

Medical Directors Newsletter September 2021

“Difficulties mastered are opportunities won.”

–Winston Churchill

A Way for the Vaccine Hesitant to Save Face

While we like to believe that we generally weigh different sides of a controversy before coming to an objective conclusion, the reality is that this is very rare. Studies show that humans generally decide first what they believe to be true and then search for supporting evidence and ignore evidence that casts doubt on their beliefs. Behavioral economists call this confirmation bias.

In a fascinating exercise, economist Angela Duckworth and author Steven Dubner (co-author of *Freakonomics*) [debated](#) if they would take a vaccine that prevented them from having any confirmation bias. One conclusion: the result of widespread use of such a vaccine would be economic paralysis. For everyday life to proceed efficiently, we rely on the confirmation bias. However, innovation, justice, and good policy depend on having at least a few individuals who are able, at least some of the time, to more carefully weigh different options before drawing a final conclusion. The most flexible will be willing to change their initial views in the face of evidence to the contrary.

Many individuals who are still refusing COVID vaccination initially felt that they did not want to be vaccinated, but those views solidified under the effect of confirmation bias: they latched onto any concerns, no matter how far-fetched, and actively wrote off evidence of the benefits of vaccination as tainted by a profit motive or a government drive to control citizens. These individuals need a way to allow them to change their view without feeling like they are “selling out” in some way. They need a way to save face.

One option may be to promote the coming Novavax COVID vaccine, likely to be approved for Emergency Use in adults in the next two months. Here is the narrative:

- This two-dose series uses tried and true purified protein technology, used for decades in Hepatitis B and Tdap vaccines.
- No fetal cell lines were used in any stage of its research or production.
- The vaccine uses completely different adjuvants, so there is not a risk of cross-anaphylaxis.
- The early reports of effectiveness show it comparable to the Pfizer and Moderna vaccines, but with less fatigue and local side effects.

This will not resonate with everyone opposed to COVID vaccination, but it does address several common stated concerns around current vaccine options. It may allow them to

change their mind and accept COVID vaccination, in a way that is congruent with their earlier negative views.

A key is for early impressions of the Novavax vaccine to be positive, in your conversations with patients and your social media, leveraging the confirmation bias to *increase* support of vaccination.

Breaking News

PHC announces PCP Incentives for Covid Vaccination

This week, PHC announced a three-part incentive program for PCPs to administer COVID vaccines.

1. Office Administration Plan. Up to \$5000 for each PCP site to administer COVID vaccination at that site during regular clinic hours.
2. A \$25-50 per vaccine incentive to the provider for initiating a vaccination series for patients not previously vaccinated against COVID. In addition, if patients have received COVID vaccination but they have not been recorded in CAIR, a \$15-25 incentive will be paid for entering this data. PHC will distribute COVID vaccination status reports to PCPs for their assigned patients every 1-2 months.
3. A high-performer bonus: sites exceeding 85% vaccination levels or 20% above their county's baseline (August 29) level by March 6 will be eligible for a 10% bump in their PCP QIP payment for the 2021 year.

For more details about these incentive programs, see the [PHC website](#) and attend the [kickoff webinar](#), on Wednesday, September 15 at noon.

Best Practice for Administering COVID Vaccination in the Office Setting

Marin Community Clinic shared some best practices:

1. Vaccines are offered at every site, all day. Medical Assistants ask every patient if they want to be vaccinated. Vaccines are administered by medical assistants, who do required data entry. Nurses prepare the actual vaccine and respond to reactions.
2. Patients offered vaccination before the visit. If they accept, they are vaccinated before the provider visit, and exam room door is left open afterwards while waiting for the provider.
3. For vaccinations given after the provider visit: Patient observed for a few minutes in the exam room with the door open. They are then asked to wait for the remainder of the 15 minutes in the reception area. The most common reaction is a vasovagal reaction as the patient gets up from sitting in the exam room.

4. Any unused vaccine from daytime shifts are transported to evening walk-in clinics to be used up that evening before expiring.

REGEN-COV for COVID-19: UCSF Criteria

As reported in the last newsletter, REGEN-COV is a monoclonal antibody treatment for COVID-19, which can be administered subcutaneously or intravenously for treatment and prophylaxis of COVID-19. The FDA approved list of candidates includes adults with a BMI over 25 and anyone with hypertension or diabetes which would include over half the US population.

UCSF has alternative criteria presented here:

Symptomatic, confirmed COVID-19 infection, not hospitalized, with symptoms for less than 10 days or (for prophylaxis) in-home close contact with someone with confirmed COVID-19 with one of the following:

Adults: any one of the following

- BMI>35
- Age 65 years or older
- Diabetes that is poorly controlled or requires medical treatment
- Chronic lung diseases, including persistent asthma
- Chronic kidney disease, stage 3b or greater (GFR < 45 mL/min)
- Currently receiving immunosuppressive treatment
- Have an immunocompromising condition
- Neurodevelopmental disorder
- Any medical-related technological dependence (ventilator, CPAP)
- Any other chronic medical condition or demographic factor placing the patient at high risk for disease progression (e.g. congestive heart failure, serious endocrine disorders etc.)

More information about access to REGEN-COV, including how to locate a treatment site near you, can be found at <https://www.regencov.com/hcp/access>.

Fall Regional Medical Directors Meeting Postponed

The in-person Regional Medical Directors Meetings scheduled in October and November of 2021 will be postponed until the early Spring 2022. Watch for dates in future newsletters.

New Preferred Long Acting Glargine Insulin: Semglee

As of September 1st, Semglee is 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 Kwikpens-\$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 the same directions.

Working Together to Improve Blood Pressure Control

About 25% of adult PHC members have a diagnosis of hypertension. The Surgeon General has issued a “call to action” and established The Million Hearts campaign with a goal of having 80% of patients with hypertension at blood pressure control. In 2019, six of the larger primary care providers in the PHC network have demonstrated hypertension control rates were better than 80%.

PHC supports our providers and members to improve blood pressure control through home self-management. PHC aims to improve member’s ability to manage their BP at home and give providers the vital BP measurements for telehealth visits by covering blood pressure monitoring kits for home use. Providers can help PHC members receive home BP monitors in the following ways:

All PHC members with Hypertension are eligible for a BP monitor distributed from PHC to ease for home BP self-management and BP checks for telehealth visits. Use this link to access the order form for this device: [PHC BP Monitor Distribution link](#).

Providers will need to complete the DME Request Form that can be found on the PHC website.

For home BP monitor requests, complete the form and submit to request@partnershiphp.org or fax to (707) 420-7855. This will be delivered directly to your patient’s address.

Please use these resources to give your patients the opportunity to engage in their management of blood pressure and reduce their risk of heart disease and stroke.

Work with your patients who have hypertension to monitor the BP at home and schedule follow up visits with your care teams (in person or telehealth) to address blood pressure readings that are not at target and ensure your patients have access to medications and other health educations that will support better health. Working together, patients, providers and the health plan can move the dial on blood pressure control.

Scholarships for Primary Care Psychiatry Training

Primary care providers are on the frontline for the delivery of psychiatric treatment. However, many providers are under-resourced and often have suboptimal training to support the vast majority of psychiatric care. The Train New Trainers (TNT) Primary Care Psychiatry (PCP) Fellowship lays the groundwork for an expansion of psychiatric education for primary care specialists currently in practice and providing the bulk of care for patients with behavioral health issues. This one-year fellowship is an invaluable opportunity for primary care practitioners to increase their confidence

and skills in caring for mentally ill patients. Our non-traditional training program is primarily available for primary care providers working in internal medicine, family medicine, emergency medicine, OB-GYN. Past fellows have included MDs, DOs, NPs, and PAs. **Full-tuition scholarships** are currently available to cover the tuition cost of \$15,500.

UC Irvine Train New Trainers (TNT) Primary Care Psychiatry (PCP) Fellowship 2022

The curriculum includes over 50 hours of training and will lead to a certificate of completion from the UC Irvine School of Medicine:

- Two-weekend intensive trainings (24-28 hours*); pending any California COVID-19 restrictions
- Live webinars on the second Monday at noon and third Monday at 5:15 PM (PST) via Zoom (21 hours)
- One hour per month of mentoring sessions with a TNT faculty member (11 hours)
- Specialized Child and Adolescence Psychiatry Track - New for 2022
- Complimentary lifelong learning for Alumni.

California Office of Statewide Health Planning and Development (OSHPD) Scholarship information:

Applicants must meet the minimum requirements to be considered:

- Be currently employed or have accepted employment as a primary care or emergency provider (MD, DO, NP, PA) in the following specialties: family medicine, internal medicine, OB/GYN, or pediatrics.
- Work at a qualifying practice site in a Federally Qualified Health Center/lookalike, Health Professional Shortage Area – Primary Care (HPSA-PC) or Primary Care Shortage Area (PCSA) in California.
- Work at a practice site with at least 50 percent of patients from a medically underserved population (uninsured, Medi-Cal, or beneficiaries of another publicly funded program that serves patients who earn less than 250 percent of the federal poverty level).

The deadline to apply for a scholarship is October 17, 2021, at 11:45 PM PST. **Your application must be submitted online to the TNT program by October 15, 2021, for review.** Upon approval, you will receive the link for the OSHPD scholarship application. Deadlines are subject to change as funding is limited.

[Click here for OSHPD scholarship flyer](#)
[Apply for TNT PCP 2022 Cohort today](#)
[Visit UCI Train New Trainers \(TNT\) Primary Care Psychiatry \(PCP\) Fellowship website](#)

Tuition Waivers Available for the UC Primary Care Pain Management Fellowship

Applications are due September 27, 2021.

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

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

Western Clinicians Network's Clinical Leadership Coaching

“The Western Clinicians Network (WCN) is offering dedicated coaching services to support developing clinical leaders in [their] four-state service area. Community health centers (CHCs) require clinical leaders to develop specific skills and operate in a distinct environment – in addition requiring unique care models, CHCs present constrained resources, recruiting and retention challenges, and specific regulatory requirements. [WCN's] coaching services are designed to support both current and developing clinical leaders to build leadership and management skills, troubleshoot professional challenge, and establish self-care and professional boundaries so they can serve the safety net over the long-term. WCN's Clinical Leadership Coaching offers a team of multi-disciplinary provider leaders with experience in a variety of states and professional settings.”

View WCN's [Brochure](#)

Contact for a consultation: wcn@cpcpa.org

Program Cost

“\$5,000 for an initial six-month engagement, with flexible pricing models for continued engagement at varying levels of on-going support after that point.”