

Weekly Medical Directors Briefing

August 10-14, 2020

This Week's News

Well-Child Visits: Virtual vs In-person?

Before the COVID-19 pandemic, everyone agreed that well-child visits needed to be in-person; they could not be done entirely by video.

Early in the pandemic, the Centers for Medicare & Medicaid Services (CMS) allowed flexibility to allow many office visits to be paid when done by phone or video at the same rate as if they were done in person. However, the American Academy of Pediatrics (AAP) and the Department of Health Care Services (DHCS) both noted that while much of the pediatric well child visit history and counselling could be done virtually, an in person examination was necessary for it to constitute a complete well-child visit.

In July, the National Committee for Quality Assurance (NCQA) removed the prohibition against having a well-child visit be completely virtual, and changed its well-child visit quality metric to be completely based on claims data, where use of a well-child visit CPT code (with or without a modifier) would count as a well-child visit, for quality measurement purposes.

We brought this issue to our Pediatric Quality Committee and our Physician Advisory Committee for discussion. The consensus was that:

- Well-child visits may be performed in-person, virtually by phone or video, or a combination of these, depending on the judgement of the clinician balancing the local public health implications of in-person visits and the individual needs of the patient.

While this differs from current AAP recommendations, our committee felt the judgement of the individual circumstances by the Primary Care Clinician would take precedence.

Two other best practices:

- For children seen in-person for acute medical issues, to conduct the physical exam of a well-child visit at the time.
- Virtual visits for adolescents should include a time with no parent listening in.

One additional note on the new NCQA specifications: virtual visits are now considered an option for post-partum visits and for follow-up visits for patients newly prescribed medication for depression or ADHD. Like well-child visits, the loss of information inherent in a virtual visit must be balanced with the public health circumstances, on a case-by-case basis, but the proper codes should be used with a .95 modifier when done virtually to record the service completion.

Given all this information, we ask the clinician leadership of each PCP to define standards for your clinicians on when virtual preventive care is acceptable, during the COVID-19 pandemic.

Using Virtual Reality for Therapy of Behavioral Disorders

In a webinar for the California Improvement Network, Psychiatrist Kim Bullock, Director of [Stanford's Virtual Reality \(VR\) and Immersive Technology Program](#), described the many ways virtual reality goggles/computer programs can be used to treat many conditions, ranging from anxiety and phobias, to substance use disorder, schizophrenia, and eating disorders, and medical conditions such as phantom limb pain. Dr. Bullock explains:

“Our internal experience is powerfully shaped by physical sensations. VR is a technology that is capable of creating perceptual illusions that can change how you feel and possibly what you believe. Your own imagination can also be thought of as the original virtual reality device. VR is actually an extension and a booster for the imagination. For example, VR can deliver the visual and tactile experience of having poisonous spiders crawling on your body which can illicit intense emotions and urges to escape. It can do this much more intensely than simply imagining this scenario. With the recent development and merging of three dimensional cameras with wearable and other tracking devices, we can now provide realistic and immersive experiences that are customizable.”

This is a new area of treatment, which is growing rapidly. Dr. Bullock reviewed all available software options for integrating VR into behavioral health treatment, and selected one that best fits the needs of practicing clinicians: [Psious](#). She credits avid video gamers with driving VR technology forward and the cost of equipment lower.

The webinar, CIN Webinar: Extended Reality (XR) Technology Treatment for Behavioral Health, will be posted [here](#) in the coming week.

PHC Covers Labcorp's Home COVID Test

Labcorp is offering a home COVID test that uses the anterior nares collection method.

How it works:

1. Patients must fill out an [online questionnaire](#) (only available in English, currently) that evaluates eligibility. Individuals with mild symptoms and potential exposure to someone with COVID-19 are eligible. Those with worrisome symptoms are referred to their PCP for evaluation.
2. Patients must enter their PHC ID number for Lab Corps to bill us and a valid email address to receive results. The request is reviewed by a Lab Corp physician for appropriateness who officially orders the test.
3. The patient is then sent a collection kit overnight by FedEx, with a return envelop. The patient collects the sample, puts it into the return envelop and sends it back via FedEx.
4. Results are sent to their email approximatley 2-4 days later (currently). The local public health department is also notified of the results. Patients may forward the results to their Primary Care Provider (PCP) or the PCP may be able to access the results through the physician Labcorp portal (we have heard conflicting info on this last point). While the turnaround time is currently fast, there is a possibility that with increased use of this option that their capacity will be stretched and the turnaround time will increase.

This turnaround time is currently much faster than either OptumServ, Verily or CVS pharmacy, the other options available widely to the public, often through agreements with their local counties. Partnership HealthPlan of California (PHC) will encourage members to contact their PCP if they feel they need or want testing. We wanted to make sure you are aware of this option. If you have a Spanish-speaking patient or a patient without an email, they may need help from your office to navigate this testing option.

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

In response to COVID-19, PHC has obtained a limited supply of blood pressure monitors, oxygen saturation monitors, and thermometers to be given at no cost to PHC members who are patients of FQHCs, RHCs, and Indian Health Services (IHS). PHC would like your help in getting these supplies distributed to our members and your patients who would benefit from this medical equipment.

These supplies will be on a first-come, first-served basis. 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.

Prepare for State Prisoner Releases

Due to COVID-19, the California Department of Corrections is planning early release for about 400 prisoners in the next month into the PHC counties. They will be given 30 days of their chronic medication prescriptions and State MediCal for the first month. Most will convert to PHC MediCal the following month and assigned to a PCP the following month, long after their 30-day prescription runs out. These individuals will need to be plugged into a new PCP via virtual visit within the first month of release. If your practice has the capability of accepting new patients, virtually, we ask that you make your providers aware of this situation, and (in general) ensure that new patients are allowed virtual visits during the pandemic.

In addition, the [Transitions Clinic](#) at UCSF will be attempting to connect as many of these individuals as they can with a PCP prior to their release. If you have the capacity to accept these individuals as patients, and have a particular case manager that would be the best person for the Transitions Clinic to contact, please email Anna Steiner: anna.steiner@ucsf.edu.

Funding Opportunity for Project ECHO Diabetes

Stanford University's Project Extension for Community Healthcare Outcomes (ECHO) Diabetes, is looking for additional PCPs to join their well-run Project ECHO for Diabetes. The goal is to increase the capacity of PCPs and clinics to empower and safely, and effectively, manage underserved patients with insulin-requiring diabetes who do not receive routine specialty care. Project ECHO is an innovative "Hub-and-spoke" outreach model committed to addressing the needs of the most vulnerable populations by equipping community practitioners with the right

knowledge, at the right place, at the right time. Through the use of technology, education and research, Project ECHO demonopolizes specialty knowledge and amplifies the capacity for primary care providers to provide best practice care to their patients. The model was developed out the University of New Mexico in 2003 for Hepatitis C and has since expanded to over 65 complex conditions in over 200 global sites.

Project ECHO Diabetes is a weekly video-conference based tele-mentoring and tele-education collaborative, Continuing Professional Development (CPD) accredited, case-based learning program. By creating a unique partnership between community healthcare providers and diabetes specialists, the ECHO program and the PCP will enrich and empower each other in practice and work collectively to enhance care for underserved patients with insulin-requiring diabetes. Stanford University will serve as the “Hub” site with a team of multispecialty experts (pediatric and adult endocrinologist, primary care provider, behavior health specialist, nurse/diabetes educator, social worker) to work in partnership with “Spoke” sites (community providers and clinics like yours).

The program is accepting applications for community providers and clinics to join this initiative. Project ECHO Diabetes has cohorts beginning in February 2021 and August 2021. Thanks to the generous support of the Helmsley Charitable Trust, there is no fee to spoke sites who participate.

Apply at this link:

https://stanforduniversity.qualtrics.com/jfe/form/SV_ag9Zd5rMh04rfFj

For more information email Dr. Nicolas Cuttriss at diabetesecho@stanford.edu.

CARES Act Provider Relief Fund

The Provider Relief Funds supports American families, workers, and heroic healthcare providers in the battle against the COVID-19 outbreak. The U.S. Department of Health & Human Services (HHS) is distributing \$175 billion to hospitals and healthcare providers on the front lines of the coronavirus response.

Update on August 04, 2020: HHS announced a second extension to the application deadline for the Phase 2 general distribution of Medicaid, Medicaid managed care, Children’s Health Insurance Program (CHIP) and dental providers to apply for payments from the Provider Relief Fund. HHS also plans to allow certain Medicare providers who experienced challenges in the Phase 1 Medicare General Distribution application period, a second opportunity to receive funding. **The new deadline for applications is Friday, August 28, 2020 for both groups.**

Additionally, HHS has announced that starting on August 10, 2020, HHS will allow Medicare providers who missed the opportunity, to apply for additional funding from the \$20 billion portion of the \$50 billion Phase 1 Medicare General Distribution. This reopened application period will last from August 10 to August 28, 2020.

[Full Press Release](#)

For more information, please visit the [HHS’s website](#).

Reminder: PHC's Wellness and Recovery Program Goes Live!

The Wellness and Recovery Program launched in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties on July 1, 2020.*

Medi-Cal beneficiaries in the seven counties can be screened and connected to a treatment provider by calling Beacon Health Options at (855) 765-9703.

For more information about Wellness and Recovery services, [click here](#).

*Expanded SUD services are available in Napa, Marin, and Yolo counties, and are administered by the counties. A more limited benefit is administered by the remaining four counties – Del Norte, Lake, Sonoma, and Trinity.

PHC Educational Opportunities and Events

Accelerated Learning Education Programs

CME/CE credits available

We acknowledge that the COVID-19 response is changing how health centers and practices approach their daily work and QIP efforts. Wishing to be mindful of the situation, we solicited feedback regarding your ability to participate in the upcoming scheduled webinars. The information received back indicates that most would like the webinars to continue as planned. We want to continue to provide education and resources to help practices on the PCP QIP measures, and will maintain the currently scheduled webinars:

Cervical and Breast Cancer Screening (CCS & BCS)

Date: Tuesday, August 25, 2020

Time: Noon – 1 p.m.

[Sign-Up Now](#)

Well-Child Visits in the First 15 Months of Life (W15)

Date: Tuesday, September 22, 2020

Time: Noon – 1 p.m.

[Sign-Up Now](#)

Childhood Immunization Measures (CIS10, IMA2)

Date: Tuesday, October 06, 2020

Time: Noon – 1 p.m.

[Sign-Up Now](#)

Recommended Educational Opportunities Outside of PHC

On-Demand Webinars by ECHO

All available trainings are available on-demand and free of cost:

- [Leveraging Telehealth and Remote Monitoring to Support Patients with Diabetes](#)
- [Diabetes Patient Needs in the Time of COVID-19](#)
- [Continuous Glucose Monitoring \(CGM\) & Beyond A1c Targets in the Time of COVID-19](#)

- [Platforms to Support Remote Diabetes Monitoring in your Practice in the Time of COVID-19](#)
- [COVID-19 & Sick Day Management for People with Diabetes](#)
- [Identifying High-Risk Diabetes Patients for COVID-19 Triage](#)
- [Insulin Dosing & Therapeutic Inertia in the Time of COVID-19](#)
- [DPP-4 Inhibitor, GLP-1 Receptor Agonist, & SGLT Inhibitor Therapies](#)
- [Tackling Therapeutic Inertia: American Diabetes Association Standard of Care Updates](#)

Sharpening Our Vision for Compassionate Care in the Face of Serious Illness

The Coalition for Compassionate Care of California has moved its excellent annual conference to a virtual format. PHC is sponsoring continuing medical education credit for this event. The content has been concentrated down to two half days of nationally recognized speakers, with an optional virtual poster session in the evening between events. Full details will be posted in the next week or so.

Date: August 24-25, 2020

Time: 8 a.m. – Noon

[Sign-Up Now](#)

2020 State of the Art Conference for Substance Use Disorder

CME/MOC credits available

CSAM State of the Art brings together national experts to share frontiers of research, treatments, and policies in the field of Addiction Medicine. This year we do so under the overarching theme of **Frontiers of Access to Care**. Due to the pandemic, our conference will be entirely virtual, and for the first time will span across four weeks. Leading up to the plenaries, half-day workshops will be offered in primary care for individuals with addiction; implementation of treatment in correctional health; motivational interviewing, and addiction psychiatry. The CSAM Addiction Medicine Board Exam Preparation Workshop will be offered August 28th and 29th, and then be posted on the Education Center. Poster presentations will be available on demand.

Dates: August 28 – September 25, 2020

[Sign-Up Now](#)