

Weekly Medical Directors Briefing July 18-24, 2021

“Don’t accept the world as it is. Dream of what the world could be – and then help make it happen.”

–Peter Tatchell

How Bad Will the Summer Delta Wave Be?

For the past year, for some reason I have enjoyed playing some Pandemic-related games with my sequestered family. The best is [Pandemic Legacy: Season 1](#), a cooperative game where players work together to save the world from dangerous pathogens, including some that turn people into virtual zombies. It is a long game, taking many days to complete. I’m happy to say that my family saved the world twice, although many people died and some cities were destroyed in the process.

An older computer game (from 2008) called [Pandemic 2](#) takes a different perspective, where you are the microbe and you are trying to kill as many people as possible. Not surprisingly, perhaps, the best way to do well in this game is to know how COVID-19 unfolded, with asymptomatic respiratory spread, followed by mutations that increase infectiousness and subvert the effectiveness of vaccines. This really helps hit home what is currently happening with the Delta variant.

Recent estimates put the R_0 more infectious Delta variant of COVID-19 at six to eight, compared to the R_0 of the original Wuhan strain, which was estimated at 2.7. (Reminder: the R_0 represents the average number of contacts infected by a single infected person.) This translates to 80-90% of the entire population (*including children*) would need to have good immunity to this strain to prevent a wave.

While the vaccination rate among California *adults* is 61.4%, only 51.8% of California’s *entire* population has been fully vaccinated against COVID-19. Of the 12% of the partially vaccinated, some may have had prior COVID infection before vaccination, in which case the single dose probably about as effective as two doses in a person who never had COVID; the remaining individuals with a single dose have about 34% protection. Overall an additional 8% protection rate is reasonable. From seroprevalence studies, around 15% of the remaining 36% have been previously infected against COVID, but not vaccinated. Unfortunately, prior infection with non-Delta strains confers only about 30% protection against Delta, so the effective rate of protective immunity is only about 65% in our state, far from the now-needed 80-90%, hence the current exponential growth of infection against the Delta variant.

As of last week, the California Department of Public Health (CDPH) projected that the 2021 summer delta wave will be a little less severe than last summer’s COVID-19 wave. Based on the experience in the similarly-vaccinated United Kingdom, which is about 1 month ahead of us in the Delta wave, the hospitalization rate will be about 1/3 of what we experienced in prior waves. This means the risk of overwhelming the hospitals and ICU capacity of the state is low, so dramatic stay at home orders or restaurant closures are less likely to be needed or considered.

The upshot: this will likely be a quicker, steeper wave, with hospitalizations and deaths concentrated in the smaller, unvaccinated population. The rates of infection in the unvaccinated population will likely equal the overall infection rates we saw this past winter.

The vaccinated population is considering the recommendations of local public health officers to encourage wearing masks in indoor settings when among strangers, to slow down their lower-morbidity spread of the Delta variant. By itself, this will have a small impact on the overall epidemic curve. It may protect them and their families in the month ahead.

Vaccination is our best hope for fighting this particular virus, with its combination of high infectiousness, high level of asymptomatic spread, and relatively rapid development of mutations that help it evade our immunological and public health defenses—a lesson confirmed by two games written before COVID-19 struck.

You play a key role in this real-life game. Thanks for dedicating yourself to this vision of a better world.

This Week's News

Urgent: Medical Device Recall CPAP and Bi-Level PAP Devices

Partnership HealthPlan of California (PHC) has been informed that **Philips Respironics** is voluntarily recalling CPAP and Bi-Level PAP devices manufactured before April 26, 2021. They have identified two (2) issues related to the polyester-based polyurethane (PE-PUR) sound abatement foam used in Philips Continuous and Non-Continuous Ventilators. The PE-PUR foam may degrade in particles which may enter the device's air pathway and be ingested or inhaled by the user and the PE-PUR foam may off-gas certain chemicals. These issues can result in serious injury, which can be life threatening, cause permanent impairments, and/or require medical intervention to preclude permanent impairment.

[Read more](#) on action needed and devices affected.

Supporting Self-Management of Hypertension: Two New Tools for Patients

In October 2020, the office of the Surgeon General released "[A Call to Action to Control Hypertension](#)". With an incidence of nearly 1 in 2 US adults and with only about 25% of those with adequately controlled blood pressures, hypertension remains a major preventable risk factor for heart disease and stroke. The document outlines 3 main goals to help achieve good blood pressure control in 80% of patients with hypertension:

- Goal 1: Make hypertension control a national priority.
- Goal 2: Ensure that the places where people live, learn, work, and play, support hypertension control.
- Goal 3: Optimize patient care for hypertension.

PHC heard this call and increased our efforts to help our members with hypertension get their blood pressures under control. In addition to continuing to include

Controlling Blood Pressure in our PCP QIP measure sets, for both Internal Medicine and Family Medicine practices, we expanded our efforts to distribute home Blood Pressure (BP) monitoring devices to eligible members and increased our outreach to members diagnosed with hypertension. More information about the BP distribution program is available here: [Medical Equipment Distribution Services Form](#).

As part of these expanded efforts, we are pleased to announce the release of **new patient facing materials**. The first is a detailed, illustrated information and instruction document for members who receive one of the VIVE Precision Blood Pressure Monitors as part of our expanded blood pressure device distribution program. This document explains how to set up the device, provides detailed instructions in appropriate body/arm positioning, and use of the device. The instructions document is available here: [Blood Pressure Monitor Instructions](#). The second document is a log for members to record their home blood pressure readings (similar to a blood glucose log). This includes a chart detailing how the member should react to the BP readings they get. In the interest of shared decision-making, members are encouraged to discuss this log/chart with their PCPs to customize their best individual response plans. The log and chart are available here: [Blood Pressure Chart and Log](#). Both of these documents are mailed to members who participate in our BP device distribution program, and are available on the MEMBERS page of the PHC website. The documents are available in English, Spanish, and Russian.

Finally, for those of you who were not able to attend our “Benefits of Home Blood Pressure Monitoring” webinar, on July 6, 2021, the recording of the program is located here: [Benefits of Home Blood Pressure Monitoring Webinar Link](#). Thank you for your continued efforts towards this life saving goal of controlling blood pressures. Please let us know if you have any questions or suggestions regarding this program.

California POLST Registry Planned

The dream of a statewide POLST registry in California, took a huge step toward becoming a reality as Governor Gavin Newsom, signed the main 2021-2022 State Budget Trailer Bill, related to health ([SB 133](#)). This bill includes a \$10 million appropriation for the California Emergency Medical Services Authority (EMSA), to develop a POLST eRegistry in consultation with the Coalition for Compassionate Care of California (CCCC), and other stakeholders.

The eRegistry implementation is planned over the next several years, and includes a requirement that POLSTs be submitted electronically, a fundamental change from the paper-based POLST that is currently allowed. National standards organizations are currently working on a standard format for electronic POLST forms, which will enable vendors of Electronic Health Records (EHRs) to build both the electronic POLST and a connection with the eRegistry into their platforms.

Assembly member Dr. Joaquin Arambula, Emergency Room physician from Fresno, submitted the proposal to the legislature and administration and shepherded it through the budget process. POLST champions and stakeholder organizations including the California Medical Association (CMA), supported the proposal through the budget committees and the finance department of the Newsom administration.

As the operational home of the California POLST program, since its inception in 2008, CCCC has worked collaboratively with other stakeholders to advance POLST in California through education and advocacy. The budget allocations are the culmination of years of effort, spearheaded by CCCC, to support electronic

exchange of POLST information whenever, and wherever it is needed to support person-centered care.

EMSA is the State Administrative Authority in charge of the POLST form, and whom will lead the POLST registry project and contracting. This will be the first time the state has invested significant time and resources into the POLST and the CCCC will work closely with EMSA to provide education, and lead quality improvement efforts.

Primary Care Physicians, Hospitals, Skilled Nursing Facilities, and PHC will need to complete many steps in order to prepare for the eRegistry implementation. PHC will be actively supporting these preparatory steps in the years to come, likely including aligned pay-for-performance incentives.

There is much work to come to make this a reality, but we very much celebrate this key milestone!

COVID CalVaxGrant

The next phase of COVID vaccination needs to include mainstream medical settings that patients interact with: physician offices and hospital. If your office is interested in support to make this happen (to cover freezers, training, supplies etc.), consider applying for California Department of Public Health (CDPH) grants of up to \$55,000 per practice of under 200 physicians. If you have already been giving vaccines in your office, you can be reimbursed for prior expenses through these grants.

CDPH's CalVaxGrant program will also offer one-on-one support, and vaccine administration resources for physician practices.

Accepting Grant Applications: July 12 – August 13, 2021.

****Apply as soon as possible! Grants are on a first-come first-served basis.***

[More Information & Application](#)

CDPH: Offer Vaccines to Every Eligible Patient in the Office

Many clinicians and health care organizations are so worried about wasting vaccine doses, that they are missing many opportunities to vaccinate their patients. At this phase of the COVID-19 vaccine roll-out, CDPH recommends:

Never miss a vaccine opportunity! Vaccinate every eligible person who presents at a site offering vaccination – even if it means puncturing a vial at the end of the day.

Several studies have shown eliminating missed opportunities could increase vaccination coverage by up to 20%!

Before mid-April, COVID-19 vaccine was in such high demand that clinicians and public health officials were working very hard to avoid wasting even a single dose of vaccine. That is no longer the case in the United States, which has such a surplus inventory of vaccine that government orders have decreased and production capacity has been shifted to supplying needs in other countries.

There are several practices that can help reduce vaccine dose wastage, but concern about wasting doses should NOT be a reason a practice decides not to offer vaccinations to every patient.

CDPH has shared an [information sheet](#) with other best practices, and ideas for avoiding missed opportunities while being mindful of ways to minimize wasted doses.

Tuition Waivers Available for the UC Primary Care Pain Management Fellowship

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

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](#).

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.

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

[Flyer](#)

Date: Tuesday, July 27, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

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

Petaluma Health Center

Leadership includes CEO and CMO

Date: Thursday, September 23, 2021

Time: Noon – 1 p.m.

[Sign-up Now](#)

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](#)

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.](#)

CSAM 2021 Addiction Medicine Review Course and Board Exam Preparation Track

Registration Deadline: August 16, 2021

CME/MOC Credit Available

More Information, Cost & Registration: <https://csam-asam.org/page/CSAM-2021-Conference>

Pre-Conference Workshops

Addressing Racial and Ethnic Bias in Addiction Systems of Care

Date: Wednesday, August 25, 2021

Time: 8:30 a.m. – 12:30 p.m.

Updates in Medications for Opioid Use Disorder

Date: Thursday, August 26, 2021

Time: 8:30 a.m. – 12:30 p.m.

Psychiatry for the Addiction Physician

Date: Thursday, August 26, 2021

Time: 1:30 p.m. – 5:30 p.m.

Widening the Lens: Complementary and Lifestyle Approaches to the Treatment of Substance Use Disorder

Date: Friday, August 27, 2021

Time: 1:30 p.m. – 5:30 p.m.

Addiction Medicine Board Exam Preparation Track

The Board Exam Preparation Track takes place over a span of four days during the conference. It is designed for those preparing to take the American Board of Preventive Medicine (ABPM) Addiction Medicine Board Exam and is aligned with the Board's exam content Blueprint. The faculty of experienced educators will cover 16 key topic areas, with sample exam questions and rationale provided for answers. Test-taking and study tips will be covered. Attendees will have access to review these recorded sessions through November. Access to the High Yield Question Bank is included.

Dates: August 31 – September 03, 2021