

# *Weekly Medical Directors Briefing*

## *June 22-26, 2020*

**“It always seems impossible until it’s done.”**

**--Nelson Mandela**

### **COVID Surge 2.0**

In late March, before we knew how well the Stay at Home Orders would work in Northern California, primary care practices had mostly stopped seeing patients and hospitals were preparing for a New York-type onslaught of critically ill patients. COVID-19 Hospitalizations and deaths in California peaked in early April, but at levels below average hospitalization rates (since elective surgeries were cancelled) and far below the disastrous levels seen at the same time in Louisiana, Detroit, New York and New Jersey.

Since then, PPE and COVID testing have become more available so the economy is being allowed to open, knowing that (this time) we will experience stress on our health care delivery system, but hopefully at a level that can be managed.

Even with the extra few months to prepare, this summer will require all of us to juggle public health interventions, acute care of ill patients, preventive care that has been deferred and the burden of psychological stress this will bring to our patients, our clinicians and our staff.

It is at this time that all our leadership skills and practices will be needed. The operational agility of our health care institutions that pivoted to virtual care in March will now need to pivot to address the influx of ill patients, ideally without shutting down outpatient services again. We want you to know how much we appreciate you and your staff as you navigate these next few months.

### **This Week’s News:**

#### **Best Practices in Primary Care during COVID**

Redwood Community Health Coalition clinical leaders have put together a very detailed guide to prioritizing and optimizing virtual care and in-person visits as outpatient volume starts to increase. It is the best resource we have seen on this topic; we thank RCHC for being willing to share this with our wider network.

**Guide:** [RCHC Clinical Recommendations for the Expansion of In-Person Services at Health Centers.](#)

#### **Few Sites Billing for ACES Screening**

On January 1, 2020, PHC began covering screening for adverse childhood events (ACES), which are billed though claims submitted. Reimbursement for this service is not subject to reconciliation in Health Centers subject to Prospective Payment System reimbursement rates.

To date, only three primary care providers have submitted claims for more than 5 patients screened: West Sacramento Pediatrics, Sonoma Plaza Pediatric Medical Group, and Baechtel Creek Medical Group. All other primary care providers should ensure the codes are configured in your billing systems and your providers are trained. Starting on July 1,

2020, clinicians must complete a state training to bill for ACES screening. For details, visit the [ACES Aware website](#).

## Standard of Care for Children Started on Treatment for Attention Deficit Disorder

[National standards of care for children with Attention Deficit Disorder](#) (ADD) include a recommendation for a [follow up contact with parents and children after starting pharmacotherapy](#). A follow up visit within 30 days of starting the medication, to check for compliance and side effects. Ideally this would be scheduled for 2-3 weeks after starting the medication. Thereafter, for the first 9 months of therapy, at least two additional visits are required, so evaluate side effects and efficacy. Ideally these would be scheduled every 3 months. During the COVID pandemic, PHC believes any of these visits may be virtual visits, we are awaiting confirmation that NCQA will follow this allowance; more details to come.

PHC reviewed data for children started on medication for ADD in 2019 and found that these follow up visits are occurring **far below the national average (below the 10<sup>th</sup> percentile)** in most PHC counties. The PHC pharmacy department will be testing a notification process to ensure offices and clinicians have scheduled a follow up visit within 30 days of initiating treatment. Please let the clinicians that prescribe medications for ADD know that they may expect these reminders starting in the next month. We welcome any feedback on how to improve this process.

## Pharmacy Benefit: Blood Pressure Monitoring Kits

Blood pressure monitor kits are available to PHC members as part of their pharmacy formulary benefits. A diagnosis of high blood pressure is NOT required.

**Limits:** Price limit: ≤ \$100; Frequency: One kit per member every two years.

### Accessing the benefit:

1. The licensed prescriber (physician, NP, PA) sends a prescription for a “blood pressure kit” or “blood pressure monitor” to the community pharmacy of choice.
  - a. Specify the appropriate cuff size – small, medium, large or extra-large.
  - b. Do **not** prescribe as “blood pressure cuff.” The dispensing pharmacy could interpret this as for the cuff only, not the monitor.
2. The community pharmacy processes the prescription. No TAR is required if ordering within the pricing limit and if the dispensed kit is on the PHC formulary.
  - a. The formulary list, including the covered NDCs, is available by clicking on “[Formulary Blood Pressure Kits](#)” at [Partnership’s Pharmacy Page](#).
  - b. Pharmacies should only submit claims or TARs for NDCs that can be processed by MedImpact.
3. Members will pick up the blood pressure monitor kit from the community pharmacy, or can request delivery if the community pharmacy delivers.

### Best Practices:

- If the prescriber adds, “Pharmacist may substitute for equivalent option covered by patient’s insurance,” this allows the community pharmacy to find a monitor that is covered without having to contact the provider for changes.

- Submit a TAR if a claim is rejected as “not on formulary” and the requested device is ≤ \$100 and the prescriber feels no formulary device will work.

**For questions:** Please contact your PHC Provider Relations representative, regional medical director, or the PHC Pharmacy staff at (800) 863-4414.

## A Quick Guide to Starting Your Quality Improvement Projects

The Performance Improvement Team at PHC is pleased to share with you our newest resource, [A Quick Guide to Starting Your Quality Improvement Projects](#). This 10-step guide covers inception to implementation of a quality improvement (QI) project. The guide includes concrete steps on meeting preparation, development of a project charter, how to develop change ideas for QI project and the use of the PDSA cycle. Additionally, each section includes example documents and links to templates. There are tips throughout the guide for the project lead to successfully manage projects.

You can find the guide on the PHC’s [Partnership Improvement Academy webpage](#), under resources.

## 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](#)

## Recommended Educational Opportunities Outside of PHC

### Webinar: ECHO Diabetes in the Time of COVID-19: Insulin Dosing & Therapeutic Inertia in the Time of COVID-19

CMEs Available

This activity will address the urgent needs of patients with type 1 and type 2 diabetes who require complex diabetes treatment in the primary care setting in the time of COVID-19 by empowering and increasing the capacity of primary care providers (PCPs) and clinics to safely and effectively manage underserved patients who do not have access to routine specialty care. Led by a nationally/internationally renowned faculty team of diabetes experts (many of whom contribute to/co-author

national guideline recommendations), this curriculum will spotlight various aspects of diabetes management for patients at high-risk for poor outcomes during the time of COVID-19.

Date: Wednesday, July 1, 2020

Time: 9 a.m. – 10:15 a.m.

[Sign-up Now](#)

## Nuka System of Care Conference

Health care is undergoing a dramatic change from volume-to value-based care, with an emphasis on quality, population health outcomes and whole person care.

Southcentral Foundation's Nuka System of Care (Nuka) is an award-winning system in Anchorage, Alaska, that has been providing value-based care for more than 30 years.

SCF's Nuka conference features detailed insights from subject matter experts on topics such as integrated care, data and information management, behavioral health integration, leadership best practices, strategic planning, and more.

Using tools and methodologies unique to Nuka, conference participants walk away inspired by the future of health care and equipped with answers to issues facing their organizations.

**Date:** July 27-31, 2020

**Cost:** \$299 per person

**Note:** Registration Closes on Monday, July 22, 2020 at 8 a.m. AKT (Alaska Time Zone)

[Sign-Up Now](#)