Medical Directors Newsletter
February 2022

"We're blind to our blindness. We have very little idea of how little we know. We're not designed to know how little we know."

–Daniel Kahneman, Nobel Laureate in Economics

Improving Diagnostic Judgment: A Behavioral Economic Approach (Part IV in series on Diagnostic Accuracy)

Regular readers of this newsletter will recall a series of lead articles on improving diagnostic accuracy (Parts I, II, and III found on our phcprimarycare.org blog). Medical schools, residencies and continuing medical education programs have recently adopted some formal training in critical thinking, including how to understand how cognitive biases can lead to mistaken diagnoses. This takes the principles of behavioral economics, based on the pioneering work of Psychologist Daniel Kahneman (summarized for a general audience in his most famous book, *Thinking Fast and Slow*), and helps us understand how physicians think and make mistakes.

In the January 25, 2022 JAMA, Dr. Pat Croskerry provided a succinct summary of recommendations for overcoming these biases to become a "rational diagnostician."

1. Establish Awareness of How Cognition Works. Understand the most common cognitive biases and the difference between type 1 (intuitive/fast) and type 2 (analytical/slow) processing.
2. Teach and Coach Critical Thinking. Excellent coaching promotes deep learning, allowing 10-fold faster development of expertise. Understanding the mechanism of deep learning can help those of us without ready coaches to improve our mastery of complex areas of expertise. The book *The Talent Code,* provides the best overview of this topic.
3. Make the Work Environment More Conducive to Sound Thinking. Three main conditions that interfere with analytical thinking include:
    a. Psychological stress leading to anxiety and dysphoria,
    b. Sleep deprivation causing chronic fatigue, and
    c. Excessive cognitive loading (responding to a barrage of emails and tasks without time to pause and reflect).
4. Circumvent Type 1 Distortion. Setting up mental steps and processes to allow "executive override" to pause and reflect on the possibility that our intuitive initial impression is incorrect, and evaluating possible alternative explanations or decisions. For example, when a patient's clinical presentation has some findings that are not explained by our initial, presumptive diagnosis, we pause to consider

what else might explain this. For example: “Is this recurrent pharyngitis a sign of an underlying immune compromise?”

5. Expand Individual Expertise. While routine expertise is developed with training and practice, adaptive expertise encourages flexibility and innovation in problem-solving. Adaptive expertise is fueled by curiosity; it develops when exploring the possibilities raised with type 2 thinking, and also by regularly reading journal articles or exploring topics that are unrelated to any particular patient.
6. Promote Team Cognition. Regular conferring with colleagues on challenging diagnostic or therapeutic situations brings a collective expertise to bear, which can produce better outcomes for your patients. While synchronous consultation (for example “curbside consultation”) allows some back and forth, and is quicker, asynchronous consultation (for example using eConsult or secure email) allows time for more nuance and detail to be included and more analytic thinking and background research to be done.
7. Mitigate Judgment and Decision-making Fatigue. Dr. Croskerry suggests the use of “cognitive forcing strategies,” like adopting clinical maxims such as “rule out worst-case scenario,” practices such as routinely documenting a differential diagnosis, or always using a pre-operative checklist.

The common feature of these approaches is that they will require an intentionality derived from a sense of professionalism. It is essential for clinical leaders to find ways nurture these habits for those on our teams.

Breaking News

COPD Exacerbation Management

For members seen in the Emergency Department (ED) for COPD exacerbation, Partnership HealthPlan of California (PHC) will be faxing over letters informing PCPs of such events. The purpose of these letters is to serve as a notification and possible consideration for an ED follow-up appointment to help address gaps in treatment. Please be on the lookout for these letters.

Key Points from the 2022 Global Initiative for Chronic Obstructive Lung Disease (GOLD) report for management of exacerbations include:

- Systemic corticosteroids can improve lung function (FEV1), oxygenation and shorten recovery time and hospitalization duration. Duration of therapy should not be more than 5-7 days.
- Short-acting inhaled bronchodilators (usually a combination of beta adrenergic agent like albuterol with a muscarinic antagonist like ipratropium) are recommended as initial treatment of an acute exacerbation. Long acting bronchodilators should be continued if the patient is using them at baseline, but GOLD does not recommend adding long acting bronchodilators for acute exacerbations of COPD. This is in contrast with asthma exacerbations, in which quick acting but long-lasting formoterol containing MDIs are an option.

- Maintenance therapy with long-acting bronchodilators should be initiated as soon as possible before hospital discharge.

2022 Updates to the Bright Futures Periodicity Schedule

Effective December 30, 2021, Health Resources & Services Administration (HRSA) accepted recommended updates to the Bright Futures Periodicity Schedule, a HRSA-supported guideline for infants, children and adolescents for purposes of ensuring that non-grandfathered group and individual health insurance issuers provide coverage without cost sharing under the Public Health Service Act. The updates to the Bright Futures Periodicity Schedule are:

- **Two existing category updates:**
  - Add screening for suicide risk for ages 12-21 years to the current Depression Screening category
  - Change the Psychosocial/Behavioral Assessment to the Behavioral/Social/Emotional Screening for newborn - 21 years
- **Two new categories:**
  - An assessment for risks for cardiac arrest or death for ages 11-21 years
  - An assessment for hepatitis B virus infection for newborn-21 years
- **Two clarifying references on:**
  - Dental fluoride varnish
  - Fluoride supplementation

Please see the HRSA Maternal & Child Health webpage on Bright Futures, for additional information.

Meet PHC's New Medical Directors

We are pleased to announce a few new team members to our Medical Directors team at PHC. Please join us in welcoming them:

Dr. Bradley Cox is a family medicine specialist who received his medical degree from the Virginia College of Osteopathic Medicine, Blacksburg, Virginia. Most recently, Dr. Cox was a primary and urgent care physician at the Anderson Walk-In Clinic and physician lead at the VA Northern California Health Care in Redding. He also holds a degree in civil engineering. In his spare time, Dr. Cox enjoys spending time with family, coaching high school football, scuba diving, hunting, and other outdoor activities, as well as watching college and professional athletics.

Dr. Aaron Thornton is an internal medicine specialist who received his medical degree from the University of California, Irvine. He also holds a MBA in Finance. For the past 20 years, Dr. Thornton has worked as a hospitalist for Kaiser Permanente Medical Group in Vallejo. He has traveled to Haiti and Kenya on numerous medical missions treating patients as well as teaching the local doctors and student nurses. Dr. Thornton also enjoys running and training his dog, using commands in both English and French.

Dr. Teresa Frankovich is the newest member of our team. She is a pediatric specialist who received her degree from the University of Michigan. She moved west to attend the University of California, Berkeley, earning a Master's in Public Health. Dr. Frankovich has worked over 20 years in pediatric primary care in both urban and rural areas and most recently at Open Door Community Health Centers. She also served as Humboldt County's Public Health Officer. In her spare time, Dr. Frankovich enjoys music, bicycling, hiking in the redwoods, and endless games of Scrabble.

PHC Supports Rural and Frontier Physician Work Force Development

PHC is exploring avenues that will facilitate recruiting new graduate physicians to practices in PHC regions, specifically in rural or frontier areas lacking existing connections. The goal is for PHC to connect residency programs, who are interested in expanding their elective rotation options into rural areas, with clinical sites that are interested in hosting residents. The team at PHC may contact your clinical leads, or medical directors, as we work to develop these connections. For additional information, and if your site is interested in connecting with residency programs about the possibility of hosing residents, please contact PHC's Workforce Development Team at WD@partnershiphp.org.

Covid Home Test Kits Covered for Medi-Cal Beneficiaries

The California Department of Health Care Services (DHCS) announced that they will cover rapid antigen tests for Covid, through pharmacies, paid by Medi-CalRx, the new state pharmacy carve out, starting on February 1, 2022. Patients may receive up to four test kits per month (each with two tests) with a prescription from a prescribing clinician or the pharmacist.

Coverage does not guarantee availability, however with all commercial insurers covering home tests and the government purchasing test kits in bulk for direct distribution, it can be hard to find a pharmacy who has these Covid tests in stock.

Medi-Cal beneficiaries can request retroactive reimbursement for home Covid tests purchased between March 11, 2021 to January 31, 2021. Instructions are available on the MediCal website.

Blood Lead Screening in Children

In December, DHCS confirmed that blood lead screening in children would be added as a quality measure that health plans are required to report in 2022 and to perform at above the 50th percentile of Medicaid plans nationally by 2023.

As far as we have heard, no replacements have been issued for the national recall of Magellan Diagnostics point-of-care capillary lead testing units.

Both Quest and Lab Corps have the capacity to process capillary lead tests collected by primary care providers in the office. Collecting venous specimens on infants/toddlers is more time consuming and challenging than capillary specimens. Even when referred to a lab, many parents do not follow up to go to the lab to get a screening blood lead test. If collecting capillary blood lead tests in the office is not part of your current practice, we recommend you contact your local lab for supplies and train your staff on collection of these specimens.

When a screening lead test is elevated, a follow up venous lead test is indicated. In this case, it is worthwhile to also consider collecting a hemoglobin and iron level at the same time if the lead screening was greater than 10 mcg/dL, or if the office hemoglobin screen showed anemia.

For more information on blood lead screening, see our PHC website.

Adverse Childhood Events (ACEs) Screening Rate Low in PHC Members

Rates of screening adults and children for Adverse Childhood Events are increasing over time, but are lower in the PHC delivery area than in the state as a whole.

In 2020, DHCS designated Proposition 56 funds to pay for screening children and adults for Adverse Childhood Events. Details can be found in this document on our website. An additional fee of $29 was payable for each screening performed by primary care providers, including screenings performed by FQHCs, Tribal Health Centers, and Rural Health Centers.

DHCS recently released a report of the rate of screening for adults and children enrolled in Medi-Cal Managed Care Plans, looking at screenings done through March 31, 2021. The screening rate for PHC children was 2.8%, compared with 9.3% for Medi-Cal enrollees state-wide. The screening rate for PHC adults was 0.9%, compared with 1.8% state-wide.

While the rates were low through March of 2021, they are increasing steadily, tripling from July 2020 to July 2021 for both children and adults, based on PHC data.

Screening rates are highest for children in Marin, Sonoma, Mendocino, Yolo and Humboldt and highest for adults in Sonoma and Mendocino counties.

While screening rates are low, the proportion of those screened who have high risk-score results is very high in the PHC service area. For children, 9.8% had high-risk scores, compared to 4.1% of children screening in the state as a whole, second only to Kern Health systems, which had a rate of 9.9%. For adults, 55.7% screened as high risk, compared to 14.2% in the state as a whole, with the PHC rate second only to the Central California Alliance for Health (Santa Cruz, Monterey, Merced counties), which had a rate of 59.7%. The rate of high-risk screening varied from 2.3% to 9.9% for children and from 10.6% to 59.7% for adults. It is unclear how much of these variances are a reflection in geographic differences in ACES versus difference in screening selection processes, billing, and EMR practices in different primary care practices.

Clinicians trained in trauma-informed care can customize the clinician-patient interaction. Studies on interventions based on screening results are being conducted across the state.

ACES: Screening Tools Now in Multiple Languages

ACES Aware has made the following tools available in multiple languages:

- Pediatric ACEs Screening and Related Life-events Screening (PEARLS)
- ACE Questionnaire for Adults

For access to these tools, please visit ACES Aware webpage.

Audit Shows Many Child-Health Providers Misuse Developmental Screening Code

Three years ago, DHCS set new rules around the use of CPT Code 96110 to document comprehensive developmental screening. More than half of pediatric and family medicine providers (audited by PHC in 2021) had not performed a comprehensive developmental screening when the 96110 code was used. While several developmental screening tools are allowed, the most commonly used is the Ages and Stages Questionnaire (ASQ).

In most cases, the charts associated with use of the 96110 code documented a screening for autism, neglecting to use the required .KX modifier when the 96110 was used to document the narrower autism screening, with a tool such as the M-CHAT. Prior to 2019, the modifier was not required for autism screening; an educational campaign about the new modifier was conducted in 2019, but not all pediatric providers made the needed changes.

When autism screening is provided, in addition to a comprehensive developmental assessment, both 96110 without a modifier and 96110.KX may be billed together.

A *comprehensive* developmental screen is considered standard of care by the American Academy of Pediatrics, the American Academy of Family Physicians, CMS, NCQA, and DHCS. Please ensure your well-child visit process and templates include the use of a comprehensive tool such as the ASQ and documents this appropriately with 96110.

Like ACES screening, developmental screening is carved out of the PPS reconciliation process, so an additional $59.50 is paid when a comprehensive developmental screen is done, regardless of provider type. Many FQHCs are not billing 96110 at all, meaning either that they are doing developmental screening but giving up the revenue from doing so, or they are not following standard of care for pediatric preventive care. Either should be remedied. We ask Medical Directors and CEOs to take a lead in this. Our PHC Regional Medical Directors have access to the audits mentioned earlier.

Correct billing practices are a core prerequisite for participating in any Alternative Payment Methodology, as the incentive to bill correctly tends to decrease with global payment arrangements. PHC will repeat this audit of the use of 96110 in about a year.

Contingency Management Pilot

County applications are due February 15, 2022

Contingency management is one of the most effective adjunctive methods for treating stimulant use disorders. DHCS announced as part of its long-term commitment to transform and broaden Medi-Cal services, that substance use disorders treatment will include the formally approved Medicaid benefit of a contingency management pilot.

DHCS's DMC-ODS Contingency Management webpage

CalHealthCares Loan Repayment Program

Applications are due by February 25, 2022

The 2022 application cycle for the CalHealthCares loan repayment program, Fiscal Year 2021-2022, will be open to applicants starting January 24, 2022 and closes on February 25, 2022. The program aims to increase access to care for California's 13 million Medi-Cal patients.. Physician awardees receive loan repayments of up to $300,000 in exchange for a five-year service obligation.

Learn More

PHC Educational Opportunities and Events

In-Person Regional Medical Directors Meetings Planned

Living with endemic Covid requires us to continue to find ways to safely meet with each other while in person. The dialogue, discussion, and relationship building that comes from meeting and interacting with each other is vital in sharing ideas, developing new partnerships, as well as to nurturing our emotional well-being and professional fulfillment.

The California Department of Public Health (CDPH) model predicts Covid infection rates in March and April 2022, will drop to levels we were seeing in the autumn of 2021.

With this in mind, we are pleased to announce that our 2022 Regional Medical Directors meetings will be in person! Dates and registration links are as follows:

Date: Friday, March 11, 2022
Time: 9 a.m. - 2 p.m.
Location: Redding, CA at the Red Lion Inn
Registration: In-person only

Date: Friday, March 18, 2022
Time: 9 a.m. – 2 p.m.
Location: Ukiah, CA at the Ukiah Conference Center
Registration: In-person only

Date: Friday, March 25, 2022
Time: 9 a.m. – 2 p.m.
Location: Eureka, CA at the Sequoia Conference Center
Registration: In-person only

Date: Friday, April 8, 2022
Time: 9 a.m. – 2 p.m.
Location: Fairfield, CA at PHC's Conference Facility
Registration: In-person or Virtual

Note that the final session in Fairfield will be a hybrid format, for those unable to attend any of the other events in person.

Covid Safety Precautions: We are committed to have sufficient precautions that the risk of any Covid transmission at the event is miniscule. We ask that you only attend in person if you have received a Covid-19 booster, have no symptoms of respiratory infection or other potential Covid symptoms, and are not under current quarantine for Covid exposure or isolation for Covid infection. We ask all attendees to wear a highly effective mask, such as KN95, KF94, N95, or equivalent while indoors. Indoor seating will be 6-12 feet apart. Most locations will be serving an outdoor lunch, with a minimum of 3 feet distance between each other, so you can catch up with your colleagues.

Expect our usual agenda topics: new PHC policies, clinical updates, quality measure updates, state policy updates, public health updates.

Please join us and your colleagues! Save the date and sign up now!

Accelerated Learning Education Program Webinars

CME/CE's Available, see linked flyers for more details.

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

These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

Pediatric Health – Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents
Flyer

Date: Tuesday, February 15, 2022
Time: Noon - 1 p.m.
Sign-up Now

Diabetes Management HbA1C Good Control
Flyer

Date: Tuesday, March 1, 2022
Time: Noon - 1 p.m.
Sign-up Now

Controlling High Blood Pressure
Flyer

Date: Tuesday, March 15, 2022
Time: Noon - 1 p.m.
Sign-up Now

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

Date: Tuesday, April 12, 2022
Time: Noon - 1:30 p.m.
Sign-up Now

Pediatric Health - A Cluster of Services for 0 - 2 Years Old
Flyer

Date: Tuesday, June 7, 2022
Time: Noon - 1 p.m.
Sign-up Now

Pediatric Health – Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents
Flyer

Date: Tuesday, July 12, 2022
Time: Noon - 1 p.m.
Sign-up Now

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 PCPs 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

Addressing Disparities in Diabetes with Project ECHO: A Focus on Diabetes-Related CKD

Each of the four sessions will focus on the "ABCDES" needed to improve diabetes care: Access, Beyond A1C, Confidence, Disparities, Education, and Systems. Our hub team of experts is a diverse group of thought leaders from eight academic institutions across the United States and a diabetes advocacy organization who will provide foundational education, case-based mentoring in real time and a holistic perspective of every opportunity and barrier discussed.

Looking Beyond Glucose Control: Best Practices to Address Diabetes-Related CKD

Date: Wednesday, February 16, 2022
Time: Noon – 1 p.m. ET

Addressing CKD Disparities and Social Determinants of Health to Achieve Diabetes Management Goals

Date: Wednesday, March 16, 2022
Time: Noon – 1 p.m. ET

Halting CKD Progression: From Optimizing Hypertension Management to Newer Agents

Date: Wednesday, April 20, 2022
Time: Noon – 1 p.m. ET

More Information
Sign-up Now

VITAL: Relational Health, a New Learning Series for Pediatric Providers

CMEs Available

VITAL offers a free online, self-paced course of six, approximately 20 minute, modules.

Lessons Available:

- Introduction to Relational Health
- The Science of Relational Health
- ACEs, Toxic Stress & Relational Health
- Relational Health as a VITAL sign
- How to Support the Relational Health of Children & Families
- Culture & Relational Health

More information & registration link

Free Continuing Education Courses to Help Improve Patient Outcomes

NCQA is offering on-demand courses free to health care professionals:

- Unhealthy Alcohol Use and Alcohol use Disorder (AUD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Obesity through Diagnosis and Management
- Strategies to Improve Glucose Control with Mealtime Insulin
- vaxPACES
- Open Bed Campaign
- And much more!