

“We are guests in our patients’ lives.”

–Don Berwick, MD

Patient-Centeredness: In the Eye of the Beholder

April 26-30, 2021 is National Patient Experience Week, a time for health care organizations to celebrate and reflect upon their efforts to improve the way their consumers perceive the care they receive, a time for health care organizations to proclaim that they are “Patient-Centered.”

What does it mean to be patient-centered? The answer depends on who you ask.

The root of the term “patient-centered” goes back to the 1940s with a school of psychological thought that promoted counseling that was centered on the needs of the client: *client-centered counseling*. In the 1950s and 1960s, Hungarian-British psychologists Michael Balint, Enid Balint, and Paul Ornstein brought a basic psychodynamic approach to primary care clinicians –the “Balint Group” approach now used in primary care medical education around the world. The Balints coined the term [patient-centered medicine](#), which “should include everything the doctor knows and understands about his patient . . . understood as a unique human being,” as *distinct from illness-oriented medicine* that focuses more narrowly on diagnosis and treatment of localizable pathology.

In 2001, the Institute of Medicine identified being “Patient-Centered” as one of the six aims of health care quality (the others being safe, effective, timely, efficient, and equitable). They defined Patient-Centered as care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring their values help guide all clinical-decisions. This idea of *customizing* the care to the patient seems consistent with the Balints’ ideas.

Starting in 2007, some larger institutions have appropriated the term patient-centered to have different definitions.

In 2007, all the American organizations representing primary care clinicians (AAFP, AOA, ACP, and AAP) combined the concept of a primary care Medical Home (the 1967 AAP idea of a PCP who coordinates the care provided by specialists), with the idea of patient-centeredness to create the [Joint Principles of the Patient-Centered Medical Home](#). While the goal of this structure is to *serve the needs* of the patient, this initial conceptualization focused on putting the primary care physician at the center of this care—more of a *primary care physician-centered* medical home.

Sensing an opportunity, in 2008 the major accreditation agencies ([NCQA](#), URAC, Joint Commission, and AAAHC) launched Patient-Centered Medical Home (PCMH)

accreditation and recognition programs. Their focus is on elements of operational and quality infrastructure thought to be good for patients and their outcomes. Moving beyond a narrow physician-centered focus, meeting these elements helps move primary care organizations in the direction of higher quality care, using a *compliance with standards* approach.

In the meantime, organizations and scholars that were focused on primary care moved in [two different directions](#).

The first of these focuses on *relationships* between the patient and their clinician who is able to communicate with empathy. This emphasis on relationships is epitomized by the [Nuka Model of Care](#) at the Southcentral Foundation in Anchorage, the only health center in the U.S. to win the Baldrige National Quality Award. Health care in the Nuka model is relationship-based and customer-owned. Nuka focuses on understanding each customer-owner's unique story, values and influencers in an effort to engage them in their care and support long-term behavior change. Note the additional element of *community empowerment* included in this approach.

The second direction was a focus on more actively seeking input of patients on how to improve the provision of health care, called [Patient and Family Centered Care \(PFCC\)](#). The four fundamental principles of PFCC are treating patients and families with respect and dignity, sharing information, encouraging their participation in care and decision making, and fostering collaboration in care delivery and program design, implementation, and evaluation. The new element here is the idea of moving beyond gathering survey feedback from patients, to *partnering* with patients to identify service problems and *co-design* the solutions. "Nothing about us, without us" is their catchphrase.

Both the Nuka model and the PFCC move beyond the *individual* clinician-patient interaction to look at what the *organizations* that hire these clinicians must do to be patient-centered, in ways that are challenging for standards organizations like NCQA to fully capture.

Jumping up another level above the organizations that provide care, how can health plans like PHC (as well as suppliers and state regulators like DHCS) promote patient-centered care?

1. Make patient-centeredness a guiding principle—a frame-of-mind—that guides decisions and prioritization.
2. Ensure consumers of health care have a voice. This includes a process that uses grievances to drive improvement, including consumers in governance and policy-making, and ideally with some joint design activities.
3. Support providers, especially your primary care organizations, with financial incentives, comparative data, and sharing of best practices around optimizing the patient experience of care.

Becoming truly patient centered, meeting all the different definitions of this term, requires sustained attention from all of us. Thanks for taking a moment on National Health Experience Week to reflect on what you can do meet this ideal.

Breaking News

A Discussion about Well-Child Visits for Infants

Those of us involved in pediatric care know the importance of well-child visits. This is especially true during the first year following birth, when development so rapidly changes; it is an extremely important time to make interventions when needed. Frequent well visits are the mainstay to assure developmental stages are met and that proper growth occurs.

In 2020, PHC's Quality Improvement Program (QIP) introduced a new well-child measure focused on the first 15 months of life to help providers ensure they are seeing infants sufficiently. The measure states that all infants should be seen for a well visit at least 6 times from birth through 15 months of age. This measure presents some challenges for most providers.

First, many infants are on fee-for-service Medi-Cal for the first month of life, making it difficult for PHC and our provider to capture claims data for these visits. Or, they may see another provider initially before switching to their current provider. PHC receives the visit data from the state claims systems, but it can be challenging sometimes to match up an infant's given name with the mother's name and other possible changes. Timely billing for well-child visits helps ensure accurate measurement and a complete record of the child's visits. PHC providers are also able to enter any "pre-PHC" visit dates into the eReports module in order to help meet this measure.

Due to COVID-19, visits across the country are down dramatically, and pediatric well visits are especially low. In the summer of 2020, to help improve well-child visit access, the National Committee for Quality Assurance (NCQA) began to allow virtual visits for well-child exams for Healthcare Effectiveness Data and Information Set (HEDIS®) well-child measures. (HEDIS® measures are used to evaluate health plan performance.) Previously, providers could do a portion of the well visit virtually but had to have an in-person component to complete the physical exam and give vaccinations. With COVID restrictions, NCQA has allowed the entire visit to be done virtually with the exception of immunizations.

PHC recognizes that virtual well visits are allowed under these new rules and will accept claims and encounters for virtual well-child visits. We encourage providers to make every effort to perform these pediatric visits in-person as a best practice. During an in-person visit, delays and other developmental issues are less likely to be missed. Further, in-person visits also enable pediatric members to stay up-to-date on their vaccination schedules.

The pandemic forced the rapid use of telehealth in a very short amount of time. We thank you for pivoting to virtual care to maintain members' access to care and encourage the modality that will best meet and care for members and the community.

PHC Medical Equipment Distribution Services

Beginning April 1, 2021, the PHC Medical Equipment Distribution Services Program will be expanding and will offer four new monitoring and treatment medical equipment pieces to PHC members at no cost.

- Humidifiers
- Nebulizers
- Scales
- Vaporizers

As a friendly reminder, the program currently allows providers to request the following for their PHC patients:

- Blood pressure monitors
- Oximeters
- Digital thermometers

In addition, we will also supply additional blood pressure monitor cuff sizes, nebulizer replacement parts, and user instructions in the member's preferred language. Since program launch, PHC has provided over 2,000 devices to PHC members across 40 different health care organizations and continues to fulfill equipment requests daily.

To request equipment, providers are required to review the Medical Equipment Distribution [guidelines](#), complete the [request form](#), and submit the completed form to PHC by emailing request@partnershiphp.org or by faxing the form to (707) 420-7855.

For any questions, please contact request@partnershiphp.org.

Pharmacy Carve-out Postponed

DHCS announced in mid-February that the planned April 1, 2021, transition of prescription drug coverage from PHC, and other managed care organizations, to DHCS through the pharmacy benefit manager Magellan will not take place as scheduled. This has been postponed due to challenges with resolving conflict of interests arising from the announced acquisition of Magellan by Centene Health Plan. No new timeline has been announced. PHC will continue to cover the pharmacy benefit through our network after April 1, 2021.

Another Option for Medical Nutrition Therapy and Diabetes Education

For almost 20 years, PHC has covered Medical Nutrition Therapy services provided by Registered Dietitians (RDs) and Diabetes Education provided by Certified Diabetes Educators (CDEs). These services do not require prior authorization, nor referral pre-authorization. In-person services may be provided in some counties. Medical Nutrition Therapy services may be provided to for most major conditions where medically appropriate, including diabetes, renal disease, hepatic disease, obesity/overweight, cardiovascular disease including hypertension and hypercholesterolemia, and eating disorders.

PHC's adult specialty telemedicine provider Telemed2U, added these services a few years ago. Last year Telemed2U began integrating endocrinology visits for diabetes with a virtual care team, including RDs and CDEs. Patients are referred through the Telemed2U platform. Practices interested in working with Telemed2U should reach out to telemedicine@partnershiphp.org to learn more.

This year, the Center for Wellbeing, based in Santa Rosa, is expanding its telemedicine capacity for RD and CDE services to serve PHC members in **any** of our counties. For more information, call (707) 575-6043 or email info@nccwb.org.

Direct Telehealth Specialty Services Now Available

PHC offers Direct Telehealth Specialty Services through our provider directory to Primary Care Providers (PCPs). Direct Specialty Telehealth Services are being provided by "TeleMed2U" for a select set of specialties. We will continue to expand these services to providers as the need for additional direct specialty telehealth services arise.

[More Information](#)

Kaiser Series Focused on COVID Vaccine Concerns of Different Ethnicities

Kaiser Napa-Solano is hosting a number of live events on "An Open Conversation About COVID-19 and the Vaccine," featuring ethnically concordant clinicians. They agreed to open these up to the wider community, so you can have your staff or patients attend.

- Spanish-speaking population: Click [here](#) for recording
- English-speaking Latinx population: Click [here](#) for recording
- Tagalog-speaking community: Click [here](#) for recording
- African-American community: Click [here](#) for recording

PHC Educational Opportunities and Events

Spring 2021 PHC Regional Medical Directors Meeting

Biannually, PHC hosts a regional meeting with clinical leaders for primary care organizations. Due to the need to stay socially distanced, we will be hosting this event virtually. We are currently in the early stages of planning for this event and will be releasing more information over the next few months.

A few topics that we will cover are:

- PHC Updates, New Programs, Major Policy Changes, and COVID-19
- Other topics include Major Pharmacy Changes, Formulary Highlights, Clinical Updates, mental health & Substance use Disorder Treatment, Data Review: Opioid Use, Vaccination, Readmission, PCP-QIP Changes, Special Initiatives, Prop 56 Incentive Programs and more.

Agenda:

Time	Agenda Item
9 a.m. – 10:50 a.m.	Main meeting
10:50 a.m. – 11 a.m.	Break
11 a.m. – 11:50 a.m.	Breakout sessions
11:50 a.m. – Noon	Break
Noon – 1 p.m.	Main meeting

Date: Friday, May 21, 2021

Time: 9 a.m. – 1 p.m.

[Sign-up Now](#) (Please specify your county in the County/Region field)

Lead Toxicity and Screening for Elevated Lead Levels: On-Demand Training

Lead screening is far below average in the PHC service area.

Dr. Moore presented a comprehensive clinical summary of the evidence on lead toxicity and effects of elevated blood lead on pediatric development. The recorded webinar includes details on State, Federal and PHC regulatory requirements.

- Pediatric Screening for Elevated Lead Levels: [Recording](#) and [PowerPoint](#)

View more on-demand trainings on the [PHC Provider Learning Portal](#). Join our [email list](#) for upcoming and up-to-date content.

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:

- 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.
- 2020 PCP QIP High Performers -- How'd They Do That: Learn best practices from the 2020PCP QIP high performers.

You can find these on-demand courses, and more, on our [Webinars Webpage](#).

Accelerated Learning Education Programs

These learning sessions will cover PHC's Primary Care Provider Quality Incentive Program measures.

Targeted Audience: Clinicians, practice managers, quality managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

Well-Child Visits and Immunizations (0-2 years)

[Flyer](#)

Date: Tuesday, April 13, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Early Cancer Detection (Cervical, Breast, and Colorectal Cancer Screening)

[Flyer](#)

Date: Tuesday, April 27, 2021

Time: Noon – 1:30 p.m.

[Sign-up Now](#)

Controlling High Blood Pressure

[Flyer](#)

Date: Tuesday, May 11, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Diabetes Management HbA1C Good Control

[Flyer](#)

Date: Tuesday, May 25, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Improving Asthma Care and the Asthma Medication Ratio

[Flyer](#)

Date: Wednesday, July 14, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Child and Adolescent Well-Care Visits (3-17 years)

[Flyer](#)

Date: Tuesday, July 27, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

PCP QIP High Performers – How'd They Do That?

Targeted Audience: For those involved with PHC's QIP program (leading and/or participating in efforts to address their QIP measures) to learn how other PCP's accelerated in their QIP performance.

Webinar #1 of 3, with High Performing PCP Sonoma Valley Community Health

Date: Thursday, May 06, 2021

Time: Noon - 1 p.m.

[Sign-up Now](#)

Webinar #2 of 3, with High Performing PCP North Bay Medical Group

Date: Tuesday, May 18, 2021

Time: Noon - 1 p.m.

[Sign-up Now](#)

Webinar #3 of 3, with High Performing PCP Santa Rosa Community Health

Date: Tuesday, May 27, 2021

Time: Noon - 1 p.m.

[Sign-up Now](#)

Virtual ABC's of QI

This virtual training consists of five sessions via webinar. The following topics will be covered:

- What is quality improvement?
- Introduction to the Model of Improvement
- How to create an aim statement (project goal)
- How to use data to measure quality and to drive improvement
- Tips for developing change ideas that lead to improvement
- Testing changes with the Plan-Do-Study-Act (PDSA) cycle

Participants are eligible for 1:1 coaching with an Improvement Advisor after attending. These courses are FREE. All webinars are scheduled noon to 1 p.m. on the dates below.

Target Audience: Clinicians, practice managers and quality improvement team who are new or need a refresher on the basic principles of quality improvement.

Session 1 of 5: The Model for Improvement and Creating an Aim statement

Description: The ABCS of QI is designed to teach the basic principles of quality improvement. Session 1 will provide an overview of the Model for Improvement, how to create aim statements and an introduction to project charters.

Date: Wednesday, June 02, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Session 2 of 5: Using Data for Quality

Description: Session 2 will provide an overview of how data is used in quality improvement.

Date: Wednesday, June 09, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Session 3 of 5: Understanding the Role of Measurement in Quality Improvement

Description: In Session 3, we will take a deep dive into the role of measurement in quality improvement.

Date: Wednesday, June 16, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Session 4 of 5: Tips for Developing Change Ideas for Improvement

Description: In Session 4, we will review and practice creating Driver Diagram and Process Mapping, tools used to brainstorm change ideas.

Date: Wednesday, June 23, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Session 5 of 5: Understanding the Role of Measurement in Quality Improvement

Description: In Session 5, we will cover the use of the Plan-Do-Study-Act Cycle and the required steps from testing to implementing changes.

Date: Wednesday, June 30, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

Recommended Educational Opportunities Outside of PHC

Annual Palliative Care Summit

Working Together: Forging the Future of Serious Illness Care

The Coalition for Compassionate Care of California will host its annual summit virtually, again this year, partnering with coalition partners in Arizona and Hawaii. Don't miss this the presentations by national thought leaders in advanced illness, palliative care and end-of-life issues. CME available, including for poster session on the evening of June 22.

Dates: June 22 and 23, 2021

Time: 11:30 a.m. – 4 p.m.

Full Agenda and Registration: www.CCCCsummit.org