

Medical Directors Newsletter November 2021

“The only way you can stay on top is to remember to touch bottom and get back to basics.”

–Shane Black (Director, Screenwriter, Actor)

Back to the Future: Refocusing on Prevention and Chronic Disease Care

The Covid pandemic has had a number of ripple effects on the health of your patients, beyond the consequences of infection and stress-induced exacerbation of mental health status. Many clinical quality metrics saw plummeting performances in the past two years. For example, the proportion of those with a diagnosis of hypertension whose blood pressure is controlled dropped by over 10%. A major driver is decreased in-office visits where blood pressure is checked, with a relatively small proportion of patients using home BP monitors to follow their own blood pressure. Drops in well-child visits, breast, and cervical cancer screening are other examples.

The summer wave of the delta variant of Covid-19 led to increased infection rates, staffing disruptions, and new vaccination recommendations. It is becoming clear that Covid is so infectious and the level of protection from infection conferred by the initial vaccination series and prior infection is transient, so it will not be disappearing but rather become an endemic disease for the foreseeable future.

With this in mind, it is a good time to remind ourselves of other health issues facing the patients we serve, issues that were often deferred by patients and clinicians in the midst of the waves of pandemic cases. They include core preventive activities, like screening for breast and cervical cancer, use of nicotine products, and misuse of alcohol and other drugs. They include control of chronic conditions like hypertension, diabetes, asthma, and COPD.

In the next couple of months, we encourage you to pause, take a breath, and start to think about how you will re-engage your organization with these important core preventive and chronic disease activities!

See the new Accelerated Learning Webinar series below for ideas and best practices.

Breaking News

Register Your Staff for MediCalRx (Pharmacy Carve Out)

As you are aware, the new Pharmacy Carve-out begins January 1, 2022.

Below are the steps to help you register and gain access to the new Pharmacy TAR data system by Magellan.

The process includes Magellan sending a U.S. Postal Service letter with a PIN number to the physical address of record for the prescriber. We received feedback from some of our PCPs, who noted these letters look like junk mail and often sent to a mailing address that might not be common to your office.

- To register, a clinician must visit the [User Administration Console](#) (UAC) and click “register.”
- After receiving the PIN via USPS, the clinician must log in again and click “Complete Registration”
- An activation link is then sent to the person’s email.
- At that point, your organization/clinician may assign support staff with specific roles to also be able to have read-only access the TAR portal system.

As a best practice, we recommend assigning someone to manage this process for your organization. More information on the pharmacy transition is coming in future newsletters.

Covid Vaccination and CAIR: Best Practices in Fixing Non-Matching Patients

PHC is sending all of our PCPs lists of their assigned patients with their current vaccination status, based on data from CDPH and PHC. The most recent lists (sent last week) included new data sent from DHCS, and represents the best information we have available on vaccine status.

Petaluma Health Center analyzed those that were listed as *not* having a vaccine and found that about 12% of the original list, sent in September, actually had one or more Covid vaccines recorded in the California Immunization Registry (CAIR). Petaluma identified that the demographic information in CAIR did not match the demographics provided by DHCS. They found that CAIR duplicated the first names, the last names, or both. The PCP Covid Immunization Incentive Program includes payment for correcting this demographic information in CAIR.

Here is the process that Petaluma developed for correcting the CAIR demographics. We urge all PCPs to use this process to correct CAIR data and narrow the list of those who would be appropriate for outreach.

CAIR DATA ENTRY RECONCILIATION (Courtesy of Petaluma Health Center)

Petaluma conducted these three steps:

1. Make sure that the patient demographics in the EMR matched EXACTLY to the PHC card.
2. Fix the CAIR account so that the demographics also match EXACTLY to the PHC card.
3. Merge multiple CAIR accounts for these patients if they have multiple accounts.

Further, Petaluma explained they separated the task and had one employee work in the EMR while another employee worked in CAIR. It took each of them 10-15 minutes to merge the demographics, which involves filling out an online form. When an online form was necessary they estimated this task would add one minute per chart, noting not all charts require the online form.

Going forward, Petaluma is considering having remote staff work on this project, which could take them approximately two to three minutes per patient on the list.

Lastly, Petaluma shared they realize that they will need to do a re-training of all their staff on recording and maintaining patient demographics, or they risk having this problem continuing. The re-training will be helpful for their childhood and adolescent vaccine data for QIP, and other reconciliation issues, too!

New Interpretation Service for PHC Members

Starting November 30, 2021, PHC will have a new Interpretive Language Services provider, AMN Healthcare, which will serve both PHC members and providers.

AMN will provide telephone and Video Remote Interpretive (VRI) services, and will replace PHC's current Language Line. The current interpretive services line will be disconnected November 30, 2021. AMN will provide interpretation for 145 languages by phone more than 40 languages via VRI. VRI can be downloaded to your facility device for interpretation. Please review the [VRI guidelines](#) on our website.

Please note to access the Telephone Language Services you will need to give your PHC number as listed in the PHC Provider Directory. Please use the AMN number below to access Telephone Language Services, effective November 30, 2021:

Telephone Language Services: (844) 333-3095

Providers will be asked to provide the following at the start of the call: PHC#, Provider Site, Member Name, City, and Member ID (if applicable).

Video Language Services:

1. Determine if the device meets the technical requirements for the app (linked below).
2. Request a license from AMN by completing the VRI Setup Form linked below.

3. Email the completed form back to Elizabeth.Jones@amnhealthcare.com.
4. Set up the application on your device.
- 5. AMN will contact you within three business days to confirm your approval status and next steps.**

Please note that each individual device will require a separate license and login. There is no cost for each provider license. PHC will continue to pay for the cost of interpreting services for PHC members. For additional details on how to request a VRI License, refer to the guides linked below.

Resources

- [AMN Healthcare Training Video](#)
- [VRI Guidelines](#)
- [VRI Setup Form](#)
- [Where to find your PHC #](#)
- Telephone Language Services: (844) 333-3095

Medication Lock Boxes for PHC Members

Medication lock boxes have been added to PHC's Medical Equipment Distribution program.

Medication lock boxes are used to secure medications and avoid misuse. Like all equipment distributed in the PHC Medical Equipment Distribution, there is no charge to PHC members.

All contracted eligible providers and clinicians can now request medication lock boxes (and other medical equipment) by:

- 1) [Completing the request form](#)
- 2) Emailing the completed form to request@partnershiphp.org or faxing the completed form to (707) 420-7855.

[Request guidelines](#)
[More information](#)

Supporting Behavioral Health Needs in Children: UCSF's Child & Adolescent Psychiatry Portal

Do you have children and adolescents with mental health needs? Do you have difficulty finding local child psychiatry specialists to whom you can refer them? Are you looking for ways to increase your skills to handle common behavioral health challenges yourself?

UCSF has developed a Child & Adolescent Psychiatry Portal (CAPP) to help meet increasing needs of pediatric primary care with mental health in the youth population.

Resources:

- [CAPP Services and FAQ](#)
- [CAPP Fact Sheet](#)

Screening for Diabetes: Adjusting for Disparities

In August, the United States Preventative Services Task Force (USPSTF) updated its recommendation for screening for diabetes and pre-diabetes. In non-Hispanic white populations, screening is recommended for those aged 35 to 70 years old who are overweight or obese. Screening should begin “earlier” in Native American, Black, Latino, Asian American, and Pacific Islander populations. For Asian American populations, the USPSTF recommends a BMI cutoff of 23 or higher for overweight.

While screening may be done with a glucose tolerance test (two hours after ingesting a 75g oral glucose load), a fasting blood sugar or hemoglobin A1c is more convenient. The range of values for pre-diabetes is 100-125 for fasting blood glucose and 5.7% to 6.4% for hemoglobin A1c.

The optimal interval for rescreening someone with a previous normal screen is not grounded in evidence. Best practice recommendations range from 1-3 years.

The American Diabetes Association recommendations are more aggressive, recommending universal screening (regardless of BMI) starting at age 45, and universal screening (regardless of age) if a person has a BMI over 25. This easy to remember recommendation helps address the disparities raised in the USPSTF recommendations, and allows a non-race-based standard of care for preventive services, a goal increasingly promoted by many teachers of medicine.

PHC Educational Opportunities and Events

Accelerated Learning Education Program Webinars

Pediatric Health - A Cluster of Services for 0 - 2 Years Old [Flyer](#)

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

This learning session will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Objectives:

- Understand clinical background, specifications, and performance threshold definitions of well-child visits for the First 15 Months of Life and Childhood Immunizations Status measures.
- Ensure that blood lead screening is being documented and dental fluoride varnish use is being promoted.

- Document the minimum five components that are necessary for clinical standard practice for well-child visits for 0-2 year olds.
- Identify best and promising practices to address clinical process, interpersonal communication, education, outreach, and technical barriers to improve well-child and immunizations services for children ages 0-2.

Date: Tuesday, January 18, 2022

Time: Noon - 1 p.m.

[Sign-up Now](#)

Pediatric Health – Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents

[Flyer](#)

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

This learning session will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Objectives:

- Understand clinical background, specifications, and performance threshold definitions of the PCP QIP Child and Adolescent Well-Care Visits, Screenings, and Immunizations for Adolescents measures.
- Apply documentation requirements, including telehealth, to maximize measure performance adherence in the delivery of child and adolescent well-care visits, screenings, and immunizations of adolescent clinical services.
- Ensure that screenings such as Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents are documented in the child and adolescent well-care visits assessment.
- Identify best and promising practices to address clinical work flows, interpersonal communication, member and staff education, outreach, and technical tips to improve child and adolescent well-care visits, screenings, and immunizations for adolescents.

Date: Tuesday, February 15, 2022

Time: Noon - 1 p.m.

[Sign-up Now](#)

Diabetes Management HbA1C Good Control

[Flyer](#)

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

This learning session will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Objectives:

- Provide an overview of clinical measure background, specifications, and performance threshold definitions for the Comprehensive Diabetes Management - HbA1c Good Control measure.
- Review documentation requirements to maximize adherence and measure performance for the Comprehensive Diabetes Management - HbA1c Good Control.
- Identify best and promising practices including successful clinical workflows, member and staff education, outreach and technical tips to improve Diabetes Management HbA1c Good Control rates.

Date: Tuesday, March 1, 2022

Time: Noon - 1 p.m.

[Sign-up Now](#)

Controlling High Blood Pressure

[Flyer](#)

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

This learning session will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Objectives:

- Provide an overview of clinical measure background, specifications, and performance threshold definitions for the Controlling High Blood Pressure measure.
- Review documentation requirements, including those related to telehealth updates and remote blood pressure monitoring, to maximize adherence and measure performance.
- Identify best and promising practices including successful clinical workflows, member and staff education, outreach, and technical tips to improve Controlling High Blood Pressure rates.
- Provide an overview of Partnership HealthPlan of California's Medical Equipment Distribution Services.

Date: Tuesday, March 15, 2022

Time: Noon - 1 p.m.

[Sign-up Now](#)

Early Cancer Detection (Cervical, Breast, and Colorectal Cancer Screening)

[Flyer](#)

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

This learning session will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Objectives:

- Understand the clinical background, specifications, and performance threshold definitions of the Cervical, Breast and Colorectal Cancer Screening measures.
- Apply documentation requirements to maximize adherence and measure performance in the delivery of cervical, breast, and colorectal cancer screening services.
- Identify best and promising practices to address clinical work flows, interpersonal communication, member and staff education, outreach, and technical tips to improve early cancer detection screening services.

Date: Tuesday, April 12, 2022

Time: Noon - 1:30 p.m.

[Sign-up Now](#)

Pediatric Health - A Cluster of Services for 0 - 2 Years Old

[Flyer](#)

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

This learning session will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Objectives:

- Understand clinical background, specifications, and performance threshold definitions of well-child visits for the First 15 Months of Life and Childhood Immunizations Status measures.
- Ensure that blood lead screening is being documented and dental fluoride varnish use is being promoted.
- Document the minimum five components that are necessary for clinical standard practice for well-child visits for 0-2 year olds.
- Identify best and promising practices to address clinical process, interpersonal communication, education, outreach, and technical barriers to improve well-child and immunizations services for children ages 0-2.

Date: Tuesday, June 7, 2022

Time: Noon - 1 p.m.

[Sign-up Now](#)

Pediatric Health – Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents

[Flyer](#)

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

This learning session will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Objectives:

- Understand clinical background, specifications, and performance threshold definitions of the PCP QIP Child and Adolescent Well-Care Visits, Screenings, and Immunizations for Adolescents measures.
- Apply documentation requirements, including telehealth, to maximize measure performance adherence in the delivery of child and adolescent well-care visits, screenings, and immunizations of adolescent clinical services.
- Ensure that screenings such as Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents are documented in the child and adolescent well-care visits assessment.
- Identify best and promising practices to address clinical work flows, interpersonal communication, member and staff education, outreach, and technical tips to improve child and adolescent well-care visits, screenings, and immunizations for adolescents.

Date: Tuesday, July 12, 2022

Time: Noon - 1 p.m.

[Sign-up Now](#)

Project Management 101 Webinar

[Flyer](#)

This two-session webinar introduces concepts and tools used in project management. Participants will learn project management principles and tools used in each phase of managing a project successfully.

Project Management: Session 1 of 2

Objectives Include:

- Introduce the concepts/tools used in project management
- Learn project phases/processes
- Understand steps in framing/planning projects

Date: Wednesday, January 26, 2022

Time: Noon - 1:15 p.m.

[Sign-up Now](#)

Project Management: Session 2 of 2

Objectives Include:

- Apply concepts from session 1 in a group activity
- Learn the key points in executing/monitoring projects
- Understand how to successfully close/transition projects

Date: Wednesday, February 2, 2022

Time: Noon - 1:15 p.m.

[Sign-up Now](#)

Quality & Performance Improvement Training Events

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

Looking for more educational opportunities? The Quality & Performance Improvement department has many pre-recorded, on-demand courses available to you. Trainings include:

- The Role of Leadership in Quality Improvement Effort: Leaders from top performing organizations share how they were able to build a culture of quality.
- PCP QIP High Performers – How'd They Do That? Learn how other PCP's accelerated in their QIP performance.
- ABCs of Quality Improvement: An introduction to the basic principles of quality improvement.
- Accelerated Learning Educational Program: An overview of clinical measures including improvement strategies and tools.
- Project Management 101 – An introduction to the basic principles and tools used in project management.

You can find these on-demand courses, and more, on our [Webinars Webpage](#).

Recommended Educational Opportunities Outside of PHC

Motivational Interviewing

Continuing Education Credits Available

The California Institute for Behavioral Health Solutions (CIBHS) is hosting an introductory workshop on the essential components of Motivational Interviewing (MI). Those essential components being the Spirit of MI, MI Micro Skills, MI Process, and Change Talk.

Who should attend? Anyone who works with people seeking change, including clinicians, addiction counselors, case managers, supervisors, peers, and managers.

Learning Objectives:

- Describe the four components of the “Spirit” of Motivational Interviewing and the benefits of this approach for facilitating change among behavioral health clients.
- Explain the four processes of Motivational Interviewing for eliciting behavioral health clients’ own motivation for and commitment to change.
- Apply the five micro skills of Motivational Interviewing in a culturally sensitive and trauma-informed manner to foster change among behavioral health clients in treatment.
- Distinguish three or more characteristics of “preparatory” versus “commitment” change talk for assessing behavioral health clients’ readiness for change.
- Demonstrate at least two reflections, open-ended questions, or summaries for motivating change talk among behavioral health clients.
- Demonstrate at least two affirmations for strengthening the therapeutic relationship with behavioral health clients.

Start Date: December 1, 2021

End Date: December 15, 2021

Time: 9 a.m. – Noon

[Registration](#)

Free Continuing Education Courses to help Improve Patient Outcomes

NCQA is offering on-demand courses for free to health care professionals:

- [Unhealthy Alcohol Use and Alcohol use Disorder \(AUD\)](#)
- [Chronic Obstructive Pulmonary Disease \(COPD\)](#)
- [Obesity through Diagnosis and Management](#)
- [Strategies to Improve Glucose Control with Mealtime Insulin](#)
- [vaxPACES](#)
- [Open Bed Campaign](#)
- [And much more!](#)