Due to the COVID-19 pandemic, pediatric primary care practices are facing unprecedented cancellations by patients who have scheduled well-child visits and/or vaccinations. These cancellations can be detrimental to patient well-being and to the viability of primary care practices. As schools and other children’s learning and leisure time settings prepare for re-opening, providers should anticipate and prepare for a rapid increase in the demand for well-child services.

On May 8th, 2020, the American Academy of Pediatrics (AAP) revised its initial recommendations for delivering well-care during COVID-19 such that:

- All well-child care should occur in person whenever possible and within the child’s medical home where continuity of care may be established and maintained.
- Practices who have successfully implemented telehealth (audio and visual) to provide appropriate elements of the well-child exam, should continue with telehealth, followed by a timely in-person visit.
- Providers may initiate well-child visits through telehealth, recognizing that some elements of the well exam should be completed in-person. These elements include, at a minimum:
  - comprehensive physical exam;
  - office testing, including:
    - laboratory testing;
    - hearing, vision, and oral health screening; fluoride varnish; and
  - immunizations.

Well-child care should be consistent with Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule).

The following checklist will walk you through special considerations for your practice during COVID-19 pandemic.

**PREPARE THE OFFICE SETTING**

- Arrange waiting area with chairs at least 6 feet apart
- Mark check-in line to enable 6 feet distance between patients checking in
- Prepare one ultra-clean room for vaccine administration only
- Offer curbside or drive-through vaccinations (prepare back-up for inclement weather)
- Dedicate Saturdays (or other day of the week) for vaccination catch-up only
- Schedule well visits in the morning (newborns first) and sick visits in the afternoon
- Ensure adequate supply of PPE for patients, families, staff, and clinicians
- Provide check-in area/staff with plexiglass
- Maintain easy access to hand sanitizer at front entrance and other high-traffic areas
- Request co-pays/co-insurance using credit/debit cards rather than cash
- Consider using the increasingly common practice of having patients call into the office when they arrive, wait in the car for their appointment time, and receive a call when the room is ready. Take the patient immediately to the exam room, without utilizing the waiting room at all. This, of course, requires the parent has a cell phone.

**IDENTIFY PATIENTS NEEDING CATCH-UP WELL-VISITS AND VACCINES**

Query your EHR for your patients who are:

- More than one month behind in vaccination(s) (per 2020 ACIP immunization schedule) cdc.gov/vaccines/acip/recommendations.html
- Behind in well-child visits, per Recommendations for Preventive Pediatric Health Care downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

The NC AHEC Program would like to acknowledge the valuable contributions of Sam Cykert, MD; Emily A. Hannon, MD, IBCLC; Sara B. Page, MD.
If community circumstances require limiting in-person visits, AAP urges providers to:

- Prioritize in-person newborn care, newborn well visits and immunization of infants and young children through 24 months of age whenever possible.
- Continue well visits for children through telehealth, with the acknowledgement that some elements of the well exam will occur 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.
- Conduct acute or chronic care via telehealth and complete some elements of the acute or chronic care visit in clinic as indicated and when circumstances permit.

TIPS FOR CONTINUING PRACTICE FLOW DURING COVID-19 PANDEMIC

- Consider allowing sibling well-child visits (parents may prefer going to the office once instead of twice as it is more aligned with guidance on social distancing).
- Implement a consistent schedule for telehealth visits and for in-person visits to enable smooth patient flow.
- Allow extra time during the patient’s first telehealth visit for visit “check-in,” start-up, and orientation to telehealth technology.
- Telehealth visits typically end when patient-provider communication ends. For this reason, it is important for a practice to have a process for prompt patient contact to schedule next appointment, ensure the patient knows their next steps if the provider ordered any labs or screening/diagnostic tests, and to collect feedback on the telehealth experience.
- While the Federal Government has relaxed some of its HIPAA requirements for telehealth during the COVID19 pandemic, providers should aim toward a sustainable telehealth solution that is fully HIPAA compliant.
- ZOOM is a preferred method for American Sign Language (re: bigger screen).
- If your EHR has bi-directional data sharing with the NC Vaccine registry, query the registry for your patients’ vaccination status.
- Engage with NC HealthConnex. It can help providers working either in the office or remotely in the following ways:
  a. Provides access to secure, web-based patient’s longitudinal record across healthcare settings.
  b. Enables practices to view patient history, hospital and ER admissions/discharges, vaccinations, and lab test results (especially as they relate to COVID-19 and other respiratory or influenza diagnosis codes) as they become available via participant EHRs.
  c. Enables direct (electronic) messaging between providers.
  d. NC HealthConnex information is available at: hiea.nc.gov/providers/how-connect

SCHEDULE THE WELL-CHILD VISIT

- In-person only or
- Hybrid
  - Telehealth for some elements
  - Followed by in-person for the remaining elements

According to the AAP, all components of the well-child check should occur in-person for patients who are 24 months of age or younger.

If a family is reluctant to come to an in office well-child visit and needs vaccination, combining a telehealth visit and drive through vaccination is an acceptable solution.

WELL-CHILD ELEMENTS & SUITABILITY FOR TELEHEALTH

<table>
<thead>
<tr>
<th>Bright Futures Element (refer to periodicity schedule)</th>
<th>Suitable for Telehealth?</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Yes</td>
</tr>
<tr>
<td>Anticipatory guidance</td>
<td>Yes</td>
</tr>
<tr>
<td>Measurements (e.g. heights, weight, BP)</td>
<td>Contingent upon home equipment &amp; provider/patient preference</td>
</tr>
<tr>
<td>Developmental/behavioral health screenings and assessments</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral health screen/flouride varnish</td>
<td>No</td>
</tr>
<tr>
<td>Hearing and vision (sensory screening)</td>
<td>No</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>No</td>
</tr>
<tr>
<td>Administer vaccinations</td>
<td>No</td>
</tr>
<tr>
<td>Tests: Anemia, lead, tuberculosis, dyslipidemia, STD, HIV, cervical dysplasia</td>
<td>No</td>
</tr>
</tbody>
</table>

Note: Lactation assistance is also suitable for telehealth.

ADDITIONAL RESOURCES

- Stanford video for providers on “presence” during telehealth visits youtube.com/watch?v=DbLjEsD1XOJ
- NC DHH COVID-19 covid-19.ncdhhs.gov
- Centers for Disease Control and Prevention cdc.gov/coronavirus/2019-ncov/hcp/index.html
- NCDHHS COVID-19 covid19.ncdhhs.gov