

# Medical Directors Newsletter

## October 2020

**“It is the courage to continue that counts.”**

**--Winston Churchill**

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### Working Under a Cloud of Smoke

COVID-19 and the wildfires of 2020 have put great stress on our public health infrastructure, our hospitals and offices, and our families.

In the midst of this you are finding ways to carry on with your important work, caring for your communities and providing leadership and support for your local health system. We thank you, your staff and your families for having the “courage to continue.”

This month’s newsletter highlights several not-to-be missed news items. Thanks for reviewing and passing on to the appropriate clinicians and staff in your offices.

### Breaking News

#### Medi-Cal Rx Transition: Register Now to Access new State Prescription System

Beginning **January 1, 2021** Medi-Cal Pharmacy Benefits (Medi-Cal Rx) will be administered through the Fee-For-Service (FFS) delivery system. The state goal in transitioning pharmacy services for Managed Care FFS are to standardize the Medi-Cal Rx benefit statewide, under one delivery system and apply statewide utilization management protocols to all outpatient drugs.

Primary Care Providers will be given electronic access to the system. The first step is for each practice to designate a practice administrator to submit an application for a Practice ID number. This is then used to register individual staff at your office. To begin this process, see this [website](#) and click on “register” at the top right corner.

**Medi-Cal Rx will include all pharmacy services billed as a pharmacy claim, including but not limited to:**

- Outpatient drugs (prescription and over-the counter), including Physician Administered Drugs (PADs)
- Enteral nutrition products
- Medical supplies

**Medi-Cal Rx will not change the following:**

- Any medications that are billed as a medical and/or institutional claim instead of a pharmacy claim.
- Existing Medi-Cal managed care pharmacy carve-outs (e.g., blood factor, HIV/AIDS drugs, antipsychotics, or drugs used to treat substance use disorder). For most Managed Care Plans (MCPs), these are already carved-out today – with a few limited exceptions – and as of January 1, 2021, these drugs will be carved-out of all MCPs.
- Provision of pharmacy services that are billed on medical or institutional claims and/or as part of a bundled/all-inclusive billing structure in an inpatient or long-term

care (LTC) setting, including Skilled Nursing Facilities (SNF) and other Intermediate Care Facilities (ICF).

For more information on Training and Education, and Resources, please review the [flier on our website](#).

## Well-Child Visits for Babies Born Premature

Newborn babies hospitalized for several weeks or months before going home are more fragile than term newborns, and should have a slight acceleration of their well-child visit schedule to ensure they receive at least 6 well child visits before 15 months of life.

Here is our recommendation:

- First visit: within 7 days of hospital discharge.
- Second visit: 14-21 days later (will not count if less than 14 days between visits).
- Third visit: 4 weeks later.
- Subsequent visits: every 2 months until 15 months of age.

Note that Partnership HealthPlan of California (PHC) allows *different billing frequencies* for well child visit CPT codes 9938x and 9939x, compared to fee for service DHCS, to better align with NCQA and AAP recommendations. Up to two visits per calendar year are allowed for codes 99383 – 99385 and 99393 – 99396. Up to seven visits for children under one year of age, are payable for codes 99381 and 99391 while an additional up to seven well child visits are payable for children one thru four years old, using codes 99382 and 99392.

## Enhanced Oversight of Pediatric Lead Testing Requirements

In late September, two policies converged to require Medi-Cal Managed Care Plans enhance their enforcement and oversight of the legal requirement for lead testing of infants with Medi-Cal: [AB 2276](#) and [All Plan Letter 20-016](#).

These actions are in response to a [California State Audit report](#) noting low rates of testing, state-wide, including the counties served by PHC, in particular in our northeastern counties (Shasta, Siskiyou, Trinity, Lassen and Modoc counties). The American Academy of Pediatrics notes that even [small elevations in blood lead levels are associated with cognitive impairment](#). In addition to the well-known risk from lead-based paint used in older homes, lead exposure can occur from water pipes (see [results of study of lead levels](#) in water fountains at public schools in California), contaminated soil and foreign manufactured candies and pottery. The proportion of children who screen positive for elevated lead levels [ranges from 1 to 13% in PHC counties](#).

The major new oversight requirements are:

- If providers elect not to order the screening, but must document in detail, the reason for not conducting the screening. Documentation should include *signature of parent/guardian who refused screening* or the reason signature could not be collected. PHC will be required to audit compliance with this requirement by conducting chart audits.

- Beginning January 01, 2021 PHC must identify, at least quarterly, all members aged 6 months to 6 years who have no recorded blood lead screening, and reach out to the members directly to recommend lead screening, and to pass this list on to PCPs who are also expected to reach out to these members to remind them of the need to get tested.

Federal and State law requires clinicians caring for MediCal patients to conduct blood lead screening on *all* children at age 12 and 24 months of age, and to talk about potential lead exposures at *every* well child visit from 6 months to 6 years of age. If your practice has not been ordering routine lead testing, you will want to start planning to change this, now that enforcement is being enhanced.

Larger practices should strongly consider building capacity for capillary lead testing in their health centers, to decrease the inconvenience and greater stress of routine venous lead testing.

## **Oxygen Saturation Monitors, BP Monitors, and Thermometers – No Cost 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 (FQHCs), Rural Health Centers (RHCs), and Indian Health Services (IHS). PHC would like your help in getting these supplies distributed to our members and your patients who 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.

## **Shriner's Hospital Contracted with PHC for Pediatric Specialty Surgery**

PHC has a contract with [Shriner's Hospital](#) in Sacramento. This hospital provides very specialized care for children, including:

- Burn Care
- Orthopedic Conditions, including congenital deformities, complications from fractures, spinal conditions, complications from neurologic conditions
- Complex intestinal surgery
- Pediatric general surgery
- Cleft Lip Repair
- Plastic surgery for children
- Spinal cord Injury
- Pediatric Urology

See the PHC specialty referral directory for information on making referrals.

## Funding Opportunity for Project ECHO Diabetes

Stanford University's Project Extension for Community Healthcare Outcomes (ECHO) Diabetes, is looking for additional PCPs to join their well-run Project ECHO for Diabetes. The goal is to increase the capacity of PCPs and clinics to empower and safely, and effectively, manage underserved patients with insulin-requiring diabetes who do not receive routine specialty care. Project ECHO is an innovative "Hub-and-Spoke" outreach model committed to addressing the needs of the most vulnerable populations by equipping community practitioners with the right knowledge, at the right place, at the right time. Through the use of technology, education and research, Project ECHO demonopolizes specialty knowledge and amplifies the capacity for primary care providers to provide best practice care to their patients. The model was developed out the University of New Mexico in 2003 for Hepatitis C and has since expanded to over 65 complex conditions in over 200 global sites.

Project ECHO Diabetes is a weekly video-conference based tele-mentoring and tele-education collaborative, Continuing Professional Development (CPD) accredited, case-based learning program. By creating a unique partnership between community healthcare providers and diabetes specialists, the ECHO program and the PCP will enrich and empower each other in practice and work collectively to enhance care for underserved patients with insulin-requiring diabetes. Stanford University will serve as the "Hub" site with a team of multispecialty experts (pediatric and adult endocrinologist, primary care provider, behavior health specialist, nurse/diabetes educator, social worker) to work in partnership with "Spoke" sites (community providers and clinics like yours).

The program is accepting applications for community providers and clinics to join this initiative. Project ECHO Diabetes has cohorts beginning in February 2021 and August 2021. Thanks to the generous support of the Helmsley Charitable Trust, there is no fee to spoke sites who participate.

Apply at this link:

[https://stanforduniversity.qualtrics.com/jfe/form/SV\\_ag9Zd5rMh04rfFj](https://stanforduniversity.qualtrics.com/jfe/form/SV_ag9Zd5rMh04rfFj)

For more information email Dr. Nicolas Cuttriss at [diabetesecho@stanford.edu](mailto:diabetesecho@stanford.edu).

## PHC Educational Opportunities and Events

### Register Now for Fall Regional Medical Directors Meeting

Due to the pandemic, our next regional medical directors meeting will again be via webinar format, instead of in-person. We will include small group breakouts to allow more intimate conversation and discussion.

- Learn about new PHC policies, activities
- Share best practices
- Connect with colleagues

**Date:** Friday, October 30, 2020

**Time:** 9 a.m. to Noon

[Sign-up Now](#)

Be sure to enter your **county** when you register. This will help us link you to your local colleagues in the breakout section.

Agenda topics requests can be sent to Dr. Moore: [rmoore@partnershiphp.org](mailto:rmoore@partnershiphp.org).

## 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:

### **Childhood Immunization Measures (CIS10, IMA2)**

**Date:** Tuesday, October 06, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

### **Improving Asthma Care and the HEDIS® Asthma Medication Ratio (AMR)**

**Date:** Tuesday, October 20, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

## **Announcing a New Webinar Series: 2019 PCP QIP High Performers - How'd They Do That?**

During each of these webinars, two high-performing PCP's will be sharing how they were able to accomplish their high QIP scores in 2019, including: How quality works at their organization, the keys to their success and lessons learned.

### **Webinar #2 of 3, Winters Healthcare & Alexander Valley**

*Representing provider 10,000 to 20,000 assigned PHC members*

**Date:** October 08, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

### **Webinar #3 of 3, CommuniCare & Marin Community Clinic**

*Representing provider with more than 20,000 assigned PHC members*

**Date:** November 05, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

## Virtual ABCs of Quality Improvement

CME/CE determination is pending.

This virtual training consists of five training sessions and an optional office hour session via webinar. Participants are eligible for 1:1 coaching with an Improvement Advisor after attending. These courses are free.

### **Session 1 of 5, The Model of Improvement and Creating an Aim Statement**

**Date:** Wednesday, October 07, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

**Session 2 of 5, Using Data for Quality**

**Date:** Wednesday, October 14, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

**Session 3 of 5, Understanding the Role of Measurement in Quality Improvement**

**Date:** Wednesday, October 21, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

**Office Hours with Improvement Coaches**

Do you have questions related to quality improvement or need support on your quality improvement project? If so, join us. This is an optional session.

Attendance is encouraged for additional support.

**Date:** Wednesday, October 28, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

**Session 4 of 5, Tips for Developing Change Ideas for Improvement**

**Date:** Wednesday, November 04, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

**Session 5 of 5, Testing and Implementing Changes via the Plan-Do-Study-Act Cycle**

**Date:** Thursday, November 12, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

More Details, visit our [Quality & Performance Improvement Webpage](#).

**Change Management, Change Fatigue & QI**

*Roll With It: Keeping up Momentum Using Change Management Strategies.* These are challenging times for maintaining focus on quality. This training session will introduce the concept of change management and some practical tools for supporting the resiliency of teams to navigate change and support improvement work. Join us as we talk about how to recognize and beat change fatigue and building resilience.

**Date:** Tuesday, October 27, 2020

**Time:** Noon – 1 p.m.

[Sign-Up now](#)

## Recommended Educational Opportunities Outside of PHC

### Best Practices in Managing Patients with Kratom Addiction

Objective: At the conclusion of this activity, participants should be able to:

- Review the current state of knowledge surrounding kratom and its impact on patients with addictive disorders.
- Cite the clinical evidence from literature and our survey of national addiction experts in managing kratom use.
- Discuss challenges and approaches to best manage this comorbidity.

**Date:** Tuesday, October 6, 2020

**Time:** Noon – 1 p.m.

**Cost:** Free

[Sign-up Now](#)

### On-Demand Webinars by ECHO

All available trainings are available on-demand and free of cost:

- [Leveraging Telehealth and Remote Monitoring to Support Patients with Diabetes](#)
- [Diabetes Patient Needs in the Time of COVID-19](#)
- [Continuous Glucose Monitoring \(CGM\) & Beyond A1c Targets in the Time of COVID-19](#)
- [Platforms to Support Remote Diabetes Monitoring in your Practice in the Time of COVID-19](#)
- [COVID-19 & Sick Day Management for People with Diabetes](#)
- [Identifying High-Risk Diabetes Patients for COVID-19 Triage](#)
- [Insulin Dosing & Therapeutic Inertia in the Time of COVID-19](#)
- [DPP-4 Inhibitor, GLP-1 Receptor Agonist, & SGLT Inhibitor Therapies](#)
- [Tackling Therapeutic Inertia: American Diabetes Association Standard of Care Updates](#)

### Essentials of Primary Care Pain Management 2020 Virtual Conference

CMEs available for Physicians, Nurses and Physician Assistants

UC Davis' Center for Advancing Pain Relief is hosting a two-day virtual conference on Essentials of Primary Care Pain Management. Highlights of this training are:

- Health disparities and social determinants of pain care
- Cannabinoids, pain, and symptom management
- Latest updates on opioids

Who should attend? Primary care clinicians and all other health sciences and professionals with an interest in pain management.

**Dates:** Saturday, November 7, 2020 and Sunday, November 8, 2020

**Time:** 8 a.m. – 5 p.m.

**Cost:** \$245 for physicians; \$195 for all other health professionals. Reduced rate available for a limited number of full-time Federally Qualified Health Center (FQHC) clinicians. Please contact [Christy Chung](#), to receive a code to use at registration.

[Sign-Up Now](#) (Registration closes on 11/06/2020 @ 9 a.m. PST)

## Discussing Clinical Status with Severely Ill Patients

On-demand training available on your smart phone

Free if you register by 10/19/2020. [Flier for more details.](#)

VITALtalk offers Mobile-Friendly Online Courses that target essential serious illness communication skills for all clinicians.

**Discussing Clinical Status Description:** “So often, we feel the patients are not appreciating the severity of their illness. Learn how to provide a clear and compassionate clinical status update to your patients.

**Targeted Audience:** “The skills taught in each course are relevant for clinicians who care for seriously ill patients from a range of specialties and professions, including nurses, advanced practice providers, social workers, chaplains, therapists, and others.”

[Sign-up Now](#)

Two more courses coming later this fall: Goals of Care & Advance Care Planning.  
Contact: [wendy.anderson@ucsf.edu](mailto:wendy.anderson@ucsf.edu).