



March 2017

Please see these important updates from San Francisco Health Plan

Our March Update includes information on:

1. New Name, Same Service: SFGH General Medical Clinic
2. Introducing: Facility Site Review (FSR) Provider Pearls
3. Our Quality Improvement Evaluation is Published
4. How to Talk to Your Patients About Safe Prescribing
5. GNA Survey Results: Understanding Cultural and Linguistic Services and Health Education Needs from the Medi-Cal Member's Perspective
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1. New Name, Same Service: SFGH General Medical Clinic

The General Medical Clinic at SFGH at 1001 Potrero Avenue has changed their name to **Richard H. Fine People's Clinic**. Members will be receiving new Health Plan ID Cards in the coming months with the new name. The location and services remain the same.

2. Introducing: Facility Site Review (FSR) Provider Pearls



Jackie Hägg, the Nurse Specialist, Provider Quality and Outreach, will begin monthly “Provider Pearls” on various elements related to ensuring your practice or site is compliant with all DHCS requirements regarding facility site, medical record, interim monitoring, and FSRC (provider accessibility) reviews.

For the month of March, we will be focusing on the Staying Healthy Assessment!

What: The Staying Healthy Assessment (SHA)

Why: The SHA meets Title 22 requirements regarding the use of a behavior risk assessment to identify and address health education needs for MCP members. (The SHA is a behavioral assessment; it is not intended to replace clinical screenings or assessments.)

Who: Only Primary Care Providers (PCPs) are required to administer the SHA, as part of the Initial Health Assessment (IHA) and during regular ongoing wellness care visits.

Where: The SHA and IHEBA requirements are included in MMCD’s Policy Letter 13-001 (Revised).

When: Providers need to administer the SHA per MMCD PL 13-001 as follows:

- **New Members:** the SHA and Initial Health Assessment (IHA) must be administered/completed within 120 days of enrollment.
- **Established patients** without a completed SHA/IHEBA: The SHA must be administered during a non-acute, scheduled office visit (e.g., check-up or wellness visit).
- **Note:** The SHA requirement took effect on April 1, 2014; therefore, during Medical Record Reviews, the FSR nurse will be looking at whether a SHA was completed for an established patient on or after April 1, 2014.
- Annual re-administration is recommended.

How: All SHA forms are available in a PDF fillable/writable version from your Medi-Cal managed care health plans (MCP).

Helpful links:

- [SHA Policy Letter \(PDF\)](#)
- [SHA FAQs](#)
- [Provider Training \(PowerPoint, 7MB\)](#)
- [SHA Forms \(PDF Fillable\)](#)

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

3. Our Quality Improvement Evaluation is Published



One way SFHP approaches Access to Care is through our Quality Improvement Plan and Evaluation. The Plan describes our efforts to improve areas such as access to services and quality of care by identifying opportunities for internal improvement and by collaborating with our providers. The Plan identifies our annual goals, and our activities that contribute to reaching those goals. Annually, we evaluate the plan to examine how we are doing as an organization, to reflect on our successes, and identify the areas needing improvement.

In 2016, SFHP met many of its goals and identified several areas for improvement. SFHP, through the work of our providers, had the third-highest HEDIS Aggregated Quality Factor Score of any of the 22 Medicaid plans in California (the top two were Kaiser). SFHP also demonstrated improvement in provider satisfaction in the provider

satisfaction survey as well as member satisfaction in “Rating of Health Plan” and “Getting Needed Care” in the Consumer Assessment Healthcare Providers & Systems for Health Plans (HP-CAHPS).

Based on the 2016 Evaluation, SFHP has identified goals for 2017, in collaboration with our Quality Improvement Committee which contains SFHP physicians and members. An example of one of SFHP’s goals for 2017 is to increase members’ utilization of mild to moderate behavioral health services (e.g. treatment for anxiety, depression, and attention deficit disorder). We hope to reach this goal by promoting the benefit to members and by including depression screening as a measure in SFHP’s 2017 [Practice Improvement Program](#).

SFHP has identified 24 goals for the 2017 Quality Improvement Plan. If you would like more information, the 2016 Quality Improvement Plan Evaluation and the 2017 Quality Improvement Plan please visit our [website](#) or contact SFHP at [Quality Improvement](#).

4. How to Talk to Your Patients About Safe Prescribing

Clinicians may struggle with how to say no — with compassion — to patients who are suffering and believe that opioids will help their pain. Dr. Roneet Lev and the California American College of Emergency Physicians (ACEP) developed a script ([PDF](#)) to help emergency physicians discuss opioid safety with their patients.

5. GNA Survey Results: Understanding Cultural and Linguistic Services and Health Education Needs from the Medi-Cal Member’s Perspective



San Francisco Health Plan (SFHP) serves an average of 131,000 Medi-Cal members in the city and county of San Francisco. In 2016, SFHP conducted the Group Needs Assessment (GNA) to assess the health education and cultural and linguistic needs of SFHP's Medi-Cal members, with special attention paid to adults, children, and seniors and people with disabilities (SPDs). The following summary provides an overview of SFHP's 2016 GNA findings. The 2016 full GNA report describes all of these areas in greater detail, and provides data and attachments to support the information provided.

An analysis of SFHP's 2016 GNA survey results reveals several important findings:

- 40.6% of our members stated that they want or need a medical interpreter.
- 40.2% prefer to speak to their PCP in Chinese (Mandarin and Cantonese).
- Members generally feel comfortable using and requesting interpreter services. **Half of members surveyed use a friend or family member to interpret. While many do this because it feels more comfortable, nearly half say they do this because the provider's office requested it or they were not offered an interpreter.**
- While three-fourths of members say their PCP always explains things in an easy-to-understand way, Cantonese speakers were more likely to say that their PCP only sometimes does this. This finding is also supported by SFHP's CAHPS results.
- Many members seem to be receiving information from SFHP regarding preventive care. However, respondents want more information and help from SFHP regarding accessing care. Specifically, members want help making PCP/specialist appointments, learning how and when to access after-hours and emergency care, and understanding how to choose a doctor. One-third of members stated that there are not enough appointment times available in their

area. Access has also been identified as a major area for improvement in CAHPS.

Click [here](#) to learn more about improving patient satisfaction and provider flexibility with the use of language interpreters.

6. SFHP Leading as the Driving Force of Innovation

SFHP was recently featured in the Center for Health Care Strategies Issue Brief for successfully providing new and efficient services for members who require Medicaid Non-Emergency Transportation:

"San Francisco Health Plan in California, for example, has partnered with FlyWheel, an app-based TNC that employs taxicabs, rather than the private citizen driver model that Uber and Lyft use, to provide enrollees with transportation needs with services to and from medical and other appointments. The health plan selected Flywheel rather than Uber or Lyft because taxis have no rating systems or surge pricing, and because taxi drivers must undergo more extensive background checks than private citizen drivers. In addition, Flywheel can enable calls for wheelchair-accessible taxis when needed and if available. Early evidence points to high levels of enrollee and staff satisfaction and high rates of appointment attendance when Flywheel is used."

To read the rest of the brief, click [here](#).

7. Pharmacy Update

Quarterly Formulary and Prior Authorization (PA) Criteria Changes

Changes to the SFHP formulary and prior authorization criteria have been approved by the SFHP Pharmacy and Therapeutics (P&T) Committee at the P&T Committee meeting on 1/18/17. Major updates include the following:

- **Advair Diskus®** and **Proair HFA®** were added to formulary with quantity limit of 2 units per 30 days.
- **Basaglar KwikPen® (insulin glargine)**, a follow-on biologic to Lantus®, has been selected as the preferred insulin glargine product over Lantus®. All new patients starting therapy with insulin glargine will be required to use Basaglar KwikPen® and prior authorization will be required for Lantus®. Current Lantus® utilizers will be grandfathered at this time.
- **Carisoprodol (Soma®)** was removed from formulary due to potential for psychological and physical dependence. Current utilizers will be grandfathered at

this time. Quantity limit of #120 per 30 days was added to **methocarbamol**.

- **Zarxio™** was added to formulary with prior authorization and selected as the preferred granulocyte colony stimulating factors (G-CSF). Neupogen® was removed from formulary.
- Potassium removing agent **Veltassa®** was added to formulary without restrictions as an alternative to sodium polystyrene sulfate (SPS).
- Phosphate binders **Velphoro®** and **Auryxia®** were added to formulary with prior authorization requirement for calcium acetate.

The complete list of approved formulary and prior authorization criteria changes is available on SFHP [website](#) under “Materials” section. All changes are effective **December 15, 2017**. For formulary questions please visit our [website](#) or call SFHP pharmacy department at 415-547-7818 ext. 7085, option 3.

Generic EpiPen®

In light of the recent controversy over the steep increases in price for EpiPen® Auto-Injector devices, Mylan has released a generic formulation of epinephrine auto-injector as an alternative to EpiPen® and EpiPen Jr®. While generic auto-injectors are equivalent to EpiPen® and EpiPen Jr®, the products are not interchangeable and **a new prescription is required for the generic epinephrine auto-injectors**. However, the formulation, active and inactive ingredients, device, administration instructions, and approved indications are identical between brand-name EpiPen® products and the generic versions as discussed in the educational pamphlet distributed by Mylan and available [here](#).

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

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