September webinar

PRIMARY CARE'S
GOT YOUR
Back to School
01 PCC announcements and introductions

02 Nathaniel Beers, MD, MPA, FAAP
   HSC Health Care System

03 Chip Hart
   PCC Pediatric EHR Solutions

04 Ashraf Affan, MD
   Angel Kids Pediatrics

05 Moderated discussion among panelists

06 Participant Q&A
## Today's speakers

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<td>CHIP HART</td>
<td>SARAH GREENOUGH, MPP</td>
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<td>NATHANIEL BEERS, MD, MPA, FAAP</td>
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Safe Return to School

Nathaniel Beers, MD, MPA, FAAP
President, HSC Health Care System, Children’s National Hospital
September 21, 2020
The AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school.
RACIAL AND SOCIO-ECONOMIC INEQUITIES

- COVID-19 Impact on Black, Latinx and Indigenous Communities
  - Increased prevalence of COVID-19 and increased severity of disease
  - Patterns consistent in the adult and pediatric population
- Access to virtual learning
  - Lack of access to devices, internet and appropriate spaces to learn
- Access to adequate nutrition
  - Over 30 million children and adolescents rely of free and reduced lunch
- Quality of school facilities
  - School funding models disproportionately impact Black and Brown communities as well as poor communities leading to insufficient investment in school facilities
STATE OF US SCHOOLS

- 60% virtual learning
- 37% in-person at least part of the time
  - 19% all in-person and 18% hybrid
- Burbio School Opening Tracker
- By end of August over 850 school districts with cases

Map Indicates Virtual Versus In Person Learning For K-12 Public Schools Across the US
AAP GUIDING PRINCIPLES FOR RE-OPENING SCHOOLS

• Communities need to take all necessary measures to limit the spread
• School policies must be flexible and nimble in responding to new information
• Schools must take a multi-pronged, layered approach to protect students, teachers and staff
• Develop strategies that can be revised and adapted to level of viral transmission in the school and community
• Coordinate with state and/or local public health authorities, school nurses, pediatricians and other health experts
• Policies should be practical, feasible, and appropriate for the student’s developmental stage
• Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations
AAP GUIDING PRINCIPLES FOR RE-OPENING SCHOOLS CONTINUED..

- Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.
- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities.
- Policies should be consistently communicated in languages other than English, if needed.
- Federal, state and local funding should be provided for all schools so they can provide all the safety measures and support the educational needs for students and staff including in virtual learning environments.
Primary Care Has Your Back To School
The Last 6 Months
Beginning Friday, March 13, 2020, visits plummeted in pediatric practices across the country.
As a result of the massive drop in ambulatory pediatric visits, immunization rates have plunged on a national scale. Although pediatricians have worked hard to make up for lost opportunity, there is still a considerable bubble of children who went without immunizations earlier this year.
It’s not just immunizations, however. Vision screening, depression/behavioral/developmental screening, and the entire Bright Futures schedule has been challenged.

Vaccine Rates Drop Dangerously as Parents Avoid Doctor’s Visits

Afraid of Covid-19, parents are postponing well-child checkups, including shots, putting millions of children at risk of exposure to preventable deadly diseases.
We have aggregated data from our clients across the U.S. to better understand how the COVID-19 pandemic is changing, how independent pediatric practices treat their patients, and how they will fare financially.

Data

pcc.com/business-impact-of-covid-19/
The Next 6 Months
work we have to do

PEDIATRIC CYCLES
Well visit catch up; patient recall systems; minimized sick visits.

AGILITY
Curbside flu clinics; telemedicine; return to school.

BUSINESS 101
Grants, loans, and forgiveness; new procedure codes; H/R.

ADVOCACY
Payment parity; telemedicine coverage; maintaining the medical home.
Community Impact
By the end of 2019, Angel Kids Pediatrics had a total of 6 locations throughout Northeast Florida. Our 7th location, in Ponte Vedra Beach, opened in the beginning of 2020, just a few months before the Pandemic Outbreak.

Our offices include 5 located within Duval County, and 2 located in St. Johns County.

Our Office Locations

Currently 7 Total Locations

Northside Jacksonville - Off Lem Turner Rd.
Westside Jacksonville - Off Normandy Blvd.
Central Jacksonville - One off Beach Blvd. and 2nd location moving to Atlantic Blvd. (Oct 2020)
Ponte Vedra Beach
Bartram Park
Julington Creek
Patient-Centered Medical Home

This model of care strengthens the physician-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship.

Convenient Scheduling

- Opened 359 day per year
- Opened night and weekends
- Telehealth visits available year-round
- Educational Virtual Seminars for Parents & Parents-to-Be

Bold City Best Winner - Best Pediatric Practice -

Was awarded this honor in:
2016, 2017, and 2018

CMS - TCPI Exemplary Practice

Was awarded this honor in:
2019

SEPTEMBER 2020

DEFEATING COVID
We are seeing not only growth in patients, but a growth in diversity of both patients and providers.

SIX Different Languages Spoken in our Offices

- Hi!
- 您好
- Hola!

49% Are listed as "Minority" Race, while 42% are White and 9% were unspecified.*

Please note: Patients were able to select multiple race options.

24,314 Total Patients (2020)*

+40% Patient Increase since 2018

Source: Office Praxisum 2020
Starting in April, Angel Kids Pediatrics began giving away our entire supply of hand sanitizers to both parents and businesses, to do our part to mitigate the spread of COVID-19.
Prevention Team

Developed COVID-19 taskforce

The team was comprised of:
Leadership Personnel
Full-time Providers
Quality Team
Office Managers

Communication

Zoom Meetings
WhatsApp Messaging & Video Chat
Weekly taskforce updates
Well Visits and Sick Visits were scheduled separately. With social distancing within the waiting areas. Temperature checks given to both parents & children at check-in.

- **Separation of Preventative & Acute Care Visits**
  - Well Visits and Sick Visits were scheduled separately.
  - With social distancing within the waiting areas.
  - Temperature checks given to both parents & children at check-in.

- **Morning Appointments**
  - Newborn
  - Well-Child
  - Behavioral visits

- **Afternoon Appointments**
  - Acute Care
  - Sick-Child

- **Psychology Appointments**
  - Offered & Available via Telehealth appointment.
  - Ensures access and continuity of care.

- **Telehealth Appointments**
  - Available for both Well & Sick Child visits or concerns.
  - Available in evenings and weekends
Educational Marketing

Multiple COVID-19 education campaigns were launched to our patients.

• Email and Newsletters Campaigns
• Social Media Campaigns
• Automated Recalls
• Proactive outreach to schedule visits/immunizations
Monitoring

- Florida's decisions regarding back-to-school response and opening.
- Protocols for reopening schools from CDC, New York, Indiana, and Florida
- From these resources, we developed a protocol tailored to our community's needs.
RISK ASSESSMENT
Strategies

To ensure safety of our patients and staff, we implemented the following strategies:

- **Phone Triage Screening** to determine the risk, at time of scheduling appointment
- **COVID-19 Screening** questionnaire to be completed by parent at time of check-in, as a “second line of defense”, for in-office appointments
- **Telehealth Appointments** were utilized for any patients with positive screenings to ensure they were still able to be seen by physician.
- **Additional Measures** were implemented following CDC guidelines including: Mandatory Mask Requirements and Temperature Checks when entering office locations.
Treatment
We Were the First pediatric practice, in Jacksonville, to offer Rapid Antigen Testing for our patients.

Two Phase Implementation Process

1. Drive-up only testing at 2 offices that weren't seeing any patients in office. A telehealth visit with a provider was completed after testing, to discuss results and the plan of care.

2. Integration of rapid testing at all other locations that offer in-office visits. Patient who report have positive COVID-19 screens via phone or in-office are tested outside of the office in their car 15 minutes prior to visit time.

   If Negative, they are cleared to come in office.

   If Positive, their visit is completed via telehealth and plan of care is discussed.
PCR Testing

We are looking to add this to our portfolio, to enhance our efforts and better identify & treat patients with SARS -COV-2.

Partnerships

We have just launched our partnerships with local schools and daycare's to offer affordable COVID -19 testing to students, teachers, staff and parents.
Thank you

NOT TODAY #COVID19
Panel Discussion
Q&A