

“One of the biggest myths in medicine is the idea that all we need are more medical breakthroughs and then all our problems will be solved.”

--Dr. Quyen Nguyen, pioneer in fluorescence-guided surgery

More Infectious COVID Strain Will Require Higher Vaccination Rates

Most recent estimates from Great Britain are that the SARS-CoV2 VOC 202012/1, also known as COVID-19 variant (B.1.1.7) is 50% more infectious than the previously dominant COVID strain. DNA sequencing of samples of SARS-CoV2 has been at very low rates in the United States, so we don't know how quickly this strain is spreading. On Wednesday, San Diego County announced that they had detected 34 cases in the previous few days.

Fortunately, this strain is no more deadly or likely to cause serious illness than other COVID strains. It appears to be more infectious due to a higher number of particles being shed in the early pre-symptomatic or asymptomatic phase.

Unfortunately, a higher rate of infectiousness means that we will need higher rates of vaccination to achieve herd immunity and stop the spread of COVID. Some estimate that a vaccination rate of 90% will be needed to achieve herd immunity to this new strain, instead of the 70% we were counting on since March 2020. In addition, the current distance and time standards (6 feet and 15 minutes) that define high risk exposures may need to be changed as this more infectious strain spreads.

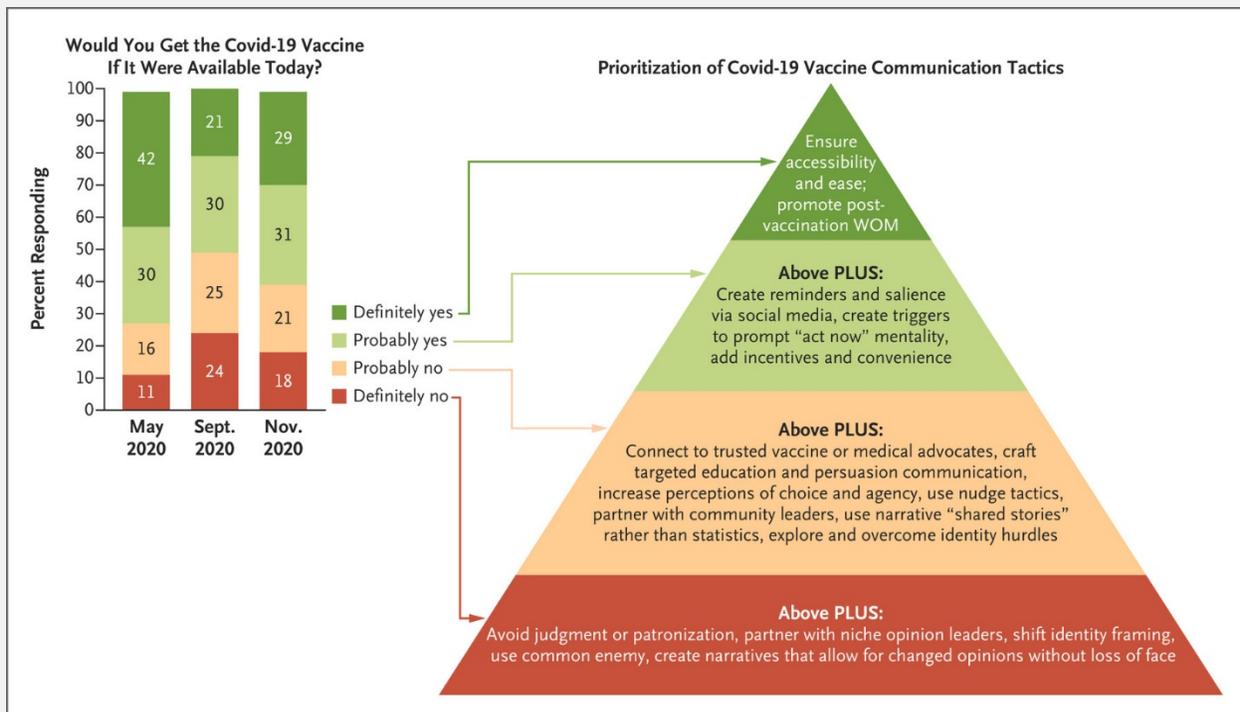
Even when we get past the current major logistical challenges involved in vaccine prioritization and distribution, given high rates of vaccine hesitancy, we have a major public health challenge ahead, which will require consistent strong communication from you, your clinicians and your staff.

By all accounts, much of 2021 is shaping up to look like 2020, from a COVID perspective.

The January 6 edition of the New England Journal of Medicine included a [comprehensive overview](#) of the many strategies that can be used to increase vaccination rates. Here is their list of recommendations for primary care clinicians:

1. Prepare a list of common vaccine questions
2. Investigate specific concerns of your various segments of patients
3. Develop a list of effective responses
4. Practice and train staff for responses
5. Add incentives (free sports exams, prizes).
6. Develop prompts to persuade vaccine-hesitant patients and offer compromises.
7. Make vaccination status observable in your community

In addition, they describe how to vary the message, depending on the level of vaccine hesitancy.



The article describes the targeted strategies in more detail.

For the good of our communities, our health, and our economy, thank you for training and mobilizing your staff to rise to this public health challenge!

Breaking News

Consider Using a Risk Calculator to Prioritize Highest Risk COVID Patients for Monoclonal Antibodies

As noted in [December](#), the FDA has approved two monoclonal antibodies treatments for Emergency Use Authorization to prevent severe COVID in those at risk of serious infection, when treated early. More recent studies of convalescent plasma shows no benefit in seriously ill patients, but significant benefit when used to treat early infection in at-risk patients (similar population of focus as monoclonal antibody treatment).

Monoclonal antibodies may not be as effective against the new more infectious variant (B.1.1.7), if the the mutations in the variant affect the target site of the antibodies. If the variant is more prevalent in a community, convalescent plasma which has a broader range of antigenic targets, may be a better choice.

California counties have allocations of monoclonal antibodies which are being under-utilized, due to logistical challenges faced by overwhelmed hospitals. For this reason, focusing on the highest risk patients may be a more efficient use of resources.

Johns Hopkins has posted a [simple tool](#) to calculate the risk of dying from COVID infection, which can be useful in triaging use of monoclonal antibodies or convalescent plasma. If the risk of dying is higher (perhaps over 5%) this group would get the biggest benefit.

COVID Vaccine and Vaccine Administration Fee Both Covered through DHCS/State Medi-Cal

DHCS announced that the vaccine administration fee for Medi-Cal beneficiaries will be paid directly by the state, not by managed care plans.

The vaccine itself is currently pre-paid for by the federal government, and the billing code for the vaccines have a nominal charge/payments of one cent for tracking purposes. The additional vaccine administration fee would also be billed to State Medi-Cal, even if they are PHC members.

For more information, please visit DHCS' webpage on the [COVID-19 Vaccine Administration](#).

Oxygen Saturation Monitors, BP Monitors, and Thermometers – No Cost for PHC Members

In response to COVID-19, PHC is providing 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

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.
- 2020 PCP QIP High Performers - How'd They Do That: Learn best practices from the 2019 PCP QIP high performers.

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

Management of Depression in 2021: An Update

CME credit is pending for review.

As a result of the SARS-CoV-2 pandemic and its consequent social and economic turmoil, a mental health crisis looms, of which depression is projected to be a major part. Therefore, there is perhaps no better time to review treatment of depression than now. Depression treatment has advanced in the past decade, and this webinar will focus in particular on psychopharmacological advances in the treatment of this critically important mood disorder.

Who should attend this webinar? Health care providers in primary medical clinics throughout the PHC network.

Date: Friday, January 29, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Questions? Contact Continuing Education Program Coordinator Liezel Lago at (707) 720-2736 or llago@partnershiphp.org.

Project Management 101 Webinar

[Flyer](#)

This two-session webinar is an introduction to the concepts and tools used in project management. Participants will learn project management principles and the tools used in each phase to manage projects successfully.

Project Management – Session 1 of 2

Objectives:

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

Date: Wednesday, February 03, 2021

Time: Noon – 1:15 p.m.

[Sign-up Now](#)

Project Management – Session 2 of 2

Objectives:

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

Date: Wednesday, February 10, 2021

Time: Noon – 1:15 p.m.

[Sign-up Now](#)

Recommended Educational Opportunities Outside of PHC

Outpatient Therapeutics Mini-Series

This mini-series, supported by HHS ASPR, will provide a deep dive on new and emerging COVID-19 outpatient therapeutics, including monoclonal antibodies. The goal of this mini-series is to equip clinicians with the appropriate knowledge, resources, and tools needed to initiate and scale administration of these therapies and reduce strain on the U.S. healthcare system.

Dates: Wednesday, January 13, 2021, and
Wednesday, January 20, 2021

Time: 9 a.m. – 10 a.m.

[Sign-up Now](#)

CSAM State of the Art Addiction Medicine Available Online

Earn up to 17.25 AMA PRA Category 1 Credits™ and 16.25 MOC credits!

The California Society of Addiction Medicine (CSAM) brings together national experts to share frontiers of research, treatments, and policies in the field of Addiction Medicine. This conference covers expansion of treatment into correctional health, hospital consultation services, emergency rooms, and even across the Border. It will cover how, despite the pandemic, telehealth can reach those who are isolated. It will address the worrisome trends in fentanyl, methamphetamine, tobacco and benzodiazepines use; legalization of cannabis, treatment updates for youth, cannabis and alcohol in pregnant women; and novel treatments such as non-benzodiazepines for alcohol withdrawal and psychedelics for substance use disorders.

The activity consists of 22 lectures that were presented live (virtually) on September 22-25, 2020.

Member Rate: \$345

Non-Member Rate: \$495

[More Information](#)

[Registration](#)

Applied Motivational Interviewing Workshop

Motivational Interviewing (MI) has a strong evidence base for working with people who are ambivalent about behavioral change. However, many practitioners have received only basic training in MI. This workshop will offer the opportunity to apply more advanced approaches when using motivational interviewing, as well as an opportunity for participants to discuss the application of MI to their own, real-life clinical scenarios.

This training is especially recommended for **teams** of clinicians, case managers, and other professionals as it helps to assure that the team is functioning from a shared framework and vocabulary when it comes to helping people address ambivalence.

***Please note:** This is not an introductory training. Participants should be familiar with motivational interviewing and have some experience using MI in their practice.

Dates: January 12 & 20, 2021

Time: 9 a.m. – 1 p.m.

Training Fees: \$300 per attendee

[Sign-up Now](#)

QualityImprovement+

Update: Courses have been moved from November 2020 to January 2021. There is still time to sign up!

Description: “QualityImprovement+ (QI+) is a nine-month online program that supports the unique training and staff development needs of community health centers (CHCs) to build the fundamental skills and infrastructure necessary to adapt and position themselves for current and future value-based care delivery. QI+ participants will engage participants in virtual group learning, group webinars, self-directed learning, applied project-based learning, and group technical assistance calls to support project-based learning.”

Targeted Audience: “Community health center staff who are responsible for leading quality improvement efforts within their organization.”

Dates: January 14, 2021 – August 12, 2021

Cost: Members, \$2,500/person; Non-Members: \$3,500/person

[Sign-up Now](#)