

## ***Weekly Medical Directors Briefing September 27 – October 01, 2021***

**“Work is hard. Distractions are plentiful. And time is short.”**

**–Adam Hochschild (Writer, historian)**

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### **Yours, Mine or Ours?**

The approval of Covid boosters this week, and the expected expansion of vaccination to school aged children in the next 2 months, will lead to a surge in demand for vaccination. Counties, pharmacies, hospitals, and medical providers are planning on how to respond to this demand, which could distract us from something all public health experts agree on: most hospitalizations and deaths are occurring in the unvaccinated. The unvaccinated deserve continued focus and attention.

Additionally, the energy and resources to provide boosters and pediatric vaccinations this fall will distract from other important healthcare needs of the populations we serve: increased levels of depression, substance use and obesity are combined with worsening control of hypertension and diabetes. Children are falling behind on well-child visits and routine childhood vaccinations.

What should be the role of Primary Care Providers (PCPs) in providing boosters and pediatric vaccines, during the fall of 2021? Planning with county stakeholders is key, with each stakeholder asking themselves, “What are YOU best equipped to do, what is MY responsibility, what do we need to do TOGETHER to be successful? What is yours, what is mine, what is ours?”

Yours. Consider directing motivated patients to register for vaccinations at community pharmacies, which are currently providing about 2/3 of vaccinations in the state.

Mine. How can we integrate Covid vaccination in our practices as efficiently as possible to avoid negatively impacting other preventive activities, including efforts to vaccinate those without prior doses of vaccine? Can we vaccinate our patients during regular hours and use the leftover doses at the end of the day to provide non-urgent boosters to those previously vaccinated?

Ours. Work with counties to develop a plan to vaccinate school-aged children rapidly, ideally in the school setting. How can we mobilize volunteers to take the pressure off practicing clinicians?

The work remains hard. The new vaccine policy distractions are plentiful. Although the fall Delta wave is subsiding, time is short before a winter wave begins. Nonetheless, it is worth the time to plan now.

## This Week's News

### Covid Vaccination Incentives for Primary Care Providers

Within PHC's 14 counties, on August 25, about 65.2% of those aged 12 and over had received at least one Covid vaccination. Among PHC members in these counties the rate is about 47.1%, according to data provided by DHCS. To help increase the number of vaccinated Medi-Cal beneficiaries, DHCS has tasked PHC, and other Managed Care Plans, to help increase this rate. PCPs are a critical component of our plan to help increase vaccinations, and we would like to support you with your efforts. We are offering a 3-tiered financial incentive program for PCPs.

Additionally, our plan includes substantial other support for your work, including:

- Significant dollars for community grants to initiate and bolster the efforts of community-based organizations to provide and facilitate access to Covid vaccinations for the target populations
- Specific outreach to homebound PHC members
- A broad-reaching, multilingual media campaign aimed at the target audiences, focused on dispelling vaccination misinformation and encouraging vaccination
- A member incentives program for members vaccinated after 9/1/21
- Collaborating with larger pharmacies to identify unvaccinated PHC members picking up prescriptions and vaccinating them on site

Incentives offered to PCPs include the following:

- A fixed one-time incentive for the development and submission of a vaccination plan, followed by a report on the implementation of that plan.
- A cash incentive for each PHC Member partially or fully vaccinated by the provider site or a "finder's fee" for each member verified to be at least partially or fully vaccinated and then documented in CAIR by the provider/site.
- A high performer QIP bonus based on the provider/site assigned PHC member vaccination rate at the end of the program (2/28/2022).

For more information, please visit the following links:

- [Specifications for Covid Vaccination Provider Incentives](#)
- For all details, documents, programs, grants, and weekly updates, visit PHC's [Covid Vaccine Incentive Program webpage](#).

## More Best Practices for Administering Vaccines in the Office Setting

From La Clinica in Solano County comes these best practices:

- Start each day and each week with a clear plan, with time allotted for review vaccine supply, preparation and easy access to vaccine for the clinical day (thawing /storage and reallocating within the practice).
- Develop a clear protocol and procedure for managing vaccine supply with at least one Nurse as supervisor of that P/P and train MAs on the work flow for administering vaccine and entering data.
- The front office and back office have procedures in place to accommodate walk-in requests for Covid vaccination.

### Previously Shared Best Practices:

- [Winters Healthcare Foundation](#)
- [Marin Community Clinic](#)

## Fall Regional Medical Directors Meeting Postponed

The in-person Regional Medical Directors Meetings scheduled in October and November of 2021 will be postponed until the early Spring 2022. Watch for dates in future newsletters.

## 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.

## Working Together to Improve Blood Pressure Control

About 25% of adult PHC members have a diagnosis of hypertension. The Surgeon General has issued a “call to action” and established The Million Hearts campaign with a goal of having 80% of patients with hypertension at blood pressure control. In 2019, six of the larger primary care providers in the PHC network have demonstrated hypertension control rates were better than 80%.

PHC supports our providers and members to improve blood pressure control through home self-management. PHC aims to improve member’s ability to manage their BP at home and give providers the vital BP measurements for telehealth visits by covering blood pressure monitoring kits for home use. Providers can help PHC members receive home BP monitors in the following ways:

All PHC members with Hypertension are eligible for a BP monitor distributed from PHC to ease for home BP self-management and BP checks for telehealth visits. Use this link to access the order form for this device: [PHC BP Monitor Distribution link](#).

Providers will need to complete the DME Request Form that can be found on the PHC website.

For home BP monitor requests, complete the form and submit to [request@partnershiphp.org](mailto:request@partnershiphp.org) or fax to (707) 420-7855. This will be delivered directly to your patient’s address.

Please use these resources to give your patients the opportunity to engage in their management of blood pressure and reduce their risk of heart disease and stroke.

Work with your patients who have hypertension to monitor the BP at home and schedule follow up visits with your care teams (in person or telehealth) to address blood pressure readings that are not at target and ensure your patients have access to medications and other health educations that will support better health. Working together, patients, providers and the health plan can move the dial on blood pressure control.

## Scholarships for Primary Care Psychiatry Training

Primary care providers are on the frontline for the delivery of psychiatric treatment. However, many providers are under-resourced and often have suboptimal training to support the vast majority of psychiatric care. The Train New Trainers (TNT) Primary Care Psychiatry (PCP) Fellowship lays the groundwork for an expansion of psychiatric education for primary care specialists currently in practice and providing the bulk of care for patients with behavioral health issues. This one-year fellowship is an invaluable opportunity for primary care practitioners to increase their confidence and skills in caring for mentally ill patients. Our non-traditional training program is primarily available for primary care providers working in internal medicine, family medicine, emergency medicine, OB-GYN. Past fellows have included MDs, DOs,

NPs, and PAs. **Full-tuition scholarships** are currently available to cover the tuition cost of \$15,500.

### **UC Irvine Train New Trainers (TNT) Primary Care Psychiatry (PCP) Fellowship 2022**

The curriculum includes over 50 hours of training and will lead to a certificate of completion from the UC Irvine School of Medicine:

- Two-weekend intensive trainings (24-28 hours\*); pending any California COVID-19 restrictions
- Live webinars on the second Monday at noon and third Monday at 5:15 PM (PST) via Zoom (21 hours)
- One hour per month of mentoring sessions with a TNT faculty member (11 hours)
- Specialized Child and Adolescence Psychiatry Track - New for 2022
- Complimentary lifelong learning for Alumni.

### **California Office of Statewide Health Planning and Development (OSHPD) Scholarship information:**

Applicants must meet the minimum requirements to be considered:

- Be currently employed or have accepted employment as a primary care or emergency provider (MD, DO, NP, PA) in the following specialties: family medicine, internal medicine, OB/GYN, or pediatrics.
- Work at a qualifying practice site in a Federally Qualified Health Center/lookalike, Health Professional Shortage Area – Primary Care (HPSA-PC) or Primary Care Shortage Area (PCSA) in California.
- Work at a practice site with at least 50 percent of patients from a medically underserved population (uninsured, Medi-Cal, or beneficiaries of another publicly funded program that serves patients who earn less than 250 percent of the federal poverty level).

The deadline to apply for a scholarship is October 17, 2021, at 11:45 PM PST. **Your application must be submitted online to the TNT program by October 15, 2021, for review.** Upon approval, you will receive the link for the OSHPD scholarship application. Deadlines are subject to change as funding is limited.

[Click here for OSHPD scholarship flyer](#)

[Apply for TNT PCP 2022 Cohort today](#)

[Visit UCI Train New Trainers \(TNT\) Primary Care Psychiatry \(PCP\) Fellowship website](#)

## Tuition Waivers Available for the UC Primary Care Pain Management Fellowship

***Applications are due September 27, 2021.***

UC Davis' Center for Advancing Pain Relief has collaborated with UC San Diego's Division of Pain Medicine, to offer this year's Train the Trainer (T3): Primary Care Pain Management Fellowships. Full tuition waivers are available to safety-net clinicians in California, which includes FQHCs, RHCs, and county health systems. The Fellowship normally costs \$10,000.

For more information, and how to apply, [click here](#).

## PHC Educational Opportunities and Events

### The Role of Leadership in Quality Improvement Efforts – Interview with Top-Performing Leaders

Leaders from top-performing organizations will share how they were able to build a culture of quality.

**Target Audience:** This course is intended for executive leaders, managers, and supervisors.

The focus of this training is to:

- Understand the role of leadership in quality
- Learn how to successfully build a culture of quality from proven leaders
- Understand how a culture of quality impacts an organization
- Learn the key principles to improving quality

#### **Community Medical Center**

Leadership includes CMO, COO, Director of Quality, and FNP

**Date:** Tuesday, October 05, 2021

**Time:** 11 a.m. – Noon

[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:

- 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

### 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@cpcpa.org](mailto:wcn@cpcpa.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.”