Transcript for Clinical Quality Webinar Series: Immunizations and Keeping Kids Well
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5:30-6:30 pm

Presenters:
Dr. Tom Wroth, President, CCNC
Hugh Tilson, Director, NC AHEC
Dr. Shannon Dowler, Chief Medical Officer for NC Medicaid

Hugh Tilson:

Good evening everyone, it's 530 let's get started. Thank you so much for participating in this evening's webinar for Medicaid providers. Tonight's webinar is part of a series of informational sessions we're calling them fireside chats that are put on by NC Medicaid, CCNC and supported by AHEC to support providers during the transition to Medicaid managed care. We'll put on these fireside chats twice a month the first Thursday will be on Medicaid managed care generally. And the third Thursday like today will be on relevant clinical and quality issues. Next slide please. My name is Hugh Tilson I'll be moderating our webinar tonight. As you can see we have an ambitious agenda with lots to cover. In addition to getting updates and providing other timely information we're going to ask you for your thoughts and opinions do some polling. And at the end we'll turn to your questions. Next slide please. I'll turn it over to Tom in just a couple seconds but want to run through some quick logistics. If you need technical assistance with anything, email us at technicalassistanceCOVID19@gmail.com I want to let you know that the slides are going to be available on the CCNC website. And I think Paul is going to put the link to them in the q&a box so you can get them, you may not be able to use a link directly may have to cut and paste them because I'm going to hot links don't work but I do see that they are in there. So if you want the slides go get them. I want to remind you that all of our participants are muted other than our presenters. So you can ask questions two ways of questions at the end, either use that q&a feature where the link to the slides are, or send us an email at questionsCOVID19webinar@gmail.com. We will provide these slides and our transcript and a recording of the webinar, as soon as possible. And let me now turn it over to Tom.

Dr. Tom Wroth

Hey everyone this is Tom Wroth from CCNC thank you all so much for coming out tonight. We're gonna put you to work a little bit and do this, polling function through zoom. And, as always, the first question is kind of a softball, to get warmed up. So poll number one Nevin if you can pull that up for us. All right, the vaccine that families are most resistant to in your practice is, MMR, HPV, influenza, varicella, meningococcal or no my patients all love getting their vaccines. And go ahead and vote. Soon as we get enough responses we'll get. See what folks said here. I think I know the answer is but.

Hugh Tilson

Tom got a question says how do you vote. I think you just click on the circle and click that right, in the recipient.

Dr. Tom Wroth

Alright, here we go. Alright, looks like HPV is the winner at 48% and 36% influenza and third place MMR very interesting, great so we'll close that one out. And sometimes the if the poll is staying there on your screen you may have to X that out. Let's go to the next slide we're going to do one more polling question before we move on to Dr. Dowler. So poll number two. Since August and the start of the keeping kids well initiative which we'll hear more about, immunization rates are back to normal for our practice, decreased around 25%, decreased around 50%, or I don't know. Let's go ahead and finish that poll and see what folks think about that. Alright now. Okay, interesting so overall people say, 29% decrease around 25% and 20% back to normal so that's encouraging the number that are back to normal, but still about 10% decrease are more than around 50% and then, of course, a lot of us aren't totally sure about that. So, Shannon that's an interesting tee up for the next couple of slides so I'll turn it over to you.

Dr. Shannon Dowler

Great. Thanks, Tom. Thanks everybody for joining us tonight. I am still in clinic, so I have to have my mask on. It's not because I'm hiding from you, but I'm excited to be here with you tonight and one of the things we really wanted to talk about is why we're talking about the vaccines public health has made a big push over the last month or so on really driving immunization rates up, I think, as well we have this keeping kids well campaign where CCNC, AHEC and the Department have worked together to increase vaccine rates, and that's because we've seen really significant decreases. So if you got to the next slide. You want to hit this one Tom.

Dr. Tom Wroth

Sure Shannon yeah just real quick I mean I think as we start to look at the national level, these are some really striking pictures showing that for these are the two bars are less than two year olds and then two year olds to 18 year olds, really a marked decrease in immunizations when COVID really hit, you can see around March, the rates for especially older than two year olds go way down probably decrease 80% to 90% or so, and then a big reduction in less than two year olds but you can see we started to prioritize bringing in are less than two year olds to get them vaccinated. So you can, an encouraging thing going through April is those rates creeping up. And then this is national data and then we'll start looking at some North Carolina data so over to you.

Dr. Shannon Dowler

Yeah, so it's one of the great things is between our quality team over at Medicaid and Tom's shop over at CCNC. We've got really robust data. So Nevin if you'll go to the next slide. What you see first, at first glance, is that significant drop off. When you look from January February and then all of a sudden and

March and we hit a -- in April late April that the vaccines just dropped out and they really didn't start climbing, until you see around mid August there suddenly a push in vaccines are coming up. We know that's the work of all of you out there in your clinics working so hard to help close care gaps, as we saw more and more care gaps occurring we started getting really afraid. And I think one of the things we're really concerned about this year. Certainly I am is around influenza. And I'm concerned about the impact of influenza if people have both COVID and influenza. So getting them into your office and getting them vaccinated is so important right now but it's not just the catch up vaccines, but we're kind of thinking about all comers. So tonight we're going to talk about a lot of different kinds of vaccines, including the covid vaccine.

So next slide. We have to report measures, nationally, and as a matter of fact, the new scorecard will be out soon, which will compare us against other states, then how we perform on vaccines and North Carolina Medicaid. What we know is historically, we're not doing so great, the combo 10 is a really tough one. It's all those 10 vaccines by the age of two for beneficiaries and, and we're not about 35% is the 2019 rate. So, three out of 10 kids have completed that combo 10 by the time they're two. That's pretty low compared to other states, but not the lowest we certainly have performed better than quite a few other states. Our immunizations for adolescents. The combination of the meningococcal and the tetanus we do actually pretty well compared to other states and our HPV is one of our lagging ones. So we're pretty far behind other states although we have had some increases over time.

Next slide. This is a really interesting you've seen some of the slides like this that I've shown you around telehealth utilization. This is around childhood immunization status, this is that tough one that combo 10 that we're araound 35% rate and so we show you by county. So you can take a minute and look at the slide and find your county in there and see how you're doing. So are you doing better than your peers or worse than your peers. So Moore county is performing at about 23% above the state average. And it says here that Wilkes county is not having a great day, performing at about 25% below the state average so see where you are in this county and sort of reflect on how that feels about your experience in your practice as well. Next slide. This is one of the things we do track in our data is we look at a lot of race and ethnicity data to understand health disparities. And we actually have a positive disparity in the Latin x population when it comes to vaccines, they tend to be better than the non Hispanic population of vaccinating. And one of the things that really concerned us is in the middle of the pandemic, they got just as bad as everybody else and we were very concerned about that. But you can see over the last month that increase in the Latin x population is taking off and they're going back to their patterns of outperforming non Latin x communities. Next slide. This is the combo to adolescent immunization again you see that Latinx population the uptake is so high. When you compare it to black and white in the state we found a lot of work to do to get our adolescent immunizations prioritized. Next slide.

Dr. Tom Wroth

Alright, this is poll number three and Nevin if could bring that up and I think this tees up our next speaker, Dr. Kelly Kimple who's going to be talking about back to school. So the immunization

documentation deadline was delayed 30 calendar days, how aware are parents that children will be excluded from both remote learning and in person classroom. If they don't have any musician documentation by October 30. So very aware, not aware or not sure. I think we need some Jeopardy music or something, waiting for the results.

Dr. Shannon Dowler

I agree it's it's it's anxiety provoking.

Hugh Tilson

Like that music we started with.

Dr. Shannon Dowler

Maybe we have maybe next time we'll have limericks where we can just do limericks in between.

Dr. Tom Wroth

That's a good idea. We will do that. Alright, great. So, yeah, interesting so Dr Kimple about 49% of the perception is 49% of parents are not aware of this requirement by the end of the month. 39% not sure and only 12% very sure, very aware. Great. Thank you all, and like to go to the next slide and introduce Dr. Kelly Kimple.

Dr. Kelly Kimple

Well I'm glad to be with you this evening and would like to add to that awareness with back to school, and now it's. There's so much to consider these days with back to school this season in particular and so I know families are struggling to keep up with all the different requirements. And so with this coming with this school year, with there were some changes to the school requirements with regards to immunizations and the school health effects. Now that being said because we know that vaccines are critical and critical to preventing vaccine preventable diseases and protecting our kids and communities we want families to get the required immunizations, as early as possible. However, in August a state health director memo, and a Governor's executive order, was released, which delayed but did not waive the documentation deadline for the immunization and health assessment requirements that are needed, prior to entry into the school. So normally when a kid comes into school. They have 30 days from that first date of attendance to produce either the, the immunization record or a mental health assessment of their kindergartener, or if they're entering a school for the first time and a higher grade. So the immunization requirements were temporarily waived, and they went back into effect on October 1. So that 30 day grace period started then, so most students at the end of this month, October, 30, 30 days following that date. Students must be excluded from school, and that includes attendance is based

on whether that's in person attendance any portion of the week in person or remote learning, until combined with requirements, and so normally. This is the case each year, the date has just been pushed this year. And then we've also delayed the school reporting deadline for that to align with that to give schools a little bit more time. So we are working with many of our partners I know so many of you out there are working so hard to get the kids in so that they can get their immunizations. And this included too starting off August of this year the new meningococcal requirements for rising 12th graders so that's also something that families aren't quite used to. And, you know, the big push in the springtime within -- . So next slide, which I think is the poll.

Dr. Tom Wroth

Alright, thanks Kelly so we're teeing up our next topic here, implemented vaccine so Nevin let's bring our next question. All right, regarding stock of influenza vaccination currently your practice is experiencing inadequate stock and poor responsiveness, from suppliers, inadequate stock and good responses from suppliers, average stock, just another year, early and adequate supply no concerns, and we may have gotten in more than we can use. Let's see what folks have to say about their supply chain for flu vaccines. Very nice. Not much better.

Dr. Shannon Dowler

We should have some statistics we share during this like random things.

Dr. Tom Wroth

Okay, here we go. So, the winner is average stock just another year 42%, but then we have 32% early and adequate supply no concerns so great. So that's 75% positive. We do have about 14% and 12%, with inadequate stocks so interesting so not a bad year for us. And let me go back to Dr Kimple and tell us about what to expect for the flu vaccine season. Next time.

Dr. Kelly Kimple

And so hopefully you will are getting plenty of stock and for the, for those of you that are receiving vaccines for children and flu vaccines so we do have that out there is no shortage of the state supplies for the flu vaccine. Although I realized that sometimes has been challenges with with getting more private vaccine. In addition, this season, which has not been done recently in past seasons. The North Carolina immunization program will be supplying additional state supplied flu vaccine for uninsured adults. And so unfortunately these cases have not been made available from CDC quite yet, but we do anticipate that initial doses could be available in October. Because we know that, you know, not only do we want to ensure everyone's getting their flu vaccine but also reaching out to vulnerable individuals, especially those that have a lot of barriers to getting flu vaccines such as insurance coverage. In addition, you know you all have been so hard at work, not only on increasing regular well child checks and immunizations, but also on innovative implementation of flu vaccines that were in the context of doing

that safely during the covid 19 pandemic. And that really is a nice opportunity to practice, to have a dress rehearsal to to do what we need to do for these systems that we can build upon and leverage when COVID-19 vaccine becomes available. And then later in the slides that you do, there will be some resources that might be helpful to your practices and guidance that's available that's out there to assist and satellite temporary or off site vaccination clinics, if that's something that you're looking to do or curbside vaccination clinics, but hopefully some of those resources can be helpful to you in your practices.

Next slide alright, so trying to get everybody immunized this year we do not want to miss any opportunities, and so new this year, we are able to do bi directional borrowing with a seasonal flu vaccine. And again, we don't want to miss any opportunities to get our kids immunized and so this is for the vaccines for children's flu vaccines. So the doses do have to be replaced with the same type of product. And for the same administration indications. So for example if it's quadrivalent vaccine for a two year old it has to be replaced with another quadrivalent vaccine or that could be used in a two year old child, but it doesn't have to be the same brand. Doses have to be replaced within 30 days, but up to 90 days for flu vaccine because this can occur with other vaccines, which is why we have the 30 days in there. Realizing that we want to make sure there's plenty of opportunity to replace it. The timeline shortens a little bit after December 31. But I know a lot of momentum this year with trying to kids immunized against the flu. And there is a form that is required by CDC if they do opt for borrowing and so that form can be found in the leaf there on the North Carolina immunization Program website. And that's to track this but you can retain that on site. However, there are some steps in the North Carolina immunization registry to, for action on the virtual inventory so get back to the next slide.

This was kind of a process checklist, and thank you to -- and others for really working closely with our programs to make sure we could make this as easy as possible for you all to, to be able to borrow and replace that. So, this is a checklist to go through and also the steps that you will have to take in NCIR. And in the past, you were having to call the immunization branch helpdesk and trying to help with that have them help with that but that is not no longer the case. And hopefully we can make this as simple of a process as possible. Next Slide.

Okay, so with the flu prevention campaign, we will be releasing on later this month. All new campaign concept developed for this season, so I'm trying to update some of our content to share with you all. It's focused on the increased importance of flu immunization during this pandemic. And the multimedia digital campaign will be released later this month. In the meantime, CDC has also just released their resources. So, these may be helpful for your practices if you're looking for materials. They do have some resources and toolkits and things available at that link provided in the slide. And so we want to make sure that when you will stay informed and realize what's going on with flu, I know that many of you also realize what's going on with COVID-19 as well. We do provide weekly updates on the spread of influenza in North Carolina. This year they're going to be combined COVID-19 and flu weekly surveillance report, which you can find on the flu.nc dhhs.gov website. And so we'll be working on continuing updates

updating that information for your records. These are the resources I was talking about that hopefully some of these will be helpful to you and your practice. And I believe it's a nother poll.

Dr. Tom Wroth

Thank you Dr. Campbell. So our next poll question is about the COVID vaccine, let's bring that up. It is my impression from discussions with patients about the covid vaccine that there will be widespread acceptance and uptake of the vaccine if we get can get it. There will be very low uptake of vaccine across the board, or there is concerned that historically marginalized populations will be less comfortable with a vaccine, or we are not talking about the vaccine. Let's see what people have heard from a patient.

Dr. Shannon Dowler

Yeah, we should have some statistics or something interesting. Like with, like, did you know that the Asian Ladybug releases a stink and a yellow color when you smash to smash it or experiencing an infestation of it right now which is why it's on my mind.

Dr. Tom Wroth

Okay. So it looks like the winner is there'll be a very low uptake of vaccine across the board 41% but close to behind is there is concerned that historically marginalized populations will be less comfortable with the vaccine. That's very interesting. And then followed by we're not talking about the vaccine and widespread acceptance. So, that is interesting and what a great tee up for our state health director, Dr. Betsy Tilson Thank you Dr Tilson for joining us to talk about the covid vaccine.

Dr. Betsey Tilson

It is my pleasure. Can you all hear me okay, we can. Great. Yeah, so really excited clearly you know flu right now flu flu flu we got to get the flu and our regular childhood immunization that's a big priority now, but really thinking about COVID definitely next horizon of vaccine and really laying a lot of the groundwork now and a lot of communication now, so that hopefully we will have widespread uptake of the COVID vaccine which that along with our three W's will be the way out of this pandemic so I'm really excited when we do have the covid vaccine. Just a little bit of background and overview all and then this is something that we will continue to communicate as we do more of our planning and then we have more action that you all can take. But the first thing is that our plan for how we're going to do this is due tomorrow to CDC at 5pm. So starting Monday if you want to read through the hundred and 50 page covered planning document in all of its granularity. That will be available to you on Monday, if you really want to know. We have been running running hard to get that plan ready So, and we will have that posted and then, and we really want everybody to be as informed as possible so. Our plan was due tomorrow on the 16th with the planning assumption that we may have vaccine, maybe as early as the end of November. So we want to be ready for that if we have it by then, the expectation is, if we have vaccine by the end of this year will be a small supply and then we'll get to a little bit about the

prioritization. So we may have small supply by the end of this year but then planning for much greater supply in 2021 and really thinking about how we do this mass vaccinations in 2021.

So some of our huge key planning activities that we've been doing over the past six weeks is really thinking about our internal organizational structure this cuts across our immunization branch, our preparedness branch, our medical countermeasures branch or epi branch emergency medicine we've had a internal approach, but also our external partners to help us with this planning, and the North Carolina Institute of medicine convened a COVID-19 vaccine advisory committee that has really helped us with some of the planning they really helped us think through the prioritization of our critical populations. They're helping us a lot with our communications in order to try to get at that that trust that hesitancy which will, will come to. And it also really helped think through how do we expand the reach will really start trying to implement, making sure we're, we're getting all of our providers that can reach our critical populations really helping through helping us with the operations. And also we have several members of the, of the advisors who are actually involved in clinical trials on the immunizations and are experts in vaccine, vaccine safety so really leaning on their science and their expertise in that so that's our external Advisory Committee again, they have been really, really great I think partnership and transparency and partnerships are going to be incredibly important as we try to roll this out.

Dr. Betsey Tilson

We've been doing a lot of work taking about our, our IT system, the, the reporting system for that and and to break the bad news that we will not be able to use the NCIR for the kind of full kettle of COVID documentation administration, it does not have the functionalities and the requirements that will be needed. So we'll be needing to use a different system and we still are deciding on exactly what system, specifically for COVID administration, and so we have more details on the system and training we will let you know but I just wanted to give that spoiler, spoiler alert. As I mentioned, where I've been working hard on prioritizing our critical populations, you will see those in the plan laid out with great granularity. And then thinking through then, how do we think about the early administration we only have a small supply and what does that look like. And then on the expansion when we have more, more vaccine and we have more providers and we have more sites of access that we're working through all that. What you'll see on the bottom left of the slide again is kind of pictorially what that looks like. In the beginning, when we have limited doses we think that there'll be shipped in big supply like 1000, and potentially needing that ultra cold storage. And so those will be more centralized sites that can do kind of mass vaccination. And then as we get as we go through we have larger doses with less stringent storage requirements, we'll be able to disseminate it out more broadly.

A little bit on the right is where the status of our clinical trials. There's currently four clinical trials that are, that have been going on as part of Operation warp speed which is the federal government's program. You probably heard AstraZeneca got paused about a month ago and it still is paused in the US, it has continued in in other countries but still is paused the US and then Johnson and Johnson, which was the one that was the only one dose vaccine, all the other ones require two doses Johnson and Johnson or one dose option, just got paused. I think this week. Investigating some, some patient illness, so two out of the four are paused right now for for safety concerns which is good. And we know that the

process is working and we want it to pause, so too. We have to in the running right now Pfizer and Moderna and unfortunately both of those do need that ultra cold chain so we're working through that.

We do expect there to be pretty high vaccine hesitancy. I think that people have a concern that if a process is being sped up that equates to cutting corners with safety and efficacy so I think there's that I think also, this has been politicized as well. And so I think there's some vaccine hesitancy and then yes we've definitely heard from our historically marginalized population, very very high vaccine hesitancy we jumped there's a couple surveys and a couple of polls that 7% of African American said that they would take it when it first came out. Really low and knowing that our historically marginalized populations were one who are disproportionately being affected by this infection, we want to be sure that we are we are protecting them. So we're thinking a lot about that communication, having that foundation of trust is going to be critically important and we're thinking through how we relay trust, transparency, and some of the things that we're working on is is just basic vaccine literacy even understanding what a vaccine does we're using flu as our test case so just explaining what vaccines do. We're going to be we're talking, talking about the process of this specific vaccine development and how it's being fast tracked, not by cutting corners, but by doing parallel clinical trials at the same time as manufacturing. And then we also are setting expectations that in the beginning as I alluded to only have a small amount, it's not going to be available for everybody in the beginning so just setting expectations of how the school will roll out. We are going to be needing to enroll, everybody all providers that are going to be providing COVID vaccine specifically is going to need to enroll as specifically a COVID vaccinator. So we have a whole provider enrollment process that we've been streamlining, we're going to have to reach out to more providers than we usually do because we're gonna have to be married to a lot of our high risk adult so we're going to recruiting, all sorts of vaccinating providers who are outside of our regular vaccinating providers. We are really excited that we already started enrolling providers, we went out to the local health department's and then to our health systems. And we already I think have, I think, at least, 25 enrolled providers already from our health departments, and we have 17 in the queue from our health systems already and that just started within the week so we're really, really excited about that.

And again, we're gonna be will be increasing, and reaching out to other providers to getting them enrolled as we go forward, especially those providers who can reach our critical populations. And there you see on the bottom, in the first phase will be prioritizing health care workers at very high risk of exposure, and medical first responders and high risk of exposure so those are health care workers who are caring for COVID positive patients, inpatients that are doing Bronx or they're doing aerosolizing procedures, and then staff of long term care will be our highest priority. And then our one D will be people with at high risk of morbidity and mortality from COVID, and then high risk of exposure, so it'll be people with two or more of the chronic conditions that CDC has defined as high risk for for complications. And then will pretty much everybody that has tumor risk will be eligible in that one B but what we're gonna be doing is prioritizing enrollment of providers who can reach those populations who not only have high risk of complications but high exposure, so that we're really going to be prioritizing outreach to people in congregate living so migrant farm camp, who are incarcerated homeless shelters and we're also going to include people over 65 in those congregate settings, and then we'll also be

reaching out to our frontline workers who have high risk of exposure by their work setting, so thinking about our food processors, our meat packing front line workers who have a really high risk of exposure.

And we've really thought about equity lens to this. And really thinking about it we went through those priority critical priority populations really thinking through who that represents and when we look at that if we do have our HMP as disproportionately represented in those critical populations and again we know that they have high risk of exposure and potentially underlying health conditions that put them at high risk for severity so we've been trying to be pretty intentional about ensuring that there's equity in the way that we have prioritized. So, that is a little primer of COVID-19 happy to take questions or we could do it after I don't want to mess up your flow. But that's where we are and again if you're really eager, you can get through the hundred and 45 pages on Monday, if you really want the granularity.

Dr. Tom Wroth

Thank you so much Dr Tilson I think we'll wait for questions at the end and but thanks for that primer I'm looking forward to the hundred 45 pages, and then is it possible to skip this poll and go right to Dr Menard Is that okay just for the sake of time. Great. So, want to introduce Dr. Kate Menard, thank you so much for coming on and discussing maternal immunization in pregnancy and maternal immunizations overall, and we may need to go back one slide. Okay, great. That's it.

Dr. Kate Menard

Thanks, everyone I know there are pediatricians internists and on this call, but every health care provider whether you provide prenatal care or not, can be a champion for promoting immunizations during pregnancy, I hope, I hope this will help. The chart that you see in front of you is a table that summarizes the recommendations outlined in the -- committee opinion on maternal immunizations that aligns directly with the CDC recommendations. Too often our colleagues are hesitant to do anything to bring women in and we should. So, as you can see, there are some immunisations in the first column there that every pregnant woman should receive. There's the inactivated influenza and CDAP, the second column is during pregnancy immunization should be administered under certain circumstances for certain populations. And then the bottom on my slide the bottom, the bottom of that slide is cut off. But the, but there's two, there's, there's two live attenuated there that attenuated virus influenza, and that are contraindicated we'll come back to those. And the final column is those that can be given during the postpartum period, even when the woman's breastfeeding.

Next slide please. So, so these are the, the two indicated during pregnancy are the inactivated influenza and TDAP. The inactivated influenza is exceedingly important to get during pregnancy because women are at much higher risk for severe morbidity related influence that they contracted during pregnancy and significant pulmonary complications, and they have the added benefit of passive immunity. So we give inactivated influenza vaccine, any trimester anytime during pregnancy and it should be given as soon as it's available when the Tdap is given between 27 and 36 weeks gestation, we urge weirdo

toward the 28 week kind of checkpoint. To give that and the advantage there is, its boosting their immunity, the immune response to the woman to maximize passive antibody transfer to the newborn. Then the next next grouping, are those that can be given during pregnancy to certain populations. The pneumococcal vaccine, the 20, the 23, valent pneumococcal polysaccharide vaccine is recommended to for for reproductive age women who have heart disease, lung disease, sickle cell disease diabetes or other chronic illnesses. And if they're pregnant. They're women with those conditions and if they haven't been vaccinated they should be. The 13 valent pneumococcal vaccine is recommended only for certain populations the immunocompromised conditions, and those will --.

The, the meningococcal recommendation so that, you know, during pregnancy are pretty much the same as they are for non pregnant women, but we give the, the conjugate the you know the quad standard conjugate form. It's routinely recommended you know for adolescence, women with HIV, functional or anatomic asplenia exposure to meningococcal disease outbreak, travel to endemic areas, or if they have to work in a microbiologic exposure risk environment. The CRP vaccine is defered for pregnant women unless there's a increased risk specifically for that. Hepatitis A is pregnant women with any of the conditions that put them at risk for either acquiring or having a severe outcome related to hepatitis A should be vaccinated during pregnancy. And if they haven't been previously vaccinated, that includes chronic liver disease, clotting factor disorders, travel using injection or non injection of drugs or working with non immune or non human primates. Anyone who wants to be protected from hepatitis A indication above or not. And can receive the vaccine during pregnancy and or during the postpartum period. Similarly, the Hepatitis B, B vaccine is recommended, and can be been given in anyone who wants to be protected from Hepatitis B, in particular, those at risk include women with household contacts or sexual partners who are hepatitis antigen surface positive. The if they've had sex partners within the previous more than six sex partners within the previous six months. If they've been evaluated for sexually transmitted infections, or a recent injection or non injected drug use or HIV, or again travel particular travel circumstances.

Next slide please. The ones that are contraindicated during pregnancy are the live attenuated viruses that's the MMR, varicella, and the live attenuated influenza. These, we don't give during pregnancy there's really no demonstrated risk of increased risk of congenital rubella or congenital varicella with these immunisation so do avoid them. They should however be given to women who are planning pregnancy, varicella is a very serious infection if it's acquired during can be very serious acquired during pregnancy so it's a good question to ask in the, if you have the opportunity to talk to women preconception or in the inter conception period after they have their baby. That is where does where does COVID fall and all of this. Unfortunately, like so many things pregnant women aren't being included in the clinical trials. So, how that will be disseminated to pregnant women is, is going to --.

Dr. Tom Wroth

Excellent. All right, thank you so much Dr Menard. So number one, we also for the sake of time we've got so much great content here, why don't we get this poll, and Angel Moore from AHEC, we can have you lead the keeping kids Well, part of our presentation.

Angel Moore

So I'm excited to talk about the keeping kid well toolkit and briefly share with everyone an overview of the resources that it contains. CCNC and AHEC have worked together diligently and carefully to gather existing resources and toolkits, as well as create new resources to address the drop in Well child visits and vaccination rates. And so the resources support both practices and families, as we aim to improve these rates and keep kids well in North Carolina. So the resources you can see on the screen here, the resources have been packaged together nicely in one space to reduce burden on practices and families, and having this kind of search, seek and find related resources and materials. As you see, from the screenshot, the toolkit is really divided into three major areas. The first area that you see provides FAQs on the keeping kids well program. Highlights the name of the program and outlines the support that eligible practices can expect from CCNC and NC AHEC. The second area has provided basic materials and resources such as tip sheets. A lot of checklists related to well child visits and immunisations AAP guidance around providing well child checks during COVID. We've also provided scripts that practices can use while conducting outreach to patients. We've also provided specific interventions and strategies that practices can implement a lot of which address some of the parental concerns or obstacles related to the pandemic. We've also included coding and billing tip sheets and resources around some of the innovative interventions related to the pandemic. There are also materials related to health disparities and there's even a section related to social media and practices can browse that area, to get ideas, or they can even download existing campaign material to use on their social media site. The third and last area you'd be consists of with materials and resources for patients and families related to well child check pediatric immunisations and also from COVID related resources that is how to talk to children about COVID19. So the toolkit is housed, you see the link they are powerful collaborative CCNC and nc AHEC web page, a shared space, dedicated to keeping kids well. This is just a high level very quick overview of the toolkit and we really do encourage everyone to visit the web page and access the tool kit, it has a lot of information something for everyone. If you do we do know that this toolkit can be helpful, and improving our targeted metrics and addressing the barriers and concerns related to the drop in these metrics. Next slide.

Not sure if it's been mentioned before, so the keeping kids will eligibility criteria in practices that have more than 500 care alerts or gaps related to well child visits. And this map is showing the number of group practices that have 500 or more care alerts. By county and have implemented interventions. So you can see that the practices with 500 or more care alerts are evenly distributed across the state, with many groups that have implemented interventions. Next slide. So, the CCNC provider relations, reps and a head coaches practice support coaches are doing a great job, documenting their outreach to the keeping kids well practices, the outreach attempts, as well as documenting the interventions that the practices are implementing. And so you see here that the EHR registry patient list is the most common intervention chosen by practices. Next slide. We were able to reach out to some of our keeping kids well practices, and two practices have agreed to provide testimony about their participation and some of

their intervention. I am going to go ahead and introduce, Michele Haddock from Greenville pediatric services, I had the pleasure of being their coach and assisting them with keeping kids well, I will do an overview of Greenville pediatric services they've been providing care for families in Greenville and surrounding counties for well over 50 years they have three locations, one in Greenville one Farmville, and the other in Winterville. And I've been working very closely with Michele Haddock, the Assistant Practice Manager and I'm going to kick it off to her right now to talk about some of the strategies and interventions that they have implemented.

Michele Haddock

I've been working with Angel, for, for many years, with some of our quality improvement projects and then most recently with the keeping kids well program. We have had that constant kind of line of communication meeting a few times just going over the different ways that we can improve immunizations and can well child visits in our practice. And one of the main things we did was, of course, as mentioned in the previous slide was using our EHR registries and patient lists to identify those who need will tell visits or immunizations. We had our entire like internally had our staff calling and we also collaborated with CCNC to have member care coordinators, contact our Medicaid patients as well. Also that something that we did with our practice which is probably pretty unique is that we are lucky that we do have three locations. So we were able to change our operations a bit, and create kind of a safe place or an environment that patients will feel comfortable coming into. We have limited all sick visits to one of our one location where we can have an isolated hallway where there's a separate entrance. And then our other two sites which are winnable and horrible they only see well visits, and any kind of like injury related visits. Patients, and parents seem to really appreciate that. And next we to kind of like communicate that we use our social media like Facebook to kind of describe our new operations. We use our EHR to do kind of like blasts to let them know what we're doing in our practice, and to communicate with them that, you know, coming into for your well child appointments come in for your immunizations. We even use Facebook to kind of communicate glue clinics. We attended different kind of webinars and meetings and discussion boards to kind of gather ideas on how to improve our immunization rates and well child rates. We also had the opportunity since we worked with a head we actually had something printed in the local newspaper and one of our providers, kind of sharing what we're doing, operationally in our practice and also just the need for immunizations. And that's kind of everything we did in a nutshell.

Angel Moore

Thank you Michelle. I'm going to now turn it to Debbie Cruse, who was the support or CCNC provider relations Rep that is supported MCM pediatric and adolescent home practice.

Debbie Cruse

Hi, I'm Debbie Cruse, and I work for Community Care of North Carolina in region 5. I don't know about all of you but if I've learned nothing else this year I've certainly learned the fine art of pivoting. Tonight I

would like to introduce you to one of the greatest pivot people in the keeping kids well project. She is always devising, new ways to help make sure patients feel comfortable with coming into the practice. Dr Charlotte McNeil is from MCM pediatrics and adolescent practice. It's a very busy two provider practice in Richmond County. Charlotte is a provider who's always willing to share her ideas with others were many things I admire her that. She will tell you how the ideas she put into place allowed her families to reduce their fears and feel more comfortable coming in for visits. Charlotte I'll turn it over to you.

Dr. Charlotte McNeill

Well thank you, Debbie you are too kind. I've been working with Debbie for several years now. A little bit more recently over the past two or three years but she's always been very helpful we've tried to bounce ideas off each other. And I always learn from her. So a couple of things that we have done in in our office, my office is has a small separation from our sick and our well patients so we decided, and they also enter and exit from the same door. So we decided we needed a plan for well and for sick visits so for my office what we decided is we have a locked door policy, patients do need to call to register and check in from their car. For well visits upon arrival the parents call to report that they're outside the staff ask them a series of questions about potential symptoms about the exposure. The staff goes out and checks their temperature brings them straight to the examining room and bypassing the waiting area altogether, there is no waiting area in my office anymore all the chairs have been removed. Actually the waiting area is like a mini nurse's station where we actually get high, we get weight we get blood pressures we take them straight back to the room. And if they need to just a vaccine only visit, we can actually do that in their car or we can bring them to the back, entry, where we can give them a vaccine only so they don't even come into the office. For the sick visits when the parent calls in we actually prefer a telemedicine visit, either by telehealth or by telephonic visit. That is the preferred way. If the provider sees that the child needs to be seen, then we bring them in and do a visit in the parking lot in the back, or we'll bring them to the side door and obtaining swabs that we may need, but they actually do not come into the building. So everything's done outside or at the side door. The majority of our sick visits are done by telemedicine. If something is maybe non urgent like a dermatitis. We can actually include a well visit with that as well. So at the time of a dermatitis visit there were only telemedicine with him until his visit, we actually look and see when their last will visit was the address that we address their vaccines at that time as well. So we try to incorporate into a one stop shop, if you will, to address any needs that they have. So, Medicare will allow a dual billing for a telehealth, as well as a well visit at the same time.

Now, the things that of course that we still have a need, is the BMI, addressing the hearing and the vision. So, the good thing about my EMR I can toggle back and forth I can look at their last visit address their hearing vision last year. Did they go see, have a comprehensive eye exam did thye have an audiology visit if they did not pass their visit or their screening tool. So, there's a lot of things we can look at there, it's not perfect, but we can also address their vaccines, while I have you on the phone, it's a good time to address your vaccines, you need your flu visit, when you come next week, we can get your hearing and vision as well, and we can get your BMI. So a lot of things we are trying to incorporate, but that dual billing has made things a little bit easier for us. Now we still have issues, missing their BMI we still have to address at some type of visit their hearing and vision. Florides can be done in the core.

We've seen that, or at their vaccine only visit. And let's see what I have learned is I have to be patient, I'm still learning that. Also, I have to be very flexible previously before COVID we had an open access. And even now with telehealth or telemedicine I'm definitely have have to have an open access appointment schedule. And it's very hard, but it is necessary, patients don't have access to their phones at a certain time, their wifi at a certain time, or they cannot get get a ride. So, or they have five kids at home. So definitely we have to be very flexible and we're learning that right now.

Dr. Tom Wroth

Thank you so much and it's great to make it real and hear from you all and sorry to rush a little bit but really want to get to. Dr. Dowler, because managed care is coming and Shannon how are all these things linked together.

Unknown Speaker

Thanks Tom and clinic to everybody's laughs I can take my mask off and for a couple of you think this is really my living room and fireplace, it is not, to be that lucky. I, there's one thing I just really wanted to make sure that I got said today that I think is super important. And the way we do vaccines today can really impact your practices a year from now. So besides the fact that it shows that you're high quality provider and you add value to a plan. It gives you a chance to practice these population health skills and strategies to close those care gaps get you more ready for AMH tier three. It tells your patients you love them and that you're thinking about them and you're really worried about their vaccines.

Unknown Speaker

One thing that's going to be very important in the transition to managed care is the attribution of patients. And so for patients that don't choose a medical home there's an attribution algorithm that's going to happen. If they have not been seen by you and your practice there's a chance they're going to be attributed somewhere else. We put in a lot of safeguards and safeties in there to show that if they're meaningfully engaged in care with their primary care provider that shouldn't happen. But what if they're not meaningfully engaged in care what if you haven't seen them in a year and a half. Now is the time to make sure that you're getting the people in your practice in. So really focusing on these vaccines and getting them up to date on vaccines will also show that claims data will show that relationship and connection to the medical home, so that when we go into managed care and there's the attribution process, we're less likely to fragment medical homes. And so I just wanted to make sure that I put in that plug because it's so important right now, for you to be working those lists those getting your care gaps, from all these practice supports we have, and getting folks in the office for vaccines, and if they're not your patient and they have no intention of coming back to you but they're showing up on your list, then we got to work to get them off your list and get your list as accurate as possible. Just really important for everybody.

Unknown Speaker

I'm super grateful for everyone who joined today. Next month we're going to focus on women's health. And I think we had one polling question we wanted to throw up to get gauge your interest and what we cover in the next one's a women's health topic Nevin, can you put that polling question up there real fast. So we're talking about our concerns around women's health and the pandemic. And what's really on the top of your mind. Is it around women in preventive care, is it around behavioral health and mental health issues. Is it around comprehensive prenatal care. Are you seeing more domestic violence, are you seeing more job loss and the economic impacts of that or challenges with other social determinants of health like loss of transportation, housing or food. This is really interesting to see what you're seeing in clinic and know that next month we're going to have a really heavy focus on maternal and women's health issues, in our fireside chats. Meanwhile, the first meeting in November, our first fireside chat we are going to be talking about the advanced medical home and sharing some exciting updates in that program.

Dr. Tom Wroth

Yep. All right Shannon we know what to do for next month.

Dr. Shannon Dowler

I think we do.

Dr. Tom Wroth

Dr Gallagher, thank you so much and for all of our panelists and thank you all, folks in the audience for coming out at the end of the long day, we really appreciate all the work you're doing and we look forward to continuing these conversations next month. Good night everyone.