Weekly Medical Directors Briefing
May 2022

"The pessimist complains about the wind.

The optimist expects it to change.

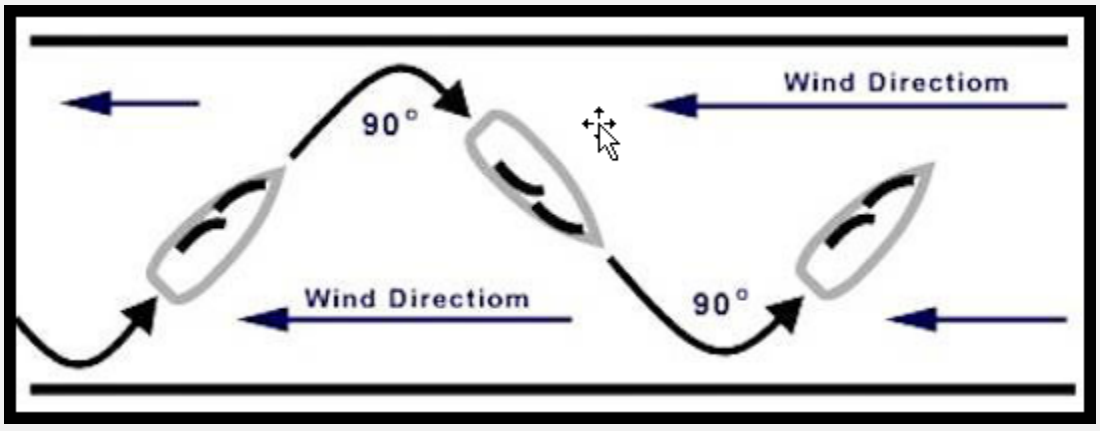
The leader adjusts the sail."

–John Maxwell

Moving Forward

The Covid pandemic was a storm that caused not only loss of life and disability, but tremendous lasting stress to the health care delivery and public health systems. Since March, the storm is settling down, and we seem to be beginning a prolonged recovery phase. Staffing shortages, financial stresses, and anxiety about Covid, the economy and world events are major headwinds to this recovery. These headwinds are diverting leadership energy away from collaboration, innovation, and quality improvement activities.

It is possible to move forward against headwinds. Sailboats do this by trimming their sails, and carefully navigating their boat to a heading as close as possible to directly into the wind, and then changing tack periodically so that the net movement can be directly into the wind. The skipper (leader) needs to pay close attention to the wind, communicating quickly with a crew that knows they need to work together to achieve their goal.



As clinical leaders, I hope you are in a phase in this pandemic recovery in which you can trim the sails, and refocus your teams on moving forward with performance improvement and collaboration activities. Our teams at Partnership HealthPlan of California (PHC) are here to support you in this effort.

Breaking News

Online Services Provider Portal is Restored

PHC's Online Services Provider Portal (OLS) has been restored. Please note that to access OLS, **all users will be directed to create a new password**.

Additionally, our website and Member Portal was restored on Friday, April 15. The website address is http://www.partnershiphp.org/. eReports is now operational, with a membership file refresh coming very soon.

Referral and Treatment Authorization Reminders

- Eligibility will need to be checked on the Medi-Cal site at https://www.medi-cal.ca.gov/mcwebpub/login.aspx
- **Requests for newly eligible PHC members as of 4/1/22, will need to be submitted manually to fax number (707) 863-4118**
- **Please resume using OLS to check on authorization status**
- Please re-submit RAFs that were requested after March 17th through OLS to EXPEDITE authorizations

PHC Email

PHC email – those ending in "@partnershiphp.org"- have been securely restored and are now available for use. If you are still experiencing difficulties reaching us or using one of our systems, please contact us at esystemssupport@partnershiphp.org.

Up to $25k Kids VaxGrants Available

Applications Due May 27, 2022, or until all funds are disbursed. Act fast!

The State of California is offering grant funding to medical organizations enrolled in the federal Vaccines for Children (VFC) Program, serving eligible children from birth through 18 years of age. Administered by Physicians for a Healthy California, the California Department of Public Health (CDPH) is investing approximately $10 million to fund the KidsVaxGrant.

- **VFC providers newly enrolled in California's COVID-19 vaccine program (myCAvax) could be eligible for $10,000** to support enrollment and launching a vaccination center. Those that enroll in myCAvax from December 17, 2021, through May 27, 2022, will qualify for the grant.
- **VFC providers already enrolled in myCAvax, who are expanding operating hours could be eligible for $15,000**. Eligible providers must expand hours of operations by a minimum of 15 hours to provide additional time options for working families.
    - Expanded hours must be outside of normal or existing clinic hours, and they must be completed within 60 days of the application's approval (not retroactive).

More information:

- KidsVaxGrant
- VFC Provider webpage
- Apply Now

Public Health Emergency (PHE) Unwinding

The Covid-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage. The top goal of the California Department of Health Care Services (DHCS) is to minimize beneficiary burden and promote continuity of coverage for our beneficiaries.

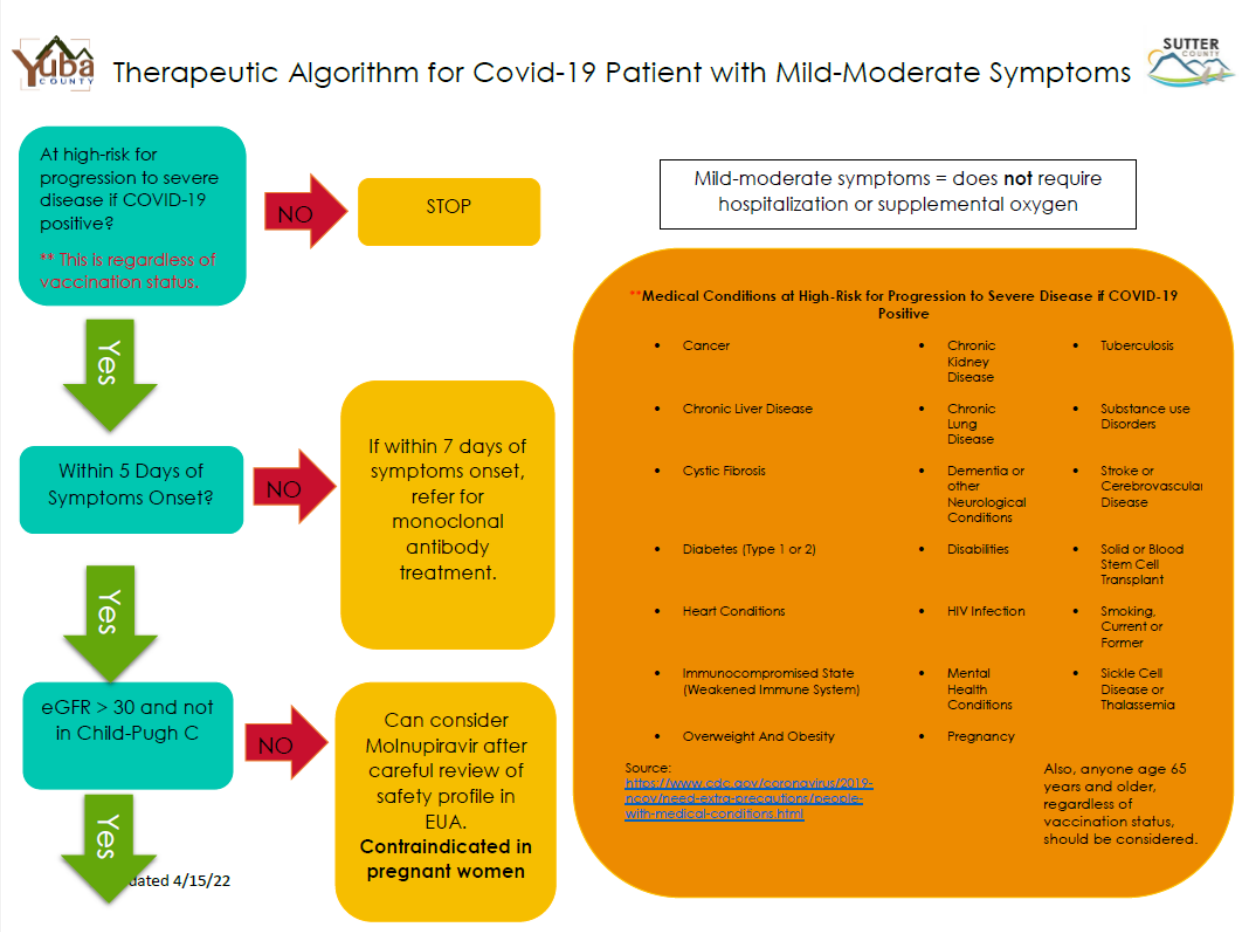
How you can help:

- Learn about becoming a DHCS Coverage Ambassador.
- Join the DHCS Coverage Ambassador mailing list.
- Download the Outreach Toolkit to help raise awareness.

Contact Information: Ambassadors@dhcs.ca.gov

Covid Treatment Algorithm

The Public Health Officer of Yuba/Sutter Counties, Dr. Phuong Luu, put together a nice algorithm for treatment options for Covid, reproduced here:



Therapeutic Algorithm for Covid-19 Patient with Mild-Moderate Symptoms

Check Medications List

Table 1

Prescribe an Alternative COVID-19 Therapy
For cases where drug-drug interaction management strategies are not possible or feasible, or the potential risks of such strategies outweigh the potential benefits.

- Amiodarone
- Apalutamide
- Bosentan
- Carbamazepine
- Clopidogrel[a]
- Clozapine
- Disopyramide
- Dofetilide
- Dronedarone
- Enzalutamide
- Eplerenone
- Ergot derivatives
- Flecainide
- Glecaprevir/pibrentasvir
- Ivabradine
- Lumacaftor/ivacaftor
- Lumateperone
- Lurasidone
- Meperidine (pethidine)
- Midazolam (oral)
- Phenobarbital
- Phenytoin
- Pimozide
- Primidone
- Propafenone
- Quinidine
- Rifampin
- Rifapentine
- Sildenafil for PH
- St. John's wort
- Tadalafil for PH
- Tolvaptan
- Vardenafil for PH
- Voclosporin

Yes

Do **not** give Paxlovid. Prescribe/refer for other treatments based on local availability in this order: 1) Remdesivir (*not currently available locally*); 2) monoclonal antibody treatment; 3) molnupiravir

Table 2

Temporarily Withhold Concomitant Medication, If Clinically Appropriate
For guidance on restarting the concomitant medication, consult the Liverpool COVID-19 Drug Interactions website.[b] If withholding is not clinically appropriate, use an alternative concomitant medication or COVID-19 therapy.

- Alfuzosin
- Aliskiren
- Atorvastatin
- Avanafil
- Chemotherapy[c]
- Clonazepam[d]
- Clorazepate[d]
- Colchicine[e]
- Diazepam[d]
- Eletriptan
- Erythromycin
- Estazolam[d]
- Everolimus[f]
- Finerenone
- Flibanserin
- Flurazepam[d]
- Lomitapide
- Lovastatin
- Naloxegol
- Ranolazine
- Rimegepant
- Rivaroxaban[g]
- Rosuvastatin
- Salmeterol
- Silodosin
- Simvastatin
- Sirolimus[f]
- Suvorexant
- Tacrolimus[f]
- Ticagrelor
- Triazolam[d]
- Ubrogepant
- Vorapaxar

Yes

Ok to prescribe Paxlovid. Hold medications listed within Table 2 while on Paxlovid if clinically appropriate and consult Liverpool COVID-19 Drug Interactions website on when to re-start concomitant medication(s)

Table 3

Adjust Concomitant Medication Dose and Monitor for Adverse Effects
Consult the Liverpool COVID-19 Drug Interactions website[b] for guidance. If the dose of the concomitant medication cannot be adjusted, withhold the medication (if clinically appropriate) or use an alternative concomitant medication or COVID-19 therapy.

- Alprazolam[d]
- Amlodipine
- Apixaban
- Aripiprazole
- Brexpiprazole
- Buspirone
- Cariprazine
- Chlordiazepoxide[d]
- Cilostazol
- Clarithromycin
- Clobazam[d]
- Cyclosporine[f]
- Darifenacin
- Digoxin
- Elexacaftor/tezacaftor/ivacaftor
- Eluxadoline
- Fentanyl
- Iloperidone
- Itraconazole
- Ivacaftor
- Ketoconazole
- Maraviroc
- Mexiletine
- Oxycodone
- Pimavanserin
- Quetiapine
- Rifabutin
- Riociguat
- Saxagliptin
- Sildenafil for ED
- Ruxolitinib
- Tadalafil for ED
- Tamsulosin
- Tezacaftor/ivacaftor
- Trazodone
- Vardenafil for ED

Yes

Ok to prescribe Paxlovid but should consider adjusting dose of medications listed within Table 3 while patient is on Paxlovid using Liverpool COVID-19 Drug Interactions website

Therapeutic Algorithm for Covid-19 Patient with Mild-Moderate Symptoms

Table B. Dosing Regimens for the Drugs Recommended for High-Risk, Nonhospitalized Adults With Mild to Moderate COVID-19, Listed in Order of Preference Based on Efficacy and Convenience of Use

Drug Name	Dosing Regimen	Time From Symptom Onset[a]
Ritonavir-Boosted Nirmatrelvir (Paxlovid)	**eGFR ≥60 mL/min:** • Nirmatrelvir 300 mg with RTV 100 mg PO twice daily for 5 days **eGFR ≥30 to <60 mL/min:** • Nirmatrelvir 150 mg with RTV 100 mg PO twice daily **eGFR <30 mL/min:** • **Not recommended** **Severe Hepatic Impairment (Child-Pugh Class C):** • **Not recommended**	≤5 days
Remdesivir	RDV 200 mg IV on Day 1, followed by RDV 100 mg IV once daily on Days 2 and 3.[b,c] Each infusion should be administered over 30–120 minutes. Patients should be observed for ≥1 hour after infusion as clinically appropriate.	≤7 days
Bebtelovimab	BEB 175 mg as a single IV injection, administered over ≥30 seconds. Patients should be observed for ≥1 hour after injection.	≤7 days
Molnupiravir	Molnupiravir 800 mg PO twice daily for 5 days	≤5 days
Sotrovimab	SOT 500 mg as a single IV infusion administered over 30 minutes. Patients should be observed for ≥1 hour after infusion.	≤7 days

[a] Per EUA criteria or clinical trial entry criteria.

[b] An eGFR <30 mL/min at screening or <90 days before screening was considered an exclusion criterion in the outpatient RDV study PINETREE, but only if a participant's weight was <48 kg. See the Remdesivir section for a discussion of RDV use in patients with renal impairment.

[c] If RDV is administered to patients who have a new or increasing need for supplemental oxygen but who are discharged from the ED because hospital resources are limited and inpatient admission is not possible, the total duration of therapy is ≤5 days.

Key: BEB = bebtelovimab; ED = emergency department; eGFR = estimated glomerular filtration rate; EUA = Emergency Use Authorization; IV = intravenous; PO = orally; RDV = remdesivir; RTV = ritonavir; SOT = sotrovimab

Reference: NIH. *Therapeutic Management of Nonhospitalized Adults with COVID-19.* Last update: April 1, 2022. https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management/. Accessed: April 1, 2022.

Integrating Covid Therapies: FDA Approved and Off-label (But Evidence-based).

During the Omicron wave of Covid, the small amount of Paxlovid and lack of effectiveness of many monoclonal antibodies led to a sense of scarcity: that these options for early treatment of Covid should be reserved for those most likely to become ill, perhaps elderly patients who were unvaccinated. In fact, the National Institutes of Health (NIH) still has information on prioritization of treatments on its website.

As Omicron has subsided, the available supply of medications to treat Covid has grown faster than the demand for its use; there is plentiful supply. In spite of this, many patients who would benefit from treatment are not being offered treatment by their clinicians. Many counties are turning away supplies of sotrovimab and bebtelovimab, as they had run out of room to store the doses they have.

As a result, public health officials are working to reframe physician thinking about these treatments, from scarce resources to be rationed, to a resource to be used for a wider group of patients at risk. Criteria for use has now returned to the original risk categories, including not just chronic heart and lung disease, but also obesity, those with chronic mental health issues, and anyone over the age of 65, regardless of vaccination status. The Centers for Disease Control and Prevention (CDC) has a full list of conditions on its website.

We recommend consulting with your local health department and larger health centers on the locations with these treatments in stock. The standard of care is now shifting to much more widespread treatment. Spread the word to your providers, and set up systems to screen those who call into the office for potential treatment, in addition to the usual recommendation to isolate at home.

In addition to the FDA EUA approved medication options, two off-label oral medications (fluvoxamine and inhaled budesonide) have been shown by good studies to be beneficial. The Ontario Medical Association has provided a Clinical Practice Guideline Summary on the Recommended Drugs and Biologics in Adult Patients with Covid, which indicates the recommended therapeutic recommendations depending on a matrix of risk factors and vaccination statuses.

Here is one suggested order of use of these treatment options, which could be modified based on availability of drugs and preference of delivery method (e.g. oral vs. IV)

1. Paxlovid (oral)
2. Soltrovimab (IV)
3. Remdesivir (IV)
4. Bebtelovimab (IV)
5. Fluvoxamine (oral)
6. Budesonide (inhaled)
7. Molnupiravir (oral)

The California Medical Association (CMA) has a 25 minute presentation on therapeutic options accessible for CMA members, Virtual Grand Rounds: Covid Therapeutics.

A proposal by the federal government to make these treatments available in pharmacies without physician prescription is stalled, as clinician groups point out the complex drug-drug interactions and other reasons they believe a clinician who can access the patient's medical history should be involved in the decision to treat.

Testing for Streptococcal Pharyngitis is Low in PHC Members

The standard of care for treatment of streptococcal pharyngitis is to confirm infection with a rapid strep test or throat culture prior to prescribing antibiotics, or at least concurrent with antibiotic treatment.

As summarized in UpToDate:

> Empiric treatment is generally not recommended, as the clinical features of GAS pharyngitis and non-streptococcal pharyngitis broadly overlap. Short delays in therapy (e.g., while awaiting culture results) have not been associated with increased rates of complications such as acute rheumatic fever. However, whether such delays effect rates of other complications (e.g., development of peritonsillar abscess) is not known. If clinical suspicion for GAS pharyngitis is high and testing results cannot be obtained rapidly, it is reasonable to start antibiotic treatment while test results are pending. If testing does not confirm the diagnosis, antibiotics should be discontinued.

According to the Cochrane Library Summary:

> Sore throat is a common condition caused by viruses or bacteria, and is a leading cause of antibiotic prescription in primary care. The most common bacterial species is group A streptococcus ('strep throat'). Between 50% to 70% of pharyngitis cases are treated with antibiotics, despite the majority of cases being viral in origin. One strategy to reduce antibiotics is to use rapid tests for group A streptococcus to guide antibiotic prescriptions. Rapid tests can be used alone or in combination with a clinical scoring system. Rapid testing to guide antibiotic treatment for sore throat in primary care probably reduces antibiotic prescription rates by 25% (absolute risk difference).

NCQA has a HEDIS measure that looks at the lack of any strep test associated with antibiotic prescription for strep pharyngitis, called "Appropriate Testing for Pharyngitis" or CWP. Nationally, the 50th percentile for this measure is 77% percent in Medicaid—this means 77 of 100 individuals age three and over with a diagnosis of strep pharyngitis had a test done associate with this diagnosis.

The rate of testing is far lower for PHC members. The overall rate is just 55% which is far below the 25th percentile. The rate did drop about 20% during the Covid pandemic, likely a product of the increased use of virtual visits, and hesitation to send

patients to the office or a lab for confirmatory testing. As Covid wanes, it is important to move back to the standard of care for this illness, and perform confirmatory testing, before or concurrent with treatment.

So you can estimate how much behavior change in your clinicians is needed, here is the data for 2021, by PCP:

PCP site	Numerator Compliant %
ADVENTIST HLTH, UKIAH VALLEY (22860)	94.4%
FALL RIVER, VALLEY HC (22704)	93.3%
LASSEN, MEDICAL CLINIC (39299)	92.9%
SUTTER COAST, COMMUNITY CLIN (20771)	91.3%
WOODLAND, CLINIC (40299)	88.0%
NORTHCOUNTRY, CLINIC (28025)	87.5%
NORTHEASTERN, RURAL HLTH CLI (7477)	86.0%
MCKINLEYVILLE, COMM HLTH CTR (13183)	83.9%
REDWOOD PEDS, MEDICAL GROUP (27937)	83.3%
TULELAKE, HEALTH CENTER (27928)	83.3%
SUTTER MEDICAL, GROUP YOLO (3793)	82.4%
ROHNERT PARK, HEALTH CENTER (35718)	82.1%
LASSEN, MEDICAL CLINIC (39300)	80.0%
HUMBOLDT OPEN, DOOR CLINIC (2520)	79.4%
EUREKA COMM, HEALTH CENTER (3946)	78.4%
WOODLAND, CLINIC (2221)	78.2%
LITTLE LAKE, CLINIC (12602)	77.8%
HANSEN FAMILY, MEDICAL CENTER (4860)	76.9%
ANDERSON, FAMILY HLTHCTR (17323)	75.0%
WOODLAND, CLINIC (6932)	75.0%
MERCY FAMILY, PRACTICE CLN (27956)	75.0%
SHASTA COMM, HEALTH CENTER (27942)	74.7%
HILLSIDE, HEALTH CENTER (22854)	74.5%
SRCH DUTTON, CAMPUS (46609)	73.3%
LAKEVIEW, HEALTH CENTER (3853)	70.8%
BAECHTEL CREEK, MEDICAL CLINIC (22859)	70.4%
PETALUMA, HEALTH CENTER (14857)	69.2%
SONOMA PLAZA, PED MED GRP (15638)	69.2%
SUTTER MEDICAL, GROUP YOLO (3699)	69.2%
MODOC, MEDICAL CLINIC (28003)	68.8%
SRCH LOMBARDI, CAMPUS (9828)	67.7%
SHASTA LAKE, FAM HLTH CNTR (27935)	67.5%
MENDOCINO, COAST CLINIC (4361)	66.7%
SOLANO COUNTY, HLTH SVC (27776)	66.7%
VISTA FAMILY, HEALTH CENTER (18932)	64.7%
POTAWOT, VILLAGE UIHS (27336)	64.3%
BURNEY, HEALTH CENTER (27934)	63.2%
HEALTHPLAN, SONOMA (HEALTHSONO)	62.5%
SUTTER LKSIDE, MED PRACTICE (9505)	61.5%
MARIN COMM, CLN NOVATO (18385)	60.0%
ALLIANCE, MED CT WINDSOR (19393)	60.0%
SRCH PEDIATRIC, CAMPUS (15634)	58.8%
HILL COUNTRY, COMM CLINIC (27936)	57.9%
ADVENTIST HLTH, CLEARLAKE (26801)	56.3%
SOLANO COUNTY, HLTH SVC (1013)	55.6%
DEL NORTE COMM, HEALTH CENTER (2266)	55.3%
CONSOLIDATED, TRIBAL HEALTH (10111)	55.2%
CENTER, OF HOPE (35161)	55.0%
MARIN COMM, CLN SAN RAFAEL (22856)	54.2%
SALUD, CLINIC (6930)	54.2%
ADVENTIST HLTH, CLEARLAKE (26806)	53.3%
FORTUNA COMM, HEALTH CENTER (32561)	53.3%
TRINITY COMM, HEALTH CLINIC (27964)	53.3%
FAIRCHILD, MEDICAL CLINIC (26862)	52.7%
SOLANO COUNTY, HLTH SVC (26994)	48.1%
COMMUNITY MED, CNTR VACAVILLE (10992	47.2%
GRAVENSTEIN, COMM HLTH CTR (32901)	46.7%
HEALTHPLAN, SOLANO (HEALTHPLAN)	46.7%
ADVENTIST HLTH, CLEARLAKE (26800)	46.6%
REDDING RANCH, TRINITY HEALTH (42097)	43.8%
CHURN CREEK, HEALTHCARE (35929)	42.9%
OLE, HEALTH (36802)	41.2%
LA CLINICA, NORTH VALLEJO (18926)	35.9%
ANDERSON, WALK IN CLINIC (17977)	35.3%
ALLIANCE, MEDICAL CENTER (5062)	33.3%
OLE, HEALTH (23435)	31.6%
SOLANO COUNTY, HLTH SVC (1034)	29.6%
OLE, HEALTH (3823)	26.4%
DIXON FAMILY, PRACTICE (1004)	22.7%
LA CLINICA, VALLEJO (11975)	21.9%
KIMAW, MEDICAL CENTER (28020)	19.0%
SONOMA COUNTY, INDIAN HEALTH (16716)	18.8%
LAKE COUNTY, TRIBAL HEALTH (13848)	14.3%
KARUK TRIBAL, HEALTH PROGRAM (28007)	13.3%
LAKE COUNTY, TRIBAL HEALTH (35717)	0.0%
Rate for all PHC members	55.3%

PCPs above the 50th NCQA percentile for Medicaid are in green, those between the 25th and 50th are in blue, those in yellow and red are below the 25th percentile. Numerator Compliant = rapid test or culture done in association with prescription of antibiotics for streptococcal pharyngitis.

Supporting Youth who are Expressing Distressed or Challenging Behaviors

The California Department of Social Services' (CDSS) Care Branch is offering fully funded case consultations for youth with Intellectual and Developmental Disabilities (I/DD). Help is available for counties, providers, resource families, and all partners.

Youth who qualify?

- Current and former foster youth, and youth at risk of entering the foster care system.
- Neurodevelopmental disorder or traumatic brain injury with mild to severe trauma, mental illness or complex/impactful behaviors. In need of psychiatric and/or behavioral intervention.
- Youth ages 3 and above, including transitional aged youth.

Contact the CDSS: CCR@dss.ca.gov. Be sure to write "Case Consultation Referral," in the subject line.

More Information

PHC Educational Opportunities and Events

Virtual ABCs of Quality Improvement

Flyer

The ABCs of Quality Improvement (QI) is a virtual training designed to teach you the basic principles of quality improvement. The five-session course covers the followings topics:

- What is quality improvement?
- Introduction to the Model for Improvement
- How to create an aim statement (project goal)
- How to use data to measure quality and to drive improvement
- Tips for developing change ideas that lead to improvement
- Testing changes with the Plan-Do-Study-Act (PDSA) cycle

Who Should Attend? The course is designed for clinicians, practice managers, quality improvement team members, and staff who are responsible for participating and leading quality improvement efforts within their organization.

Session 1 of 5: Introduction to Quality and Goal Setting

Date: Wednesday, May 18, 2022
Time: Noon – 1 p.m.
Sign-up Now

Session 2 of 5: Using Data for Quality Improvement

Date: Wednesday, May 25, 2022

Time: Noon – 1 p.m.
Sign-up Now

Session 3 of 5: How Do We Know That a Change is an Improvement?

Date: Wednesday, June 01, 2022
Time: Noon – 1 p.m.
Sign-up Now

Session 4 of 5: What Changes Can We Make That Will Result in Improvement?

Date: Wednesday, June 08, 2022
Time: Noon – 1 p.m.
Sign-up Now

Session 5 of 5: Testing Change Ideas – Plan-Do-Study-Act (PDSA)

Date: Wednesday, June 22, 2022
Time: Noon – 1 p.m.
Sign-up Now

**The AAFP has reviewed ABCs of Quality Improvement, and deemed it acceptable for AAFP credit. Term of approval is from 5/18/2022 to 5/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s): 1.00 In-Person, Live (could include online) AAFP Prescribed Credit(s): 1)Introduction to Quality and Goal Setting; 2)Using Data for Quality Improvement; 3)How Do We Know That a Change is an Improvement; 4)What Changes Can We Make That Will Result in Improvement; 5)Testing Change Ideas (PDSA).*

***Provider approved by the California Board of Registered Nursing, Provider Number CEP16728, for 1.00 contact hours per session.*

Accelerated Learning Education Program Webinars

CME/CE's Available, see linked flyers for more details.

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

These learning sessions will cover PHC's Primary Care Provider Quality Incentive Program measures.

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

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

Date: Tuesday, July 12, 2022

Time: Noon - 1 p.m.
Sign-up Now

Using Lean and A3 Thinking to Manage Improvement Projects

This course will provide an introduction to Lean Thinking and how improvement teams can use the A3 tool to manage the full cycle of an improvement project from planning, monitoring, and sharing what you are leaning.

Target Audience: Quality improvement staff, team leaders, managers, and front-line staff

Date: Wednesday, June 15, 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 PCPs 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

VITAL: Relational Health, a New Learning Series for Pediatric Providers

CMEs Available

VITAL offers a free online, self-paced course of six modules, each approximately 20 minutes long

Lessons Available:

- Introduction to Relational Health
- The Science of Relational Health
- ACEs, Toxic Stress & Relational Health
- Relational Health as a VITAL sign
- How to Support the Relational Health of Children & Families
- Culture & Relational Health

More information & registration link

Clinical Leadership Coaching through Western Clinicians Network

The Western Clinicians Network (WCN) is now offering dedicated coaching services to support developing clinical leaders in their four-state service areas. Coaching services are designed to support both current and developing clinical leaders to build leadership and management skills, troubleshoot professional challenges, 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.

This program is a six-month initial engagement with the following phases:

- **Baseline Interview:** Use of a leadership assessment tool to gain performance and leadership input about the client.
- **Initial Coaching Session**: approximately 2 hours. Time will be used for assessments and to establish intentions and goals for the coaching engagement.
- **Continued Support**: Following the initial session, 10 coaching sessions approximately 1-hour in length scheduled by the client and coach. Flexibility in length and frequency based on client need.
- **Growth & Development Plan**: At the conclusion of the 6-month coaching engagement, the coach and client will jointly develop a personalized growth and development plan that includes professional growth, continued education, and self-care goals.

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.

More Information

- WCN's Clinical Leadership Coaching Webpage
- Program Brochure
- Meet the Coaches
- Contact WCN for more information or to start the process