Weekly Medical Directors Briefing
October 25-29, 2021

"If you have knowledge, let others light their candles in it."

–Margaret Fuller, American Journalist and Women's Right Advocate

Tips from the Field: Leveraging Scribes to Improve Quality

Most organizations that implemented Electronic Medical Record (EMR) systems in the last two decades found that this implementation let to increased clerical workload of clinicians, leading to increased burnout and job dissatisfaction. Additionally, overuse and misuse of templates led to longer but less accurate and less useful clinical notes.

Several primary care organizations in our region added a new position to address these issues like medical scribes, who perform real-time electronic health record documentation, in the exam room (or video call) with the clinician.

A survey of the published literature on medical scribes have shown increased efficiency, clinician productivity and provider experience, while patient experience with scribes is mixed.

Shasta Community Health Center (SCHC) reports that the increased efficiency of scribes leads clinicians to finish their work earlier at the end of the day, with administrative tasks completed which allows them to go home to their families on time. Since first implementing a scribe program over a decade ago, SCHC has refined their model to increase the quality of documentation in the medical record and to drive quality performance in the Primary Care Providers Quality Incentive Program (PCP QIP) measures.

1. Training: Shasta CHC has developed a training curriculum to train promising candidates in medical language, standards of documentation, etc., which is now being adapted to be offered in community college courses.
2. Continuity: a clinician-scribe diad often develops short cuts and non-verbal communication methods to work rapidly as a team to support the patient. This may include sending instant messages to the clinician during the visit, such as ordering preventive screenings.
3. Quality focus: Assigning the scribe responsibility for measures amenable to their intervention, like ordering labs that are due or scheduling well child visits.
4. Incentives: A pilot showed that a small incentive for scribes linked to a single measure worked well, but Shasta CHC is cautious about unintended negative consequences, such as removing intrinsic motivation for improving quality.

This “tip from the field,” was collected by Partnership HealthPlan of California’s (PHC’s) Medical Directors, Dr. Robert Moore and Dr. Jeff Ribordy, at our first trip to Redding in many months. We will be working our way out to visit other counties and providers in the months to come.

This Week’s News

Register Your Staff for MediCalRx (Pharmacy Carve Out)

As you are aware, the new Pharmacy Carve-out begins January 01, 2022.

Below are the steps to help you register and gain access to the new Pharmacy TAR data system by Magellan.

The process includes Magellan sending a US Postal Service letter with a PIN number to the physical address of record for the prescriber. We received feedback from some of our PCPs, who noted these letters look like junk mail and often sent to a mailing address that might not be common to your office.

- To register, a clinician must visit the User Administration Console (UAC) and click “register.”
- After receiving the PIN via USPS, the clinician must log in again and click “Complete Registration”
- An activation link is then sent to the person’s email.
- At that point, your organization/clinician may assign support staff with specific roles to also be able to have read-only access the TAR portal system.

As a best practice, we recommend assigning someone to manage this process for your organization. More information on the pharmacy transition is coming in future newsletters.

Covid Vaccination and CAIR: Best Practices in Fixing Non-Matching Patients

PHC is sending all of our PCPs lists of their assigned patients with their current vaccination status, based on data from CDPH and PHC. The most recent lists (sent last week) included new data sent from DHCS, and represents the best information we have available on vaccine status.

Petaluma Health Center analyzed those that were listed as *not* having a vaccine and found that about 12% of the original list, sent in September, actually had one or more Covid vaccines recorded in the California Immunization Registry (CAIR). Petaluma identified that the demographic information in CAIR did not match the demographics provided by DHCS. They found that CAIR duplicated the first names, the last names, or both. The PCP Covid Immunization Incentive Program includes payment for correcting this demographic information in CAIR.

Here is the process that Petaluma developed for correcting the CAIR demographics. We urge all PCPs to use this process to correct CAIR data and narrow the list of those who would be appropriate for outreach.

CAIR DATA ENTRY RECONCILIATION (Courtesy of Petaluma Health Center)

Petaluma conducted these three steps:

1. Make sure that the patient demographics in the EMR matched EXACTLY to the PHC card.
2. Fix the CAIR account so that the demographics also match EXACTLY to the PHC card.
3. Merge multiple CAIR accounts for these patients if they have multiple accounts.

Further, Petaluma explained they separated the task and had one employee work in the EMR while another employee worked in CAIR. It took each of them 10-15 minutes to merge the demographics, which involves filling out an online form. When an online form was necessary they estimated this task would add one minute per chart, noting not all charts require the online form.

Going forward, Petaluma is considering having remote staff work on this project, which could take them approximately two to three minutes per patient on the list, while still separating the tasks for efficiency.

Lastly, Petaluma shared they realize that they will need to do a re-training to all of their staff on recording and maintaining patient demographics, or they risk having this problem continuing. The re-training will be helpful for their childhood and adolescent vaccine data for QIP, and other reconciliation issues too!

New Interpretation Service for PHC Members

Starting November 30, PHC will have a new Interpretive Language Services provider, called AMN Healthcare, who will serve both PHC members and providers.

AMN will provide telephone and Video Remote Interpretive (VRI) services, and will replace PHC's current Language Line. The current interpretive services line will be disconnected as of November 30, 2021. AMN will provide interpretation for 145 languages by phone and over 40 languages via VRI. VRI can be downloaded to your facility device for interpretation. Please review the VRI guidelines on our website.

Please note to access the Telephone Language Services you will need to give your PHC number as listed in the PHC Provider Directory. Please use the AMN number below to access Telephone Language Services, effective November 30, 2021:

Telephone Language Services: (844) 333-3095

Providers will be asked to provide the following at the start of the call: PHC#, Provider Site, Member Name, City, and Member ID (if applicable).

Video Language Services:

1. Determine if the device meets the technical requirements for the app (linked below).
2. Request a license from AMN by completing the VRI Setup Form linked below.
3. Email the completed form back to Elizabeth.Jones@amnhealthcare.com.
4. Set up the application on your device.
5. **AMN will contact you within three business days to confirm your approval status and next steps.**

Please note that each individual device will require a separate license and login. There is no cost for each provider license. PHC will continue to pay for the cost of interpreting services for PHC Members. For additional details on how to request a VRI License, refer to the guides linked below.

Resources

- AMN Healthcare Training Video
- VRI Guidelines
- VRI Setup Form
- Where to find your PHC #
- Telephone Language Services: (844) 333-3095

Medication Lock Boxes for PHC Members

Medication Lock Boxes have been added to PHC's Medical Equipment Distribution program.

Medication Lock Boxes are used to secure medications and avoid misuse. Like all equipment distributed in the PHC Medical Equipment Distribution, there is no charge to PHC members.

All contracted eligible providers and clinicians can now request Medication Lock Boxes (and other medical equipment) by:

1) Completing the request form
2) Emailing the completed form to request@partnershiphp.org or faxing the completed form to (707) 420-7855.

Request guidelines
More information

Supporting Behavioral Health Needs in Children: UCSF's Child & Adolescent Psychiatry Portal

Do you have children and adolescents with mental health needs? Do you have difficulty finding local child psychiatry specialists to refer them to? Are you looking for ways to increase your skills to handle common behavioral health challenges yourself?

UCSF has developed a Child & Adolescent Psychiatry Portal (CAPP) to help meet increasing needs of pediatric primary care with mental health in the youth population.

Resources:

- CAPP Services and FAQ
- CAPP Fact Sheet

Screening for Diabetes: Adjusting for Disparities

In August, the United States Preventative Services Task Force (USPSTF) updated its recommendation for screening for diabetes and pre-diabetes. In non-Hispanic white populations, screening is recommended for those aged 35 to 70 years old who are overweight or obese. Screening should begin "earlier" in Native American, Black, Latino, Asian American, and Pacific Islander populations. For Asian American populations, the USPSTF recommends a BMI cutoff of 23 or higher for overweight.

While screening may be done with a glucose tolerance test (2 hours after ingesting a 75g oral glucose load), a fasting blood sugar or hemoglobin A1c is more convenient. The range of values for pre-diabetes is 100-125 for fasting blood glucose and 5.7% to 6.4% for hemoglobin A1c.

The optimal interval for rescreening someone with a previous normal screen is not grounded in evidence. Best practice recommendations range from 1-3 years.

The American Diabetes Association recommendations are more aggressive, recommending universal screening (regardless of BMI) starting at age 45, and universal screening (regardless of age) if a person has a BMI over 25. This easy to remember recommendation helps address the disparities raised in the USPSTF recommendations, and allows a non-race based standard of care for preventive services, a goal increasingly promoted by many teachers of medicine.

PHC Educational Opportunities and Events

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 PCP's 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

Motivational Interviewing

Continuing Education Credits Available

The California Institute for Behavioral Health Solutions (CIBHS) is hosting an introductory workshop on the essential components of Motivational Interviewing (MI). Those essential components being the Spirit of MI, MI Micro Skills, MI Process, and Change Talk.

Who should attend? Anyone who works with people seeking change including clinicians, addiction counselors, case managers, supervisors, peers, and managers.

Learning Objectives:

- Describe the four components of the "Spirit" of Motivational Interviewing and the benefits of this approach for facilitating change among behavioral health clients.
- Explain the four processes of Motivational Interviewing for eliciting behavioral health clients' own motivation for and commitment to change.
- Apply the five micro skills of Motivational Interviewing in a culturally sensitive and trauma-informed manner to foster change among behavioral health clients in treatment.

- Distinguish three or more characteristics of “preparatory” versus “commitment” change talk for assessing behavioral health clients’ readiness for change.
- Demonstrate at least two reflections, open-ended questions, or summaries for motivating change talk among behavioral health clients.
- Demonstrate at least two affirmations for strengthening the therapeutic relationship with behavioral health clients.

Start Date: December 01, 2021
End Date: December 15, 2021
Time: 9 a.m. – Noon
Registration

Western Clinicians Network’s Clinical Leadership Coaching

“The Western Clinicians Network (WCN) is offering dedicated coaching services to support developing clinical leaders in [their] four-state service area. Community health centers (CHCs) require clinical leaders to develop specific skills and operate in a distinct environment – in addition requiring unique care models, CHCs present constrained resources, recruiting and retention challenges, and specific regulatory requirements. [WCN’s] coaching services are designed to support both current and developing clinical leaders to build leadership and management skills, troubleshoot professional challenge, 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.”

View WCN’s Brochure

Contact for a consultation: wcn@cpca.org

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.”