

## Weekly Medical Directors Briefing October 12-16, 2020

**“Beware of words – they are dangerous things. They change color like the chameleon, and they return like a boomerang.”**

**--Dr. William Osler**

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### **Informed Consent: Alternatives to “Weighing Risks and Benefits”**

The words we choose to use in our interactions with patients convey underlying meaning. Sometimes this underlying meaning can affect patient decision-making in unintentional ways.

In an editorial in the [September 8, 2020 edition](#) of JAMA, entitled “Improving Physician Communication About Treatment Decisions: Reconsideration of “Risks vs Benefits,” the authors argue that the commonly-used phrase “risks vs benefits” implies that harms from a procedure are possible, but the benefits are assured. This asymmetry would be corrected by using the phrase, “weighing the chance of harm and chance of benefit” of a particular intervention.

One physician responded to the editorial, noting that additionally, the “chance of harm if nothing is done” must also be accounted for, if a complete picture of the probabilities to be weighed is to be presented.

This may be the most accurate presentation of everything a patient must consider, but humans have difficulty understanding what the *probability* of an outcome really means. Experts in shared decision-making recommend using visual representations of probability, or comparing the probability to something more understandable, like the probability of a car accident while driving home.

Such devices may still be too hard to grasp for patients seeking *certainty* when making decisions. Such a desire for certainty is a big driver of vaccine hesitancy, in which the absence of certainty of safety of an intervention is used to default to not taking action.

Logically, a decision of whether to act or not should balance the chances of harm or benefit of the intervention, accounting for the chances of harm of no action. In reality human brains are generally wired to choose to not take action if they are not certain of what they want. Psychologists call this *omission bias*, the tendency to favor an act of omission (inaction) over one of commission (action).

Of course, this is just one of many biases, which come into play in the clinical interaction between clinician and patient, that may impact the patient’s willingness to undergo an intervention.

Nonetheless, changing our language from “weighing risks vs benefits” to “considering the chance of harm and the chance of benefit of the intervention with the chance of harm of doing nothing” may help some patients weigh their options in making therapeutic decisions.

## This Week's News

### Expanded Access for Flu Shots for Ages 3 and Older

Starting October 12, 2020, Partnership Health Plan of California (PHC) will expand the coverage of flu shots as a pharmacy benefit to all eligible PHC Medi-Cal members ages 3 and older. ***This expansion of coverage is effective through December 31, 2020.***

PHC members ages 3 and over can get free flu shots at the pharmacy by showing their PHC ID card. See second page for covered vaccines.

Please encourage all members to get their Flu Shot Today! If you have questions or need more information, please contact PHC's Pharmacy Department at (707) 863-4414.

Pharmacy chain minimum age requirements for flu shots:

Walmart	Minimum age is 8 years old
Rite Aid	Minimum age is 3 years old
Walgreens	Minimum age is 3 years old
Safeway	Minimum age is 3 years old
CVS	Minimum age is 3 years old

### Medi-Cal Rx Transition: Register Now to Access New State Prescription System

Beginning **January 1, 2021** Medi-Cal Pharmacy Benefits (Medi-Cal Rx) will be administered through the Fee-For-Service (FFS) delivery system. The state goal in transitioning pharmacy services for Managed Care FFS are to standardize the Medi-Cal Rx benefit statewide, under one delivery system and apply statewide utilization management protocols to all outpatient drugs.

Primary Care Providers will be given electronic access to the system. The first step is for each practice to designate a practice administrator to submit an application for a Practice ID number. This is then used to register individual staff at your office. To begin this process, see this [website](#) and click on "register" at the top right corner.

**Medi-Cal Rx will include all pharmacy services billed as a pharmacy claim, including but not limited to:**

- Outpatient drugs (prescription and over-the counter), including Physician Administered Drugs (PADs)
- Enteral nutrition products
- Medical supplies

**Medi-Cal Rx will not change the following:**

- Any medications that are billed as a medical and/or institutional claim instead of a pharmacy claim.
- Existing Medi-Cal managed care pharmacy carve-outs (e.g., blood factor, HIV/AIDS drugs, antipsychotics, or drugs used to treat substance use disorder). For most Managed Care Plans (MCPs), these are already carved-

out today – with a few limited exceptions – and as of January 1, 2021, these drugs will be carved-out of all MCPs.

- Provision of pharmacy services that are billed on medical or institutional claims and/or as part of a bundled/all-inclusive billing structure in an inpatient or long-term care (LTC) setting, including Skilled Nursing Facilities (SNF) and other Intermediate Care Facilities (ICF).

For more information on Training and Education, and Resources, please review the [flier on our website](#).

## Enhanced Oversight of Pediatric Lead Testing Requirements

In late September, two policies converged to require Medi-Cal Managed Care Plans enhance their enforcement and oversight of the legal requirement for lead testing of infants with Medi-Cal: [AB 2276](#) and [All Plan Letter 20-016](#).

These actions are in response to a [California State Audit report](#) noting low rates of testing, state-wide, including the counties served by PHC, in particular in our northeastern counties (Shasta, Siskiyou, Trinity, Lassen and Modoc counties). The American Academy of Pediatrics notes that even [small elevations in blood lead levels are associated with cognitive impairment](#). In addition to the well-known risk from lead-based paint used in older homes, lead exposure can occur from water pipes (see [results of study of lead levels](#) in water fountains at public schools in California), contaminated soil and foreign manufactured candies and pottery. The proportion of children who screen positive for elevated lead levels [ranges from 1 to 13% in PHC counties](#).

The major new oversight requirements are:

- If providers elect not to order the screening, but must document in detail, the reason for not conducting the screening. Documentation should include *signature of parent/guardian who refused screening* or the reason signature could not be collected. PHC will be required to audit compliance with this requirement by conducting chart audits.
- Beginning January 01, 2021 PHC must identify, at least quarterly, all members aged 6 months to 6 years who have no recorded blood lead screening, and reach out to the members directly to recommend lead screening, and to pass this list on to PCPs who are also expected to reach out to these members to remind them of the need to get tested.

[Federal and State law requires](#) clinicians caring for MediCal patients to conduct blood lead screening on *all* children at age 12 and 24 months of age, and to talk about potential lead exposures at *every* well child visit from 6 months to 6 years of age. If your practice has not been ordering routine lead testing, you will want to start planning to change this, now that enforcement is being enhanced.

Larger practices should strongly consider building capacity for capillary lead testing in their health centers, to decrease the inconvenience and greater stress of routine venous lead testing.

## 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 Federally Qualified Health Centers (FQHCs), Rural Health Centers (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](mailto: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

### Register Now for Fall Regional Medical Directors Meeting

Due to the pandemic, our next regional medical directors meeting will again be via webinar format, instead of in-person. We will include small group breakouts to allow more intimate conversation and discussion.

- Learn about new PHC policies, activities
- Share best practices
- Connect with colleagues

**Date:** Friday, October 30, 2020

**Time:** 9 a.m. to Noon

[Sign-up Now](#)

Be sure to enter your **county** when you register. This will help us link you to your local colleagues in the breakout section.

Agenda topics requests can be sent to Dr. Moore: [rmoore@partnershiphp.org](mailto:rmoore@partnershiphp.org).

### 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:

#### **Improving Asthma Care and the HEDIS® Asthma Medication Ratio (AMR)**

**Date:** Tuesday, October 20, 2020

**Time:** Noon – 1 p.m.

## Announcing a New Webinar Series: 2019 PCP QIP High Performers - How'd They Do That?

During each of these webinars, two high-performing PCP's will be sharing how they were able to accomplish their high QIP scores in 2019, including: How quality works at their organization, the keys to their success and lessons learned.

### **Webinar #3 of 3, CommuniCare & Marin Community Clinic**

*Representing provider with more than 20,000 assigned PHC members*

**Date:** November 05, 2020

**Time:** Noon – 1 p.m.

[Sign-Up Now](#)

## Virtual ABCs of Quality Improvement

CME/CE determination is pending.

This virtual training consists of five training sessions and an optional office hour session via webinar. Participants are eligible for 1:1 coaching with an Improvement Advisor after attending. These courses are free.

### **Session 3 of 5, Understanding the Role of Measurement in Quality Improvement**

**Date:** Wednesday, October 21, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

### **Office Hours with Improvement Coaches**

Do you have questions related to quality improvement or need support on your quality improvement project? If so, join us. This is an optional session.

Attendance is encouraged for additional support.

**Date:** Wednesday, October 28, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

### **Session 4 of 5, Tips for Developing Change Ideas for Improvement**

**Date:** Wednesday, November 04, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

### **Session 5 of 5, Testing and Implementing Changes via the Plan-Do-Study-Act Cycle**

**Date:** Thursday, November 12, 2020

**Time:** Noon – 1 p.m.

[Sign-up Now](#)

More Details, visit our [Quality & Performance Improvement Webpage](#).

## Change Management, Change Fatigue & QI

*Roll With It: Keeping up Momentum Using Change Management Strategies.* These are challenging times for maintaining focus on quality. This training session will introduce the concept of change management and some practical tools for

supporting the resiliency of teams to navigate change and support improvement work. Join us as we talk about how to recognize and beat change fatigue and building resilience.

**Date:** Tuesday, October 27, 2020

**Time:** Noon – 1 p.m.

[Sign-Up now](#)

## Recommended Educational Opportunities Outside of PHC

### 2020 Diabetes Update: High Impact Management for Clinicians

Virtual Conference

CME Credits Available

**Targeted Audience:** “All physicians, pharmacists, physician assistants, nurse practitioners, and other interested healthcare professionals who care for patients with diabetes are invited to virtually attend our fifth annual Diabetes Conference.”

**Description:** “Join us for the day to learn more practical tools and strategies to effectively manage patients with diabetes and improve treatment outcomes. Regional and national experts will address key aspects of care including medications, complications, and team approaches to treatment.”

**Date:** Friday, November 6, 2020

**Time:** 8 a.m. – 4 p.m.

**Cost:** \$100

[Sign-up Now](#)

### Remote Patient Monitoring Innovation Challenge Showcase

“This webinar will showcase companies whose technology solutions make scalable, effective, and culturally responsive remote patient monitoring (RPM) possible for health care organizations serving the safety-net.

The challenge will identify leading technology solutions that enable primary care providers to effectively monitor vital health data for Medicaid and other safety-net patient populations. This culminating Showcase will bring together the selected companies in a curated way to highlight new market opportunities for RPM solutions.”

Learn more at [www.adaptationhealth.org/rpm-challenge](http://www.adaptationhealth.org/rpm-challenge)

**Date:** November 18, 2020

**Time:** Noon (EST)

[Sign-up Now](#)

### Discussing Clinical Status with Severely Ill Patients

On-demand training available on your smart phone

Free if you register by 10/19/2020. [Flier for more details.](#)

VITALtalk offers Mobile-Friendly Online Courses that target essential serious illness communication skills for all clinicians.

**Discussing Clinical Status Description:** “So often, we feel the patients are not appreciating the severity of their illness. Learn how to provide a clear and compassionate clinical status update to your patients.

**Targeted Audience:** “The skills taught in each course are relevant for clinicians who care for seriously ill patients from a range of specialties and professions, including nurses, advanced practice providers, social workers, chaplains, therapists, and others.”

[Sign-up Now](#)

Two more courses coming later this fall: Goals of Care & Advance Care Planning.  
Contact: [wendy.anderson@ucsf.edu](mailto:wendy.anderson@ucsf.edu).

## QualityImprovement+

**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:** November 5, 2020 – June 10, 2021

**Cost:** Members, \$3,000/person; Non-Members: \$3,500/person

**Registration closes on November 05, 2020**

[Sign-up Now](#)

## Essentials of Primary Care Pain Management 2020 Virtual Conference

CMEs available for Physicians, Nurses and Physician Assistants

UC Davis’ Center for Advancing Pain Relief is hosting a two-day virtual conference on Essentials of Primary Care Pain Management. Highlights of this training are:

- Health disparities and social determinants of pain care
- Cannabinoids, pain, and symptom management
- Latest updates on opioids

Who should attend? Primary care clinicians and all other health sciences and professionals with an interest in pain management.

**Dates:** Saturday, November 7, 2020 and Sunday, November 8, 2020

**Time:** 8 a.m. – 5 p.m.

**Cost:** \$245 for physicians; \$195 for all other health professionals. Reduced rate available for a limited number of full-time Federally Qualified Health Center (FQHC) clinicians. Please contact [Christy Chung](#), to receive a code to use at registration.

[Sign-Up Now](#) (Registration closes on 11/06/2020 @ 9 a.m. PST)

## Applications Open for Free Learning Collaborative on the Fundamentals of Comprehensive Care

“The Comprehensive Care Learning Collaborative is a 4-month participatory learning experience offered by the National Health Center Training and Technical Assistance Partners (NTTAP), funded by the Health Resources and Services Administration, and hosted by Community Health Center, Inc. (CHC) in the Middletown, CT. The Collaborative is designed to provide Federally Qualified Health Centers (FQHCs) that are beginning or restarting their move to high performance team-based comprehensive primary care with knowledge about the basic principles and best practices of care and the strategies to plan for implementation. The Collaborative will consist of four videoconference learning sessions with primary care teams from across the country. The action periods between sessions will include assignments and deliverables, and calls between health center coaches and CHC mentor coaches to facilitate the uptake of the intervention.”

**Date:** Begins mid-November

**Cost:** Free

Applications are open until November 16, 2020

[Sign-up Now](#)