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Maine's Foster Care Committee

Thursday, March 26, 2020 - 4:00 - 5:00 pm

Meeting Notes

Welcome and Introductions of committee members present on phone:

Joanne Perry, Amanda Brownell, Andrea Tracy, Jean Youde, Sarah Labonte, Sydney Kotredes, Adrienne Carmack, Mark Rains, Amy Belisle, Bobbi Johnson.

First time meeting with Andrea Tracy chairing, as Adrienne Carmack has taken over as the medical director of OCFS. Adrienne intends to continue the working relationship with the Maine AAP committee and support the work of the three groups doing rapid evaluations of foster children to improve collaboration, increase standardization and benefit the foster care system, children and families.

Updated from Dr. Carmack - Office of Children and Family Services

Adrienne – getting acclimated to the office since starting on March 9 – but then COVID-19 hit, with Maine declaring a civil emergency on March 16. There is a lot of planning and reaction to the crisis that we are faced with. Priority is around communication and standardization of the protocols for comprehensive evaluations.

Considerations and Modifications due to COVID-19 & Telehealth

Due to the COVID-19 crisis, a big decision was to make the 10 day visit with the primary care provider non-essential for children who have just entered foster care. The mandate was just lifted, removing the requirement for foster children to be seen within 10 days of state custody during this state of emergency. The more extensive office evaluations are considered non-essential, and being delayed, but telehealth mandates are being considered, along with individual institutional rules and coding considerations. The hope is that the comprehensive evaluations can be done by telehealth.

Sydney Kotredes, NP, from PCHC, is one of the providers who is taking over for Adrienne Carmack, along with Dana Goldsmith, MD and Kristen Martin, MD. These three providers will be doing their first comprehensive evaluations via telehealth due to COVID.

OCFS has new regulations as a result of COVID. Telehealth will be allowed for initial visits. People seem relieved to have guidelines. Well child visits can be done by telehealth most likely. There are concerns as MaineGeneral is currently not allowing video calls but the other systems are.

A remaining question – as the 10 day visit has been put on hold – the guideline that is now in place recommends that the resource family identify the primary care practice they will go to – make contact – and then expresses any initial concerns (like a phone triage). Newborns still need to be seen.

Waivers and Contingency Planning - OCFS Assistance

Jean questions – kids scheduled for PREP, the hospital needs a waiver to do the visit by telehealth. Is there a way to get a blanket waiver so they don't need to get signatures and have forms for each case/child. They have consent to treat – need to get consent for telehealth. Bobbi said folks could email her for consent via telehealth.

PCHC has done one telehealth visit, Spurwink has done several – they have gone well...they are doing most evals by phone or video call now. Prework or follow up with some forms via mail or email to get a better sense of behaviors, etc. Has been well received.

Bobbi Johnson updates that contingency planning is underway. Working on a plan with current operations – most case workers are working remotely. Offices are still open – but need to plan for possible closures. Looking at ways to deal with each area of the state. Evaluating which services are appropriate and will be covered.

Bobbi refers us to the OCFS webpage set up on COVID-19 – updates and provider info for child welfare. Attorneys, GAL's, etc. details about visit changes, etc. is posted. Links to CDC and other resources for families.

Forming a Subcommittee on Telehealth Details

Subcommittee for the PREP process...how to increase telehealth. Steve setting up process and script to guide calls with Resource parents/families. Spurwink already has their process underway. Standardization efforts are continuing and can be expanded upon in light of the telehealth needs. Proposed meeting on April 2nd at 4pm.

Joanne will join the subcommittee from Spurwink. Sydney will check and make sure she is able to attend.

PCHC provider reported a silver lining, new office staff was finally able to schedule a family from Calais that had many prior cancellations due to trouble getting there in person.

Decline in number of reports to Child Protective Services – sadly due to schools not being able to help report about abuse. We need to think about identifying risk factors differently if the kids are only getting seen briefly to pick up a meal. Telehealth may be a way to keep connected with high risk families – particularly as they are not in school.

Jean and Steve have data on the value of the follow-up visits they can share. Not all are doing it due to capacity. PCHC sees about 50% of their foster cases for ongoing care.

The standard 5 day duration that substance-exposed newborns are kept in the hospital is being looked at. Earlier discharge was considered but the concern is that they may then require readmission, which could be more risky. State looking at that.

Follow up and Next Meeting

Promote the OCFS website. Schedule subcommittee meeting via Zoom for April 2, 2020.

April 9th next full meeting. Dee will collect names, send email for subcommittee.

Resources: Google Drive https://drive.google.com/drive/folders/1bDoQGrhD1-MmheVzoTYb15RWtYEyIxwd?usp=sharing

Dee will move some of the more permanent documents and resources to the Maine AAP website. The working documents, including a list of committee members and contact info, will remain on the Google Drive.

Next Meeting – Thursday, April 9th at 4pm.