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July 2017

Please see these important updates from San Francisco Health Plan

Our July Update includes information on:

1. World Breastfeeding Week
2. FSR Provider Pearls - Engineered Sharps Injury Protection (ESIP)
3. New Grievance and Appeal Requirements
4. Pain Management's Pain Day Event
5. Outreach for Members with Diabetes and Asthma: Disease Management Update
6. Public Comment Open on USPSTF Draft Research Plan: Primary Care Interventions to Prevent Tobacco and Nicotine Use in Children and Adolescents
7. Choosing Wisely: Daily Self-Glucose Monitoring in Stable Type 2 Diabetes
8. Pharmacy Update

1. World Breastfeeding Week

As part of the World Breastfeeding Week celebration in August 2017, the Lactation Support Collaborative is inviting the community to participate in a photo contest!

Celebrate breastfeeding by inviting mothers to share their breastfeeding photos. This contest is open to ANYONE who works or lives in San Francisco! For more information, please view the flyer [here](#).

2. July FSR Provider Pearls – Engineered Sharps Injury Protection (ESIP)



What:

Facility Site Review, Infection Control, Safety Needles or Engineered Sharps Injury Protection (ESIP). “Site is compliant with OSHA Bloodborne Pathogens Standard...”.

Question:

Regarding an exemption from using needles with ESIP or needleless systems, which is described in Cal/OSHA, “Best Practices Approach for Reducing Bloodborne Pathogens Exposure” on page 33, it seems that anyone who is a health care provider can be exempted.

Answer:

Cal/OSHA defines four exceptions that allow employers to forego the use of needleless systems and sharps ESIP. Under each exception, it is the employer’s burden to demonstrate to Cal/OSHA the applicability of the exception to the employer’s specific circumstances. Circumstances meeting the requirements for an exemption are rarely identified. If your site does not use needles with ESIP or needleless systems credit will not be given for this FSR element without documented proof to justify an exemption. If your site does not use needles with ESIP or needleless systems and documented proof is provided, full credit is given for this FSR element.

CAL/OSHA’s publication, “Best Practice Approach for Reducing Bloodborne Pathogen Exposure”, provides templates for documenting proof of each of the four exceptions:

1. Is not available in the marketplace (page 33)
2. Jeopardizes the patient’s safety or the success of a medical, dental, or nursing procedure as determined by the health care professional caring for the patient (page 35)
3. Is not more effective than the control currently in use (page 36)
4. Lacks the necessary safety performance information (pages 37-38)

NOTE: According to CAL/OSHA FAQs link below and Scott Ratigan, Associate Safety

Engineer at CAL/OSHA (714) 562-5525, if the provider is a sole proprietor (non-incorporated), not an employer, and has no healthcare worker employees, he/she is not subject to CAL/OSHA requirements.

Pearl:

Prepare for your site reviews! Use pre-site visit checklists and have all appropriate documentation available for the site review nurse. Checklists are available on the SFHP [website](#).

Helpful links:

Cal/OSHA “Best Practice Approach for Reducing Bloodborne Pathogen Exposure” pp. 33-38 [here](#).

Frequently Asked Questions About the Bloodborne Pathogens Standard (FAQs #12) [here](#).

For any questions, please contact Jackie at by [email](#) or by her direct line at 415-615-5637.

3. New Grievance and Appeal Requirements

The Department of Healthcare Services (DHCS) issued a new [All Plan Letter](#) (APL) 17-006 regarding Grievances and Appeals. The following regulations are effective July 1, 2017:

SUMMARY OF NEW GRIEVANCE & APPEAL REQUIREMENTS

TOPIC	EXISTING REQUIREMENT	NEW REQUIREMENT (Effective 07/01/17)
GRIEVANCES		
Filing	180 days	Any time
Expedited Resolution	<ul style="list-style-type: none">• 3 calendar days (State)• Expedited Grievances not defined (Federal)	72 hours (this includes the specific time of receipt)

APPEALS

TOPIC	EXISTING REQUIREMENT	NEW REQUIREMENT <i>(Effective 07/01/17)</i>
Filing	<ul style="list-style-type: none"> • 90 days (Federal) • 180 days (State) 	60 calendar days
Filing	Verbal appeal followed by signed, written appeal (existing requirement not delineated in the Contract)	Verbal appeal followed by signed, written appeal from member
Expedited Resolution	<ul style="list-style-type: none"> • 3 calendar days (State) • 3 working days (Federal) 	72 hours (this includes the specific time of receipt)
Overtaken Decisions	As expeditiously as the health condition requires	72 hours (this includes the specific time of receipt)

STATE HEARINGS

Filing	90 days from Notice of Action (NOA)	120 calendar days from Notice American Resolution (NAR)
Overtaken Decisions	As expeditiously as the health condition requires	72 hours (this includes the specific time of receipt)

For any questions, please contact Nicole A. Ylagan by [email](#) or by phone (415) 615-5172.

4. Pain Management's Pain Day Event

Pain Day will take place on **Wednesday, September 20, 2017.**

This year's focus will be on *"Managing Chronic Pain Together: How Patients and Providers Can Work Together to Create Sustainable Treatment Plans"*.

Who Should Attend?

Morning Session

- Patients
- Members of the Community

- Medical Providers
- Behavioral Health Clinicians and Assistants
- Nurses
- Medical Assistants
- Other staff involved in pain management at your clinic

Afternoon Session

- For ONLY providers, nurses, clinicians, and all staff involved in pain management

Please visit our [website](#) for additional details and information on how you can register for the event.

Questions? Email us at pain@sfhp.org

5. Outreach for Members with Diabetes and Asthma: Disease Management Update



SFHP is pleased to announce that for the second year, members with diabetes and asthma will be receiving outreach this July as part of the disease management program. One of the program's goals is to connect members to their care teams, which is accomplished in the following ways:

- Gift card incentive opportunity for completing needed services
- Health education material encouraging regular contact between members and their care teams

You may start receiving more requests to complete the incentive forms; thank you in advance for helping members with these.

For more information or questions regarding the program, please contact the Disease Management Project Manager:

Eloycsia Ratliff, MPH
(415) 615-5198 Office
DiseaseManagement@sfhp.org

6. Public Comment Open on USPTF Draft Research Plan: Primary Care Interventions to Prevent Tobacco and Nicotine Use in Children and Adolescents

The U.S. Preventive Services Task Force recently posted a draft research plan on primary care interventions to prevent tobacco and nicotine use in children and adolescents. The draft research plan is available for review and public comment from June 22, 2017 through July 19, 2017. To review the draft research plan and submit comments, please visit our website [here](#).

7. Choosing Wisely: Daily Self-Glucose Monitoring in Stable Type 2 Diabetes

For each Provider Update, SFHP would like to share and discuss important health topics that are supported by credible evidence and studies in order to facilitate patients in choosing their care. This advocacy is part of the [Choosing Wisely](#) initiative.

*Released October 16, 2013**

Avoid routine multiple daily self-glucose monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycemia.

Once target control is achieved and the results of self-monitoring become quite predictable, there is little gained in most individuals from repeatedly confirming. There are many exceptions, such as for acute illness, when new medications are added, when weight fluctuates significantly, when A1c targets drift off course and in individuals who need monitoring to maintain targets. Self-monitoring is beneficial as long as one is learning and adjusting therapy based on the result of the monitoring.

For more information, please view the [supplemental article](#) and as well as the [recent study](#) on this topic.

8. Pharmacy Update



SFHP Pharmacy Specialty Drug list Updates - Quarterly Specialty Drug List as of May 2017

The list of San Francisco Health Plan's (SFHP) specialty medications that must be obtained through SFHP's contracted specialty pharmacy, US Bioservices, are on our website.

For the most up-to-date list, please visit our [formulary](#) page.

The medications are Tier 4 Formulary Specialty Drugs. Tier 4 is defined as drugs that require distribution through a Specialty Pharmacy and a Prior Authorization process is required.

For more information, please visit [US Bio Services](#) or call 888-518-7246.

The SFHP Pharmacy department would like to share the following 2 articles from MedPageToday concerning "abuse-deterrent opioids," which lack compelling evidence for actually reducing misuse:

[FDA to Revisit Abuse-Deterrence Data for Opioid Drugs](#) - Two-day meeting in July to scrutinize data sources, methods to determine real-world impact

[FDA Facts: Abuse-Deterrent Opioid Medications](#)

Deprescribing

A growing concern, "[Deprescribing](#)" is an issue in which SFHP would like to highlight in this month. Dr. Mishori of Georgetown University defines the term below:

"Deprescribing" is a relatively new term, first appearing in the literature in 2003. It concerns the overuse of medications, or use of certain ones for too long—in general, polypharmacy. Deprescribing is defined as the process of withdrawal of an inappropriate medication, supervised by a healthcare professional, with the goal of managing polypharmacy and improving outcomes.^[1]"

For more information as well as an informational video about this matter, please visit the [Medscape](#) article here.

Please do not hesitate to contact Provider Relations at **1(415) 547-7818 ext. 7084**, Provider.Relations@sfhp.org or Chief Medical Officer **Jim Glauber, MD, MPH**, at jlauber@sfhp.org.

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