COVID-19 Webinar for Medicaid Providers
August 13th, 2020

Shannon Dowler, MD
Chief Medical Officer, NC Medicaid

Tom Wroth, MD, MPH
President and CEO, Community Care of North Carolina

Hugh Tilson, JD, MPH
Director of North Carolina AHEC
Agenda

- Welcome & Logistics
- Medicaid Policy Updates
- Keeping Kids Well Initiative
  - Well Child Visits and Immunizations Data Trends
  - Lessons from the Field
  - Project Overview & Interventions
- Questions & Resources
Logistics for today’s COVID-19 Forum

Question during the live webinar

questionsCOVID19webinar@gmail.com

Technical assistance

technicalassistanceCOVID19@gmail.com
Behind every great boss…
## NC Medicaid COVID-19 Response Accomplishments

### Member Enrollment

- **497k** (~23% of NC Medicaid population) Medicaid eligibility extensions conducted
- **1.2M** Letters mailed to members - stacked together would be taller than the Statue of Liberty
- **318K** Enrollment applications processed since March 1st, 2020, averages to 2,304 applications processed per day

### Member Experience and Access to Quality Care

- **135** Telehealth flexibilities implemented to enable continuity of care for Medicaid beneficiaries across 482 health services codes
- **527,156** Telehealth claims processed successfully since March 10th, 2020, averaging 4,217 telehealth claims per day
- **41,224** Pharmacy orders were mailed to beneficiaries, an estimated saving of 107,000 miles in trips to the Pharmacy, using 2.6 mile per trip average.
- **272** PA & Service Limits waivers were put in place, this is more than double the number of hospitals in North Carolina
- **200** individual flexibilities implemented across Behavioral health services offered through LME-MCO, this would be equivalent to one flexibility per mile of the entire Outer Banks
- **90** Provider webinars hosted with 38,416 attendees, which would fill the Dean Dome and Duke Stadiums
- **879** inquiries processed through COVID-19 inbox, enough to average 8.79 inquiries per each NC county
- **272** PA & Service Limits waivers were put in place, this is more than double the number of hospitals in North Carolina
- **97** NCTracks special bulletins to providers covering 115+ topics, 1 topic per every mile of hiking trails in Raleigh, NC
- **67,429** calls handled, **33 sec** avg wait time – the number of people served could fill the Carolina Panthers stadium
- **COVID-19 Triage Plus** line enabled with CCNC, **23,577** calls received since launch, averaging 231 calls per day
- **97** Provider Disaster applications processed to extend Provider coverage for Medicaid members, approximately equal to the number of counties in North Carolina

### Provider Enablement and Financial Support

- **$1.6B** DSH MRI GAP net payment issued to hospitals as a single payment – this can pay for 3,000 SpaceX trips to Mars
- **$49.6M+** Advanced payments issued to Providers; this is enough to pay for tuition for 225 Medical School students.
  - ~$16M to 23 Outbreak Providers
  - ~$30.8 to Rural Independent Hospitals
- **97** Provider Disaster applications processed to extend Provider coverage for Medicaid members, approximately equal to the number of counties in North Carolina

### Federal Authority

- **15** Federal waiver documents submitted to CMS to request temporary flexibilities during the pandemic, as compared to 5 waivers documents submitted for Hurricane Dorian last year

### Communication and Education

- **90** Provider webinars hosted with **38,416** attendees, which would fill the Dean Dome and Duke Stadiums
- **879** inquiries processed through COVID-19 inbox, enough to average 8.79 inquiries per each NC county
- **97** NCTracks special bulletins to providers covering 115+ topics, 1 topic per every mile of hiking trails in Raleigh, NC
- **67,429** calls handled, **33 sec** avg wait time – the number of people served could fill the Carolina Panthers stadium
- **COVID-19 Triage Plus** line enabled with CCNC, **23,577** calls received since launch, averaging 231 calls per day

### Continuous Evaluation

- All implemented Flexibilities are being continuously evaluated to track utilization and care impact to drive improved access and health outcomes
Total Monthly Medicaid & NCHC Enrollment

Not including family planning
Medicaid COVID-19 Testing for the Uninsured

- Families First Coronavirus Response Act (FFCRA) allows states to pay for COVID-19 testing for uninsured individuals through Medicaid
- Provides another source of federal funding for testing, freeing up CARES Act and HRSA funding
- States will receive 100% federal funding for COVID-19 testing
- Does not pay for the treatment of COVID-19
- Testing/collection site providers must be enrolled in Medicaid to receive reimbursement through NCTracks
- Available September 1, 2020 through the end of the federal public health emergency (PHE)
- Requires an application and approval of application prior to payment for testing services
  - Simplified application available online September 1, 2020 – paper application available August 17, 2020 for download
  - Accepts self-attestation of uninsured status, residency, and citizenship/immigration
  - Must meet citizenship/immigration status requirements – State will verify
  - Allows up to 3 months retro-eligibility
- NC Medicaid Bulletin on process forthcoming
“I need a Doctors Note”

- Indoor exercise facility use is meant to be limited – indoor exercise facilities carry an increased risk of viral transmission, so we need to limit the number of people (and especially high-risk people) being potentially exposed.

- This should be reserved for people who must use the indoor equipment as part of a specific treatment plan – again for something specific like rehab or PT where a specific exercise, treatment plan is prescribed.

- Outdoor fitness is lower risk and allowable and would be a good option for people with chronic conditions or elevated BMI.

--The Betsey Tilson
Medicaid Announcement:


• [https://medicaid.ncdhhs.gov/providers/fee-schedules](https://medicaid.ncdhhs.gov/providers/fee-schedules)
COVID-Rate Extensions

- Special Bulletin announced continuation of rate changes through 9/30/20
- What’s Included and What’s Not?

<table>
<thead>
<tr>
<th>In</th>
<th>In</th>
<th>Not Necessarily In</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health</td>
<td>LHD Rate Changes</td>
<td>LME/MCO Rate increases will depend on <em>their</em> determinations to pass on rates</td>
</tr>
<tr>
<td>CAP C/DA Waivers</td>
<td>FQHC Core Rate Adjustments</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Delivery</td>
<td>Medical Home PMPM Increase</td>
<td></td>
</tr>
<tr>
<td>Swing Beds</td>
<td>Skilled Nursing Facilities</td>
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<tr>
<td>Home Health</td>
<td>Hospice</td>
<td></td>
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<tr>
<td>ICF</td>
<td>Private Duty Nursing</td>
<td></td>
</tr>
<tr>
<td>All Provider 5% increase(GA)</td>
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<td></td>
</tr>
</tbody>
</table>
Telehealth Utilization – Outpatient Specialized Therapy

Temporary → Permanent

NC Medicaid COVID-19 Monitoring
Telecode Utilization by Modality - Service Category

<table>
<thead>
<tr>
<th>Service Category</th>
<th>March 2020</th>
<th>April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
<th>July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Evaluation and Therapy</td>
<td>4,948</td>
<td>56,937</td>
<td>57,357</td>
<td>43,360</td>
<td>22,289</td>
</tr>
<tr>
<td>PT &amp; OT Evaluation and Therapy</td>
<td>2,026</td>
<td>20,779</td>
<td>18,726</td>
<td>12,085</td>
<td>6,406</td>
</tr>
<tr>
<td>Nutrition/Dietary Eval and Counseling</td>
<td>36</td>
<td>359</td>
<td>438</td>
<td>435</td>
<td>180</td>
</tr>
<tr>
<td>Audiology</td>
<td>40</td>
<td>147</td>
<td>110</td>
<td>142</td>
<td>118</td>
</tr>
<tr>
<td>Outpatient Respiratory Therapy</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Data refreshed as of 6/3/2020, and claims data reflective of 7/24/2020 service begin date.
Virtual/Telephonic Utilization – Outpatient Specialized Therapy

Virtual Telephonic Claims by Service Category Trend

Virtual Telephonic Claims by Service Category Counts

<table>
<thead>
<tr>
<th>Service Category</th>
<th>March 2020</th>
<th>April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
<th>July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT &amp; OT Evaluation and Therapy</td>
<td>176</td>
<td>316</td>
<td>215</td>
<td>124</td>
<td>43</td>
</tr>
<tr>
<td>Speech Evaluation and Therapy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outpatient Respiratory Therapy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nutrition/Dietary Eval and Counseling</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Audiology</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
Telehealth Utilization – Behavioral Health Services

Telehealth Claims by Service Category Trend

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Claims Lag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Diagnostic Evaluation and Psychotherapy</td>
<td>13,335</td>
</tr>
<tr>
<td>Enhanced Behavioral Health Services</td>
<td>1,237</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>253</td>
</tr>
<tr>
<td>Developmental/Behavioral Screening and Testing</td>
<td>113</td>
</tr>
</tbody>
</table>

Telehealth Claims by Service Category Counts

<table>
<thead>
<tr>
<th>Service Category</th>
<th>March 2020</th>
<th>April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
<th>July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Diagnostic Evaluation and Psychotherapy</td>
<td>13,335</td>
<td>62,755</td>
<td>64,251</td>
<td>60,972</td>
<td>14,341</td>
</tr>
<tr>
<td>Enhanced Behavioral Health Services</td>
<td>1,237</td>
<td>14,789</td>
<td>22,941</td>
<td>24,815</td>
<td>5,952</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>253</td>
<td>2,434</td>
<td>3,744</td>
<td>2,789</td>
<td>393</td>
</tr>
<tr>
<td>Developmental/Behavioral Screening and Testing</td>
<td>113</td>
<td>807</td>
<td>1,371</td>
<td>1,401</td>
<td>541</td>
</tr>
</tbody>
</table>

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
Virtual/Telephonic Utilization – Behavioral Health Services

Virtual Telephonic Claims by Service Category Trend

Virtual Telephonic Claims by Service Category Counts

<table>
<thead>
<tr>
<th>Service Category</th>
<th>March 2020</th>
<th>April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
<th>July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced Behavioral Health Services</td>
<td>1,918</td>
<td>19,777</td>
<td>23,808</td>
<td>24,648</td>
<td>6,194</td>
</tr>
<tr>
<td>Psychiatric Diagnostic Evaluation and Psychotherapy</td>
<td>2,059</td>
<td>5,769</td>
<td>7,960</td>
<td>8,600</td>
<td>1,841</td>
</tr>
<tr>
<td>Developmental/Behavioral Screening and Testing</td>
<td>7</td>
<td>62</td>
<td>48</td>
<td>48</td>
<td>27</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>1</td>
<td>47</td>
<td>52</td>
<td>50</td>
<td>8</td>
</tr>
</tbody>
</table>

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
All Claims – COVID Flexibilities Utilization

Total Claims per Service Provider County

- **Modality Type**
  - Total Claims
  - Telehealth Claims
  - Virtual Telephonic Claims
  - In Person Claims

- **% Telecode Utilization**
  - 0.00% - 46.90%

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
Telehealth Claims – COVID Flexibilities Utilization

Telehealth Claims per Service Provider County

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
Telephonic Claims – COVID Flexibilities Utilization

Virtual Telephonic Claims per Service Provider County

- Modality Type:
  - Total Claims
  - Telehealth Claims
  - Virtual Telephonic Claims
  - In Person Claims

- % Telecode Utilization: 0.00% - 46.90%

- Claim Counts:
  - 0 - 23,216

- Total Telecode Claims:
  - 5

- Telecode Utilization:
  - 2.84% - 46.90%

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
All Claims – COVID Flexibilities PT/OT

NC Medicaid COVID-19 Monitoring
Telecode Utilization by Modality - Provider County

Total Claims per Service Provider County

<table>
<thead>
<tr>
<th>Claim Counts</th>
<th>89</th>
<th>43,007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Telecode Claims</td>
<td>0</td>
<td>2,000</td>
</tr>
<tr>
<td>4,000</td>
<td>6,065</td>
<td></td>
</tr>
</tbody>
</table>

% Telecode Utilization
0.00% 38.39%

NC Medicaid Telecode Utilization

60,822 Telehealth Claims

868 Virtual Telephonic Claims

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
All Claims – COVID Flexibilities Speech

NC Medicaid COVID-19 Monitoring
Telecode Utilization by Modality - Provider County

Total Claims per Service Provider County

NC Medicaid Telecode Utilization

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
All Claims – COVID Flexibilities Well Child Care
All Claims – COVID Flexibilities Audiology

NC Medicaid COVID-19 Monitoring
Telecode Utilization by Modality - Provider County

Total Claims per Service Provider County

- **Modality Type**
  - Total Claims
  - Telehealth Claims
  - Virtual Telephonic Claims
  - In Person Claims

- **Claim Counts**
  - 14
  - 330

Total Telecode Claims
- 6
- 100
- 200
- 309

- **% Telecode Utilization**
  - 42.86%
  - 93.64%

NC Medicaid Telecode Utilization

- **576** Telehealth Claims
- **0** Virtual Telephonic Claims

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
All Claims – COVID Flexibilities Self Measured Blood Pressure

NC Medicaid COVID-19 Monitoring
Teledoc Utilization by Modality - Provider County

Total Claims per Service Provider County

NC Medicaid Telecode Utilization

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Claims Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>(All)</td>
<td>1</td>
</tr>
<tr>
<td>FFS Claims</td>
<td>10</td>
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<tr>
<td>LME-MCO Encounters</td>
<td>30</td>
</tr>
<tr>
<td>Total Telecode Claims</td>
<td>47</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Claims by Service Provider County</th>
<th>Total Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Measured Blood Pressure</td>
<td>CLEVELAND</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>MECKLENBURG</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>ORANGE</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>RUTHERFORD</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>UNION</td>
<td>5</td>
</tr>
</tbody>
</table>

% Telecode Utilization

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
All Claims – COVID Flexibilities Smoking and Tobacco Cessation

NC Medicaid COVID-19 Monitoring
Telecode Utilization by Modality - Provider County

Total Claims per Service Provider County

NC Medicaid Telecode Utilization

Data refreshed as of 8/3/2020, and claims data effective of 7/24/2020 service begin date.
All Claims – COVID Flexibilities Interprofessional Consult

NC Medicaid COVID-19 Monitoring
Telecode Utilization by Modality - Provider County

Total Claims per Service Provider County

NC Medicaid Telecode Utilization

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service beginning date.
All Claims – COVID Flexibilities Psych Diagnostic Eval

NC Medicaid COVID-19 Monitoring
Telecode Utilization by Modality - Provider County

Total Claims per Service Provider County

NC Medicaid Telecode Utilization

215,636
Telehealth Claims

26,029
Virtual Telephonic Claims

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
All Claims – COVID Flexibilities Online Digital E/M

NC Medicaid COVID-19 Monitoring
Telecode Utilization by Modality - Provider County

Total Claims per Service Provider County

Record Type
- (All)
- FFS Claims
- LME-MCO Encounters

Service Category
Online digital Evaluation and Management

Claims by Service Provider County

ALAMANCE 226
ALLEGHANY 135
ANSON 105
ASHE 35
AVERY 4
BEAUFORT 249
BETTIE 10
BORDER COUNTY 24
BRUNSWICK 38
BUNCOMBE 879
BURKE 190
CABARRUS 805
Caldwell 102
CAMDEN 1
CARTERET 60
CASWELL 24
CATAWBA 175
CHATHAM 169
CHEROKEE 6
Chowan 63
CLAY 4

NC Medicaid Telecode Utilization

0
Telehealth Claims

24,146
Virtual Telephonic Claims

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
Top 10 Utilized COVID Flexibilities Telecodes

Top 25 Procedure Codes by Telecode Claim Counts

- **92507** - Treatment of Speech, Language, Voice, Communication, And/or
- **90837** - Psychotherapy, 60 Minutes
- **99213** - Established Patient Office or Other Outpatient Visit, Typically 15 Min.
- **99214** - Established Patient Office or Other Outpatient Visit, Typically 25 Min.
- **07530** - Therapeutic Activities to Improve Function, with One-on-One Contact.
- **99442** - Physician Telephone Patient Service, 11-20 Minutes of Medical...
- **H2025** - Community-Based Wrap-Around Services, Per Diem
- **98068** - Telephone Assessment and Management Service, 21-30 Minutes of Med..
- **90832** - Psychotherapy, 20 Minutes
- **90834** - Psychotherapy, 45 Minutes

Data refreshed as of 8/3/2020, and claims data reflective of 7/24/2020 service begin date.
Bottom 10 COVID Flexibilities Utilized Telecodes

Bottom 25 Procedure Codes by Telecode Claim Counts

Data refreshed as of 3/3/2020, and claims data reflective of 7/24/2020 service begin date.
Managed Care Launch Timeline

- **OPEN ENROLLMENT**: 3/15/21
- **AUTO ENROLLMENT**: 5/14/21
- **MANAGED CARE & TRIBAL OPTION LAUNCH**: 7/1/21

**RISK: COVID-19 Pandemic**
Telehealth Billing Updates

• 88.87% processed, 11.13% denied (may include duplicates)
  − Only 7% of denied from tele

• Most utilized Service Category:
  − Psychiatric Diagnostic Evaluation and Psychotherapy
    • 43,267 of 130,835 Telehealth/Telephonic paid claims

• Most denied Claims Service Category:
  − Office or Other Outpatient Service and Office and Inpatient Consultation
    • 4,479 of 20,662 Telehealth/Telephonic denied claims

• Trends:
  − Increase in claims volume
    • (From 66,542 to 207,230 claim lines)
October 1 Extension…

• We are writing to make you aware of a new Executive Order issued today by Governor Roy Cooper and a State Health Director Memo issued by State Health Director Dr. Elizabeth Tilson that suspends but does not waive documentation deadlines for proof-of-immunization and health assessment requirements for school and child-care facilities. Students and families will receive additional time to address access to care disruptions they may have experienced as a result of the COVID-19 pandemic.

• Families are strongly encouraged to obtain the required immunizations for their children on a timely basis. Extending these deadlines by several weeks will allow more time to work with families, providers, local health departments and schools on facilitating access to needed immunizations and health assessments.

• The Executive Order and State Health Director Memo will apply to students enrolled in public, private, or religious educational institutions, including child care facilities and K-12 schools as well as colleges and universities. The Order also extends the deadline for each child entering a North Carolina public school for the first time to submit proof of a health assessment.
Keeping Kids Well

NC Medicaid/CCNC/AHEC
Problem Summary

- COVID-19 has led to a measurable decrease in pediatric preventative care across all populations. Disparities in rates across populations seen historically persist.
- Parents are not certain if vaccines are required with virtual education.
- Parents are afraid they and their children will contract COVID-19 or experience barriers visiting their pediatrician or family physician.
- Under-utilization of well-child visits are missed opportunities to identify physical, developmental, and behavioral concerns – many of which can be managed or treated.
- Missed vaccinations can eventually lead to community outbreaks of preventable disease during a busy COVID19 and influenza season. We don’t want another pandemic on top of a pandemic.
Proportion of Population\(^1\) with Overdue Well Child Visits 0-2 by Race

1\(^A\) higher value is NOT favorable
Proportion of Population\(^1\) with Overdue Well Child Visits 0-2 by Ethnicity

\(^1\)A higher value is NOT favorable
Proportion of Population\textsuperscript{1} with Overdue Well Child Visits 0-2 by Gender

\textsuperscript{1}A higher value is NOT favorable
Proportion of Population\(^1\) with Overdue Well Child Visits 3-6 by Race

\(^1\)A higher value is NOT favorable
Proportion of Population\(^1\) with Overdue Well Child Visits 3-6 by Ethnicity

\(^1\)A higher value is NOT favorable
Proportion of Population\(^1\) with Overdue Well Child Visits 3-6 by Gender

A higher value is NOT favorable
### Weekly Proportion of Population Receiving Childhood Immunizations\(^1\) by Race

<table>
<thead>
<tr>
<th>Week Start Date</th>
<th>Proportion of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-Jan-20</td>
<td></td>
</tr>
<tr>
<td>21-Jan-20</td>
<td></td>
</tr>
<tr>
<td>4-Feb-20</td>
<td></td>
</tr>
<tr>
<td>18-Feb-20</td>
<td></td>
</tr>
<tr>
<td>3-Mar-20</td>
<td></td>
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<tr>
<td>17-Mar-20</td>
<td></td>
</tr>
<tr>
<td>31-Mar-20</td>
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<tr>
<td>14-Apr-20</td>
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<td>28-Apr-20</td>
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</tr>
<tr>
<td>12-May-20</td>
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<tr>
<td>26-May-20</td>
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<td>9-Jun-20</td>
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<tr>
<td>23-Jun-20</td>
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<tr>
<td>7-Jul-20</td>
<td></td>
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<tr>
<td>21-Jul-20</td>
<td></td>
</tr>
<tr>
<td>4-Aug-20</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\)A higher value is favorable

**Graph**

The graph illustrates the weekly proportion of the population receiving childhood immunizations by race from *7-Jan-20* to *4-Aug-20*. The graph shows varying trends across different racial categories, with specific data points and values indicated for each week.
Weekly Proportion of Population$^1$ Receiving Childhood Immunizations by Ethnicity

$^1$A higher value is favorable
Weekly Proportion of Population\(^1\) Receiving Childhood Immunizations by Gender

\(^1\)A higher value is favorable
Lessons From the Field

Dr. Yun Boylston
Burlington Pediatrics

Dr. Thomas Koinis
Duke Primary Care – Oxford
Opportunity

▪ CCNC, NC AHEC and NC DHHS are able to help address this important public health concern.

▪ Can accelerate a rebound of pediatric well-care among Medicaid beneficiaries younger than 19 years of age to the pre-COVID-19 level.

▪ NC DHHS has engaged stakeholders through an Advisory Group supporting a statewide campaign to address the problem.

▪ NC AHEC and CCNC developed a strategic and coordinated approach to improving well-child and immunization rates through provider and patient interventions. Our collective work will contribute toward preparing kids for school and for a life-time of optimal health.
Project Highlights

- Project started **August 3rd** and will run through September and October if needed.
- DHB is engaging with patients and the public with information available in English and Spanish.
- CCNC care management programs will reach families with tailored messaging to Latinx and African-American families.
- Local Health Departments will deploy care managers with active outreach to children in care management who are missing immunizations and well visits.
- Practices with >500 care alerts for pediatric patients are included in the 1:1 practice support work. This comprises 300 independent and health system practice locations across North Carolina.
- Practice support provides 1:1 coaching support comprising recommended best practices or interventions, standardized workflows, clinical workflow redesign, educational tip sheets and toolkits.
Suggested Interventions

- Use the EHR to generate a list of children who are behind on well childcare
- Utilize the Internet and social media to reach parents and families
- Utilize your staff and physical space to promote well child visits & immunizations
- Partner with local school systems to get the message out about well childcare and immunizations
- Remind families across your catchment area of the importance of well childcare and immunizations via local news outlets
- Run a WCV/Immunization Promotion Month
- Incorporate WCCs into acute care visits
- Develop workflow to document immunizations that were received elsewhere
- Implement group visits for well childcare (Post-COVID-19 pandemic)

Helpful scripts and checklists can be found in the Keeping Kids Well Toolbox.
Keeping Kids Well Website

https://www.communitycarenc.org/keeping-kids-well

- Provider-facing Materials
  - Tip sheets
  - COVID-specific resources
  - And more!
- Patient Education Materials
- Webinar Recordings
- Frequently Asked Questions
- Contact Information
# Well Visit Resources

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<thead>
<tr>
<th>Resource</th>
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# Immunization Resources

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<tbody>
<tr>
<td>NCDHHS Dept of Public Health Immunization Branch</td>
<td><a href="https://immunize.nc.gov/">https://immunize.nc.gov/</a></td>
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<tr>
<td>NC Peds Society Adolescent Immunization Project</td>
<td><a href="https://www.ncpeds.org/page/CQNIIRAProject">https://www.ncpeds.org/page/CQNIIRAProject</a></td>
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How to Contact Practice Support

CCNC Practice Support

Email: CCNCSupport@communitycarenc.org  OR  CCPNSupport@communitycarenc.org
Phone: 919-926-3895
Website: https://www.communitycarenc.org/statewide-operations

NC AHEC Practice Support

Email: practicesupport@ncahec.net
Phone: 919-445-3508
Website: https://www.ncahec.net/practice-support/what-we-do/
Questions?