Meet Dr. Charles Garvin...

Dr. Garvin is a physician practicing at Neighborhood Family Practice (NFP), a Federally Qualified Health Center (FQHC) operating seven sites and serving the west side of Cleveland for 35 years. NFP serves individuals and families with low incomes and qualifying for Medicaid/CHIP as well as those who are low-income yet earning too much to qualify for Medicaid, but not enough to afford private insurance. When the COVID-19 crisis struck, NFP launched a voluntary furlough option and lost 15% of its clinical staff, and only now has recalled all its staff. The federal emergency funding legislation (CARES Act) provided much needed support allowing to bring staff back. As of May 29, 2020, NFP was at 80% of its pre-COVID-19 patient volume.

In March 9, 2020 when Ohio announced the first three COVID-19 cases NFP decided not to have patients in the office for elective visits until it could figure out how to do it safely. NFP advised its patients they would inform them when they could begin to accept in-office appointments for routine well-check visits.

The week of March 15th NFP started its telemedicine platform and by the following week 90% of its visits were telemedicine visits. NFP prioritized patients, and began by calling families with asthma to offer visits through telehealth.

Well-child Care

At the end of April and through most of May, NFP revived its immunization program, by targeting parents with young children under the age of two. They actively reached out to parents and explained the precautions being taken to make well-check visits safe. They have targeted parents with young children because of the particular importance of early immunizations. Dr. Garvin worries about the drop in immunization rates among children and the public health dangers this represents, such as the re-emergence of whooping cough and measles. Dr. Garvin goes further and states, “the patients we are most worried about are the ones who are hardest to reach. They may not have a phone or transportation to the clinic, or they may not understand the importance of continued immunizations”

They are as yet unable to bring in the older children at the same time as the under 2-year old’s because of the need to keep people six feet apart in the waiting area. However, Dr. Garvin shares
that they are still providing services to older children via telemedicine. At this time, well-checks are returning to normal.

Dr. Garvin is cautious about the overall picture of children’s health in Ohio. The Medicaid population is growing as a result of the economic decline and significant job losses in Ohio – reaching 1.4 million at its zenith. The danger is that not all health centers are able to sustain their operations and could result in a loss of healthcare capacity and access points. The real marker of immunization success rate will be June-July, meaning that now is the time focus on immunizations throughout the summer.

**Serving sick children**

NFP and other health care providers are doing their part to mitigate infection rates and to accomplish this they are trying to avoid having sick children with a fever in the waiting room. However, they understand that parents with sick children are worried and want to get their children in quickly for treatment. NFP is not doing temperature checks at the door and instead has the ability to quickly get a sick child into a room if the child has a temperature. Ideally sick child visits should be done on video and then have the child come in during the afternoon or the next morning, however not all parents have the ability to access telehealth or other forms of technology.

**Behavioral Health Care**

NFP has about 20 behavioral staff. Recently they beat their January volume and reduced their no-show rate. Teenagers seem to be more comfortable going into their room and talking on the phone with their counselor. Telemedicine has been very well received. The behavioral health providers are busier than they ever were. From a policy standpoint, Dr. Garvin worries that when Medicaid rolls back the telehealth emergency expansion it will impact this vulnerable Medicaid population.

**Access to Medications**

Their clients have had some difficulties accessing medications during the COVID crisis due to pharmacy hours being reduced, but some of the Medicaid policy changes have made access easier. The 90-day supplies have improved access, and the easing of prior authorization for certain medications has made it easier to prescribe.

**Policy Recommendations**

- **Protect Ohio Medicaid.** As people are losing their employment and their private insurance, Medicaid will necessarily become their health insurance. It's important that Ohioans have access to quality healthcare during the pandemic and as Ohio moves to economic recovery.
- **Make the telemedicine expansion permanent.** Telemedicine helps address the issues of transportation and access to populations in underserved areas.
- **Expand outreach programs that educate parents** on the importance of children receiving the recommended immunizations and navigators to help families enroll all eligible children in the Medicaid/CHIP program.

*For more information, please contact Kelly Vyzral, Senior Health Policy Associate at kvyzral@childrendefense.org or visit www.cdfohio.org*