

Medical Directors Newsletter

February 2020

Connecting: What does the Evidence Show?

“Communication is merely an exchange of information, but connection is an exchange of our humanity.” --Sean Stephenson

All clinicians recognize that a key to engaging our patients is to make a **connection** with them, to let them feel that they are a valued individual, worthy of our care. However, what is the best way to connect with patients in a brief visit?

Over the years, teachers of clinicians have made a variety of recommendations to their trainees on how to do this; these recommendations have been based on their individual opinion and experience. An impressive study from Stanford, led by author and master diagnostician doctor Abraham Verghese, tackled this issue using a more scientific approach. As described in an article in JAMA on January 7, they gathered previously available evidence, performed additional studies and used a modified Delphi method to identify five final recommended best practices:

1. **Prepare with intention:** take a moment to prepare and focus before greeting a patient.
2. **Listen intently and completely:** sit down, lean forward, avoid interruptions.
3. **Agree on what matters most:** find out what the patient cares about and incorporate these priorities into the visit agenda.
4. **Connect with the patient’s story:** consider life circumstances that influence the patient’s health; acknowledge positive efforts; celebrate successes.
5. **Explore emotional cues:** notice, name and validate the patient’s emotions.

These are not earth-shaking novelties. Experienced clinician leaders will recognize them, but the underlying process of narrowing down the elusive concept of connection to just five practices is helpful.

These five practices are helpful for teachers of new clinicians. Medical students, nurse practitioner students, physician assistant students and other health professional students can use this list to help master the art of connecting with patients.

These five practices can be a useful reminder for practicing clinicians, to improve the experience of care for their patients. You may find them helpful in counselling clinicians struggling with lower patient satisfaction.

These same five principles can be used outside the context of the physician-patient dyad, replacing the word “patient” for the word “person” with some other slight variations:

1. **Prepare with intention:** take a moment to prepare and focus before meeting or talking with someone.

2. **Listen intently and completely:** sit down, lean forward and avoid interruptions.
3. **Agree on what matters most:** find out what the person cares about and incorporate these priorities into the meeting agenda or conversation.
4. **Connect with the person's story:** consider life circumstances that influence the person's principles, values and behavior; acknowledge strengths; celebrate successes.
5. **Explore emotional cues:** notice, name and validate the person's emotions.

A manager or leader can use them to optimize connection with the staff they work with. Community organizers and leaders can use them to connect with neighbors. Parents can even use them with their children.

In short, the same evidence-based principles can be used to increase many types of interpersonal connectedness, and thereby increase the effectiveness of these interactions.

Sharing Best Practices: Medical Directors Share Pearls on Retaining Clinicians

The December 2019 Medical Directors Newsletter featured a lead article on the role of emphasizing clinician professionalism as a tool for promoting clinician retention. In January, members of PHC's Physician Advisory Committee reviewed their organizations' methods for clinician retention. Here are a few highlights:

Finding meaning in medicine: Meetings to allow staff to interact and share their thoughts about the organization, their relationships with patients, and what may be going on with them personally. Topics were generally advised ahead of time, and included challenging and uplifting themes. These included loss, grief, and meaningful relationships with patients. This reinforced the feeling of being part of the team, and helped to remind them of their gratitude in the work they do. These were short meetings, scheduled every couple of weeks, during time blocked out away from patient care. (Shared by Dr. Eidson-Ton of Communicare Health Centers)

Focus on new clinicians: Combination of financial incentives for staying with the organization and monthly group meetings with other new clinicians to discuss a combination of clinical, operational and personal topics. Monthly meetings lasting one hour, half on clinicians' lunch hour, half blocked schedule --"paid" time. (Shared by Dr. Gaborko of Kaiser Vacaville)

Understand stressors and use a "5:1" feedback ratio: When meeting with clinicians, seek to understand their individual source of stress and then look for ways to address this. Balance any constructive feedback for needed improvement with recognition of positive contributions, in a 5:1 ratio of affirmations to negative comments. (Shared by Dr. Gwiazdowski of Northbay Neonatology).

Avoid 40 hours/week of office-based patient care and build functional teams: Schedule a few hours per week of health related activity that is matched to the interest-expertise of the clinician, such as a Medication Assisted Therapy clinic, homeless outreach, or organizational development activities. When a clinician works on a highly functional team, they are likely to stay; if the team is dysfunctional,

turnover is more likely. Use team coaches to improve team functionality. (Shared by Dr. Hunter of Open Door Community Health Centers)

Available Now! The 2020 Quality Measure Highlights

The Quality Measure Highlights are now available on our [website](#). The Quality Measure Highlights are resources on the Primary Care Provider Quality Improvement Program (PCP QIP) measures. Each Quality Measure Highlight includes the measure description, a list of codes associated with the measure, PCP QIP point allocations and thresholds, exclusions (if applicable), guidance on compliant and non-compliant documentation, and best and promising practices to improve on measure performance.

Breaking News:

The Health Professions Education Foundation (HPEF) will host an application cycle for the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP)

The STLRP encourages recently licensed physicians and surgeons to practice in Health Professional Shortage Areas – Primary Care (HPSA-PC) and Primary Care Shortage Areas (PCSA) in California.

The program repays up to \$105,000 in educational loans, in exchange for full-time service for a minimum of three years.

If you are an allopathic (MD) or osteopathic (DO) physician working in a HPSA-PC and PCSA in California, have outstanding educational debt, and meet other important application criteria related to cultural and linguistic competency, you may be eligible to apply.

More Information:

- [STLRP's Webpage](#)
- [STLRP Eligibility Quiz](#)
- [Applications](#) (Due March 6, 2020 at 5 p.m.)
- Questions? Please contact HPEF-Email@oshpd.ca.gov

New Form Required to Order Incontinence Supplies

The Department of Health Care Services (DHCS) has mandated use of a new form for clinicians to use when requesting incontinence supplies. It is accessible [here](#). Please note that the “Code 1 Restriction” referred to in question 10 refers to diagnoses typically associated with incontinence, such as fecal incontinence or urinary incontinence. The full list can be found on page [incont 9](#) of the Medi-Cal manual.

Limits to the number of diapers, underwear, pads, underpads etc., can be found [here](#).

Ideally, putting these forms into your Electronic Health Record system, for easy access which may save your clinicians time. Some organizations have a nurse who specializes in such orders who knows all the rules.

Public Charge Rule: Encourage Concerned Patients to Understand the Facts

With the federal government's change in rules around what constitutes being a "Public Charge," many individuals for whom the change does not apply are dropping their Medi-Cal coverage, to "play it safe."

For example, according to the California Healthcare Foundation, it does not apply to children, pregnant women and permanent Green Card holders.

Be sure your outreach workers are aware of a very easy to use interactive tool that can be used to see if the Public Charge change applies to Medi-Cal coverage in their particular circumstance: www.keepyourbenefits.org

Wellness Exams: Using a Previously Completed Staying Healthy Assessment

Often the Staying Healthy Assessment (SHA) form from the previous year can be updated. If your office or practice has the capacity to annotate a previously completed SHA, this could save time depending on how your system is set up.

Check with your electronic medical record configuration expert to see if this can work in your setting.

Reminders: Official PHC Site Visits occur no less than every 3 years for all primary care providers. Effective July, 2020, a newer, more rigorous set of standards for these visits is being required by DHCS. Final details are pending, more information to come soon.

PHC Response to Emerging Coronavirus Public Health Emergency

As you probably know by now, some cases of community transmission of Covid-19 have been identified in the Solano-Yolo area. The CDC is predicting that this will become a pandemic, and is encouraging all health care organizations to prepare.

We know your local health departments are working with you to establish procedures and protocols to prevent transmission, protect your staff, and prepare for a likely surge in demand for health care services.

PHC has learned much from responding to community emergencies in the past few years, including the public safety power shutoffs last year. We will be doing everything we can to be supportive of the entire delivery system during the coming months. Please feel free to reach out to any of the PHC Medical Directors if you think we should be doing something differently or better, around our response.

Non-Medical Transportation Benefit: Tips for Primary Care Clinicians

Brief coverage overview. Members who do not own a vehicle or have a valid driver's license may be eligible for the, Non-Medical Transportation (NMT) benefit. This benefit helps with travel to/from a Medi-Cal covered appointment with no limits on the number of rides. Travel is arranged through the lowest cost of public transportation, like a bus, train or para-transit. If public transportation is unavailable, or a members' medical condition prevents travel via public transportation, travel is arranged through a taxi or ride share company such as Lyft. Additionally, members can have a family member, friend, or neighbor drive them to their appointment. The NMT benefit will reimburse their driver up to \$0.30 per mile. The driver can be any licensed and insured person; it cannot be the member.

Member's responsibility. Medical Transportation Management (MTM) administers the NMT benefit on behalf of PHC. Members must call them at 1-800-828-1254 to use the NMT benefit at least 5 days before their appointment. If their appointment is urgent, the member should call as soon as possible. MTM will approve travel by public transportation, taxi, ride share, or reimbursement. If using the reimbursement benefit, members must submit their claim to MTM and include the following:

- A completed Reimbursement Trip Log, which includes the doctor's signature
- Copy of the driver's valid state driver's license active on the day of the appointment
- Proof of valid insurance active on the day of the appointment
- Proof of valid car registration active on the day of the appointment

How can you help? If any PHC member is having trouble getting to your appointments, encourage members to call MTM to explore their NMT benefits.

- Ask members to call MTM at 1-800-828-1254 and request transportation assistance
- Office staff should be prepared to receive a phone call from MTM to verify the member attended their appointment
- Encourage use of the reimbursement benefit for members experiencing missed taxi rides
- Offer to sign the member's Reimbursement Trip Log on the day of their appointment
- Respond to MTM's or PHC's Bus Exclusion Form (BEF) if faxed to you. It asks for medical justification to travel exclusively by taxi and is sent when a member ask to avoid public transportation

Making sure our members travel to and from their appointments is important to us. Call us at 1-800-863-4155 if you have any questions.

A Formulary Update from the Partnership Pharmacy Department

- Lidocaine (Lidoderm) 5% patch will be formulary with age limit of 18 years and older and quantity limit of 30 patches per 30 days
- Febuxostat (Uloric®, used to treat gout) added to formulary for dose of 1 per day
- Colchicine 0.6 mg capsules added to formulary for 60 per 30 days
- Flovent HFA-44 mcg & 110 mcg—Age restriction removed. Only restriction is limit of 1 unit per month with up to 3 units for 3 months. Flovent 220mcg: Step edit with prior claims for Flovent 44mcg or 110mcg or any other ICS containing inhaler in the past 6 months

Reminder: Budesonide/formoterol (Symbicort) and mometasone/formoterol (Dulera) are covered without prior authorization, and can be used prn as rapid-acting, but long-lasting bronchodilation, instead of albuterol, while simultaneously providing inhaled-corticosteroid controller effect.

First Do No Harm: A Webinar: Ensuring Safety and Correct Disposition when Performing a Medical Clearance Exam for Alcohol Withdrawal

Withdrawal from chronic alcohol consumption can range in severity from mild to very severe, with life-threatening delirium tremens. The physician or other clinician performing the history, physical exam, and lab evaluation has an important responsibility: to anticipate which patients are more likely to have a complicated withdrawal requiring more intensive monitoring. Lower risk patients can often be managed while living at home with close follow-up.

Watch our webinar on [First Do No Harm: Medical Clearance Exam for Alcohol](#).

Here are our clinical guidelines, suggested template/order set, and decision flow for [Emergency Department Screenings for Outpatient Alcohol Withdrawal Management](#).

PHC Educational Opportunities and Events:

Regional Medical Directors Meetings: Registration Now Open (Please Note Time Change!)

Biannually, PHC hosts four regional, in-person, meetings with clinical leaders of primary care organizations.

In response to suggestions from prior meetings, we are testing a new modular meeting format. This will allow you to have appropriate members of your team come to one or more portions of the meeting, depending on their interest. Our goal is to make the level of discussion, for all topics, to be of interest for all clinical leaders.

Schedule:

Time	Topic
9 a.m. – 11:45 a.m.	Health Policy and Public Health Updates and Discussion
11:45 a.m. – Noon	Lunch
Noon – 1 p.m.	Clinical Updates (Topics also helpful for practicing clinicians)
1:30 p.m. – 4 p.m.	Quality Improvement updates, discussion and sharing of best practices.

Dates & Locations:

April 17, 2020 - Redding

[Click here to sign-up](#)

April 24, 2020 - Eureka (9 a.m. to 4 p.m.)

[Click here to sign-up](#)

May 1, 2020 - Ukiah (9 a.m. to 4 p.m.)

[Click here to sign-up](#)

May 8, 2020 - Novato (9 a.m. to 4 p.m.)

[Click here to sign-up](#)

Addressing the Methamphetamine: What are the Options?

PHC's Behavioral Health Clinical Director, Dr. Jeff DeVido is hosting a webinar titled:

“Treatment Options? What Treatment Options? Making Sense of Methamphetamine.”

After an overview of the psychopharmacology of methamphetamine, Dr. DeVido will review the evidence base around different therapeutic options for addressing methamphetamine use disorder.

Date: Thursday, March 12, 2020

Time: Noon to 1 p.m.

Registration: [Click here](#)

ABCs of Quality Improvement

At this free, all-day training, participants will be introduced to the Model for Improvement, learn how to develop aim statements, measures and PDSA cycles, and will learn how to use data for quality improvement.

Who should attend? QI clinical champions (providers and nurses), clinic managers, QI staff or project leads, and front and back office staff are encouraged to attend.

Date: March 11, 2020

Time: 8 a.m. - 4:30 p.m.

Location: Hyatt Regency Sonoma Wine Country - Santa Rosa, CA

Registration: [click here](#)

Date: April 16, 2020

Time: 9 a.m. – 4:30 p.m.

Location: The McConnel Foundation Lema Ranch – Redding, CA

Registration: [click here](#)

Recommended Educational Opportunities Outside of PHC:

Eating Disorders 101 - Prevention and Screening Webinar

The majority of those who struggle with Eating Disorders (EDs) never receive treatment, even though effective treatments for a range of eating disorders are well established ([National Institute of Mental Health](#)). There is a need to train primary care and behavioral health providers on how to recognize the signs and symptoms of eating disorders in children, adolescents, and young adults; and to appropriately screen, intervene and treat or refer patients to specialized care in an integrated setting.

This training series will be in collaboration with the National Center of Excellence for Eating Disorders (NCEED), an organization founded in 2018 by the Substance Abuse and Mental Health Services Administration. The goal of this webinar series is to increase health center capacity to detect and treat eating disorders and to increase public knowledge and awareness of these illnesses. This webinar series will address both adolescent and adult populations and address co-occurring diagnoses with eating disorders, mental health and substance use disorder.

Event Information & Registration: [click here](#)

Webinar 4: Addressing Systemic Care Coordination between Health Plans

Date: March 5, 2020

Time: 1 p.m. to 2 p.m.

Introduction to the Mother and Baby Substance Exposure Toolkit

Objectives: At the completion of this webinar, participants will be able to:

1. Understand best practice for universal verbal screening versus toxicology testing.
2. Identify the types of Medication Assisted Treatment and understand why it is the standard of care for OUD in pregnancy.
3. Describe best practices for nonpharmacologic treatment for newborns with NAS.
4. Understand the importance of preserving the mother/baby dyad for women with OUD and supporting practices.
5. Identify how hospitals can support the safe discharge of mothers with OUD and their newborns.

A live demonstration of the toolkit features will also be presented.

CEUs will be offered for this webinar. Real-time attendance is required for the

entire webinar to receive CEUs. Provider approved by the California Board of Registered Nursing, provider #3104 for one (1) contact hour.

Date: March 13, 2020

Time: 12 p.m.

Registration: [click here](#)

Region IX Clinical Excellence Conference

The California Primary Care Association (CPCA) and the Western Clinicians Network (WCN) have partnered to host the Region IX Clinical Excellence Conference. This three-day conference brings together healthcare leadership from across the region to focus on health center clinical and management teams with the goal of improving overall efficiency and effectiveness in care delivery.

Clinicians, Executive Directors, State and Regional Primary Care partners and board members from community and migrant health centers from Arizona, California, Nevada, Hawaii, and the Pacific Islands will be in attendance. These executive directors, medical directors, dental directors, chief financial officers and other management positions use this annual event to network and discover new opportunities in all areas of primary healthcare.

Date: June 14 – 16, 2020

Location: Las Vegas, Nevada

Cost: \$80 per registrant

Registration: [click here](#)

Nuka System of Care Conference

Health care is undergoing a dramatic change from volume- to value-based care, with an emphasis on quality, population health outcomes and whole person care. Southcentral Foundation's Nuka system of Care (Nuka) is an award-winning system in Anchorage, Alaska, that has been providing value-based care for more than 30 years.

SCF's Nuka conference features detailed insights from more than 50 subject matter experts on topics such as integrated care, data and information management, behavioral health integration, leadership best practices, strategic planning, and more.

Using tools and methodologies unique to Nuka, conference participants walk away inspired by the future of health care and equipped with answers to issues facing their organizations.

Date: June 15 – 19, 2020

Location: Anchorage, Alaska

Cost: \$2,150 for Core Concepts

\$1,250 for General Conference

Register by May 8, 2020 and save \$600

Registration: [click here](#)