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April 2nd, 2018

Our April Update includes information on:

1. Pharmacy Updates
2. A new network has joined SFHP: Jade Health Care Medical Group
3. Facility Site Review (FSR) Provider Pearls April 2018: Emergency Response Preparation
4. San Francisco Health Plan's Non-Discrimination Policy

1. Pharmacy Updates

[DHCS Drug Use Review \(DUR\) Educational Bulletin](#)

Drug-Induced QT Interval Prolongation:

DHCS DUR conducted a [clinical review](#) of Medi-Cal beneficiaries on antipsychotics

and continued monitoring if at high risk. Antipsychotic medications are carved-out to Fee-For-Service for SFHP.

VAERS Update:

The Vaccine Adverse Event Reporting System (VAERS) was updated by the FDA and CDC in June 2017, and the original reporting form was phased out as of January 2017. The revised form and reporting instructions, including online reporting, are available [here](#).

Drug Safety Communication:

In January 2018, the FDA announced safety labeling changes required for prescription cough and cold medicines containing codeine or hydrocodone. These products are now limited to use in adults 18 years or older; use in children is no longer indicated or recommended. Codeine/guaifenesin 10mg-100mg/5mL oral liquid for cough is available on SFHP formulary; as of 2/15/18, the age minimum was increased from 12 to 18 in accordance with labeling changes. The FDA announcement, including a full list of affected medications, is available [here](#).

2. A new network has joined SFHP: Jade Health Care Medical Group

Jade Health Care Medical Group is joining SFHP effective on April 1, 2018. The network includes over 200 providers, and it's affiliated hospital is Chinese Hospital. Complete listings will be available in the SFHP online provider directory next week. For more information, you may call Jade Health Care at 1(888) 775-7888/1(415) 834-2118.

Pearls April 2018: Emergency Response Preparation



All participating SFHP primary care medical offices receive periodic Medi-Cal Managed Care Division's (MMCD) Facility Site Review (FSR) Surveys. Ensuring your practice is prepared for these every-three-year surveys is the surest way to meet all California Department of Health Care

Services (DHCS) survey requirements and pass with flying colors!

This month the topic of focus is DHCS Medi-Cal Managed Care Division, Site Review Survey (SRS), Section I. Action/Safety, D. 1-8, "Emergency health care services are available and accessible 24 hours a day, 7 days a week".[i]



Medical emergencies occur at a moment's notice. The DHCS SRS has specific expectations on airway management and anaphylactic reaction management. The SRS guideline regarding airway management states, "Minimum airway control equipment includes a wall oxygen delivery system or portable oxygen tank, oropharyngeal airways, nasal cannula or mask, and Ambu Bag...". Staff has identified slow response times and lack of knowledge from the multidisciplinary team as the two most detrimental factors in appropriately responding to medical emergencies in the outpatient setting, according to a 2014 study published in *Clinical Translational Allergy*. [i] In small or solo practice offices it is not uncommon to hear such things as, "Oh, Lucy (fictional name) always takes care of that" or, "The doctor

Did you know that an essential criterion on the Site Review Survey states, “Site personnel are appropriately trained and can demonstrate knowledge and correct use of all medical equipment they are expected to operate within their scope of work and health care personnel at the site must demonstrate that they can turn on the oxygen tank”? Specific responsibilities during a medical emergency should be delegated based on job positions, rather than individuals. For example, if a co-worker is on vacation or out sick – or if a position is vacant, what is the back-up plan?

Consider some of these questions to determine if you and your staff are “moment’s notice ready” for a medical emergency in the office where you work:

- Are all of your personnel trained in procedures/action plans to be carried out in case of medical emergency on site?
- Are emergency drills practiced routinely to verify emergency techniques, protocols, and usage of emergency response equipment and supplies?

You can find the necessary tools that may assist you in preparing for site reviews on the [SFHP website](#). The tools or checklists cover each of the 171 criteria for both types of surveys. If you are new to your clinic or require a refresher on how to prepare for FSR surveys, reach out to Jackie Hägg, RN, FSR Nurse Specialist, and set up an appointment for a mock survey. We are happy to help you prepare before it counts!

[i] Scaramuzzo, L. A., Yuk Wong, R. N., & Gordils-Perez, J. (2014). Cardiopulmonary arrest in the outpatient setting: enhancing patient safety through rapid response algorithms and simulation teaching. *Clinical journal of oncology nursing*, 18(1), 61.

-Alvarez-Perea, A., Tanno, L. K., & Baeza, M. L. (2017). How to manage anaphylaxis in primary care. *Clinical and translational allergy*, 7(1), 45.

- AAP Updates Guidance on Epinephrine Use for Anaphylaxis - Medscape - Feb 13, 2017.

[i] DHCS Medi-Cal Managed Care Division, Site Review Survey 2012

Jackie at jhagg@sfhp.org or by her direct line at 1(415) 615-5637.

4. San Francisco Health Plan's Non-Discrimination Policy

SFHP received nine grievances related to discrimination in Q4 2017, which is atypical. We fully acknowledge that a member's grievance regarding discrimination may not be rooted in fact or able to be substantiated. However, SFHP is required to investigate all member grievances. We appreciate your cooperation and openness to our investigation process. SFHP would like to take this opportunity to remind our providers that while each provider group or clinic may have their own non-discrimination policy, SFHP's policy is as follows:

Discrimination is against the law. SFHP follows Federal civil rights laws. SFHP does not discriminate, exclude people, or treat them differently because of race, color, national origin, religion, age, disability, sex, or socioeconomic status.

SFHP recommends the following resources as a guide on providing high quality, effective communication and compassionate care to your unique member population:

1. [Better Communication, Better Care: Provider Tools to Care for Diverse Populations](#)
 2. [Cultural Competency Training for Healthcare Providers: Connecting with your Patients](#)
 3. [Cultural Competency and Patient Engagement](#)
 4. [Project Implicit](#)
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Please do not hesitate to contact Provider Relations at **1(415) 547-7818 ext. 7084**,
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