

**“Redemption comes to those who wait. Forgiveness is the key.”**  
**-- *Lonesome Sundown* by Tom Petty**

## **Reinstating Patients Who Have Been Discharged**

Tom Petty’s 1999 ballad *Lonesome Sundown* (part of *Echo*, his tenth album with The Heartbreakers) was written after completing inpatient rehabilitation, recovering from a 3-year period of heroin use. The line about redemption and forgiveness is a reflection of his need to be forgiven so he could again create new songs and genuinely share his art.

Some Partnership HealthPlan of California (PHC) members have experienced hard periods in their lives when their actions cause distress to those around them. In the health care setting, this may lead them to repeatedly missing medical appointments or have verbal outbursts with medical office staff. Sometimes, their behavior leads to disenrollment from a practice.

These patients may sometimes turn their lives around, and be ready to re-engage productively in relationships with medical providers and offices. They are often ready to seek redemption and forgiveness from the medical office that disenrolled them.

At the June PHC Physician Advisory Committee meeting, several physicians related how their practices handle these situations. Here are some highlights:

- Patients should write a letter (potentially with assistance from an advocate), requesting re-enrollment, acknowledging the reasons for their disenrollment, explaining how their life has changed and expressing a commitment to act differently.
- The office/health center should have a process for reviewing such requests, ideally involving both clinical and administrative leaders.
- Many practices require the patient to wait for at least a full year after the disenrollment to consider a request for reinstatement.
- If the request is denied, the former patient is given a written response, indicating if and when they may apply again for reinstatement.
- If the request is accepted, the patient has an orientation session outlining expectations of behavior, up-front. For PHC members, PHC needs to be notified, as well.

Tragically, Tom Petty ultimately died of an opioid-benzodiazepine overdose in October 2017, related to his attempts to treat severe pain from hip osteoarthritis, for which he was hesitant to have surgery. In the 18 years between his recovery from heroin addiction and his death, he produced 8 albums and 2 film documentaries—a pretty good redemption.

If your office doesn’t have a process for considering re-enrollment requests, please consider developing one to allow former patients who have turned their lives around to have a second (or third, or fourth) chance.

## Breaking News:

### Oxygen Saturation Monitors, BP Monitors, and Thermometers – Free for PHC Members

In response to COVID-19, PHC has obtained a limited supply of blood pressure monitors, oxygen saturation monitors, and thermometers to be given at no cost to PHC members who are patients of Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services (IHS). PHC would like your help in getting these supplies distributed to our members and your patients that would benefit from this medical equipment.

These supplies will be on a first-come, first-served basis. Interested providers will need to complete the DME Request Form on our [website](#). Complete the form and submit to [request@partnershiphp.org](mailto:request@partnershiphp.org) or fax to 707-420-7855.

Providers will be expected to connect with the selected PHC members to ensure the member can use the equipment properly.

### PHC's Wellness and Recovery Program Goes Live!

PHC's 14 counties have long supported SUD treatment services through the Drug Medi-Cal program. Now, these services are greatly expanded in seven of our counties through our new Wellness and Recovery Program.

The Wellness and Recovery Program launched in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties on July 1, 2020.\*

In these seven Wellness and Recovery counties, services are available to all Medi-Cal recipients who meet the medical necessity criteria as determined by the American Society of Addiction Management (ASAM) scale.

The range of services include:

- Outpatient treatment (licensed professional or certified counselor, up to nine hours per week for adults)
- Intensive outpatient treatment for individuals with greater treatment needs (licensed professional or certified counselor, structured programming, nine-19 hours per week for adults)
- Detoxification services (withdrawal management)
- Residential treatment
- Medically assisted treatment (methadone, buprenorphine, disulfiram, naloxone)
- Case management
- Recovery services (aftercare)

**Medi-Cal beneficiaries in the seven counties can be screened and connected to a treatment provider by calling Beacon Health Options at (855) 765-9703.**

For more information about Wellness and Recovery services, [click here](#).

\*Expanded SUD services are available in Napa, Marin, and Yolo counties, and are administered by the counties. A more limited benefit is administered by the remaining four counties — Del Norte, Lake, Sonoma, and Trinity.

## Preventive Care Outreach Calls for Children

PHC will be making automated phone calls to parents/guardians of members under age seven to encourage them to stay up to date on well child visits, associated screenings (including recommended lead testing) and vaccinations.

The COVID-19 pandemic has led to a drop in both well child visits and vaccinations for children of all ages. The state of California and PHC are especially concerned about the youngest children, where lower vaccination rates can lead to increased vaccine preventable diseases that are more deadly for children than COVID-19.

The calls will focus on children under age three until August 4, and will expand to include three - six year olds for the rest of August. These calls may lead to an increased demand for well child visits, so we encourage you to planning staffing accordingly.

## Key Questions for Suicide Prevention

Early data suggests that deaths due to suicide and overdose have increased since the beginning of the COVID-19 mitigation measures in the United States. Social isolation, financial insecurity, and unemployment increases the number of deaths from suicide, overdose, and illness. These factors leading to suicide disproportionately impacting communities of color. Individuals who have a history of Adverse Childhood Experiences (ACEs) are particularly at risk.

Primary care clinicians have the opportunity to screen, intervene and prevent these events. There is no way to know if someone is in trouble unless they are asked. When risk for suicide is identified, there are tools and resources that reduce the probability of suicide attempts.

One best practice is to routinely screen for depression using the PHQ-2 and PHQ-9 questions, adding some additional questions about depression risk for any patient screening positive for depression (PHQ-9 score of 10 or greater).

The National Institute on Mental Health (NIMH) developed the Ask Suicide-Screening Questions (ASQ), four questions in 20 seconds to identify people at risk of suicide. In a NIMH study, a “yes” response to one or more questions identified 97% of youth aged 10 to 21 at risk of suicide:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?

Whats next?

If an individual responds “yes” to one or more of the four Ask Suicide-Screening Questions, they are at “imminent risk” or “potential risk” of suicide.

The next step to better understand risk-level, if any of the four questions above are answered “yes”, ask “are you having thoughts of killing yourself right now?” and if the individual says “yes,” then they are at imminent risk of suicide and need an urgent mental health evaluation to ensure immediate safety. If the individual answers “no,” then a potential risk is identified and they require a brief suicide safety assessment to determine next steps.

The [Zero Suicide Model](#) is an evidence-based practice outlining how to apply this model in a clinical setting. Practices include:

- Make a safety plan the patient can follow if thoughts of suicide appear, including calling help lines such as the National Suicide Prevention Lifeline (1-800-273-8255).
- Discuss restricting access to things they might use to hurt themselves – especially firearms (firearms in the house are a major risk factor for completed suicide).
- Create a follow-up monitoring plan to ensure the patient receives ongoing help and support.

All three of these activities are appropriate for those who answered “yes” to any of the four ASQ questions above.

**Overdose and Suicide:** An overdose or self-harm event in the emergency department indicates an extreme high risk. An opioid overdose indicated an 18-fold greater risk of suicide and over 100-fold greater risk of overdose in the next year, compared to the general population. A visit for suicidal ideation led to a 30-fold increase in the risk of suicide in the next year.

**ACEs and Suicide:** Individuals with four or more Adverse Childhood Events (ACEs) are 37.5 times as likely to attempt suicide, when compared to individuals with no ACEs. For more information on addressing ACEs in your clinical practice, visit [www.ACEsAware.org](http://www.ACEsAware.org).

Screening individuals for risk of suicide saves lives! Health care professionals can help people get needed care, support and resources. We recommend a refresher training for our clinical staff on this topic, in this time of increased risk of suicide.

## Flu Vaccine Demand Expected to be High This Fall

Public Health experts expect the demand for influenza vaccine to be higher than average this fall. If you have not yet done so, you may want to pre-order extra vaccine for your office or health center to be able to meet this demand.

As you plan your influenza vaccination campaign this year, consider this a dry run for a potential mass vaccination campaign for COVID that may be coming in early 2021.

## Spinal Exams in the Brave New World of Telemedicine

The recently expanded use of telemedicine has revealed it to be an efficient tool for making assessments and getting patients appropriate care. Neurosurgeon Sanjay S. Dhall, MD specializes in complex spinal surgery, shares his method for performing a spinal exam when you cannot touch your patient and offers thoughts on optimizing remote care.

[Watch Video](#)

## Physicians Supporting Physicians

A no cost, confidential peer-to-peer support for MD's/DO's navigating the COVID19 Pandemic is available. The Physician Support Line (PSL) has expanded to include support on any subject that is relevant to the many professional and personal intersections of our shared medical profession. The line is staffed by over 700 volunteer psychiatrist from across the country and has recently been added to the

American Psychiatric Associations' COVID19 recommended mental health resources.

**What is offered:**

- Free physician-to-physician support (including medical students, residents and fellows).
- Anonymity. Identifying information is not required and there is no reporting to any institution or entity.
- Our training in various therapeutic modalities in navigating immediate stressors.
- Access to additional mental health resources outside of PSL.

**What is not offered:**

- A doctor patient relationship/continuity of care.
- Medication prescription or recommendation.
- Psychiatric consultation on patients.

**How it works:** A physician (attending, resident, fellow or med student) can call 1 (888) 409-0141, between the hours of 8 a.m. and 1 p.m. EST, 7 days a week and immediately gets connected to a U.S. Licensed Psychiatrist to discuss any subject.

## A Quick Guide to Starting Your Quality Improvement Projects

The Performance Improvement Team at PHC is pleased to share with you our newest resource, [A Quick Guide to Starting Your Quality Improvement Projects](#). This 10-step guide covers inception to implementation of a quality improvement (QI) project. The guide includes concrete steps on meeting preparation, development of a project charter, how to develop change ideas for QI project and the use of the PDSA cycle. Additionally, each section includes example documents and links to templates. There are tips throughout the guide for the project lead to successfully manage projects.

You can find the guide on the PHC's [Partnership Improvement Academy webpage](#), under resources.

## PHC Educational Opportunities and Events

### Accelerated Learning Education Programs

CME/CE credits available

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:

#### **Cervical and Breast Cancer Screening (CCS & BCS)**

**Date:** Tuesday, August 25, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

## Recommended Educational Opportunities Outside of PHC

### Diabetes Disparities in the Time of COVID-19

Limited access to endocrinologists and diabetes specialty care necessitate the management of patients with complex diabetes in the primary care setting. Now, more than ever, during COVID-19, it is important for care teams in the primary care setting to support patients with diabetes to obtain achievable goals for their blood glucose, blood pressure, and lipids during this pandemic and beyond.

Sponsored by Stanford University's ECHO Diabetes program. Presenter: Ashby Walker, PhD

**Date:** Wednesday, July 22, 2020

**Time:** 9 a.m. – 10:15 a.m.

[Sign-Up Now](#)

### Sharpening Our Vision for Compassionate Care in the Face of Serious Illness

The Coalition for Compassionate Care of California has moved its excellent annual conference to a virtual format. PHC is sponsoring continuing medical education credit for this event. The content has been concentrated down to two half days of nationally recognized speakers, with an optional virtual poster session in the evening between events. Full details will be posted in the next week or so.

**Date:** August 24-25, 2020

**Time:** 8 a.m. – Noon

[Sign-Up Now](#)