

Reinventing Health Care: Children's Minnesota Responds to COVID-19

As the COVID-19 pandemic upends the norms of daily life, it has become imperative that health care reinvent itself to meet community health needs. While safety concerns were rampant among the general population, especially in a healthcare setting, the pediatric population has presented particular challenges. When the pandemic began, Children's Minnesota saw a precipitous drop in well child visits, as well as other specialty care services.

To live out our mission to be every family's essential partner in raising healthier kids and to respond to the rapidly changing environment, Children's Minnesota has worked deftly to meet the needs of its patients and families. Thanks to the tireless work of leaders, nurses, physicians and other healthcare professionals, the organization has managed to change trajectory and has seen patient volumes begin to stabilize in many service lines, with immunizations back up to almost 90% year-to-date as of August 2020 compared to the same time last year. Along with extensively enhancing safety and sanitization measures, key initiatives have included innovating the primary and specialty care experience as well as pivoting the approach to clinical education.

Drive-Up Care for Immunizations

Children's Minnesota implemented safety measures in parallel with innovative

new models of care. Among key initiatives implemented by Children's Minnesota is Drive-Up Care. The Drive-Up Care program offers families the opportunity to follow the American Academy of Pediatrics guidelines for immunizations without entering the clinic. While clinics and hospitals have taken extra precautions to

enhance safety measures, the model assuages parents' fears of acquiring or spreading an infectious disease during a pandemic.

To access the program, the family calls their clinic to make a drive-up appointment. Upon arrival for their visit, the family notifies the clinic of their arrival. A nurse comes to their car with the necessary protective equipment and follows sterile techniques and standard process to administer the child's necessary care. The parent or guardian then receives aftercare instructions.

This model is also used to administer injectable birth control, and Children's Minnesota clinics plan to add A1C testing for patients with diabetes. The concept and implementation of Children's Minnesota Drive-Up Care was completed within weeks of COVID-19's spread into the state. Vaccination rates among Children's Minnesota patients



had dropped 46% in April 2020 compared to April 2019. Each month since has been an improvement, and by August vaccination rates were almost back to normal levels.

Innovating the Virtual Experience

Furthermore, Children's Minnesota worked with urgency to ramp up its virtual care offerings. Prior to the pandemic, approximately one hundred virtual visits would take place each month through the Children's Minnesota healthcare system. This climbed to more than 6,000 per month in April and May. From March to July 2020, more than 20,000 virtual care services have taken place. Children's Minnesota was able to quickly upgrade its technical and payment systems to make this come to fruition, easing the concern of families needing medical care but worried about exposure to COVID-19. Healthcare professionals

By Razaan Byrne, MD

that had never used virtual care models were quickly trained in, partially through support of ‘super users’ who had already adopted the practice. Virtual visits have also increased access to the Children’s Minnesota healthcare system, allowing families outside of the Twin Cities to access the highest quality care.

In primary care and ENT, Children’s Minnesota is piloting a home device kit, TytoCare, that would support diagnosis for virtual patients. The kit includes a tongue depressor, infrared thermometer, otoscope, stethoscope and a touch screen device, all of which will be connected remotely to a clinician and support families in managing chronic conditions and diagnosing common illnesses. A similar model will also be piloted to support physician-to-physician collaborations, allowing Children’s Minnesota clinicians more real-time data and analytics to better partner with healthcare systems outside of the Twin Cities.

In our specialty care departments, it was important to find virtual solutions with some of our most medically fragile patients with complex needs and equipment. Within 10 days of COVID-19 reaching Minnesota, our specialty care pivoted to virtual services and homecare for specialty care patients. Patients were able to get COVID-19 testing, bloodwork and labs, all administered through homecare.

Throughout the Children’s Minnesota system, innovative change has been a constant since the COVID-19 pandemic. The fetal cardiology team has implemented new virtual services to support babies that needed monitoring. Remote hand-held dopplers were given to parents that allowed families to

monitor their newborn’s fetal heart rate from the convenience of their home. The clinical team was then able to collect that data and virtually support families. The dopplers also allowed some diagnostics to take place at home.

In rehabilitation services, occupational therapy and physical therapy, Children’s Minnesota has also found unexpected success through virtual services. Through virtual care, therapists have been able to enter a patient’s home and understand firsthand challenges that would not have been as apparent in the clinic. Virtual sessions have also empowered patients and caregivers to take on a more hands-on approach to their therapy since therapists are not physically present during a session.

Pivoting Clinical Education

Children’s Minnesota is committed to providing education and resources to clinicians—to both our professional staff and members of the community and region. When the pandemic reached Minnesota, the organization quickly pivoted and prioritized creating and sharing resources broadly. The COVID-19 clinician toolkit, co-authored with Children’s Health Network and published in April 2020, is frequently updated with clinical guidelines, literature reviews and upcoming COVID-19 focused events.

Previously, Children’s Minnesota’s weekly Grand Rounds was only available in an in-person format but is now available live, online each week. It is also recorded and housed in an online library. We’ve seen increased attendance compared to our in-person format, with an average of 250 attendees each week, and will continue with the online format

beyond the pandemic. Additionally, Children’s Minnesota created a new pediatric podcast, *Talking Pediatrics*, with many episodes focused on COVID-19, and designed to be condensed and easy to consume.

Looking Toward the Future

While the pandemic has brought unexpected challenges in all sectors, it has also pushed health care in a new and more innovative direction. We have learned to be flexible in these times of continued uncertain change and have, as a result, been able to meet our patients’ needs in new ways. The pandemic will forever impact the way healthcare workers and patients approach medical needs. As we move forward, and even in the eventual post-pandemic world, Children’s Minnesota will continue to reflect on these lessons and approach each new challenge with creative twenty-first century solutions. We will continue to innovate and forge new partnerships that will allow us to truly be every family’s essential partner in raising healthier children. ♦

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