

Weekly Medical Directors Briefing April 12-16, 2021

“The last time I looked in my textbook, the specific therapy for malnutrition is food.”

–Dr. Jack Geiger

Remembering the Founder of Community Health Centers

In December, 2020, Dr. H. Jack Geiger, founder of the first Community Health Centers in the United States, died on Monday at his home in Brooklyn at age 95.

In the 1960s, Dr. Geiger was a co-founder, with Dr. Count Gibson, of Community Health Centers in South Boston and in Mound Bayou, in the Mississippi Delta. They provided desperately needed health care but also food, sanitation, education, jobs, and social services — what Dr. Geiger called “a road out” of poverty. The centers inspired a national network of clinics that now number more than 1,300 and serve about 28 million low-income patients at more than 9,000 sites.

Dr. Geiger was a leading proponent of “social medicine,” the idea that doctors should use their expertise and moral authority not just to treat illness but also to change the conditions that made people sick in the first place: poverty, hunger, discrimination, joblessness, and lack of education.

During his last year of medical school, he traveled to South Africa and worked with two physicians who were setting up a health center in an impoverished, disease-ridden region of the country called Pholela, which was then a Zulu reserve. A key to the center’s success was that local people — its own patients — worked there and helped run it.

For five months Dr. Geiger took care of patients, visiting thatch huts and cattle kraals, meeting traditional healers and seeing the huge improvements — pit latrines, vegetable gardens, children’s feeding programs — that the health center had brought to the region.

In the summer of 1964, he traveled to Mississippi to help care for the civil rights workers who were pouring into the Deep South to campaign for voting rights.

In Mississippi, he saw conditions much like those in South Africa: families living in shacks without clean drinking water, toilets or sewers; sky-high rates of malnutrition, illness, infant death and illiteracy; few or no opportunities for residents to better themselves and escape. He realized that he did not have to travel to Africa to find people in trouble.

Under President Lyndon B. Johnson, the war on poverty had begun and the Office of Economic Opportunity had been created to pay for projects to help the poor. Sponsored

by Tufts University, and armed with grants from the opportunity office, Dr. Geiger, Dr. Gibson, Dr. John Hatch and others set up a health center in Mound Bayou, Miss., a poor, Black small town where most people were former cotton sharecroppers whose way of life had been wiped out by mechanization.

The clinic, which opened in 1967, treated the sick but also used its grant money to dig wells and privies and set up a library, farm cooperative, office of education, high-school equivalency program and other social services.

The clinic “prescribed” food for families with malnourished children — to be purchased from Black-owned groceries — and the bills were paid out of the center’s pharmacy budget.

The governor complained, and a federal official was sent to Mound Bayou to scold Dr. Geiger for misusing pharmacy funds, which, the official said, were meant to cover drugs to treat disease.

“Yeah,” Dr. Geiger replied, “well, the last time I looked in my medical textbooks, they said the specific therapy for malnutrition was food.”

The official, he said, “shut up and went back to Washington.”

(Adapted from Dr. Geiger’s full [Obituary](#) in New York Times)

This Week’s News

Zio Patch Cardiac Event Monitor now Covered

Medi-Cal and PHC now cover the use of the Zio Patch for cardiac event monitoring. This patch is best used for diagnosing intermittent arrhythmias that do not occur every day (a Holter monitor is preferred for more frequent arrhythmias. The CPT codes for this are 93241-93248.

Unlike traditional event monitors, the Zio Patch is an all-in-one unit that sticks firmly to the chest wall and can be used for patients with vigorous physical activity. When symptoms occur, the patient can push on the single button to capture it. When the analysis is completed, the patch is removed from the chest wall and mailed in for analysis.

Careful patient education is essential for the unit to be most accurate for diagnosing an arrhythmia. See <https://www.irhythmtech.com/patients/faqs> for details. If a PCP is not sure if the Zio Patch is appropriate for a specific patient, they may want to consult or talk with a cardiologist first.

Here is one common scenario to avoid. A patient with hyperthyroidism complains of intermittent palpitations, and has a normal baseline EKG. They have a Zio Patch placed and they push the button when they have an episode, which they think is typical. Analysis shows sinus tachycardia and no pathologic arrhythmias. The patient is a bit anxious and wants another Zio Patch to try again to look for pathology that

she is sure is present. A repeat Zio Patch in this instance is almost never helpful. The correct diagnosis is palpitations due to sinus tachycardia associated with hyperthyroidism. The patient should be given this diagnosis with confidence, and have their hyperthyroidism treated without a repeat Zio Patch.

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

Effective immediately, the PHC Medical Equipment Distribution Services Program is offering four new types of monitoring and treatment medical equipment to PHC members at no cost.

- Humidifiers
- Nebulizers
- Scales
- Vaporizers

As a friendly reminder, the program also continues to allow providers to request the following for their PHC patients:

- Blood pressure monitors
- Oximeters
- Digital thermometers

In addition, we 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 2,500 devices, to PHC members to over 40 different healthcare 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@partnershipphp.org or by faxing the form to (707) 420-7855.

For any questions, please contact request@partnershipphp.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.

COVID-19 Vaccine: An Open Conversation

Date: Thursday, April 22, 2021

Time: 5:30 p.m. – 6:30 p.m.

[Flyer in Spanish](#) (for link to conversation, webinar ID, Passcode, and Dial In options)

[Flyer in English](#) (for link to conversation, webinar ID, Passcode, and Dial In options)

For more information: Keedra.D.McNeill@kp.org

Pre-recorded conversations:

- 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. CME now available for watching this program.

- 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.

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

UpSkillMA Courses by the Weitzman Institute

UpSkillMA provides practicing Medical Assistants with next level training and expertise to excel in high-performing Primary Care teams. Participants learn at their

own pace through an online platform that is user friendly, secure, and HIPAA Compliant.

[Click here for course information and to sign-up.](#)

Marijuana/Cannabis Prevention Education Series 2021

A series of virtual trainings and workshops providing comprehensive marijuana/cannabis prevention education to youth, parents/families, adult allies, educators/school personnel, and healthcare/mental health professionals.

[Click here to sign-up.](#)

For more information, contact: donna.newman-fields@sonoma-county.org and carla.denner@sonoma-county.org.

Marijuana/Cannabis: What Teens Really Want to Know

CEU's may be available.

Targeted Audience: Mental health providers, educators, school personnel/administrators, social workers.

- Forms of use, potency, vaping
- Impact on adolescent brain development
- Answers to common questions posed by teens
- How to make sense of information on social media

Date: Wednesday, April 21, 2021

Time: 3:30 p.m. – 4:30 p.m.

Marijuana/Cannabis & Your Teen

Targeted Audience: Parents/families, adult allies, providers who would like to learn more about how to guide and support families.

- Forms of use, potency, vaping
- Impact on adolescent brain development, brain functioning, mental health & life outcomes
- Strategies for prevention conversations at home at various developmental stages

Date: Wednesday, May 12, 2021

Time: 3:30 p.m. – 5 p.m.

Best Practices for Patient Engagement

Join the Migrant Clinicians Network and the National Nurse-led Care Consortium for a four-part learning collaborative discussing patient engagement, an essential component for high-quality, person-centered healthcare. This learning collaborative will bring health centers together to explore a framework for patient and family engagement, so that patients can make more informed decisions to increase both their satisfaction and healthcare outcomes.

[Register for Learning Collaborative](#)

Module 1: Best Practices for Patient Engagement

Date: Wednesday, April 28, 2021

Time: 2 p.m. – 3 p.m., ET

Module 2: Engaging Patients in Direct Care

Date: Wednesday, May 12, 2021

Time: 2 p.m. – 3 p.m., ET

Module 3: Organizational Design

Date: Wednesday, May 26, 2021

Time: 2 p.m. – 3 p.m., ET

Module 4: Governance

Date: Wednesday, June 09, 2021

Time: 2 p.m. – 3 p.m., ET

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