressed in a fair and equitable manner
- Communicate regularly with staff, students, families and the community
- Ensure that COVID-19 health guidance safeguards an equitable educational experience for all students

Key Findings in Vermont (& U.S.) Schools

- Children are less likely to become infected
- Children are less likely to develop severe disease
- Young children are less likely to transmit SARS-CoV-2 virus
- Opening schools does not appear to lead to an increase in cases when community prevalence is low
- Risk of school outbreaks increases when community prevalence is high, and prevention measures become even more critical
- Closing schools has significant adverse impacts on children's education, health, and development and reduces equity

Lessons Learned



- ❑ Our decades-long history of public health – health care integration was an essential foundation for the pediatric COVID-19 response
- ❑ Pediatric population garnered little attention in initial response
 - ▣ Decreased transmission/severity; lack of robust attention to data collection
- ❑ Public health/health care leadership had to **create** the table for childcare and schools – no table to join in early COVID-19 response
- ❑ Intersection of **Science-Common Sense-Public Policy** requires constant navigation – collaborative calls provided sustained venue for that nexus
- ❑ National guidance & advocacy helpful but require local adaptation

The Road Ahead



. . . is long, and uncertain.

- ❑ Undulating rates of cases/hospitalizations
- ❑ Encouraged by recent national/regional/state case stabilization
- ❑ Vaccines: good news/unknown news
 - ▣ Roll-out ongoing; following efficacy against emerging variants; role of vaccine hesitancy with COVID-19 vaccine & pediatric catch-up
- ❑ Addressing mental/social/emotional health of patients, families, communities, **colleagues** (especially our health care trainees)
- ❑ Our commitment: continue this partnership – seek feedback to continuously improve our process, content, and guidance.

PRACTICING IN A PANDEMIC

Katie Marvin MD

Lamoille Health Partners, aka Stowe Family Practice

A look back on primary care in 2020.

March 2020

- Post-apocalyptic drives to work...

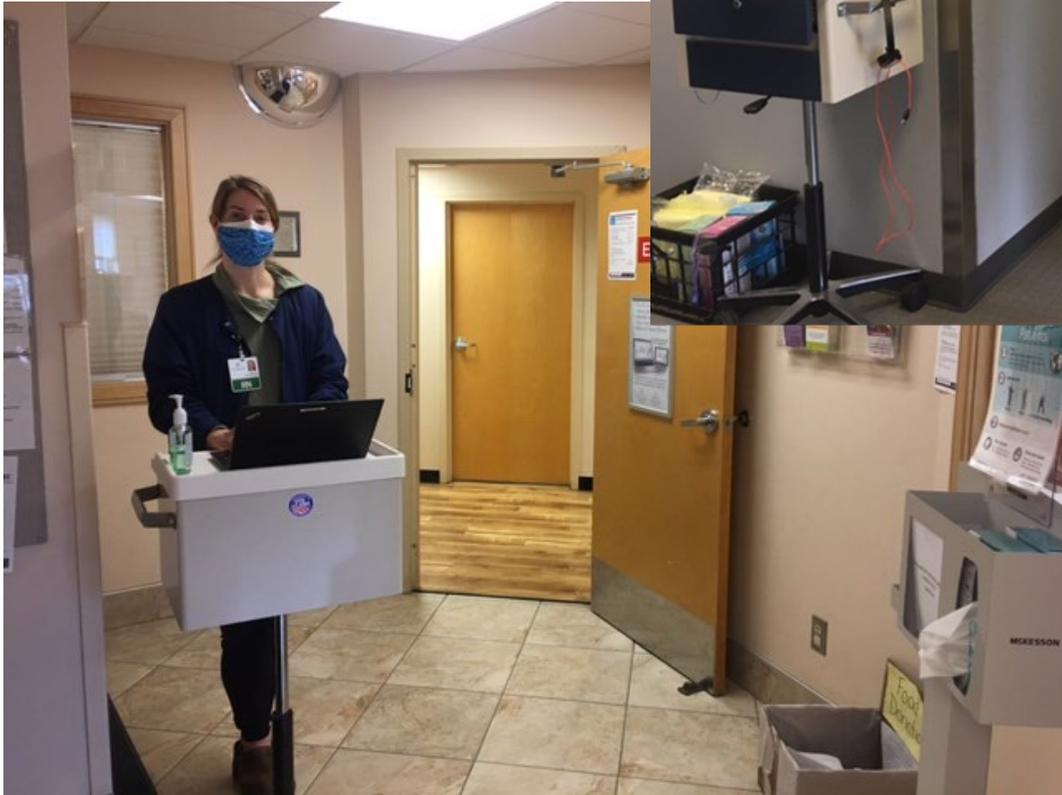


It's ok to be afraid – but also be brave.

- Fear
 - NO PPE or N95s
 - Few tests, no vaccine, no clue...
- Financial
 - Insurance companies were not paying for telehealth
 - Furlough staff and nurses (in a pandemic!), pay cuts for docs
- Family
 - Concern for myself, my family, my parents
 - 3 Kids home in remote school, husband working full time
- Future
 - Primary care was already struggling.... Now this....



April 2020:
let's do this.





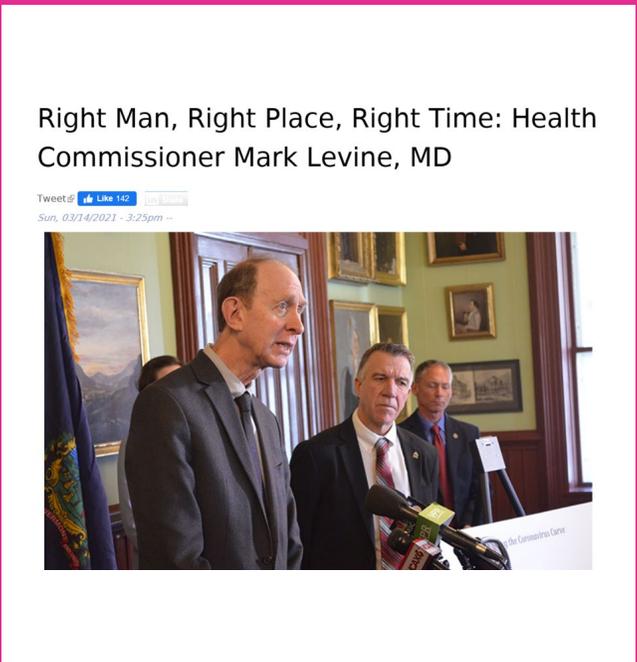
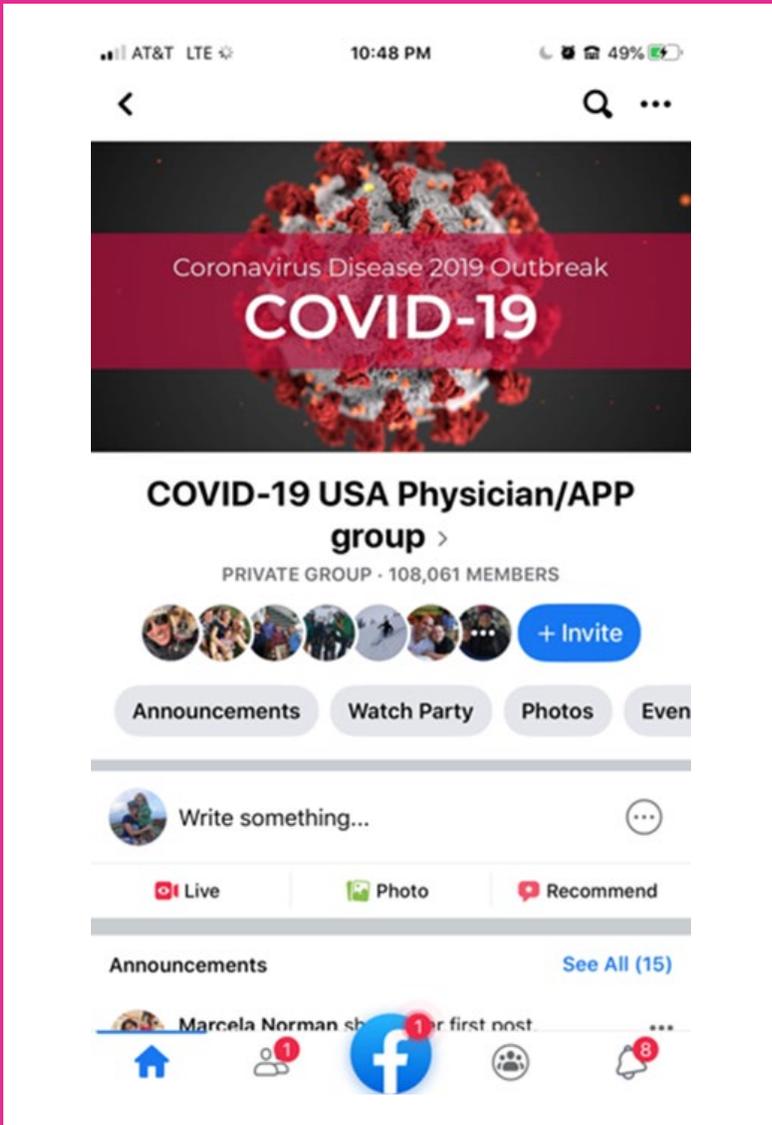
Keeping the medical home open

- The “achilles heel” of covid – chronic conditions demand ongoing management
 - DM, HTN, COPD
- Vaccinating babies and children
- MAT patients – don’t forget the “other epidemic”
- Mental health
- Elderly care: home visits, tele, in-person
- **Injuries, illnesses and breakdowns – they all came here.**
- **We can’t and didn’t close our doors**
 - But plans changed frequently on managing patient flow

Silver lining

- Office morale
 - Community partners
 - Listening legislators
 - Highlighting health disparity
 - Wearing scrubs
-
- Personally:
 - Using evidence to open our school
 - The long trail and time with family

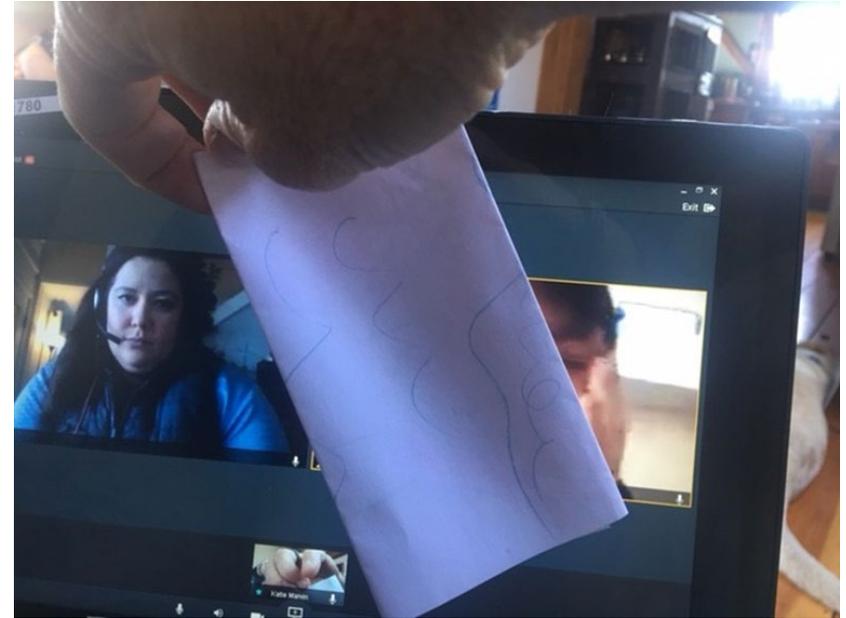




RESOURCES- VCHIP, VDH, VMS & OTHERS

Telehealth – here to stay

- Never more than 25%, but worth keeping
 - Covid positive or unknown patient care
 - Elderly
 - Mental Health – better attendance
 - MAT – alternating months
 - College kids
 - The “free” 30 minute phone call after hours...
 - Video frequently not possible due to Vermont internet issues
 - Snow days (bad weather)
- Will never replace in-person visits, but primary care needs this



Family medicine: a quiet hero

We never closed

We managed 80% of covid cases as outpatients

We continued to manage acute and chronic medical conditions as usual

We regained a lot of the things that often unnecessarily go to specialty care (ortho, endo, gyn, dermatology), saving people time and money

We advised our schools and communities

We adapted to meet our patient's needs

