

# Fireside Chat: Women's Health

November 19, 2020

## Cast of Characters:

**Shannon Dowler**, MD, FAAFP, CPE CMO, NC Medicaid

**Velma Taormina**, MD, MSE Senior Policy Consultant- Women's Health, DHB

**Richard Kirsch**, MD, President NCOGS, OB/GYN

**Kathryn Menard**, MD, MPH, Professor, OB/GYN, UNC School of Medicine

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

**Carrie Brown**, MD, MPH, Chief Medical Officer for Behavioral Health & IDD

## **POLL: When COVID-19 vaccines becomes available will you:**

- **Yes**
- **Probably not**
- **No way, I don't want the Government tracking me**
- **No way, it's been fast-tracked and I don't trust it**
- **I would consider it after more data is available**

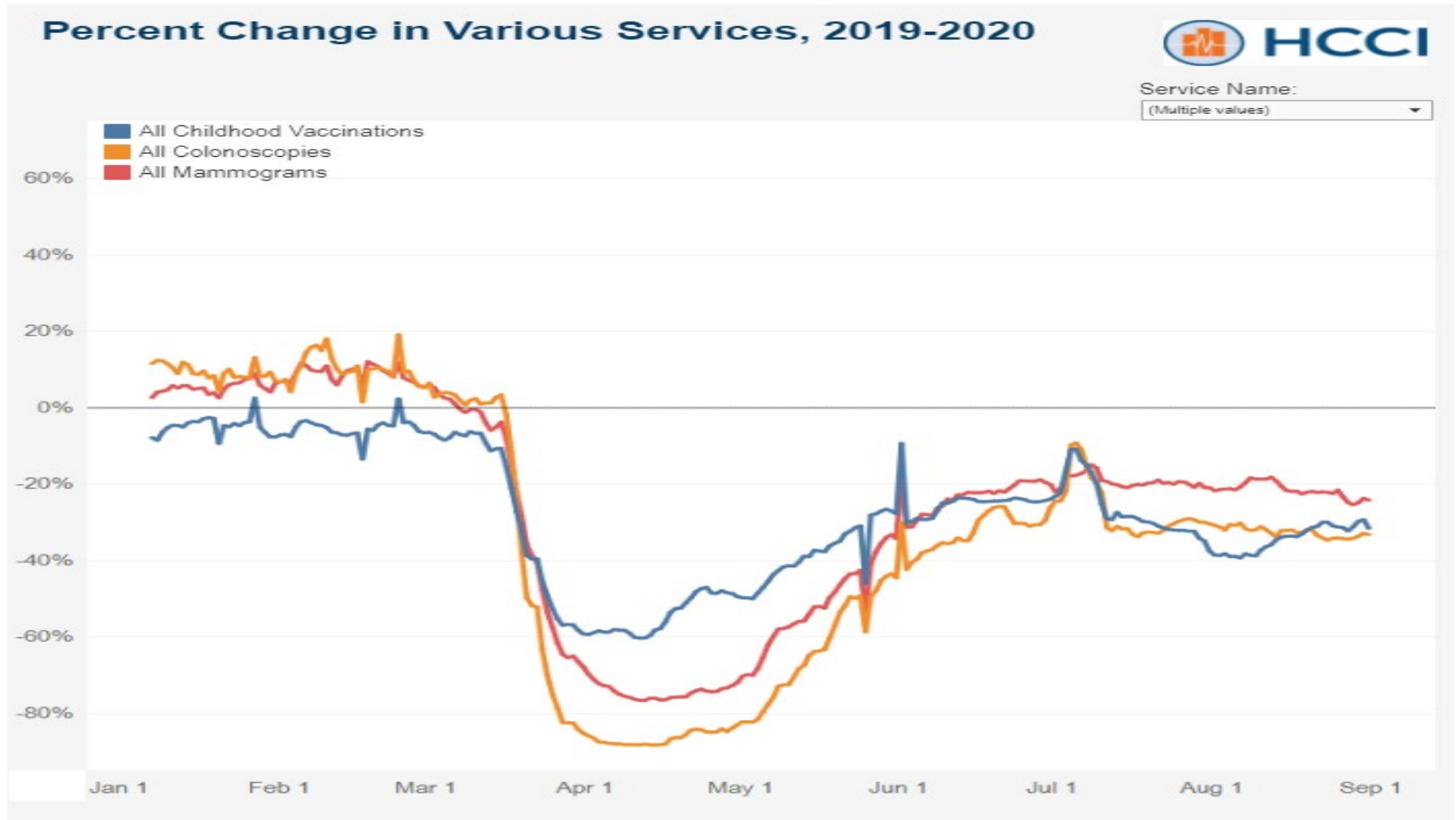
# **NATIONAL VIEW: WOMEN'S HEALTH 2020**

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**Richard Kirsch, MD**

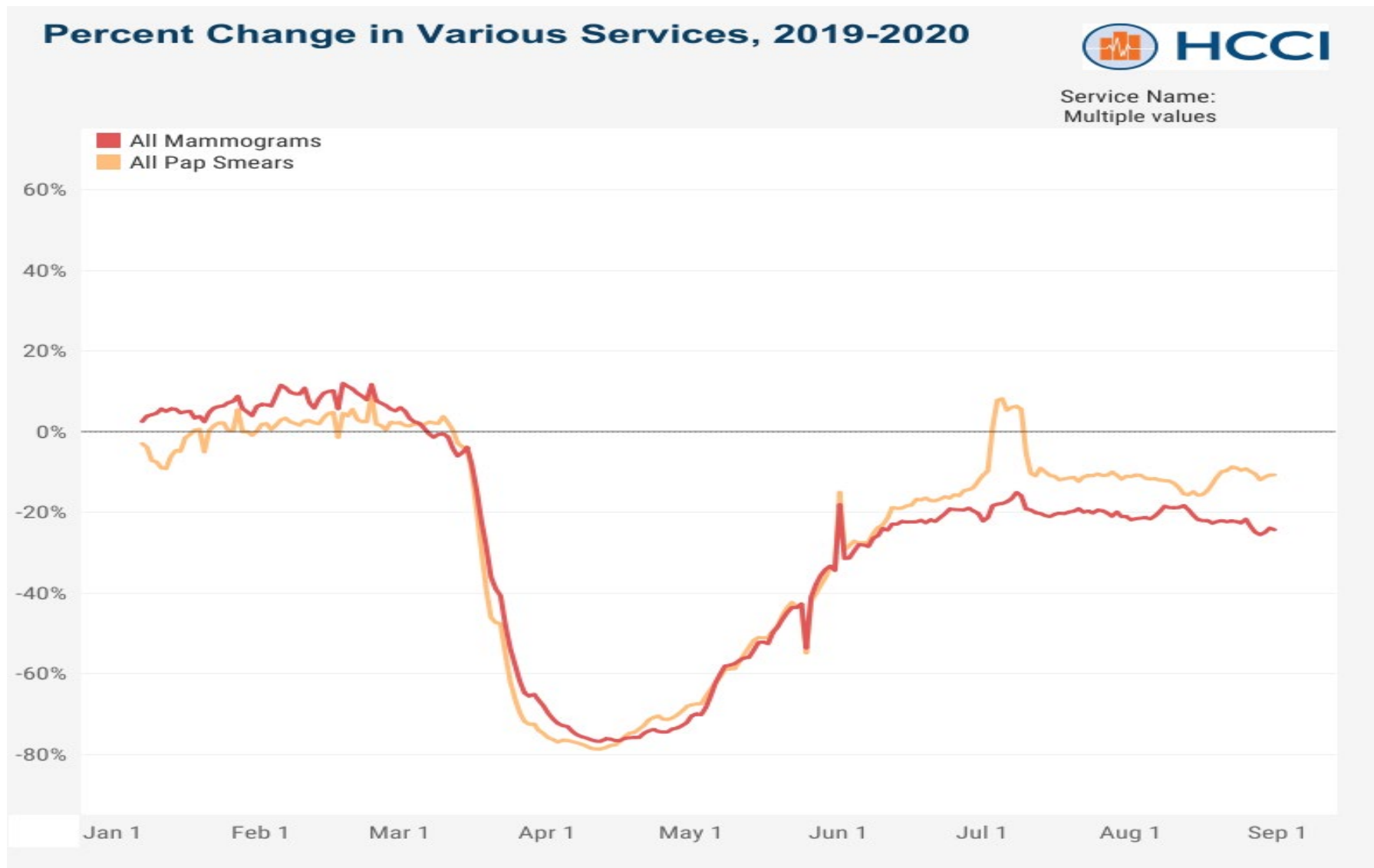
**Tom Wroth, MD**

# Impact of COVID-19 on Preventive Healthcare

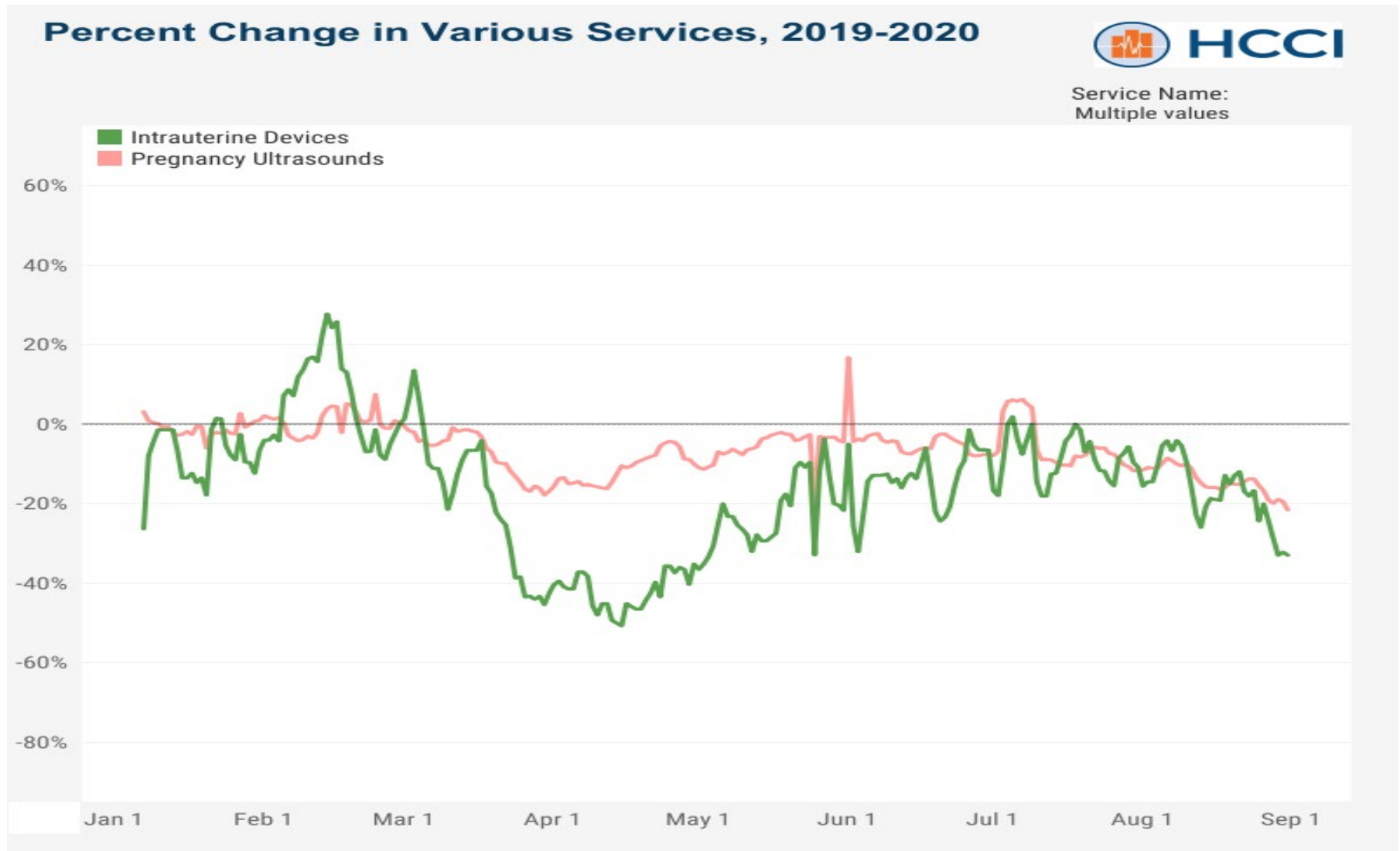


Source: Health Care Cost Institute  
November, 2020

# Impact of COVID-19 on Preventive Healthcare

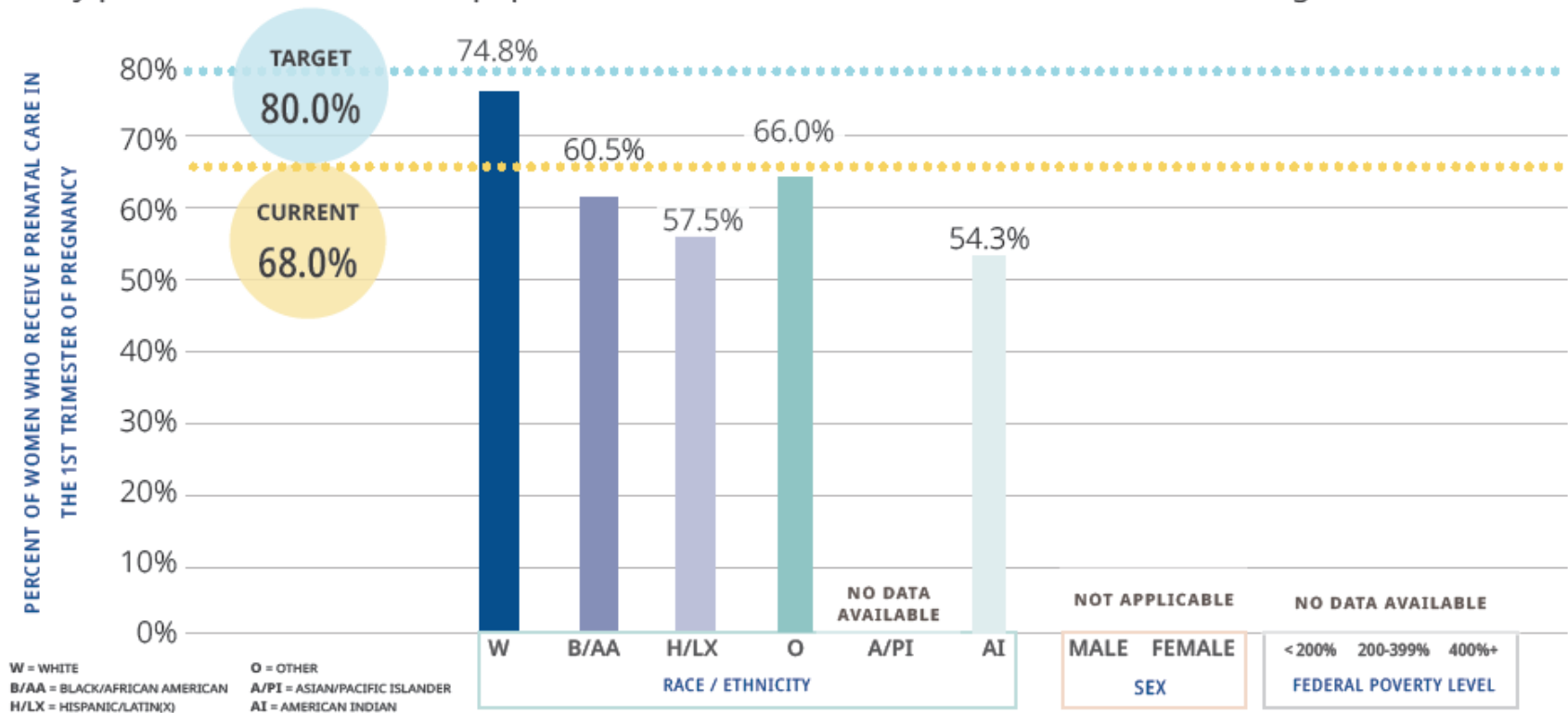


# Impact of COVID-19 on Preventive Healthcare



# Healthy NC 2030: Early prenatal Care

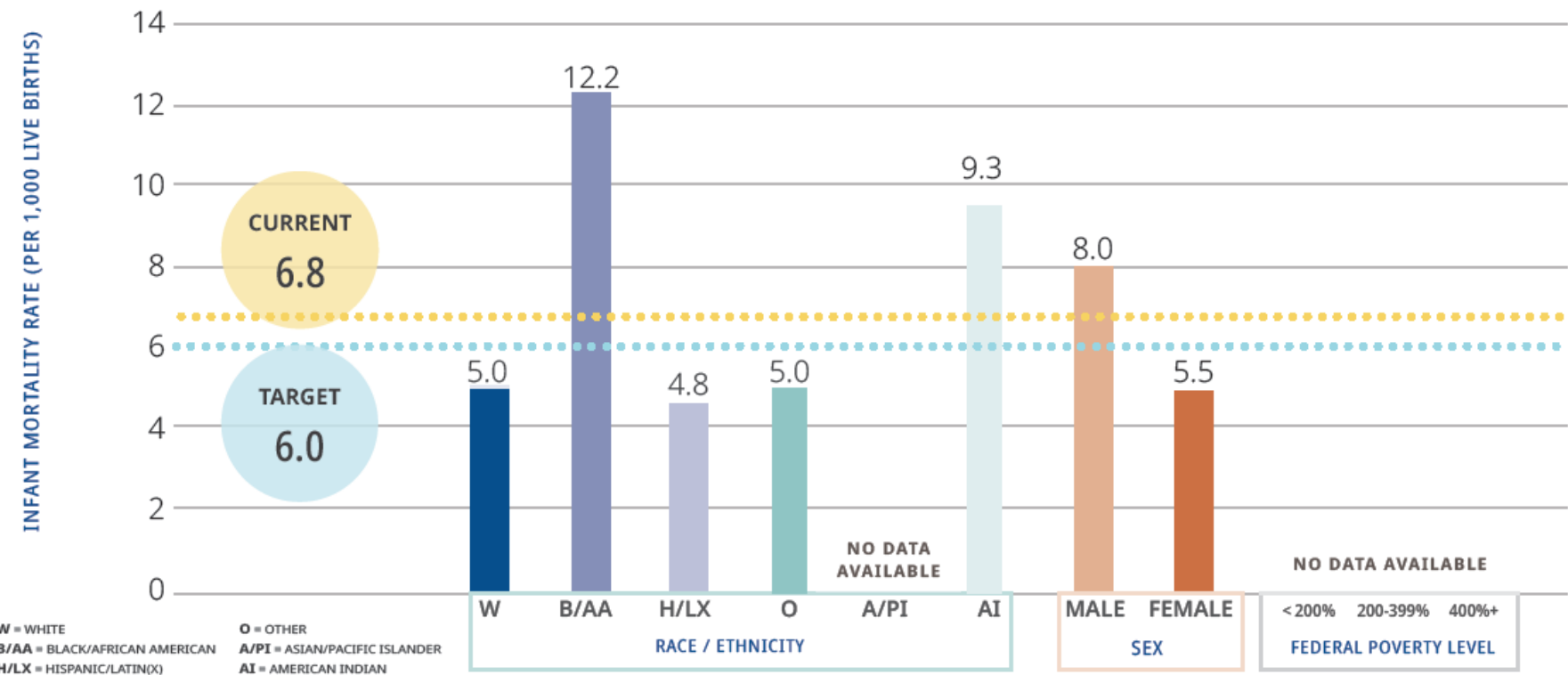
Early prenatal care use across populations in North Carolina and distance to 2030 target



Source: Healthy North Carolina 2030 NC Institute of Medicine, January 2020

# Healthy NC 2030: Infant Mortality Rate

Infant mortality rates across populations in North Carolina and distance to 2030 target





# **POLL: The most significant Women's Health Issue in your office today is:**

- **A. Depression and Anxiety**
- **B. Substance Use**
- **C. Domestic Violence**
- **D. Access to insurance coverage**
- **E. Chronic disease management**
- **F. Sexual Health concerns**
- **G. Preconception Planning**
- **H. Keeping up with Prevention Guidelines**

# **WOMEN'S HEALTH IN NORTH CAROLINA**

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**Shannon Dowler, MD**

**Carrie Brown, MD**

**Velma Taormina, MD**

# NC Breast and Cervical Cancer Control Program (NC BCCCP)

- **Modification to the criteria to qualify for NC Breast and Cervical Cancer Medicaid (BCCM)**
  - No longer requires enrollment *prior* to diagnosis
  - Women still need to go through the BCCCP program in your community to facilitate enrollment

# THIS IS BIG

# BCCCP Changes

**Women must FIRST be eligible for NC BCCCP (see below).** Also see the BCCCP [Eligibility / Enrollment](#) page for additional eligibility details.

## Eligibility

- Women with family incomes at or below 250% of the Federal Poverty Level, who are uninsured or underinsured, and who are not covered by Medicare Part B
- Patients must be referred to the local NC BCCCP to apply for BCCM

## Enrollment

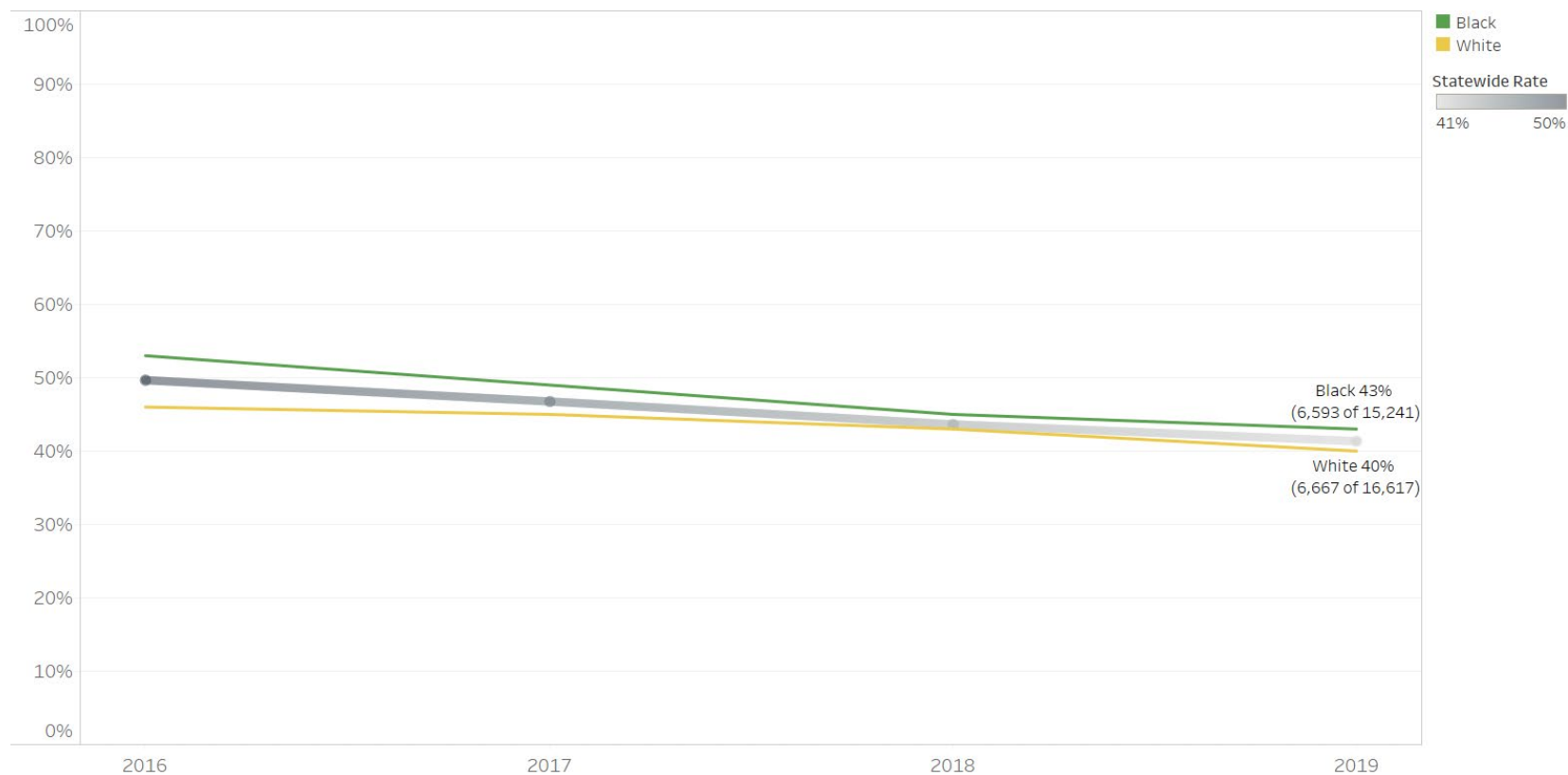
There are several ways you can enroll an eligible patient in NC BCCCP:

- *PREFERRED METHOD*: Refer patient to local NC BCCCP for screening as soon as she presents (with or without complaints)
- Refer patient to local NC BCCCP when there is an abnormal screening or diagnostic test result for diagnostic work-up
- Provide preliminary screening test (CBE, screening and/or diagnostic mammogram, Pap test, colposcopy, etc.) prior to referral

**Physicians Be Aware:** It is preferable that a patient be referred and enrolled in NC BCCCP prior to being diagnosed with breast and/or cervical cancer.

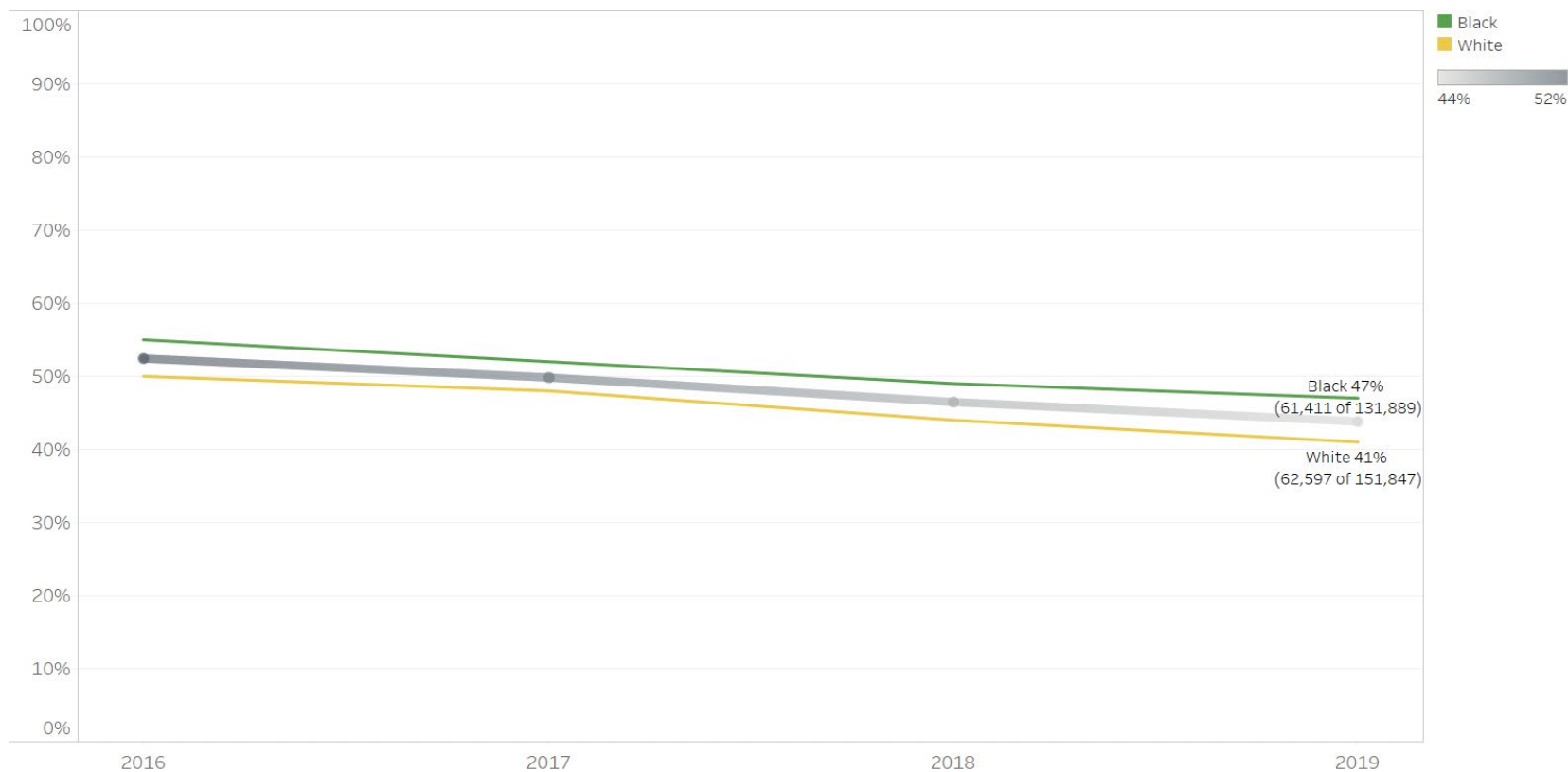
**For more information,** please [contact us](#) (919) 707-3500.

## NC Medicaid Breast Cancer Screening 2016-2019 by Race



Data pulled from CCNC dashboard, containing mainly primary care and OB claims

## NC Medicaid Cervical Cancer Screening 2016-2019 by Race



Data pulled from CCNC dashboard, containing mainly primary care and OB claims

# NC Behavioral Health Impacts of COVID-19

## Behavioral Health Indicators

### • Anxiety & Depression

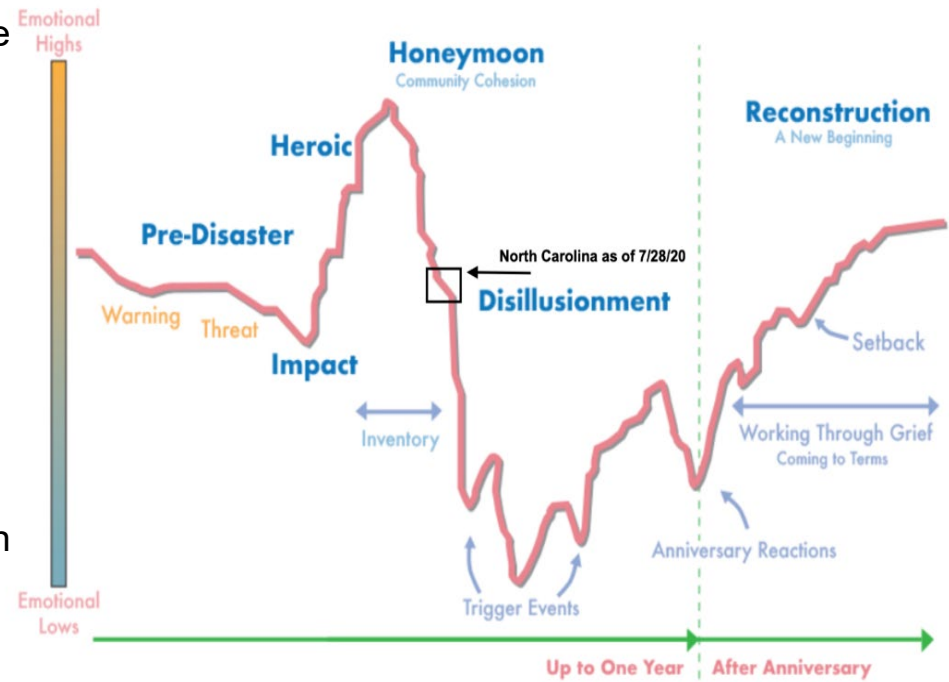
- Three-fold increase in reported symptoms of depression and/or anxiety disorders – 1 in 3, up from 1 in 9
- Younger cohorts (18-29) report higher prevalence of anxiety and depression, while prevalence among racial groups is relatively consistent.
- Nationwide mental health related pediatric ED visits increased and remained elevated through October \*

### • Substance Use – Alcohol & Opioids

- Liquor sales in North Carolina increased 12% in State Fiscal Year 2019-20
- Recent nationwide survey found 1 in 4 respondents reported binge drinking at least once (up from 1 in 6)
- 21% increase in opioid overdose ED visits in 2020

### • Suicide

- Too early to have good data; however, increase in firearm purchases is alarming
- NC background checks surged since March 1 by 59%
- Historically suicides by firearms in NC are higher than national average



SAMSHA Phases of Disaster and Reactions

<https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

\* MMWR Morb Mortal Wkly Rep 2020;69:1675–1680

# Stress, Women, and COVID-19

- **Kaiser poll** - 53% of women report a significant negative impact on their MH compared to only 37% of men\*
- **Women without a college degree have more job loss than men during COVID-19 especially in service-sector positions**
- **Job loss, school and daycare closures, social isolation, and social distancing add more stress**
- **Older women suffer burden of extreme isolation and fear of infection**
- **Intimate Partner Violence (IPV) increases with social distancing and quarantine during COVID-19**

\*<https://www.kff.org/policy-watch/is-there-widening-gender-gap-in-coronavirus-stress/>

Axia Women's Health: Coping Strategies and Getting Help - <https://axiawh.com/resources/covid-mental-health/>



# Evidence Based Behavioral Health Messaging Aimed at Prevention



## The SCOOP on Managing Stress

**S** Stay connected to family and friends.

Social connections build resiliency.

**C** Compassion for yourself and others.

Self-compassion decreases trauma symptoms and stress.

**O** Observe your use of substances.

Early intervention can prevent problems.

**O** Ok to ask for help.

Struggling is normal. Asking for help is empowering.

**P** Physical activity to improve your mood.

Exercise boosts mood and lowers anxiety.

**HOPE**  **4 NC HELPLINE 1-855-587-3463**

# NC Hope4Healers Hotline

**NC Psychological Foundation  
partnership**

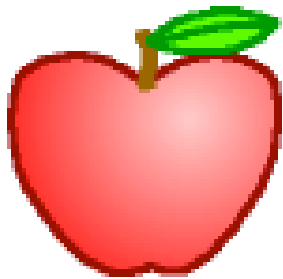
**Provides mental health and  
resilience** supports for healthcare,  
childcare and other workers on the  
frontlines of the COVID-19  
response

**Available 24/7** and staffed by  
licensed mental health  
professionals for follow-up

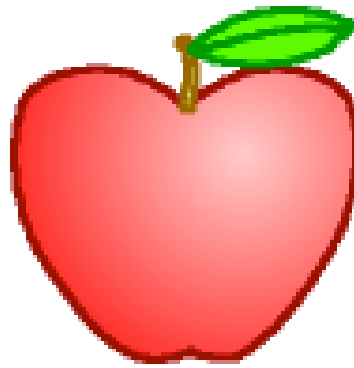
**Do you or your family members need  
FREE emotional support from being  
on the COVID-19 frontlines?**

*NC Licensed Therapists  
are ready to listen!*

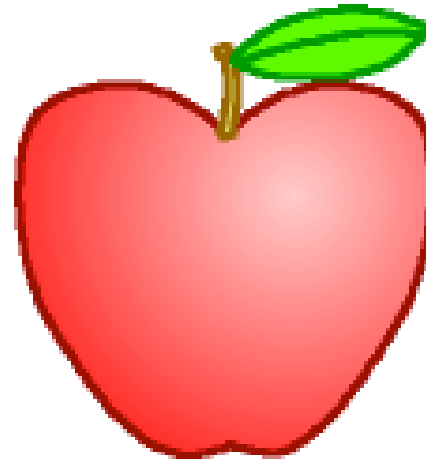




**big**



**bigger**



**biggest**

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# Changes to Family Planning Medicaid

Planning Medicaid

## **1E-7 “Be Smart” Family Planning Medicaid (MAFDN) Updates**

- NC Medicaid is making permanent updates this policy. Some of these include:**
  - Telehealth services for Established Patient Evaluation and Management (CPT codes 99211-99215) and Consultation Services (CPT codes 99241-99245).**
  - Added US Preventive Services Task Force (USPSTF) recommendations.**
  - Referral guidelines for interventions in HIV by prophylactic prescription meds through Ready, Set PrEP program.**

# **1E-7 “Be Smart” Family Planning Medicaid (MAFDN) Updates**

- Adding coverage for the following services:**
  - Total Salpingectomy procedure (CPT 58661)**
  - NAAT diagnostic testing for Trichomonas Vaginalis (CPT 87661)**
  - NAAT diagnostic testing for Mycoplasma Genitalium (CPT 87563) and treatment medication Moxifloxacin**
  - Kyleena IUD (CPT J7296)**
  - Scabies diagnostic testing (CPT 87220)**
  - Amines vaginitis screening (CPT 82120)**
  - Comprehensive Metabolic Panel (CPT 80053)**
  - Added pertinent diagnosis codes for services added.**

# **Sterilization Bulletin Updates**

- **CMS did NOT extend the 180-day signature requirement**
- **Recommend that you resign them if you are 150 days post-signature**
- **Type of Surgery listed in the Physician's Statement section must match your billing claim**
- **Must use the FP modifier**

# Sterilization Procedures

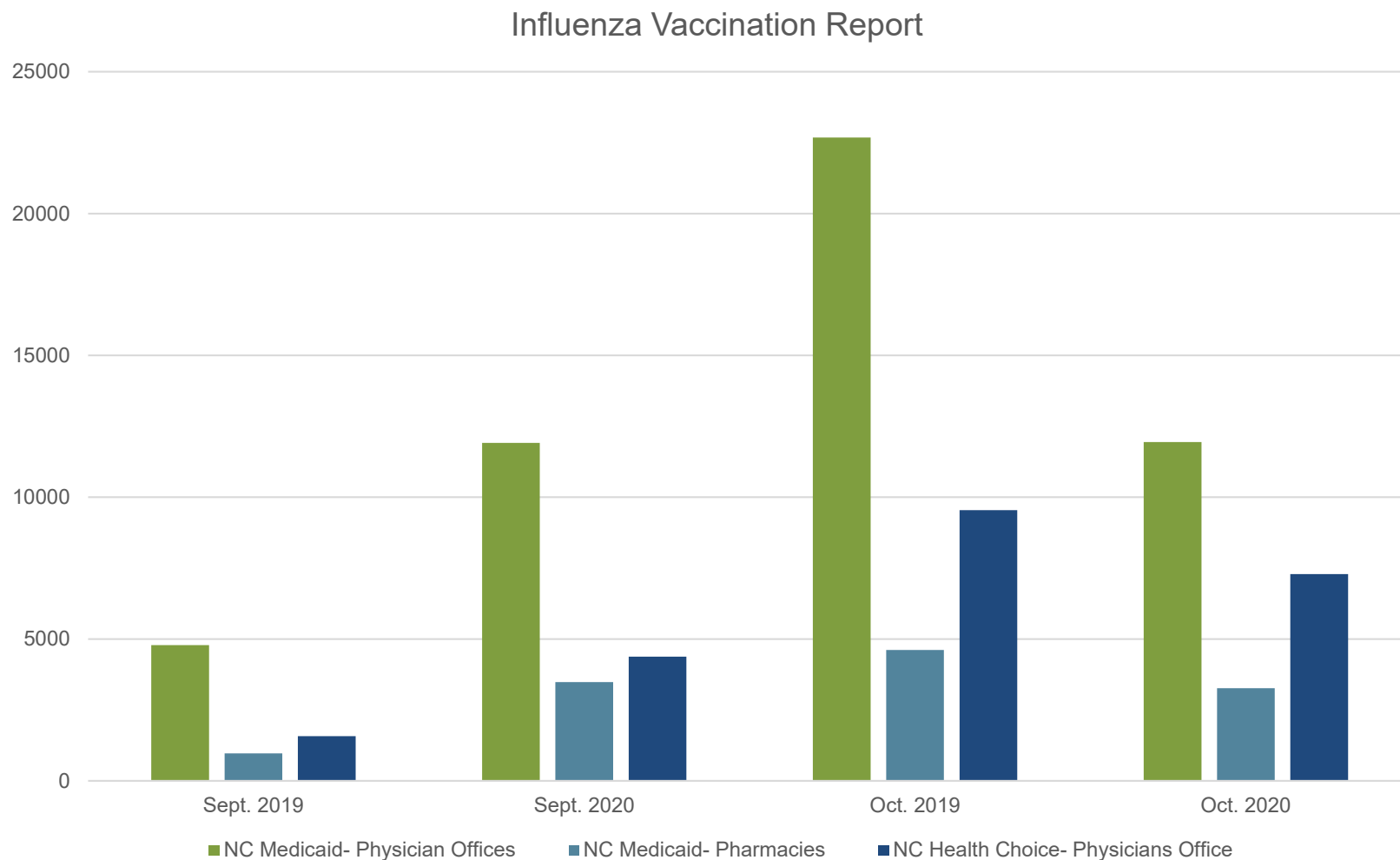
- The clinical coverage policy was updated on 8/15/20 and an update was posted on 11/10/20.
- The NC Medicaid link to the latest 1E-3 Sterilization Procedures Policy effective 8/15/2020 is below:
  - [https://files.nc.gov/ncdma/documents/files/1E-3\\_6.pdf](https://files.nc.gov/ncdma/documents/files/1E-3_6.pdf)
- The Sterilization Procedures clarification updates were posted on 11/10 and the link is:
  - <https://medicaid.ncdhhs.gov/blog/2020/11/10/clinical-policy-1e-3-sterilization-procedures-sterilization-consent-form>

# Sterilization ‘Types of Operation’

Abbreviation	Written Wording	CPT Code(s)
<b>PBS</b>	Prophylactic Bilateral Salpingectomy	58661, 58700
<b>BPS</b>	Bilateral Partial Salpingectomy	58600, 58661, 58670, 58700
<b>BTF</b>	Bilateral Tubal Fulguration	58670
<b>BTS</b>	Bilateral Tubal Sterilization	58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700
<b>BTC</b>	Bilateral Tubal Cauterization	58670
<b>BTL</b>	Bilateral Tubal Ligation	58600, 58605, 58611, 58615, 58671
<b>BPPS</b>	Bilateral Postpartum Sterilization	58611, 58605
<b>PPBTL</b>	Postpartum Bilateral Tubal Ligation	58611, 58605
<b>LTC</b>	Laparoscopic Tubal Cautery	58670



# Influenza Vaccination Report



# NO! NOT THE NAAT!

- Local health departments have a **VERY** limited number of test kits for CT/GC NAAT and all remaining for 2020 have been

**DEAR COLLEAGUE: CDC  
RECOMMENDATIONS  
DURING A DIAGNOSTIC  
TEST SHORTAGE**

A Dear Colleague Letter from CDC with recommendations for prioritizing STD screening during a diagnostic test shortage.



**It not**

## ● **Chlamydia and gonorrhea screening of asymptomatic individuals.**

Asymptomatic women, especially pregnant women, <25 years of age or women > 25 years of age at risk (e.g. those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners or a sex partner who has an STI).

Genital CT/GC NAAT testing should be **prioritized with a vaginal swab**, the preferred specimen.

**Extra-genital CT/GC screening is not recommended for women.**

### **Asymptomatic men who have sex with men (MSM):**

Rectal and pharyngeal CT/GC NAAT testing for men with exposure at these anatomic sites should be prioritized above urethral (or urine-based) testing in order to maximize the detection of infection per below.

If test kits are severely limited, consider prioritizing rectal testing over pharyngeal testing.

### **Asymptomatic Men who have sex with women:**

CT/GC screening is not recommended

**Extended screening intervals for whom screening is recommended every 3 months** (i.e. high-risk MSM and MSM on pre-exposure prophylaxis (PrEP)) may need to be considered in order to provide access to testing for other populations (listed above) while test kits are in shortage.

● **Men with symptomatic urethritis.** A Gram stain (GS) or methylene blue (MB) stain should be performed as the diagnostic test on urethral specimens at clinical sites with this capacity. Clinics without this capacity should send a urethral GS or MB stain specimen to a laboratory to distinguish between gonococcal urethritis and non-gonococcal urethritis (NGU). The GS and MB stain are highly sensitive and specific in symptomatic urethritis. If the GS or MB stain is available at the time of the patient visit, therapy can be targeted appropriately, thus limiting unnecessary antibiotic exposure. If empiric treatment is administered, the GS or MB stain should still be obtained to confirm a GC or NGU diagnosis and to inform partner management and future management if symptoms persist or recur. If GS/MB is not available, treat men with symptomatic urethritis for both gonorrhea and chlamydia per the 2015 CDC STD Treatment Guidelines.

**Women with Cervicitis Syndrome or PID:** Empirically treating these syndromes is a priority. If CT/GC NAAT kits are available for diagnostic testing, then vaginal swabs for chlamydia and gonorrhea NAAT test are the preferred specimen type. Endocervical swabs can also be considered. Tests should be prioritized for women < 25 years of age with cervicitis or PID.

**Individuals with Proctitis Syndrome:** Empirically treating these syndromes is a priority. Therapy for herpes simplex virus may be considered if pain or mucocutaneous lesions are present (see April 6th Dear Colleague Letter). If rectal CT/GC NAAT test kits are available for diagnostic testing, then obtain a rectal specimen and treat empirically per the 2015 CDC STD Treatment Guidelines.

**Individuals taking PrEP:** (i.e. high-risk MSM and MSM on pre-exposure prophylaxis (PrEP)) may need to be considered in order to provide access to testing for other populations (listed above) while test kits are in shortage.

**Contacts to chlamydia and/or gonorrhea:** Empirically treat the contact for the appropriate organism. If CT/GC NAAT test kits are in short supply, consider forgoing testing.

**1 OUT OF 3 PEOPLE has prediabetes.**

- 2.4 million North Carolina adults may have prediabetes
- Only about 855,000 North Carolina adults are aware of their condition
- Over 1.5 million North Carolinians may have prediabetes but are unaware of their condition

## November is Diabetes Awareness Month



**1 out of 10 adults in North Carolina is diagnosed with diabetes.**



**For every 10 people diagnosed with diabetes, only 5 have taken a class to manage their diabetes.**

(NC BRFSS, 2017)

- Diabetes is the seventh leading cause of death in both the United States and North Carolina
- Over 50,000 adults are newly diagnosed in North Carolina with diabetes each year
- In 2018, diabetes was the primary cause for 3,021 deaths (3.2% of all deaths)
- In 2018, diabetes was listed as the primary diagnosis for 23,713 hospital discharges in North Carolina

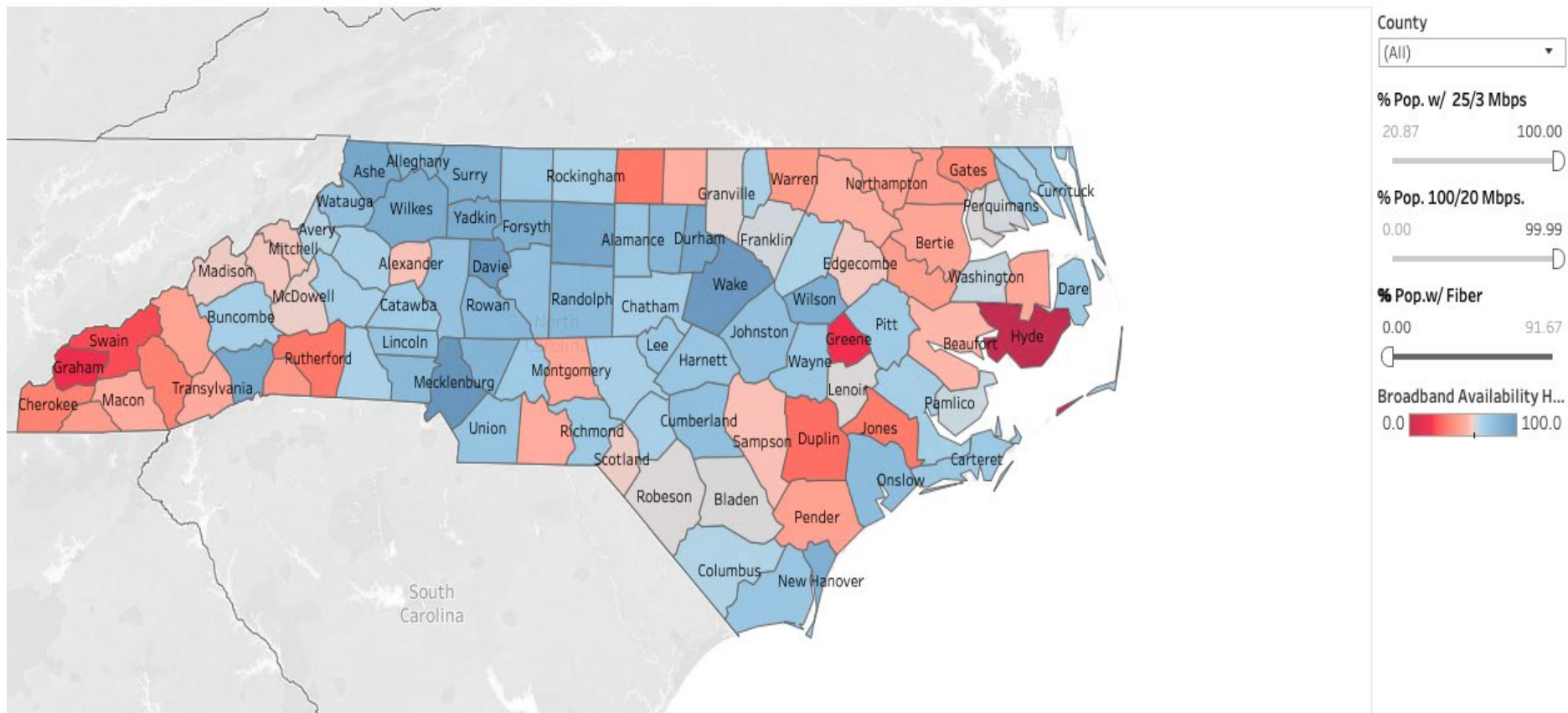
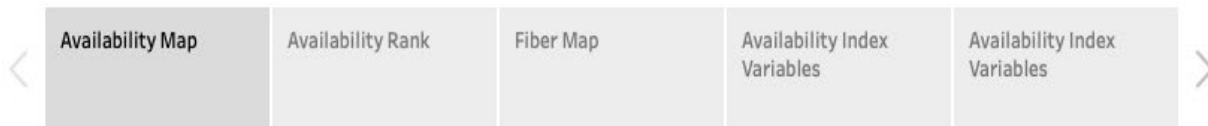


# **POLL QUESTION: The virtual and telehealth provisions for pregnancy:**

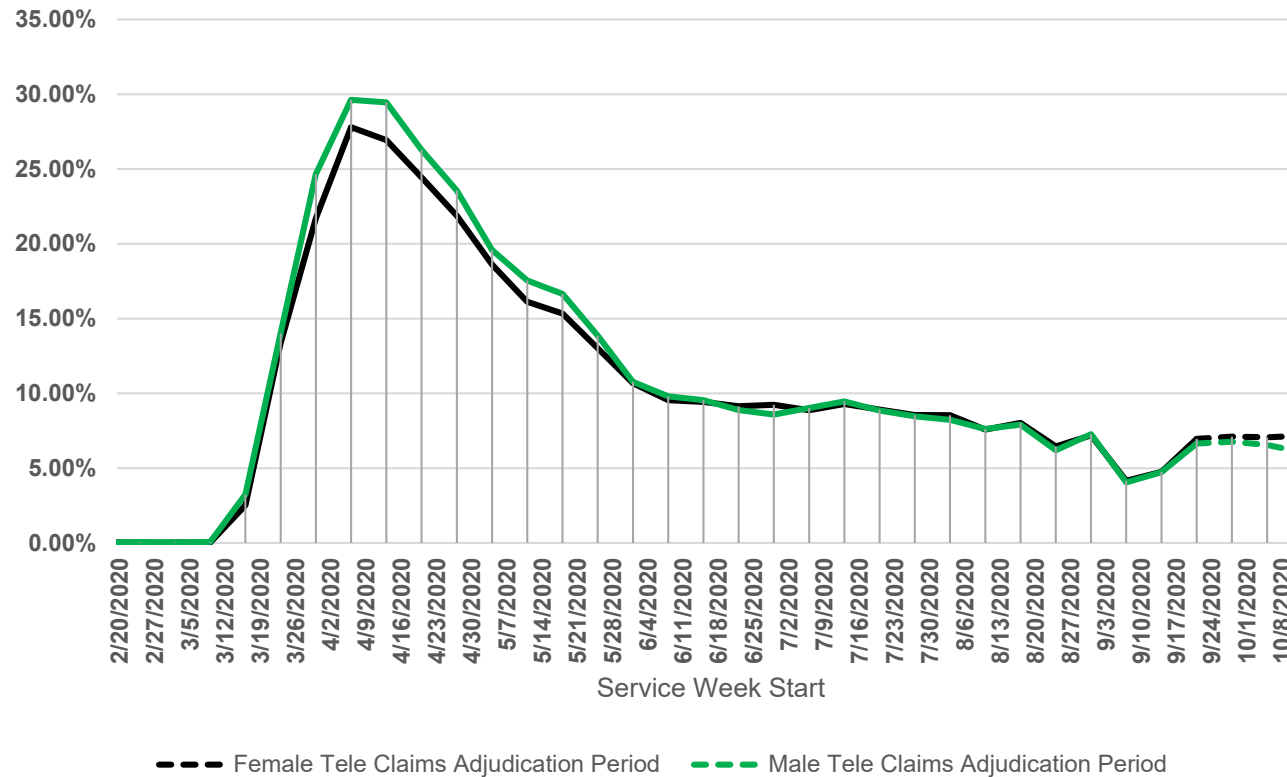
- **A. Have been widely used in my practice, including the Hybrid Home-Telehealth Visit**
- **B. Have been widely used for telephone and telehealth**
- **C. Have been widely used for telephone only**
- **D. Have been used a some, but not replacing standard work**
- **E. Are used under duress, but not preferred**
- **F. Are not being used**

# Broadband Desert Limit Access to Telehealth

## Broadband Availability and Quality in North Carolina's Counties



## Combined Telehealth/Telephonic Ratios by Gender 02/20/20 -10/08/20



Ratio of telehealth/telephone to in-person visits. Data contains primary care and OB claims.



**POLL: Healthy Carolina 2030 includes early entry to prenatal care. For our practice, the biggest barrier to early PN care is:**

- **A. Slow/Delayed Medicaid enrollment**
- **B. Patients don't know they are pregnant early**
- **C. Patients don't understand the importance of early entry PNC**
- **D. Limited appointment availability at practice**
- **E. Reimbursement limits ability to take Medicaid**
- **F. Patient not having transportation**

# **MATERNITY CARE**

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**Kate Menard, MD**  
**Velma Taormina, MD**

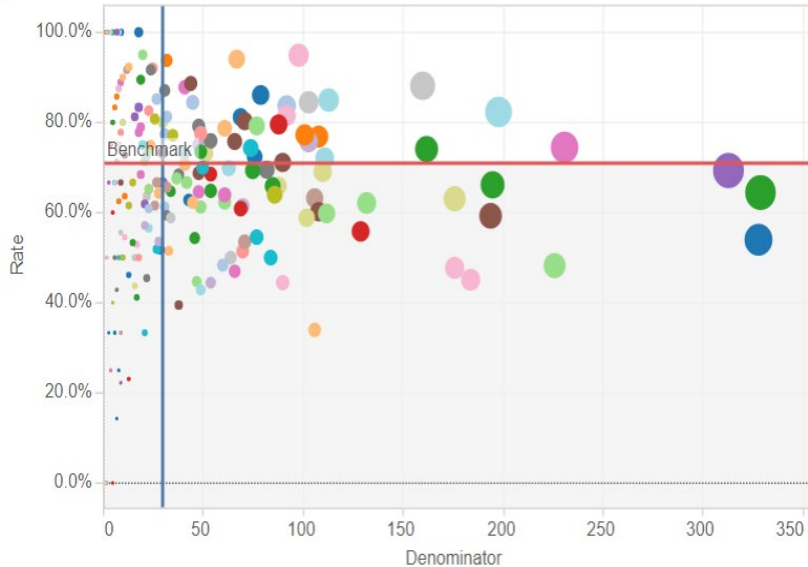
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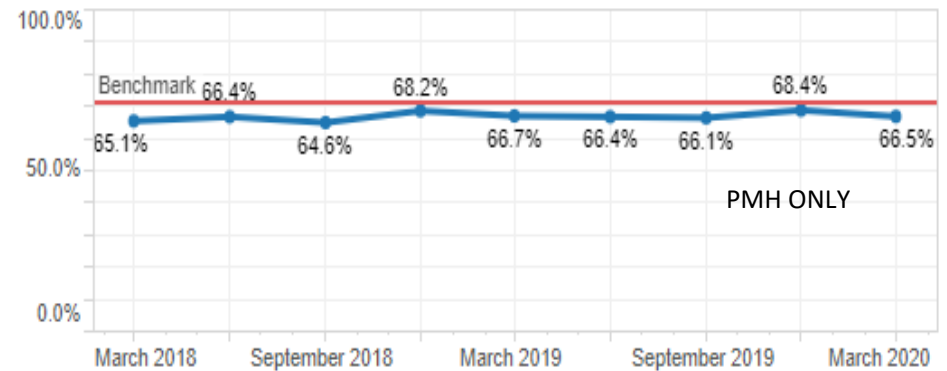
# Timeliness of Prenatal Care (State)

Date Q1 2020

PMH Practice Comparison for Timeliness of Prenatal Care



Timeliness of Prenatal Care Trends



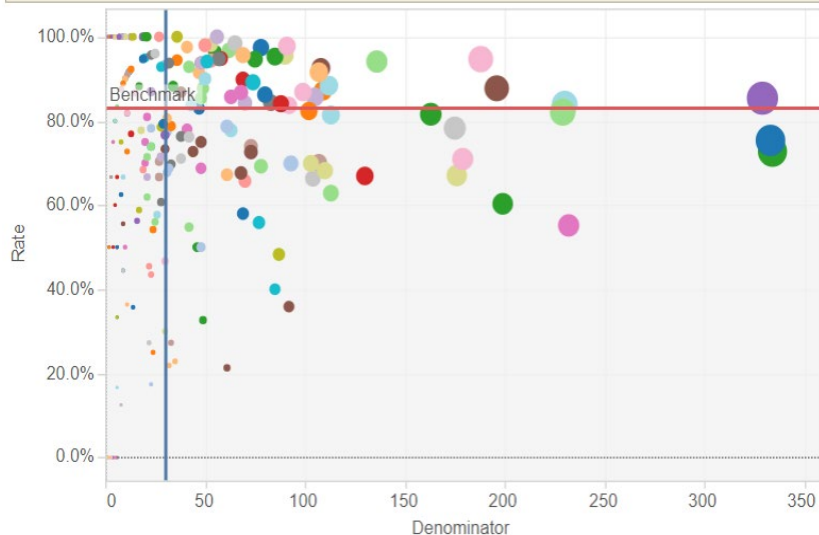
Maternal Health Measures

		Num	Den
Timeliness of Prenatal Care	66.5%	6,831	10,273

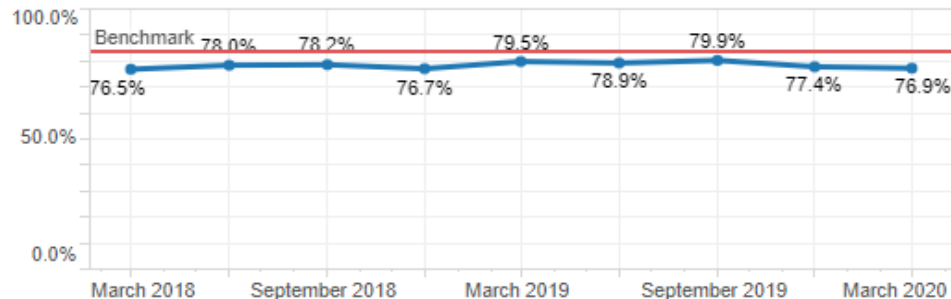
# PMH Risk Screening (State)

Date Q1 2020

PMH Practice Comparison for Risk Screening During Pregnancy



Risk Screening During Pregnancy Trends



## Maternal Health Measures

Num

Den

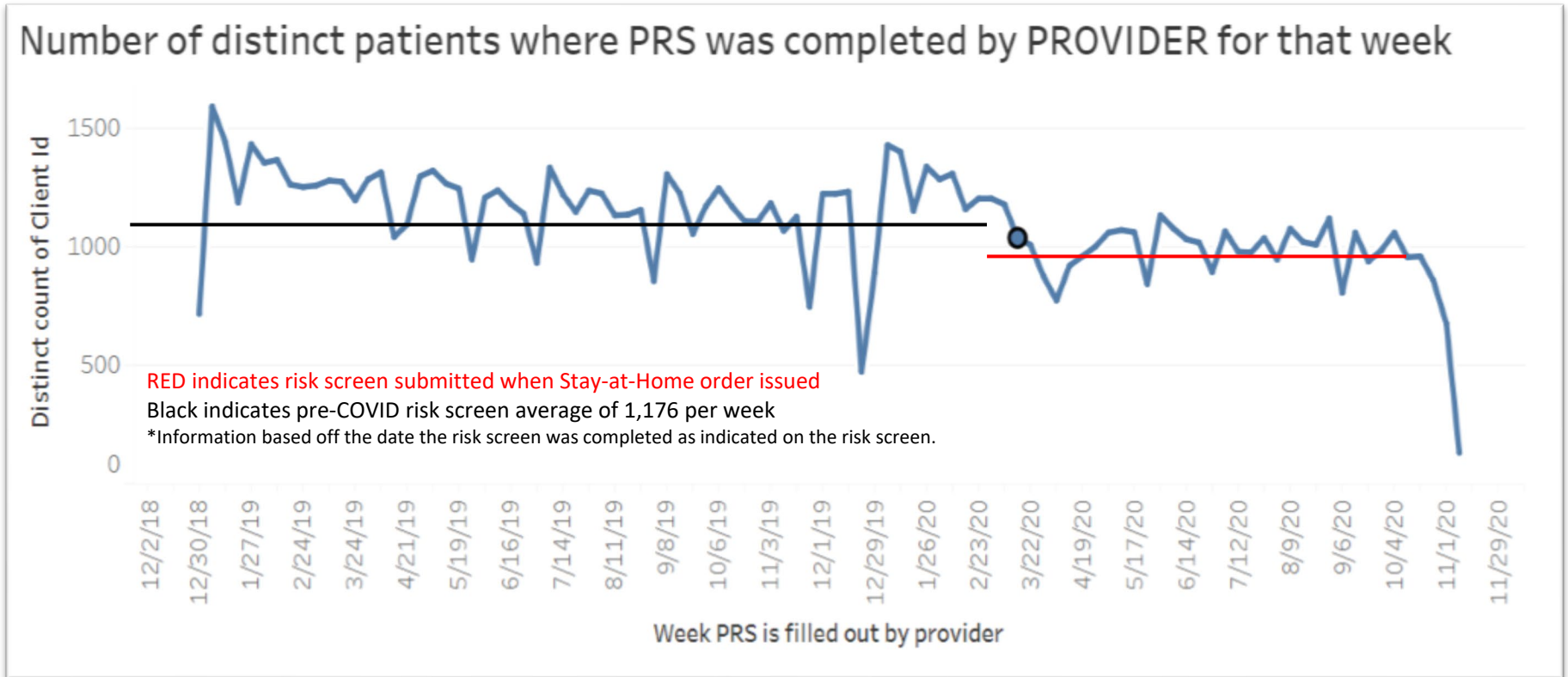
Risk Screening During Pregnancy

76.9%

8,138

10,584

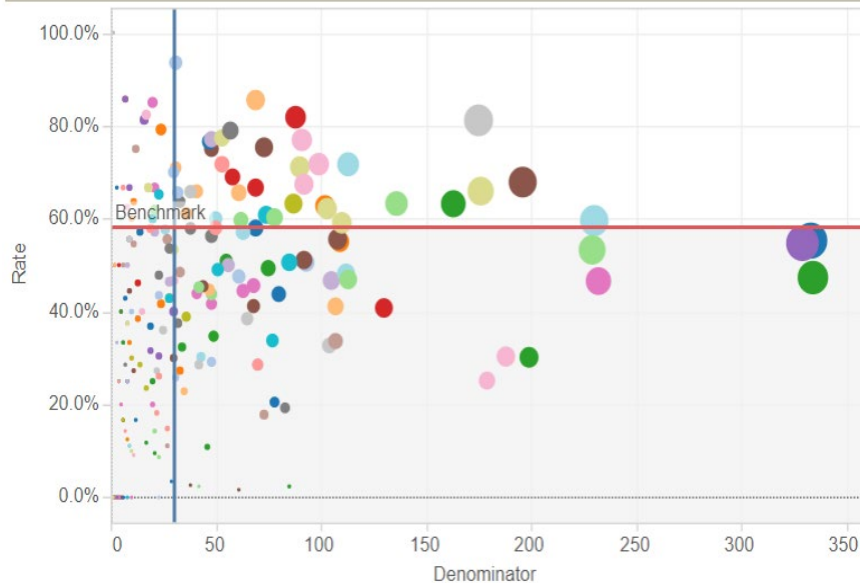
# PMH Current Risk Screen Numbers: COVID pandemic



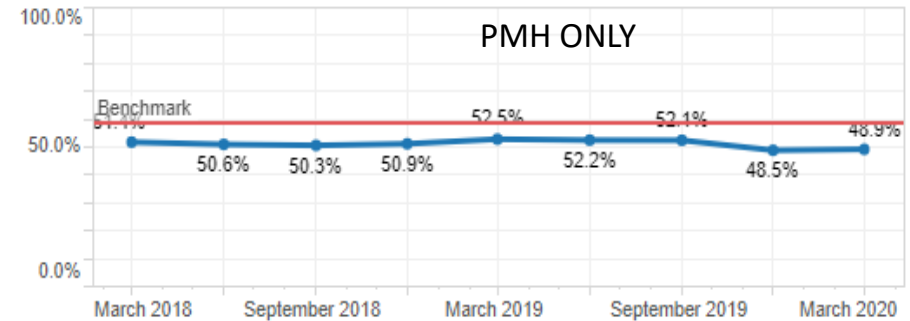
# PMH Postpartum Visit (State)

Date Q1 2020

PMH Practice Comparison for Postpartum Visit Rate



Postpartum Visit Rate Trends



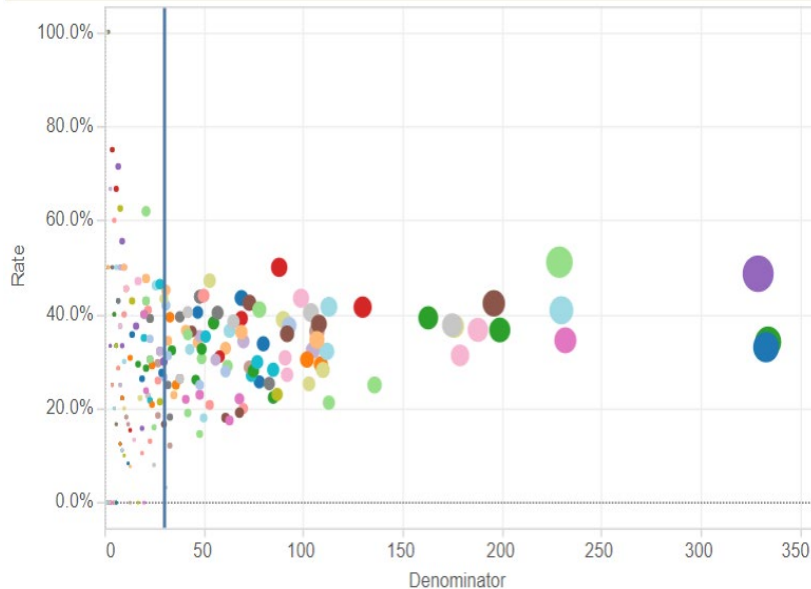
Maternal Health Measures

		Num	Den
Postpartum Visit Rate	48.9%	5,173	10,584

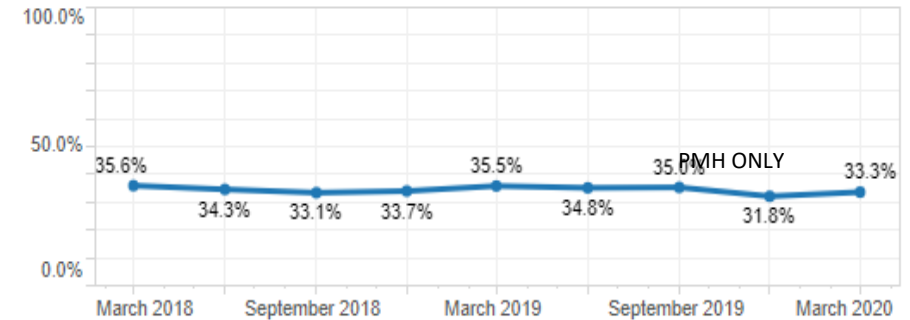
# PMH Postpartum Contraception (State)

Date Q1 2020

PMH Practice Comparison for Postpartum Contraception



Postpartum Contraception Trends



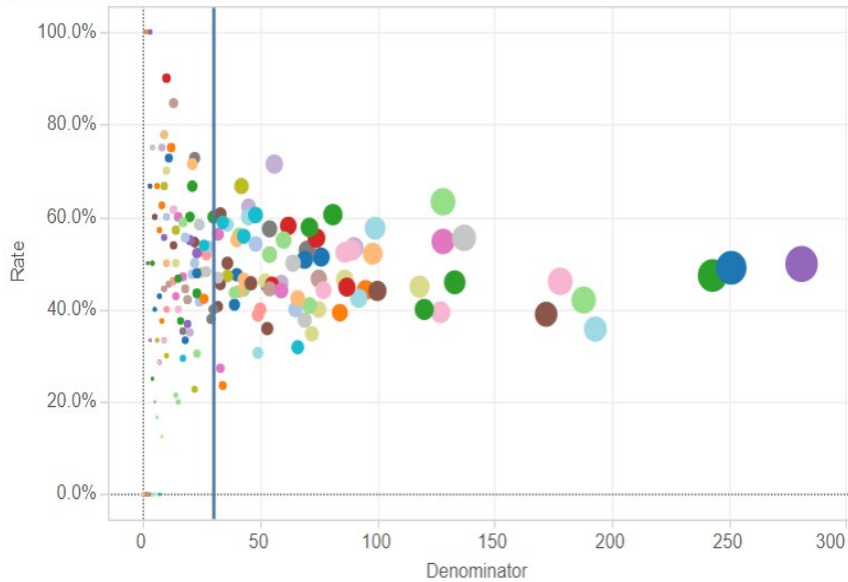
Maternal Health Measures

		Num	Den
Postpartum Contraception	33.3%	3,522	10,584



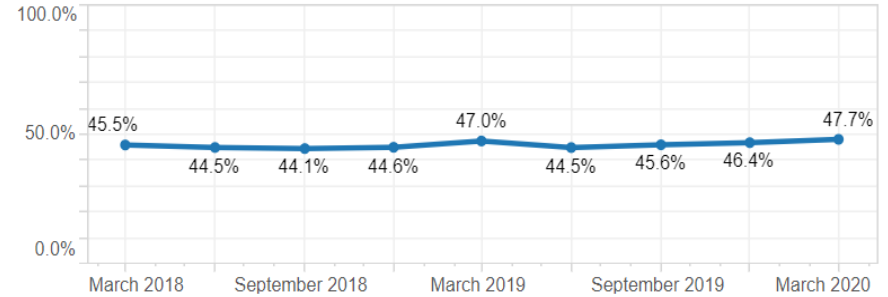
# Unintended Pregnancy Rate (State)      Date Q1 2020

PMH Practice Comparison for Unintended Pregnancy Rate



Unintended Pregnancy Rate Trends

PMH ONLY



Maternal Health Measures

Num

Den

Unintended Pregnancy Rate

47.7%

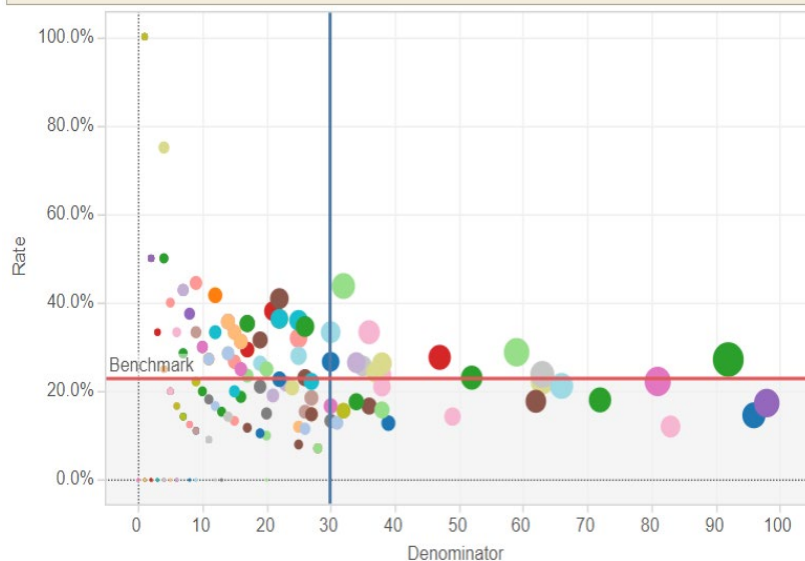
3,880

8,138

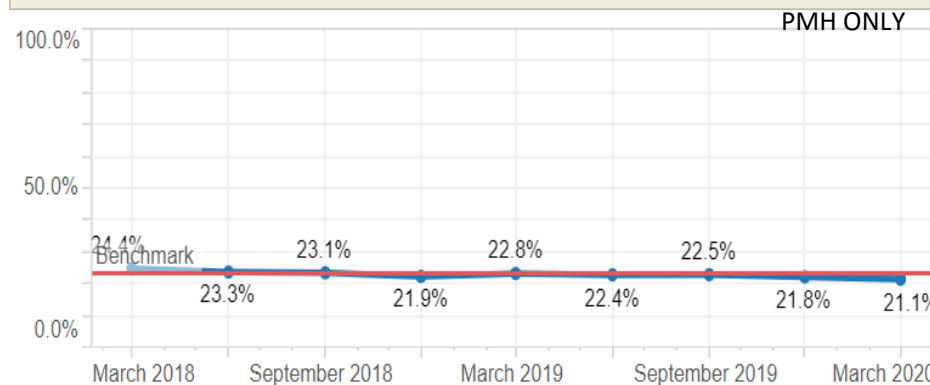
# NTSV Cesarean Delivery (State)

Date Q1 2020

PMH Practice Comparison for NTSV Cesarean Delivery Rate



NTSV Cesarean Delivery Rate Trends

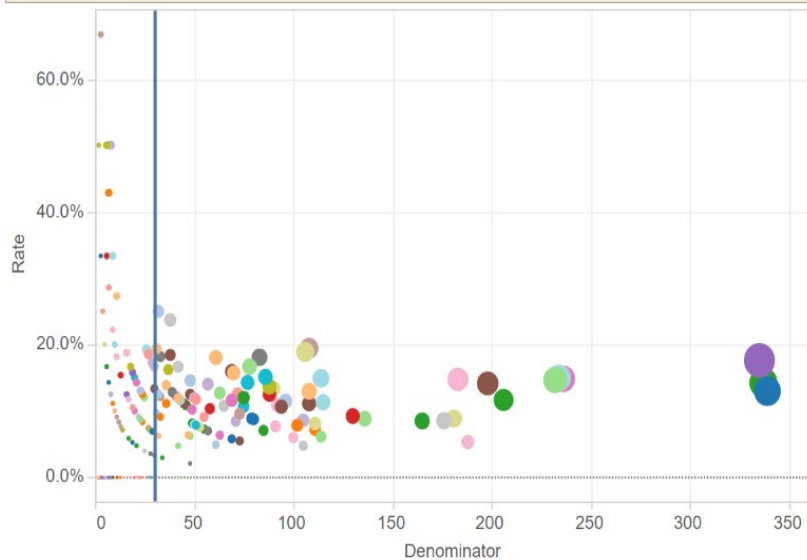


Maternal Health Measures	Num	Den
NTSV Cesarean Delivery Rate	21.1%	726 / 3,448

# Low Birth Weight (State)

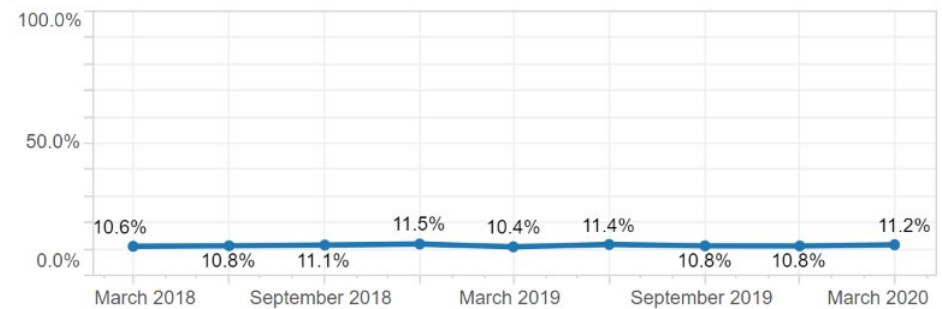
Date Q1 2020

PMH Practice Comparison for Low Birth Weight



Low Birth Weight Trends

PMH ONLY



Maternal Health Measures

Num

Den

Low Birth Weight

11.2%

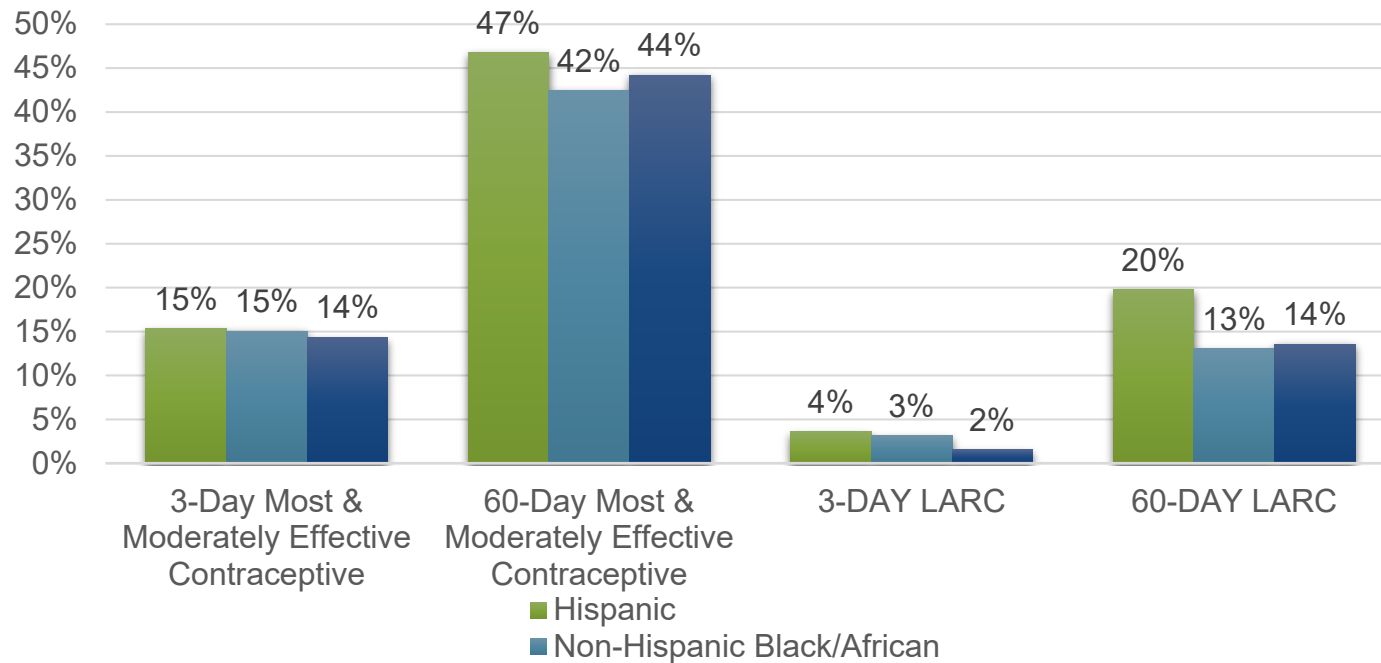
1,199

10,681

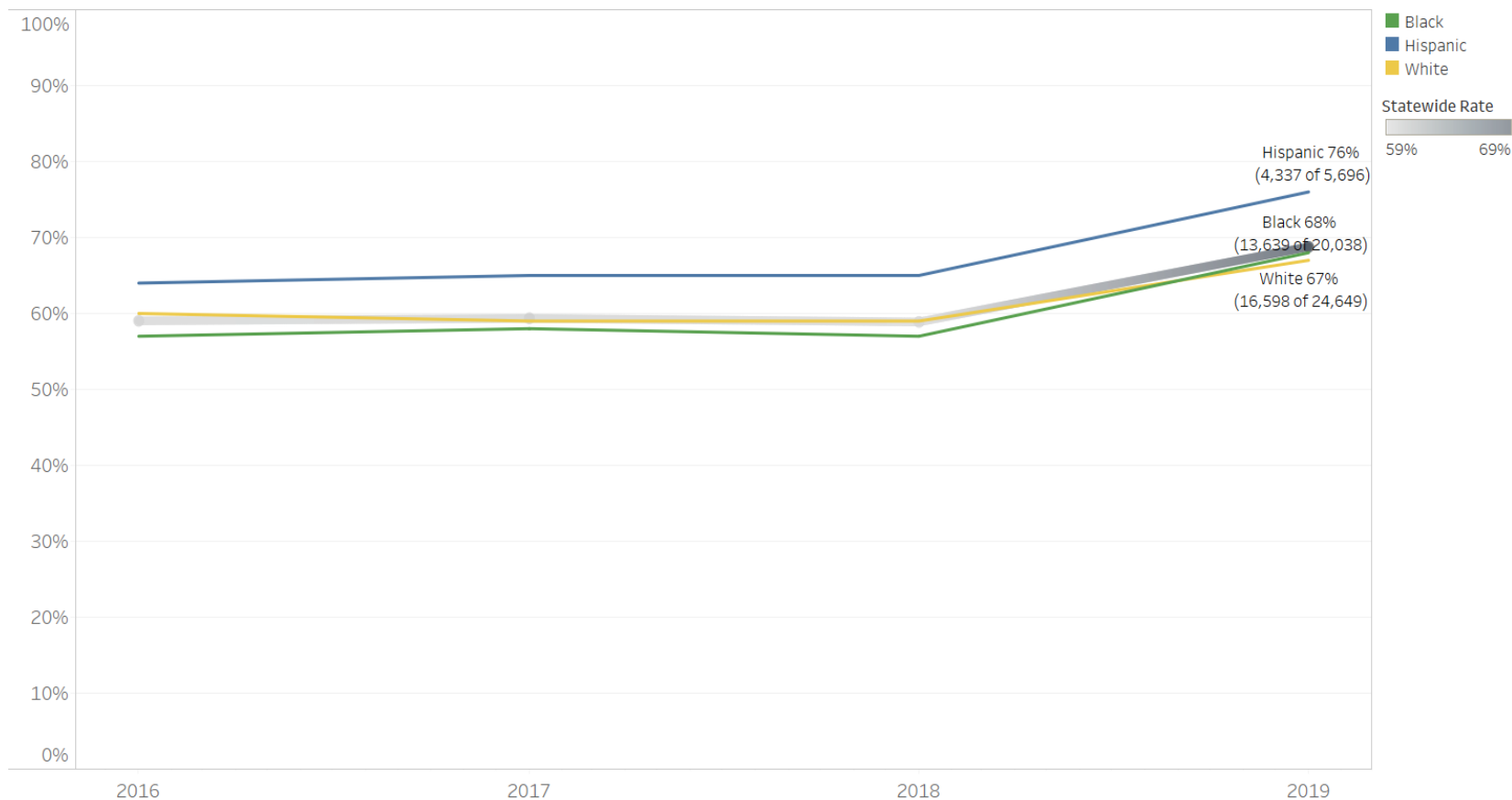
## NC Medicaid Percentage of Low Birthweight



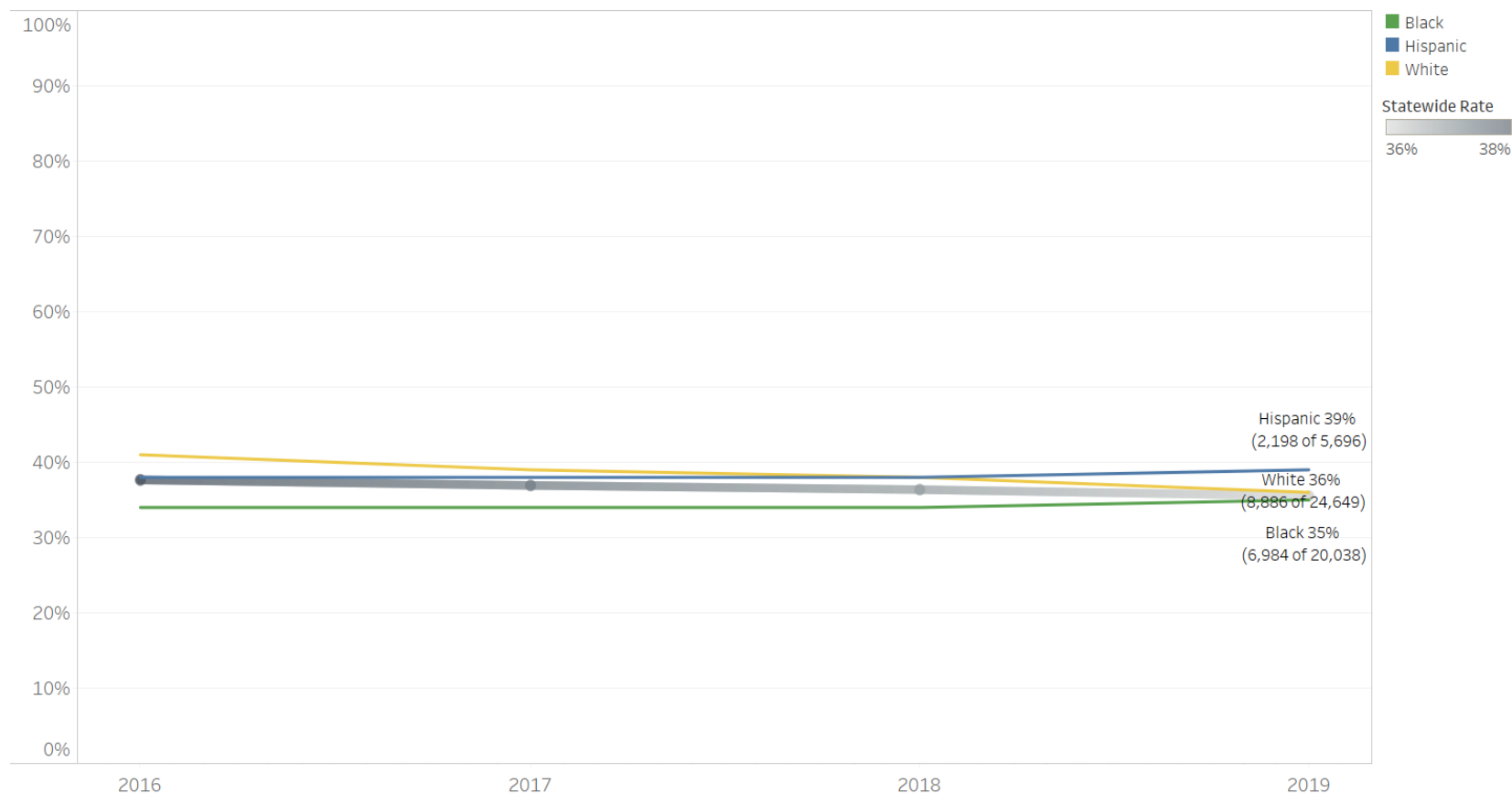
## NC Medicaid Postpartum Contraceptive Care 2019 by Race/Ethnicity



# NC Medicaid Postpartum Care 2016-2019 by Race/Ethnicity



# NC Medicaid Prenatal Care 2016-2019 by Race/Ethnicity



# Transition Goals For Maternity Services

- **To continue to provide high-quality services to women and children in close partnership with clinicians across the state;**
- **To provide a pathway for current providers of these services to transition to managed care;” and**
- **To ensure a seamless transition of services for beneficiaries into the managed care environment.**



# Summary of PMP Features

- **Provider participation requirements will remain the same, although there is no longer a process to “opt in” to the program**
- **Standard contracting provisions will be included**
- **The provider incentive payment structure will remain the same during the transition period**
- **A standardized patient screening tool will be utilized to identify high-risk pregnancies**
- **Maternity care providers will be required to coordinate outreach and care management efforts with the LHDs for management of women determined to be “high risk.”**
- **PHPs will be required to collect and report on a series of quality measures to ensure high-quality maternity care.**

# Summary of CMHRP Features

- **LHDs will continue to provide care management services or the PHP will contract with a local entity if the LHD opts out of this**
- **PHPs will be required to offer standard contracting terms with LHDs**
- **Process and quality outcomes measures for high-risk pregnancy will continue**
- **Use of a standardized data platform for care management**
- **Coordination with other care management providers.**
- **Payments to LHDs is included in the capitation payment to PHPs. PHPs will, in turn, be responsible for compensating contracted LHDs at an amount substantially similar to or no less than the amount paid in the existing program.**

# **POLL: The Practice Support my practice can use the most right now is:**

- **A. Contracting with PHPs**
- **B. AMH Care Management Readiness**
- **C. Quality Metrics(understanding and reporting)**
- **D. Utilizing telehealth**
- **E. Overall EHR support**
- **F. Provider/team burnout support**
- **G. Financial support**
- **H. Expanding team-based care with BH, PharmD, nutrition, CM, etc...**



# Resources

- **NCDHHS' COVID-19 Response**
  - <https://covid19.ncdhhs.gov/>
- **COVID-19 Clinical Resources for NC Maternity Care Providers and Their Patients**
  - <https://www.communitycarenc.org/pmh-covid-19-clinical-resources>
- **CCNC COVID-19 Triage Plus: A toll-free helpline aimed at answering your patients' COVID-19 questions and helping them find the care they need. 1-877-490-6642.**
- **NEED TO ADD PAYMENT UNINSURED**

# COVID-19 Related Resources

# CCNC and NC AHEC COVID resources

Collaborative resource site at:

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

Information on Coronavirus (COVID-19): [Learn More](#)



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## CORONAVIRUS (COVID-19) INFORMATION

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Provider Questions and Concerns?



[EMAIL CCNC SUPPORT](#)

COVID-19 Toll-Free Line



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES



Confirmed cases of the novel Coronavirus (COVID-19) are rising in North Carolina and that trend will likely accelerate as test kits become more available. This will put a great deal of pressure on healthcare providers and challenge them to operate in new ways.

CCNC and NC AHEC want to support providers in this difficult time. We will be monitoring Coronavirus developments closely and sharing information and workflow guidance with healthcare providers as quickly as we can. On this page you will find both general information about the Coronavirus and specific information including coding suggestions for healthcare providers serving Medicaid beneficiaries.

Important sites for keeping up with general COVID-19 developments are:

NC Department of Health and Human Services (NC DHHS)

- **NC DHHS COVID-19 Updates**
  - **May 21:** Safer at Home Phase 2
  - **May 18:** Weekly update
  - **April 24:** Stay-at-home order extended by Governor Cooper
  - **April 20:** Weekly update

# CCNC and NC AHEC COVID resources

## Provider facing resources for dealing with COVID

+ [Medicaid Policy and Coding Requirement Changes](#)

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+ [Telehealth Guidance and Resources](#)

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+ [Getting PPE for Your Practice](#)

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+ [Provider Resources and Guidance on COVID-19](#)

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+ [Additional Information Helpful to Your Practice](#)

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+ [Pharmacy Updates](#)

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+ [Financial Assistance/Small Business Options](#)

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+ [Webinars for Providers](#)

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# CCNC and NC AHEC COVID resources

## Detailed on coding, bulletins and policy changes

### – Telehealth Guidance and Resources

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#### Community Care of North Carolina

- **Troubleshooting Telehealth Issues** - May 11
- **Telehealth Program by DocsInk** - Click [here](#) to create a telehealth account. Enter the code **NCDEAL** and your email address to get started. There is no charge to prescribing clinicians actively participating in the Medicaid's Carolina Access Program, Community Care Physician Network, or the Pregnancy Medical Home program - April 6
  - **Setting up your account**
  - **Keeping your current workflow**
  - **How to use the waiting room feature**
  - **DocsInk pricing**
  - **DocsInk Virtual Waiting Room Features** - May 21
- **Telehealth FAQs for Clinicians & Practices** - April 16
  - **OB Telehealth Resources for PMH Providers** - April 20
- At Home Blood Pressure Monitoring for **OB Providers** and **Primary Care Providers** - April 20

#### NC DHHS

- **COVID-19 Telehealth Resources for Providers**
- **North Carolina Payers Telehealth Policies in Response to COVID-19** (not limited to just Medicaid) - April 30
- **Guidance on Billing Medicaid for Telehealth Visits** - April 23
- **Dr. Dowler's video: Why Using Telehealth Is Important During the COVID-19 Pandemic** - April 16
  - **NC DHHS COVID-19 Beneficiary Telehealth Flyer**
- **NC Medicaid Telehealth Billing Code Summary** - April 28
- **Two-page Summary of Telehealth Coding and Policy Changes** - March 23
- **Special Bulletin COVID-19 #66: Telehealth Clinical Policy Modifications – Well Child Visits**
- **Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and**



# CCNC and NC AHEC COVID resources

## Provider facing resources for dealing with COVID

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+ [Webinars for Providers](#)

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# CCNC and NC AHEC COVID resources

## Keeping Kids Well – info for patients and providers re COVID issues

### KEEPING KIDS WELL

HOME / KEEPING KIDS WELL

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

### Improving Well-Child Care and Immunization Rates Across North Carolina



Among the many impacts of COVID-19 on North Carolina is a marked decrease in rates of well-child visits and childhood vaccinations. The problem is particularly acute in minority populations, but since the advent of COVID-19, parents across the board have been less likely to be up-to-date on these important medical services. Well-child care includes medical and developmental screening tests and immunizations are critical to avoiding problems such as a resurgence in measles and other communicable diseases.

To help increase well-child visits and immunization rates, Community Care of North Carolina (CCNC) and NC AHEC, under the direction of the North Carolina Department of Health and Human Services (NC DHHS), has launched the **Keeping Kids Well** program. CCNC and NC AHEC will work with practices experiencing a greater number of care gaps to improve these measures and also will work to raise awareness of the problem among North Carolina's parents.

We hope the materials available on this page will be helpful to clinicians and parents alike. Many thanks for North Carolina's doctors and nurses for the work they do to keep North Carolina's children healthy despite the pandemic.

#### Webinar August 13

Don't miss the **Keeping Kids Well Webinar** event on Thursday, August 13 from 5:30 to 6:30 p.m. It's part of the NC Medicaid/CCNC/AHEC Health Care Professionals Webinar Series. Click the link below to join the webinar.

[CLICK HERE TO CONNECT!](#)

- [FAQs](#)
- [Provider Facing Materials](#)
- [Patient Facing Materials](#)

The screenshot shows the CDC website's 'Provider Resources for Vaccine Conversations with Parents' page. It features a sidebar with links to 'Conversations Home', 'Talking to Parents about Vaccines', 'Understanding Vaccines and Vaccine Safety', 'Vaccine-preventable Diseases', 'About Vaccine Conversations with Parents', 'Provider Resources Web Tools', and 'Resources to Share with Parents'. The main content area is titled 'Vaccine-preventable Diseases Fact Sheets' and includes a description: 'Each fact sheet addresses frequently-asked questions, including what vaccines are needed, when they are needed, and why.' It also mentions the printed size: '8-1/2"x 11", 2 pages'. On the right, there's a section 'On This Page' with links to 'Infants and Young Children (birth through 6 years old)' and 'Preteens and Teens (7 through 18 years old)'. Below this, there are two featured fact sheets: 'Chickenpox' and 'Diphtheria', both available in English and Spanish (2 pages each, April 2017).

# Tobacco and Vaping Cessation Services

- **Telehealth services**
- **NCQuitLine**
  - [www.QuitLineNC.com](http://www.QuitLineNC.com)
  - **1-800-QUIT-NOW (1-800-784-8669)**
- **You Quit, Two Quit**
  - [www.YouQuitTwoQuit.org](http://www.YouQuitTwoQuit.org)
-

# Women's Behavioral Health Resources

- [Helping Children Cope with Changes Resulting from COVID-19](#): The National Association of School Psychologists provides tips on helping families adjust to a “new normal.”
- [Parent/Caregiver Guide to Helping Families Cope with COVID-19](#): The National Child Traumatic Stress Network has tips for helping children cope with stress and uncertainty.
- [Resources for Helping Kids and Parents Cope Amidst COVID-19](#) from American Academy of Child and Adolescent Psychiatry
- [Resources to Support Mental Health and Coping with COVID-19](#): From the Suicide Prevention Resource Center
- [Intimate Partner Violence](#) Fact Sheet from American Psychological Association
- [Supporting Survivors' Access to Substance Use Disorder and Mental Health Services During the COVID-19 Emergency](#) National Center on Domestic Violence, Trauma & MH
- [Postpartum Depression Online Support Group](#)
- [Postpartum Progress](#), Rated #1 Postpartum Blog in the nation
- [Facts about Miscarriage](#)
- [North American Menopause Society](#)
- [COVID-19 Prevention Supports in NC: DHHS COVID-19 information HUB](#)

# DIABETES SPECIFIC RESOURCES

## **For Diabetes Prevention -**

- **DiabetesFree NC -**

<https://www.diabetesfreenc.com/resources/for-health-professionals/>

## **For Diabetes Management -**

- **DiabetesManagement NC -**

<https://diabetesmanagementnc.com/resources/>

Take the risk test on  
**DiabetesFreeNC.com**

# Resources

- **Provider/Stakeholder Request for Coverage Form link:**
  - <https://medicaid.ncdhhs.gov/providers/forms/providerstakeholder-request-coverage-form>
- **NC Breast and Cervical Cancer Control Program**
  - <https://bcccp.ncdhhs.gov/>



**GOT  
FEEDBACK?**

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**WE'RE LISTENING**

**POLL: December clinical Fireside Chat topic is Behavioral Health. What would be most valuable to hear about from Medicaid related to BH:**

**Type your answer in the Q&A box!**