

Medical Directors Newsletter November 2020

“A story can put your whole brain to work.”

--Leo Widrich, Co-Founder, Buffer

Bringing the Patient Story Back to the Medical Record

Linguists have shown that humans that do not store their thoughts or memories in written form have a remarkable ability to remember and relate long stories orally, from generation to generation. Even with written language and now audio-visual capture of information, stories are easier to remember than a stream of facts, events or even a theoretical framework. (The early chapters of [Sapiens: A Brief History of Humankind](#) offers a good summary.)

There is a [neurologic basis](#) for this. Streams of facts or ideas mainly stimulate the auditory processing portion of the brain, while stories activate the deep brain structures associated with emotions and long-term memory, as well as various portions of the cortex. A story puts our whole brain to work.

This may explain why [studies](#) of Electronic Health Records that segregate clinical tidbits into different discrete parts of the medical record decrease the ability of a subsequent reader to really understand what was going on with a patient. The patient story is lost, making the medical record a poor communication tool.

A well written [opinion article](#) in the September 1, 2020 Annals of Internal Medicine calls on clinicians to “Restore the Story” in clinical notes. The American College of Physicians created a “Restoring the Story Task Force” to promote this effort. The article summarizes the attributes of an ideal clinical note:

“The ideal clinical note is more than a verbatim transcript. It is a coherent representation of relevant data that have been sifted through and examined in the context of the patient’s life and priorities, yielding an assessment of the situation and rationale for recommended next steps.”

In the electronic health record, the two most important places for telling the story are the history of present illness and the assessment. Utilizing the free text option in these two locations is essential to achieve this.

Breaking News

October 30, 2020, Virtual Regional Medical Directors Meeting

We had a great turnout for our recent Virtual Regional Medical Directors Meeting. Thank you to all that were able to join us on October 30, 2020. We recognize that not everyone was able to attend. Below are links to the recording of the two hour meeting, PDFs of the Clinician and Leadership versions of the detailed notes, and the associated RCHC handout.

[Recording of PHC Medical Directors Meeting](#)

Detailed notes: [Clinician Version](#)

Detailed notes: [Leadership Version](#)

[RCHC Clinical Recommendations for Expansion of Services](#)

Simplifying Specialty Referrals for Primary Care Providers

Partnership HealthPlan of California (PHC) now offers direct specialty care telehealth services for many specialties. The patient does not need to come to a PCP office with a telemedicine unit; they can access the specialist directly from their home.

Direct specialty telehealth referrals are available for these specialties:

- Dermatology
- Endocrinology
- Infectious Disease
- Rheumatology
- Pulmonology
- Pediatric Dermatology also available for 17 and under

Direct specialty telehealth services are being provided by “TeleMed2U” for a select set of specialties but we will continue to expand these services to providers as the need for additional specialty care services arise.

Any PHC primary or secondary member 18 years and older (except as noted for pediatric services) are eligible to receive care from TeleMed2U specialists and can be referred to TeleMed2U directly.

It’s easy to refer, here’s how:

1. Login to PHC’s provider directory
2. Conduct a search for “Telehealth”, “TeleMed2U” or the “Specialty” needed
3. Locate TeleMed2U’s contact and referral information
4. Send the referral and the patient’s medical records securely by email or fax directly to TeleMed2U
5. TeleMed2U will coordinate patient scheduling
6. TeleMed2U will also send the clinical notes from the telehealth visit back to you

Webinar and Support Materials on Home Monitoring of Blood Pressure

As noted in a previous newsletter, home monitoring of blood pressure, combined with support from the patient’s health care team is a cost effective way to improve blood pressure control of the population.

The American Medical Association and the Center for Care Innovations held an excellent [webinar](#) on home monitoring of blood pressure. [Support materials](#) are also available.

Resource for Patients with Obsessive Compulsive Disorder (OCD)

We are excited to announce Beacon Health Options has contracted with NOCD to help members dealing with OCD. NOCD's providers are trained in using the treatment, Exposure and Respond Prevention (ERP). They developed a member friendly platform to assist members in getting appropriate, time sensitive care. Members can go directly to their website, or call their phone number, to get started.

[Flyer](#)

Telehealth for Diabetic Retinopathy Screening Services

Digital Health, a service of the UC Berkeley School of Optometry, provides fast and convenient telehealth point-of-care diabetic retinopathy screening services to over a hundred health clinic systems and organizations throughout California, including many PHC health centers.

Digital Health is now contracted with PHC as an option for reading retinal images taken at the PCP office. Benefits include:

- 100% screening (financial) cost coverage for any PHC patient screened by Digital Health.
- Automatic registration of Quality of Care measures for HEDIS purposes, which reduces administrative cost and effort that clinic staff would otherwise expend attempting to capture that data.
- Digital Health handles all administration of this third-party billing program, at no extra cost to your health center.

For more information, please email Digital Health at ucbdh@berkeley.edu.

Telemedicine for Health Equity

“It is crucial that everyone have access to telemedicine. As telemedicine expands in light of the COVID-19 pandemic, safety net health care organizations need to work harder than ever to ensure that remote care reaches diverse, low-income patients and promotes health equity rather than exacerbating disparities.

With this in mind, Center for Care Innovations (CCI) partnered with UCSF Center, for Vulnerable Populations and The Commonwealth Fund on a [telemedicine toolkit](#) for putting equity front and center. CCI will continue to add to their toolkit as they build out their telemedicine programs.

Virtual Care Innovation Network

Apply by November 25, 2020

This national program will bring together safety net organizations to redesign care so that virtual care models continue after the COVID-19 pandemic abates and beyond. It will enable participants to learn from peers and experts, test new approaches, accelerate the work they have already started, and develop ways to sustain virtual care as an essential component for how care is delivered into the future.

For more information, contact Bijal Shah, Program Manager, Center for Care Innovations: bijal@careinnovations.org. Or, visit the [Virtual Care Innovations Network](#) webpage.

[Apply Now](#)

Expanded Access for Flu Shots for Ages 3 and Older

Starting October 12, 2020, PHC will expand the coverage of flu shots as a pharmacy benefit to all eligible PHC Medi-Cal members ages 3 and older. ***This expansion of coverage is effective through December 31, 2020.***

PHC members ages 3 and over can get free flu shots at the pharmacy by showing their PHC ID card.

Please encourage all members to get their Flu Shot Today! If you have questions or need more information, please contact PHC's Pharmacy Department at (707) 863-4414.

Pharmacy chain minimum age requirements for flu shots:

Walmart	Minimum age is 8 years old
Rite Aid	Minimum age is 3 years old
Walgreens	Minimum age is 3 years old
Safeway	Minimum age is 3 years old
CVS	Minimum age is 3 years old

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 goals 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](#).

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. PHC would like your help in getting these supplies distributed to our members and your patients who would benefit from this medical equipment.

Interested providers will need to complete the DME Request Form on our [website](#). Complete the form and submit to 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 Educational Opportunities and Events

For up-to-date events and trainings by the Quality and Performance Improvement Department, please view our [Quality Events Webpage](#).

Recommended Educational Opportunities Outside of PHC

Remote Patient Monitoring Innovation Challenge Showcase

“This webinar will showcase companies whose technology solutions make scalable, effective, and culturally responsive remote patient monitoring (RPM) possible for health care organizations serving the safety-net.

The challenge will identify leading technology solutions that enable primary care providers to effectively monitor vital health data for Medicaid and other safety-net patient populations. This culminating Showcase will bring together the selected companies in a curated way to highlight new market opportunities for RPM solutions.”

Learn more at www.adaptationhealth.org/rpm-challenge

Date: November 18, 2020

Time: Noon (EST)

[Sign-up Now](#)

Applications Open for Free Learning Collaborative on the Fundamentals of Comprehensive Care

“The Comprehensive Care Learning Collaborative is a 4-month participatory learning experience offered by the National Health Center Training and Technical Assistance Partners (NTTAP), funded by the Health Resources and Services Administration, and hosted by Community Health Center, Inc. (CHC) in the Middletown, CT. The Collaborative is designed to provide Federally Qualified Health Centers (FQHCs) that are beginning or restarting their move to high performance team-based comprehensive primary care with knowledge about the basic principles and best practices of care and the strategies to plan for implementation. The Collaborative will consist of four videoconference learning sessions with primary care teams from across the country. The action periods between sessions will include assignments and deliverables, and calls between health center coaches and CHC mentor coaches to facilitate the uptake of the intervention.”

Date: Begins mid-November

Cost: Free

Applications are open until November 16, 2020

[Sign-up Now](#)