

“The ultimate measure of a man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy.” --Martin Luther King, Jr.

## Leadership in Uncertain Times

In most parts of our healthcare system, from the international to the local level, the COVID-19 pandemic has created an environment that is Volatile, Uncertain, Complex, and Ambiguous. This environment is typical in situations of unstable military conflict, and the US Army has acronyms for everything, so they call this VUCA.

The US Army War College [teaches that VUCA is best addressed by strategic leadership](#), the process used by a leader to affect the achievement of a desirable and clearly understood vision by influencing the organizational culture, allocating resources, directing through policy and directive, and building consensus within a volatile, uncertain, complex and ambiguous global environment which is marked by opportunities and threats.

For our healthcare system, a somewhat [different approach is proposed by several business school professors](#), drawing on management research. They recommend these five principles for addressing VUCA situations:

1. Put people first
2. Manage operations creatively
3. Attend to teamwork and communications
4. Create outside partnerships
5. Embrace clear and humble leadership

To elaborate on each:

1. [Put people first](#). The “people” here refers both to *patients*, remembering who we serve, but also our *staff*. In this pandemic in particular, a shortage of PPE has sometimes made it necessary to choose one over the other, a really crushing moral dilemma for leaders and our staff.
2. [Manage operations creatively](#). Professors of management have a rather theatrical term for the type of operational complexities exemplified by COVID-19. They call it a [wicked problem](#), a term used to identify problems that are extremely difficult or even impossible to solve because they involve many interdependent, changing and difficult to define factors. The key, they say, is to adopt a *learning mindset* rather than a *performance mindset*. This allows creativity, “learning on the fly,” quick implementation of iterative changes to respond to new problems that arise. While this learning mindset is critical, the next three activities complement this to respond optimally to wicked problems.
3. [Attend to teamwork and communication](#). This is done through *relational coordination*, teams that communicate accurately and frequently, problem solving based on shared goals, shared knowledge and mutual respect.
4. [Create outside partnerships](#). This allows cross-fertilization of ideas and critical exchange of scarce resources.
5. [Embrace clear and humble leadership](#). In contrast to the leader as all-knowing expert and hero, the *humble leader* recognizes every worker as having the capacity to identify and solve problems, of being an expert.

These five principles are as appropriate for clinical leaders in their office environment as they are for state and national leaders as we face the continued challenges and controversies wrought by COVID-19.

## **Breaking News:**

### **Physicians not trained in Primary Care who want to be PCPs: What does PHC require?**

PHC Credentialing policy MR CR 17 “Standards for Primary Care Providers” has been in place for many years and establishes credentialing standards for primary care physicians (PCPs).

Effective June 1, 2020, physicians who do not have defined training or experience as a primary care physician as described in Policy MP CR 17, Section VI.A.4. (either Board Certified in PCP specialty, or 3 year residency in PCP specialty, or 2 years post-graduate training with 1 or more years in PCP specialty) will only be eligible for credentialing as a PCP after they have completed the UC San Diego School of Medicine Physician Retraining and Reentry (PRR) Program, including the practice shadowing component of the program (or a similar program approved by PHC).

Once the program is completed, documentation must be submitted with the credentialing application. The physician must work in a practice with a supervising Medical Director who will monitor the physician’s care and provide PHC with a quarterly plan and progress report.

Previously, physicians who did not meet the requirements of Section VI.A.4 were able to submit a letter of recommendation from a supervising physician, with whom they worked for at least a year within a primary care setting, for consideration by the Credentialing Committee. The PHC Credentials Committee is comprised of primary care and specialist physicians and a nurse practitioner from the PHC Provider network. Physicians approved under the previous policy were often approved subject to certain practice limitations with the results of medical chart review provided to the Committee after six months of practicing primary care. After several years of approving physicians under this policy, it became clear that physicians not trained in primary care specialties were in need of additional training to ensure quality of care to our members.

You may find a complete copy of Policy MP CR 17 in the Provider Relations Section of the [Partnership HealthPlan of California’s Provider Manual](#) on our website.

In addition, here is the link about the UC San Diego School of Medicine Physician Retraining and Reentry Program <https://prprogram.com/>.

### **Immunization Dose Reports Available On-Demand!**

The Quality Incentive Program (QIP) Team has announced that Immunization Dose Reports will be available for on-demand access through eReports on Friday, May 8, 2020. These population reports include immunization data for assigned members ages 0-2 and 9-13, along with member contact information, and will be refreshed on a monthly basis. The reports are designed to support member outreach and help engage members sooner, to stay on track with immunizations.

To access Immunization reports, click the “Immunization Dose Reports” link in the eReport user menu.

Accessing and exporting Dose Reports will be reviewed in our upcoming PCP QIP Measurement Year 2020 Relaunch Webinar. This will be held on Wednesday, May 13, 2020 from Noon – 1 p.m.

[Sign-up Now](#)

## **New Online Toolkit for Health Care and Treatment Providers of Substance Exposed Mothers and Babies**

Formulated by national experts led by the California Maternal Quality Care Collaborative, the toolkit supports neonatal and perinatal providers in addressing the full continuum of care for mothers and babies affected by opioid and other substance use disorders while maintaining the mother/baby dyad whenever possible. This is accomplished through the provision of numerous evidence-based, best practices addressing screening for identification, treatment for the mother and the exposed infant, care transitions, and education options for staff and families. The toolkit considers the intricacies that potential scenarios present: difficulties in screening, stigmatized care, variability of provider and staff knowledge, the challenges of care coordination, and the different settings in which services may be provided. These goals drive a lucidity of purpose to offer safe, effective, patient-centered, hopeful care that is free of stigma and prejudice.

The online toolkit can be accessed here: <https://nastoolkit.org/>

## **Spring 2020 PHC Regional Medical Directors Meeting Changes to Virtual Meeting**

Due to rising concerns of social spacing, because to COVID-19, the Spring PHC Regional Medical Directors Meetings are not only rescheduled but also accessible virtually.

Meetings that were previously scheduled on Friday, April 17, 2020 (Redding), April 27, 2020 (Eureka), May 1, 2020 (Ukiah), and May 8, 2020 (Novato) are now available on the following dates:

(Friday, May 8, already done)

Friday, May 22, 2020 from 9 a.m. – Noon

[Sign-Up Now](#)

## **Filling Prescriptions for Blood Pressure Monitors**

To help patients monitor their blood pressure (BP) at home, Partnership HealthPlan of California (PHC) covers a variety of blood pressure monitors. In fact, on the [PHC Pharmacy home page](#), user can click on the “[Formulary Blood Pressure Kits](#)” link to see the list of covered items by NDC. The list is updated periodically to reflect BP monitors available on the market. We have asked prescribers to write “Blood Pressure Kit” at minimum and include digital, automatic, wrist, upper arm, and cuff size if they wanted more specificity for the patient. The prescription does not need a Hypertension (HTN) diagnosis and will be covered if the billed amount is less than \$55. We will be increasing the cost limit to \$100 effective June 1, 2020. If the blood pressure monitor prescription rejects for non-formulary or paid amount exceeded,

please refer to our list of covered products or submit a Treatment Authorization Request (TAR). If the prescriber writes a prescription for cuff only, please dispense the entire kit and make the necessary documentation on the prescription, as MedImpact cannot process claims for cuff alone.

## Training Health Coaches for the Diabetes Prevention Program

If you are interested in training one or more of your staff to be health coaches for the Diabetes Prevention Program, which is a PHC benefit, the team at Touro University does trainings every month or so. Reach out to Dr. Jay Shubrook for more information: [jay.shubrook@tu.edu](mailto:jay.shubrook@tu.edu)

## Psychiatric side effects to Montelukast

The FDA has put a new black box warning on montelukast, due to some potential psychiatric side effects. Other medications should be tried first for allergic rhinitis.

## Albuterol MDI Shortage

For a variety of reasons, there is an international shortage of albuterol metered dose inhalers. One option, for patients with mild to moderate asthma: substitute prn Symbicort or Dulera, in which the long acting beta agonist (formoterol) also has a quick onset of action, acting like a rescue medication (although its inhaled corticosteroid means it is classified as a controller medication).

## PHC Educational Opportunities and Events

### PCP QIP Measurement Year 2020 Relaunch Webinar

The purpose of this webinar is to review the modified 2020 Primary Care Provider Quality Improvement Program (PCP QIP) Core and Unit of Service Measurement Sets to accommodate for the extenuating circumstances the COVID-19 Pandemic has placed on the healthcare delivery system.

**Date:** Wednesday, May 13, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

### RCHC Special Billing Focused Telehealth “Office” Hour

Redwood Community Health Coalition presents a special Billing focused COVID Telehealth "Office" hour in collaboration with the California Telehealth Resource Center and PHC. RCHC will have presentations from both CTRC & PHC followed by a Q&A.

**Date:** Wednesday, May 13, 2020

**Time:** 1 p.m. – 1:50 p.m.

[Sign-Up Now](#)

## Virtual Pilot: ABCs of Quality Improvement

This pilot consist of four sessions. The following topics will be covered:

- What is Quality Improvement?
- Introduction to the Model for Improvement
- Creating an aim (project goal) statement
- Using data to measure quality and drive improvement
- Tips for developing change ideas for improvement
- Testing changes via the Plan-Do-Study-Act cycle
- Participation is FREE! Seats are limited to the first 30 registrants.

Dates, Times & Sessions:

- Tuesday, June 16, 2020 (Overview: The Model for Improvement and Creating an AIM Statement)
- Tuesday, June 23, 2020 (Using Data for Quality and Developing Measures)
- Tuesday, July 07, 2020 (Tips for Developing Change Ideas for Improvement)
- Tuesday, July 14, 2020 (Testing Changes Via the Plan-Do-Study-Act Cycle)
- All sessions will be held from Noon - 1:15 p.m.

[Registration is Coming Soon!](#)

## Accelerated Learning Education Programs

We acknowledge that the COVID-19 response is changing how health centers and practices approach their daily work and QIP efforts. Wishing to be mindful of the situation, we solicited feedback regarding your ability to participate in the upcoming scheduled webinars. The information received back indicates that most would like the webinars to continue as planned. We want to continue to provide education and resources to help practices on the PCP QIP measures, and will maintain the currently scheduled webinars:

### Colorectal Cancer Screening (COL)

CME/CE credits available

**Date:** Wednesday, June 24, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

## Recommended Educational Opportunities Outside of PHC

### CQC COVID-19 Peer Sharing: Caring for Patients Virtually: Lessons from a Successful Virtual Primary Care Practice

On April 30, 2020, CQC was joined by Dr. Yumi Taylor, Linette Fung, and Robert Scrase of Tera by Sutter Health. Tera delivers high-quality, patient-centered care, 95% virtually!

[Webinar Recording](#)

[Slide Deck](#)

[CQC Website](#)

**Further Contact:** [cqcinfo@calquality.org](mailto:cqcinfo@calquality.org)

## Re-imagining the Role of the Medical Assistant within Telehealth and COVID Response

This webinar series will provide an analysis of how the COVID-19 pandemic has impacted the practice of patient-centered, team-based care with regard to the provider/MA dyad. We will highlight the importance of a team-based care approach as health organizations transition from a COVID-19 response practice to a new practice reality, and explore the role of the medical assistant in the team during COVID-19 and into the future.

The series is hosted by the Weitzman Institute and the National Institute for Medical Assistant Advancement (NIMAA). NIMAA is a non-profit learning institute that trains medical assistants to work in high-performing primary care settings. NIMAA was created by community health centers to address critical workforce shortages and provide education opportunities in the communities health centers serve.

**Date:** Tuesday, May 12, 2020

**Time:** Noon

**Date:** Tuesday, May 19, 2020

**Time:** Noon

[Sign-Up Now](#)

## CQC Webinar: COVID-19 Sharing: Billing for Telehealth & Virtual Care

To support primary care practices as they rapidly adapt to providing care virtually, the California Quality Collaborative is hosting regular COVID-19 webinars to hear from experts and peers. For this session, front line providers, IPA leaders and front-office staff should attend; health plans and other technical assistance partners are encouraged to join, listen and share.

By the end of the webinar, participants will have:

- Heard current federal and state updates regarding billing for telehealth and virtual care
- Listened to guidance on outpatient documentation and billing requirements
- Examined additional resources supporting compliant billing practices
- Asked questions about specific billing and documentation problems at your practice

**Date:** Friday, May 15, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

## Nuka System of Care Conference

Southcentral Foundation is no longer hosting the 10th Annual Nuka System Care Conference in-person in Anchorage, Alaska, on June 15-19. They're exploring virtual opportunities to connect and share best practices during that week.

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 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.

[Stay tuned for updates on dates & times](#)