

Medical Directors Newsletter August 2021

“The work of a physician as a healer cannot stop at the door of an office, the threshold of an operating room, or at the front gate of a hospital.”

–Dr. Donald Berwick, Founder of the Institute for Healthcare Improvement

A Professional Responsibility to be a Vaccine Champion

In a [Webinar](#) on August 2, Dr. Tomas Aragon, California’s Director of Public Health noted that physicians and clinicians are who the Vaccine-Curious are looking for advice about whether or not to be vaccinated. The webinar, titled *Essentials on Having Conversations About COVID-19 Vaccines With Your Patients*, ended with a call to action for each clinician in California to personally commit to have “[30 Conversations in 30 Days](#),” not just with your patients, but with your social network, your family, your community. This is one of the best presentations on this topic, starting with building rapport, then asking questions, finding shared alignment, and using specific language to help reframe the way the Vaccine-Curious think about vaccination.

Low Vaccination Rates in MediCal

The need is especially great for the Partnership HealthPlan of California (PHC) members you serve. The overall rate of full vaccination in our members was 34.5% about two weeks ago, compared to 51.5% in California as a whole. In every one of our 14 counties, the vaccination rate of PHC members trails the vaccination rate in the overall population. The rate is especially low among Native American members (22% vaccinated at least partially) and African American members (26% vaccinated at least partially), both populations have experienced a long history of mistreatment by government and the health care system. The demographic group currently found to have the lowest vaccination rate is Russian-speaking PHC members of West Sacramento (6.4% vaccinated at least partially). While public health media messages will help some, to make a major impact we in health care delivery are the key to making a difference. As Don Berwick, MD, MPP states in the quote above, we have a *professional moral obligation* to do this outside of our routine patient care.

Workplace Vaccine Requirements

We need to have conversations with co-workers, giving the Vaccine-Curious the information they need to make informed decisions. Yesterday, Dr. Aragon [ordered](#) all health care settings including outpatient medical practices to have all their staff vaccinated. Last month, PHC announced a similar requirement for our employees. We determined that, in the face of the Delta variant and other coming variants, our staff need to be vaccinated to do our work efficiently (without excessive quarantines due to exposures) and to minimize risk to our staff and their families. We delayed our return-to-office for two months combining this announcement with a requirement

that all employees be vaccinated, beginning two weeks after the full FDA approval of any Covid vaccine, except for those legally allowed exemptions (medical and religious).

Use Every Opportunity to Vaccinate

One of the few places that our PHC members, your patients, interact with trained health care professionals is in doctors' offices and hospitals. We encourage you to evaluate and overcome the barriers of offering Covid vaccinations to every patient, at every appointment, in lieu of having them come back for a separate visit.

Breaking News

Pharmacy Carve-Out Now Scheduled for January 1, 2022

The California Department of Health Care Services (DHCS) announced a new target date for the long-planned carve-out of prescription medications provided in commercial pharmacies. Starting January 1, 2022, pharmacies will submit claims to Magellan, the pharmacy benefit manager for the state.

The timing of this carve-out has been delayed twice before, most recently due to the need to mitigate several conflicts of interest that resulted from a planned takeover of Magellan by Centene, which owns six specialty pharmacies serving the Medi-Cal program and which has two subsidiary health plans providing Medi-Cal Managed Care service in California. DHCS posted their negotiated mitigation plan on their website.

As the date of the carve-out draws closer, and if there are no further announced delays, we will provide highlights for our prescribing network.

CT Colonography Covered for Colon Cancer Screening

A lesser-used option for colon cancer screening is CT Colonography. Since contrast in the large intestine is needed, it is like a next-generation barium enema.

This test is recognized as an option for colon cancer screening by NCQA and USPSTF. This is rarely ordered (due to patient discomfort), as most clinicians favor FIT tests, fecal DNA tests, or colonoscopy. Due to relatively limited availability, colonoscopy may be best reserved for following up with abnormalities found with other testing modalities.

Medi-Cal and PHC added the code for CT colonography for screening purposes, using CPT 75263. Other codes for CT colonography (75261 and 75262) are used for diagnostic purposes, not screening. PHC now covers all recommended modalities for colon cancer screening, without prior authorization.

As a reminder, the USPSTF added a Class B recommendation for colon cancer screening for individuals aged 45-50. We will not change the age range for our PCP QIP colon cancer screening measure until 2023, to give providers a chance to expand their screening program to include these ages.

New Preferred Long Acting Glargine Insulin: Semglee

Starting September 1st, Semglee will be PHC's preferred formulary long-acting insulin product for patients newly starting on long-acting insulin. The retail price of 1 box of Semglee insulin pens (5 x 3ml) at \$180 is over 60% less when compared to 1 box of Lantus insulin pens-\$455 or Basaglar Kwipens-\$390. Semglee has identical protein sequence to Lantus and Basaglar and is a safe and cost-effective long-acting insulin option for patients. For patients newly starting or already established on Lantus or Basaglar, please consider issuing a new prescription for Semglee with same directions.

Supporting Self-Management of Hypertension: Two New Tools for Patients

In October 2020, the office of the Surgeon General released "[A Call to Action to Control Hypertension](#)". With an incidence of nearly one in two US adults and with only about 25% of those with adequately controlled blood pressures (BP), hypertension remains a major preventable risk factor for heart disease and stroke. The document outlines three main goals to help achieve good BP control in 80% of patients with hypertension:

- Goal 1: Make hypertension control a national priority.
- Goal 2: Ensure that the places where people live, learn, work and play, support hypertension control.
- Goal 3: Optimize patient care for hypertension.

PHC acknowledged this call and increased our efforts to help our members with hypertension get their BP under control. In addition to continuing to include Controlling BP in our PCP QIP measure sets, for both Internal Medicine and Family Medicine practices, we expanded our efforts to distribute home BP monitoring devices to eligible members and increased our outreach to members diagnosed with hypertension. More information about the BP distribution program is available here: [Medical Equipment Distribution Services Form](#).

As part of these expanded efforts, we are pleased to announce the release of **new patient facing materials**. The first is a detailed, illustrated information and instruction document for members who receive one of the VIVE Precision Blood Pressure Monitors as part of our expanded blood pressure device distribution program. This document explains how to set up the device and provides detailed instructions in appropriate body/arm positioning and use of the device. The instructions document is available here: [Blood Pressure Monitor Instructions](#). The second document is a log for members to record home BP readings (similar to a blood glucose log). This includes a chart detailing how the member should react to the BP readings they get. In the interest of shared decision-making, members are encouraged to discuss this log/chart with their PCPs to customize their best individual response plans. The log and chart are available here: [Blood Pressure Chart and Log](#). Both of these documents are mailed to members who are participating in our BP device distribution program and are available on the [Members Page](#) of the PHC website. The documents are available in English, Spanish and Russian.

Finally, for those of you who were not able to attend our “Benefits of Home Blood Pressure Monitoring” webinar on July 6, 2021, the recording of the program is located here: [Benefits of Home Blood Pressure Monitoring Webinar Link](#). Thank you for your continued efforts towards this life saving goal of controlling blood pressures. Please let us know if you have any questions or suggestions regarding this program.

California POLST Registry Planned

The dream of a statewide POLST registry in California took a huge step toward becoming a reality as Governor Gavin Newsom signed the main 2021-2022 state budget trailer bill related to health ([SB 133](#)) which includes a \$10 million appropriation for the California Emergency Medical Services Authority (EMSA) to develop a POLST eRegistry in consultation with the Coalition for Compassionate Care of California (CCCC) and other stakeholders.

The eRegistry implementation is planned over the next several years, and includes a requirement that POLSTs be submitted electronically, a fundamental change from the paper-based POLST that is currently allowed. National standards organizations are currently working on a standard format for electronic POLST forms, which will enable vendors of Electronic Health Records to build both the electronic POLST and a connection with the eRegistry into their platforms.

Assembly member Dr. Joaquin Arambula (Emergency Room physician from Fresno), submitted the proposal to the legislature and administration and shepherded it through the budget process. POLST champions and stakeholder organizations including the California Medical Association supported the proposal through the budget committees and the finance department of the Newsom administration.

As the operational home of the California POLST program since its inception in 2008, CCCC has worked collaboratively with other stakeholders to advance POLST in California through education and advocacy. The budget allocations are the culmination of years of effort spearheaded by CCCC to support electronic exchange of POLST information whenever and wherever it is needed to support person-centered care.

EMSA is the state administrative authority in charge of the POLST form, and will take the lead in the POLST registry project and contracting. This will be the first time the state has invested significant time and resources into POLST, and CCCC will work closely with EMSA to provide education and lead quality improvement efforts.

There are many steps that primary care physicians, hospitals, skilled nursing facilities and the health plan will need to begin taking now to prepare for the eRegistry implementation. PHC will be actively supporting these preparatory steps in the years to come, likely including aligned pay-for-performance incentives.

There is much work to come to make this a reality, but we very much celebrate this key milestone!

COVID CalVaxGrant

The next phase of COVID vaccination needs to include mainstream medical settings that patients interact with: physician offices and hospital. If your office is interested in support to make this happen (to cover freezers, training, supplies etc.), consider applying for California Department of Public Health (CDPH) grants of up to \$55,000 per practice of under 200 physicians. If you have already been giving vaccines in your office, you can be reimbursed for prior expenses through these grants.

CDPH's CalVaxGrant program will also offer one-on-one support, and vaccine administration resources for physician practices.

Accepting Grant Applications: July 12 – August 13, 2021.

****Apply as soon as possible! Grants are on a first-come first-served basis.***

[More Information & Application](#)

Tuition Waivers Available for the UC Primary Care Pain Management Fellowship

UC Davis' Center for Advancing Pain Relief has collaborated with UC San Diego's Division of Pain Medicine, to offer this year's Train the Trainer (T3): Primary Care Pain Management Fellowships. Full tuition waivers are available to safety-net clinicians in California, which includes FQHCs, RHCs, and county health systems. The Fellowship normally costs \$10,000.

For more information, and how to apply, [click here](#).

PHC Educational Opportunities and Events

Optimizing the Configuration of the Electronic Health Record for Quality: 2021 Update

[Flyer](#)

For many measures of quality, performance may be improved through the structure and configuration of the electronic health record system. This August, Partnership HealthPlan of California (PHC) will be releasing the third edition of "Best Practices for EMR Configuration: Meeting New Quality Requirements," with several changes from the 2020 edition.

Join us for a webinar to describe the 2021 changes, as well as to review sections of last year's Best Practices document that have been more challenging to achieve. The changes reflect a cutting edge understanding of newer quality measures which are in the pipeline for Primary Care Provider (PCP) measurement and reporting in Medi-Cal.

Date: Monday, August 30, 2021

Time: 12:30 p.m. – 1:30 p.m.

[Sign-up Now](#)

All Hands on Deck – Eating Disorders in 2021

Primary Care and Behavioral Health Updates in diagnosis, treatment, and system innovations.

Target Audience: Beacon and Primary Care Providers

Date: Tuesday, September 02, 2021

Time: 10 a.m. – Noon

[Sign-up Now](#)

The Role of Leadership in Quality Improvement Efforts – Interview with Top-Performing Leaders

Leaders from top-performing organizations will share how they were able to build a culture of quality.

Target Audience: This course is intended for executive leaders, managers, and supervisors.

The focus of this training is to:

- Understand the role of leadership in quality
- Learn how to successfully build a culture of quality from proven leaders
- Understand how a culture of quality impacts an organization
- Learn the key principles to improving quality

Petaluma Health Center

Leadership includes CEO and CMO

Date: Thursday, September 23, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Community Medical Center

Leadership includes CMO, COO, Director of Quality, and FNP

Date: Tuesday, October 05, 2021

Time: 11 a.m. – Noon

[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:

- 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

Building Trust in a Virtual World

[Building Trust in a Virtual World](#) is a webinar provided by CPCA and sponsored by the California Healthcare Foundation. This training will provide effective virtual communication skills for any patient-facing provider or team member. You'll learn how to build understanding and trust with patients using motivational interviewing and health coaching to help patients be healthy at home. No cost.

Date: Thursday, August 19, 2021

Time: 11:00 a.m. - Noon

UpSkillMA Courses by the Weitzman Institute

UpSkillMA provides practicing Medical Assistants with next level training and expertise to excel in high-performing Primary Care teams. Participants learn at their own pace through an online platform that is user friendly, secure, and HIPAA Compliant.

[Click here for course information and to sign-up.](#)

CSAM 2021 Addiction Medicine Review Course and Board Exam Preparation Track

Registration Deadline: August 16, 2021

CME/MOC Credit Available

More Information, Cost & Registration: <https://csam-asam.org/event/2021ReviewCourse>

Pre-Conference Workshops

Addressing Racial and Ethnic Bias in Addiction Systems of Care

Date: Wednesday, August 25, 2021

Time: 8:30 a.m. – 12:30 p.m.

Updates in Medications for Opioid Use Disorder

Date: Thursday, August 26, 2021

Time: 8:30 a.m. – 12:30 p.m.

Psychiatry for the Addiction Physician

Date: Thursday, August 26, 2021

Time: 1:30 p.m. – 5:30 p.m.

Widening the Lens: Complementary and Lifestyle Approaches to the Treatment of Substance Use Disorder

Date: Friday, August 27, 2021

Time: 1:30 p.m. – 5:30 p.m.

Addiction Medicine Board Exam Preparation Track

The Board Exam Preparation Track takes place over a span of four days during the conference. It is designed for those preparing to take the American Board of Preventive Medicine (ABPM) Addiction Medicine Board Exam and is aligned with

the Board's exam content Blueprint. The faculty of experienced educators will cover 16 key topic areas, with sample exam questions and rationale provided for answers. Test-taking and study tips will be covered. Attendees will have access to review these recorded sessions through November. Access to the High Yield Question Bank is included.

Dates: August 31 – September 03, 2021