

## *Weekly Medical Directors Briefing October 19-23, 2020*

**“Join me in taking control of hypertension across our nation. Together, we’ve got this.”**

**--Jerome M. Adams, Surgeon General of the United States**

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### **A Call to Action on Hypertension Control**

Control of hypertension has been shown to reduce heart attacks and strokes, reducing both morbidity and mortality.

On a population basis, blood pressure control in the US has worsened from 53.8% under control in 2014, to 43.7% under control in 2018 (JAMA, September 22/29, 2020). This has led the U.S. surgeon general to declare a [Call to Action on Hypertension Control](#). The goal of the U.S. Department of Health and Human Service’s [Million Hearts campaign](#) is to have **80%** of patients with hypertension under good control, defined as a blood pressure of under 140/90.

Unfortunately, COVID-19 is likely carrying us further away from this goal. Patients with a telemedicine visits only have their blood pressure assessed only 9.6% of the time, compared to 69.7% of the time during office-based visits. (October 2, 2020 edition of JAMA Network Open Access)

About 25% of adult PHC members have a diagnosis of hypertension. From pharmacy data, 17% are taking at least one blood pressure (BP) medication. Their level of blood pressure control, in 2019, averaged around 65%, much better than the 43.7% rate found nationally by JAMA, but far below the 80% goal of the Million Hearts campaign. This **80% goal is achievable**, as shown by six of our larger primary care providers whose hypertension control rates were better than 80% last year:

Fairchild Medical Center (Yreka, Siskiyou county):	89%
Northbay Center for Primary Care (Solano county):	84%
Kaiser Permanente, in Marin and Sonoma counties:	82%
Shasta Community Health Centers (Shasta county):	82%
Petaluma Health Centers (Sonoma county):	82%
Sutter Lakeside (Lake county):	81%

Before the 1980s, diabetes self-management (including patient monitoring of their own blood sugar), was NOT the standard of care. Patients had their blood sugar measured in the laboratory or in the doctor’s office. Since the 1980s, it has become standard of care for all persons with diabetes to monitor their own blood sugars.

Blood pressure monitoring today is where blood sugar monitoring was in the 1970s. It is time to empower patients to monitor their own blood pressure at home. One of the strategies listed by the Surgeon General is to “Empower and equip patients to use self-measured blood pressure monitoring.” The Million Hearts campaign describes the

evidence base showing better blood pressure control with home blood pressure monitoring, combined with a medical team that uses this data to take action.

Partnership HealthPlan of California (PHC) covers home blood pressure monitors for our members. These can be obtained from a community pharmacy with a prescription/order from the Primary Care Physician (PCP), until December 31, when the state pharmacy carve out kicks in (see below for details). Additionally, we have a direct distribution pilot for BP monitors (details below), which will be continued and expanded in the year to come.

Petaluma Health Center had a best practice with us. Instead of reminding their clinicians to remember to prescribe BP monitors, they sent a text message to all their PHC patients with hypertension and asked them to respond if they wanted a home BP monitor. This was an effort to reduce the exposure to COVID-19, by reducing the trips into the office to check their blood pressure. About 10% of those texted responded with a request for a BP monitor. Petaluma Health Center set up a streamlined system to send the orders to PHC (through our direct distribution pilot), and we delivered the devices directly to the patients' home.

We hope you will consider an active outreach campaign like this, for your patients with hypertension. As our Surgeon General says, "Together, we've got this!"

## This Week's News

### Reminder to Refer Children to the California Children's Service (CCS) Program

In January 2019, PHC expanded its case management services to children with CCS eligible conditions in all 14 counties of our service area. The Program is called the "Whole Child Model". State CCS staff have reported a decline in referrals to the CCS program, and is concerned that children with serious conditions are not getting the care they need.

Please remind your pediatric providers that the medical and financial eligibility determinations for CCS remain with the local County CCS office.

If any of your pediatric providers identifies a child who may have a CCS eligible condition please submit a request to consider CCS coverage, along with appropriate medical records, to the County CCS office in the child's county of residence.

If you need assistance with this process or would like more information, please contact PHC's Care Coordination Department at (800) 809-1350.

### 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](#).

## 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).

### 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.

### 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](#)

## 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](#)