

## Weekly Medical Directors Briefing April 26-30, 2021

**“One’s zip code should not determine one’s health destiny –  
but in America, it does.”**

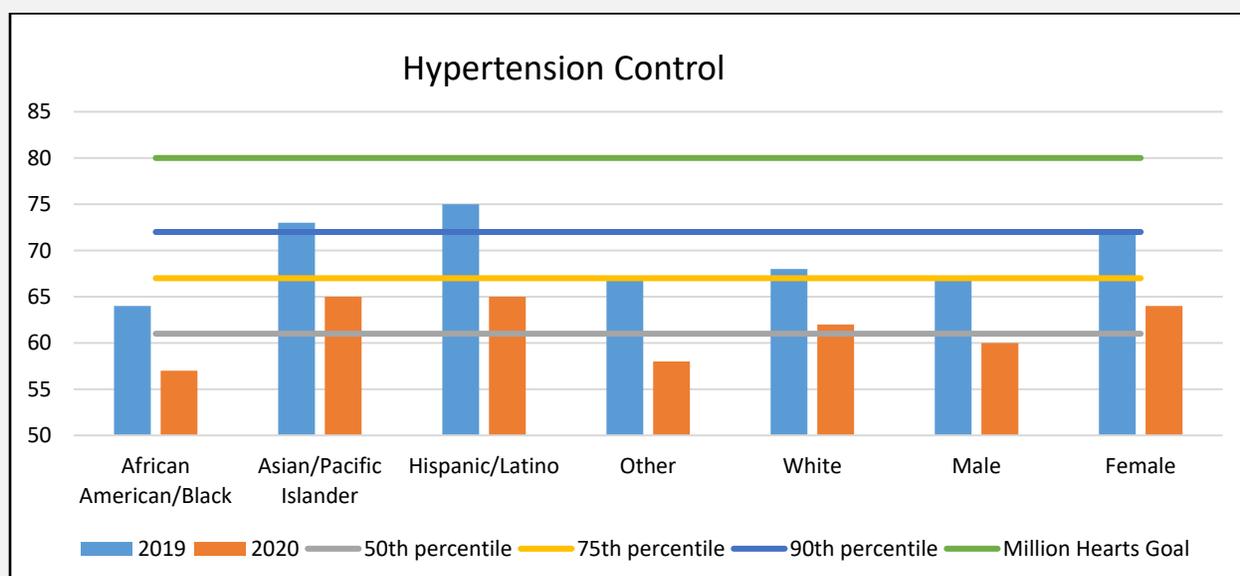
**–Robert Ross, CEO California Endowment**

### Outcome Disparities vs. Outcome Inequities

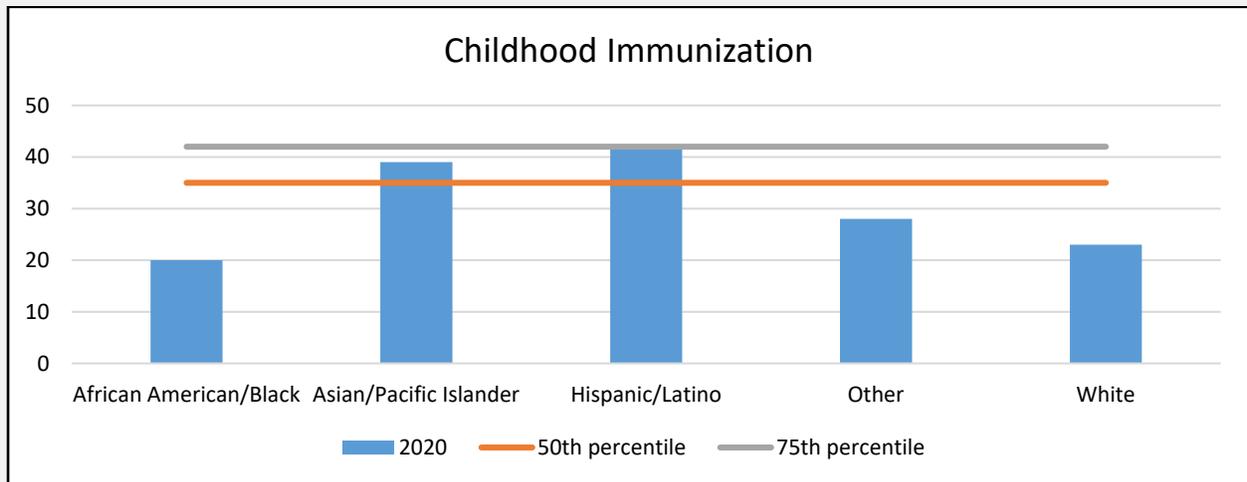
Health equity is the focus of much attention recently, with NCQA and DHCS looking for ways to measure and remediate inequities. A major limitation to analysis of health equity in the Medi-Cal population, is that the data available on race, ethnicity, language and gender is self-identified at the time of Medi-Cal application based on limited standardized categories offered by the state. While some providers gather more detailed demographic data, such as gender identity, sexual orientation, or more nuanced ethnicity information, it is not captured in a standardized way and not reported to the health plan or the state, so no analysis based on this more detailed demographic information is possible outside of the provider-level databases. A high priority for making health equity analysis less blunt will be to standardize more detailed race/ethnicity/gender etc. data collected from beneficiaries at the time of application.

Partnership HealthPlan of California (PHC) is able to use the basic member-level ethnicity data we have to evaluate certain clinical data elements that are collected more systematically, as part of HEDIS administrative measures (such as breast cancer screening) or hybrid measures collected as part of the PCP QIP (such as blood pressure control). Outcome data, like maternal mortality or neonatal mortality, is not coded in a way that we can generate accurate rates within our health plan data (county level and state level mortality data is available from CDPH).

There are two patterns that we find with this approach, illustrated with the following examples:



- a. Hypertension control: Note the declining control overall in 2020, due to the COVID pandemic. Additionally, note less control of blood pressure in the Black and male populations. This chart is based on QIP data, the denominator being much larger than for HEDIS data, where only a small sample of the overall population is evaluated. Consequently, while we are not able to find statistically significant disparities from HEDIS data, we are able to see statistical differences in the QIP dataset. Diabetes control exhibits a similar pattern.



- b. Childhood Immunization: 10 vaccine series completed by age 2. White and Black children have similarly low vaccination levels, compared to the Asian/Pacific Islander and Hispanic children. Many other clinical measures have a similar pattern, with the health status of white members below that of other ethnic groups.

As this illustrates, not all health disparities are a reflection of inequities. If a socially favored demographic (such as white males) has a worse health status, this disparity would not be considered a reflection of systematic bias or unequal privileges. Such ethnic disparities (in the setting where all groups have Medi-Cal, and so all the comparison groups have low income) may be associated with *other* factors which could be considered inequities. Examples include, living in a rural area with less access to medical care or having a higher exposure to factors that increase health risk, such as housing instability or substance use.

These examples illustrate the challenges DHCS and NCQA will have as they try to define standardized equity measures that measure performance of health plans. Nonetheless, analyzing the data we have to look for disparities is well worth the effort, to allow a thoughtful contemplation of associations and potential causal factors that we may be able to address.

## This Week's News

### Strategies to Affect Improvement in Measures during COVID-19

Throughout the Pandemic, patients have been reluctant to attend many of their health care appointments and screenings. This is a concern for all of us especially as it relates to Adolescent Immunizations and Breast Cancer Screenings.

At Partnership HealthPlan of California (PHC), in collaboration with some of our network providers, we have developed a few promising practices based on our research throughout the Pandemic which are available for you:

- [Shot at Success: Integrating the Immunization Dose Report into the Vaccine Process](#)
- [Primary Care – Imaging Center Connections: Collaborating to Improve Mammography Screening Rates](#)
- Member Online Tool: [Routine Mammogram Screenings](#) (Information & Resources)

### Hospitals Offering COVID-19 Monoclonal Antibody Treatment

With decreasing rates of COVID and a focus on vaccine, we should not forget that some higher risk patients who contract COVID (especially those not vaccinated) might benefit from treatment with one of the two combination Monoclonal antibody treatments, approved under emergency use authorization: bamlanivimab plus etesevimab and casirivimab plus imdevimab. Of note, the first (bamlanivimab plus etesevimab) is markedly less effective against the California variants, so the second (casirivimab plus imdevimab) should probably be the first choice in California.

Indications for use of monoclonal antibodies are: mild to moderate early COVID infection (as soon as possible after diagnosis), who can be treated as an outpatient, who are at high risk of clinical progression.

A website to show infusion centers offering this option can be found here: <https://covid.infusioncenter.org/>. Hospitals in our service area offering monoclonal antibody infusion are:

Northern Region:

- Modoc Medical Center
- Fairchild Medical Center
- Sutter Coast medical center, Crescent City
- Banner Lassen
- Mercy Redding
- Shasta Regional Medical Center

Southern Region:

- Adventist Ukiah valley
- Adventist Clearlake
- Novato Community
- Marin Health
- Healdsburg District

- Woodland Memorial
- Northbay Hospital

## Enuresis Alarms Covered by PHC

For many children with monosymptomatic enuresis, one very effective treatment option is behavioral modification using enuresis alarms. The best meta-analysis of therapeutic options showed less relapse of alarms versus children treated with desmopressin. The cost is also significantly less.

While enuresis alarms are covered by PHC, both as a pharmacy benefit for children aged 5 and older, without a TAR, many pharmacies struggle with billing for this device. If the long-anticipated Medi-Cal Rx pharmacy carve out occurs, this option will no longer be available.

A more reliable way to get enuresis alarms for children is through Broadway Medical. They stock the NiteTrain-R Bedwetting Alarm. They will take the order by fax or on-line submission and deliver the device directly to the patient. The ordering clinician should ensure the parents are educated on appropriate use of the device.

Here is the contact info for Broadway Medical Supplies:

Eureka, CA  
Phone 707-442-3719  
Fax 707-442-0237

Sacramento, CA  
Phone 916-927-4047  
Fax 916-927-5383

You may also submit the request directly through the providers' website:  
<https://www.broadwaymed.com/providerforms>

Thanks for passing this on to your pediatric clinicians!

## Major changes in X-waiver Announced.

Starting 4/28/2021, there are [major changes](#) to requirements to prescribe buprenorphine for the treatment of opioid use disorder.

Previously, it was necessary to complete 8 hours (physicians) or 24 hours (PAs and NPs) in order to get the waiver. **This is no longer the case.**

Through this new pathway, providers granted the waiver can prescribe to up to 30 active patients at any given time. If providers wish to exceed 30 patients at any time, they will have to undergo the training as before.

Waiver requires submitting a letter of intent (LOI) with SAMHSA (DEA and licensure will be required at time of submitting LOI) online at: <https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner>.

A "Waiver" will still be required to prescribe buprenorphine for the treatment of **opioid use disorder**. No waiver is required for the prescribing of buprenorphine for the treatment of **pain**, as has been the case to date.

Waivers can be obtained by: physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives, with valid DEA registration and valid state medical license.

Clarification of privacy issues: SAMHSA has now clarified that possession of the waiver alone does *not* automatically make one a **42 CFR Part 2 entity**. This is important, since 42 CFR Part 2 places many restrictions on exchange of health information, compared to HIPAA. Here is a summary of the rationale:

"Practitioners with a waiver who prescribe buprenorphine only need to follow Part 2 if they meet the definition of a "federally assisted program" as defined in 42 CFR 2.11 and 42 CFR 2.12(b). The waiver meets the regulatory definition for "federal assistance," (see 42 CFR 2.12(b)), so the issue is whether the care is provided in a setting that meets the definition of a program (42 CFR 2.11):

1. if they work in a standalone substance use disorder (SUD) treatment program that holds itself out as providing, and provides, SUD services; or
2. if they work in an identified SUD unit of a general medical facility that holds itself out as providing, and provides, SUD services; or
3. their primary function consists of providing SUD services, and is identified as such.

Many practitioners in general medical facilities do not meet these criteria. Therefore, Part 2 generally does not apply to their patient records and they do not need to follow Part 2, even if they have received a DATA-2000 waiver and prescribe buprenorphine. HIPAA protections still apply."

## 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](mailto:request@partnershipphp.org) or by faxing the form to (707) 420-7855.

For any questions, please contact [request@partnershipphp.org](mailto: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](mailto: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](mailto: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.

### 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.

### 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.](#)

### 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 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

### 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](mailto:donna.newman-fields@sonoma-county.org) and [carla.denner@sonoma-county.org](mailto:carla.denner@sonoma-county.org).

#### 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.

## STD Clinical Update Webinar: Congenital Syphilis Update for CA Pediatric Providers

CME's Available

**Targeted Audience:** Family Practitioners, Pediatric Providers, Neonatologist, Health Educators, Community Based Organization Staff, Local Health Department Staff

The California Department of Public Health (CDPH) continues to see dramatic statewide increases in cases of congenital syphilis (CS), a severe yet preventable condition when syphilis is passed from mother to fetus. This webinar, presented by the California Prevention Training Center, features Dr. Kelly Johnson, infectious disease physician from UCSF and Dr. Nael Mhaisien, pediatric infectious diseases specialist from Valley Children's Hospital. They will discuss CS epidemiology, clinical presentation, and neonatal management. Finally, they will discuss ways providers can help stem the rising tide of CS.

### Learning Objectives

- Describe California's CS epidemiology
- Recognize the clinical manifestations of CS
- Discuss CS diagnosis, evaluation, and management
- Report all laboratory-confirmed and clinically-suspected cases of CS to public health

**Date:** Tuesday, May 25, 2021

**Time:** Noon – 1:15 p.m.

[Sign-up Now](#)

## 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](http://www.CCCCsummit.org)