

# Provider Update



**November 1, 2016**

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## **Please see these important updates from San Francisco Health Plan**

### **Our November Update includes information on:**

1. SFHP Provider Recognition Dinner Highlights
  2. PAAS Timely Access Survey
  3. Top 10 List for Improving HPV Vaccination success - Attain and Maintain High HPV Vaccination Rates
  4. Acupuncture is a Covered Benefit for Medi-Cal Adults
  5. Provider Satisfaction Survey
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## **1. SFHP Provider Recognition Dinner Highlights**

On the evening of September 15th, SFHP held its annual Provider Recognition Dinner. The theme, “Twenty Years Together: Partners for Today and Beyond,” was chosen to commemorate the 20 years of provider dedication in improving and providing the best healthcare possible to San Franciscans.

We are especially proud to continue the “Excel and Lead” award to non-physician staff members who contributed above and beyond in service and care for the betterment of their community while maintaining their normal duties. We depend on nominations and recognition from our providers for this award.

The following providers were chosen for recognition this year by the awards committee:

- **Excel and Lead** - Kristina Hung, CNS, Lactation Consultant at Zuckerberg San Francisco General Hospital Birth Center
- **Advocacy for Pediatric Health** – Lyra Ng, MD, Pediatrician
- **Superior Customer Care** – Daniel's Pharmacy
- **Innovations and Collaboration for the SF Safety Net** – End Hep C SF
- **Diligence and Ingenuity in Case Management** – Transgender Health Services

- **Patient Experience Excellence** - Positive Health Program at ZSFG
- **Excellence in Ancillary Care** – City Wheelchairs

We have included some photos from the event below. Congratulations to all our winners; we look forward to seeing you next year!



## 2. PAAS Timely Access Survey

Under the Department of Managed Health Care (DMHC) Timely Access Regulations, health plans are required to demonstrate that urgent and routine appointments are offered within specified time frames. To meet these requirements, SFHP has partnered with the Industry Collaborative Effort (ICE) to administer the 2016 Appointment Availability Survey since **August 22<sup>nd</sup>**. We will continue conducting the survey until **December 19<sup>th</sup>, 2016**. The survey, which is expected to take approximately 10 minutes, will ask provider offices to identify individual provider's next available appointment (date/time) for various types of non-

emergency care.

**Please inform your front-line staff who answer the phone that they may be receiving this call from the ICE Collaborative and that non-participation will be deemed non-compliant with the Timely Access Regulations, per state requirements.**

Please refer to the informative [flyer](#) that can be shared with your team as well as an access one-pager that clarifies the timely access regulations. We have mailed hard copies of the attached documents directly to provider offices as well.

Providers can also find more information about survey process and requirements on the DMHC website located [here](#). For any questions about the Timely Access Regulations or the Appointment Availability Survey please reach out to SFHP's Provider Relations Department at 1(415) 547-7818 ext. 7084 or through [email](#).

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### **3. Provider Endorsement Increases HPV Vaccination Uptake**

According to the CDC, nearly 80 million people—about one in four—are currently infected with HPV in the United States. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, vulvar, anal, and throat cancers, as well as genital warts (1). HPV vaccination in adolescents will now be part of a HEDIS measure in 2017. It will also be included in SFHP's 2017 Practice Improvement Program (PIP).

Providers are the key to getting their patients vaccinated! Communication between PCPs and parents in support of HPV vaccine is a key determinant of HPV vaccine uptake. A recent [study](#) identified brief messages that PCPs can use to motivate HPV vaccination, even among parents hesitant to vaccinate their children (2). According to the study, these two simple messages were highly effective at persuading parents to give their child the HPV vaccine:

- “I strongly believe in the importance of this cancer-preventing vaccine for [child’s name]”
- “[Child’s name] can get [anal/cervical cancer] as an adult, but you can stop that right now. The HPV vaccine prevents most [anal/cervical cancers].”

#### **Top 10 List for Improving HPV Vaccination Success - Attain and Maintain High HPV Vaccination Rates**

##### **1. Appreciate the significance of the HPV vaccination recommendation.**

By boosting HPV vaccination rates among your patients, you will be preventing cancer.

##### **2. Acknowledge the importance of your recommendation to parents to get their children vaccinated.**

Clinician recommendation is the number one reason parents decide to vaccinate. This is especially important for HPV vaccination.

### **3. Use the right approach by presenting immunizations the correct way, especially with the HPV vaccine.**

Recommend the HPV vaccine the same day and the same way you recommend all other vaccines. For example, “Now that Danny is 11, he is due for vaccinations to help protect against meningitis, HPV cancers, pertussis, and flu. We’ll give those shots during today’s visit”

### **4. Motivate your team and facilitate their immunization conversations with parents.**

Starting with your front office, ensure each team member is aware of HPV’s importance and is educated on proper vaccination practices and recommendations, ready to answer parents’ questions, and/or regularly remind and recall parents. Be sure staff regularly check immunization records, place calls to remind families about getting vaccines, and report back to you.

### **5. Create systematic pathways and procedures that help your team attain and maintain immunization rates.**

Establish a policy to vaccinate at every visit. Create a system to check immunization status ahead of all sick and well visits. Before seeing the patient, staff should indicate if the patient is due for immunization, with special consideration to HPV vaccination. Use standing orders.

### **6. Utilize your local health department’s resources.**

Utilize the resources of the local health department to achieve your goals of protecting your patients.

### **7. Know your rates of vaccination and refusal.**

Deputize your staff to assist you with knowing your actual vaccination rates and learning more about why some patients are behind on their vaccines. They can also help you facilitate solutions on how to bring these patients in and keep immunization rates up.

### **8. Maintain strong doctor-patient relationships to help with challenging immunization conversations.**

It is extremely gratifying when parents who initially questioned immunization agree to get their child vaccinated on time. It’s always nice to hear: “Okay, that makes sense and I trust you!”

### **9. Be familiar with vaccine skeptics and critics by learning more about their reasoning.**

Be prepared with answers to succinctly, accurately, and compassionately inform parents with the most current medical facts. Skeptics often accept their provider’s explanations if presented correctly.

### **10. Use personal examples of how you choose to vaccinate children in your family.**

Providing personal examples shows you believe in the importance of immunizations, especially HPV vaccine. These examples—combined with an effective recommendation—can help parents better understand the benefits of HPV vaccination for cancer prevention.

Sources:

1. [HPV Vaccines: Vaccinating Your Preteen or Teen](#)
2. [Messages to Motivate Human Papillomavirus Vaccination: National Studies of Parents and](#)

[Physicians](#)

3. [Top 10 List for Improving HPV Vaccination Success - Attain and Maintain High HPV Vaccination Rates](#)

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## 4. Acupuncture is a Covered Benefit for Medi-Cal Adults

CA Senate Bill 833 restored acupuncture effective **July 1, 2016**, as a Medi-Cal benefit to “prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally-recognized medical condition.” Information for CPT codes and standard reimbursement rates is contained in the [August 2016 Medi-Cal Bulletin](#).

SFHP is working to establish a network for this service. However, effective immediately, SFHP providers can request authorization and refer Medi-Cal adult patients to any licensed acupuncturist when medically necessary.

Please contact Provider Relations with any questions; our information is at the bottom of this message.

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## 5. Provider Satisfaction Survey

In order to better assist providers and improve our quality of service, SFHP administered the 2016 Provider Satisfaction Survey during the months of April through July. Outreach was made to a number of providers, ranging between office staff, nurses, and physicians. Respondents were given the choice to respond by post, fax, telephone, or email.

A total of 169 surveys were completed and returned for analysis. For each category, we asked providers to rate and review our internal departments based on several criteria, such as access to knowledgeable staff, accuracy, timeliness, and ability to answer and resolve problems.

The overall provider satisfaction with the health plan is **71.1%**, which is **1%** higher than the Medicaid average according to our vendor, SPH Analytics (46 plans represented, 13,436 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine). Other comparisons to note are our individual departments’ overall provider satisfaction based on their services and performance:

| Department                              | SFHP  | National Average |
|---|-------|------------------|
| Finance                                 | 40.7% | 32.7%            |
| Utilization Management and Care Support | 46.8% | 33.0%            |
| Network/Coordination of Care            | 40.0% | 29.0%            |
| Pharmacy                                | 24.3% | 22.2%            |



|                                    |       |       |
|------------------------------------|-------|-------|
| Health Plan Customer Service Staff | 46.0% | 41.0% |
| Provider Relations                 | 68.0% | 37.7% |

We have also asked providers to answer a few customized questions regarding patient access and the pharmacy's formulary:

**Highest Scoring Questions:**

- SFHP patients' access to non-urgent primary care - 89.6%
- SFHP patients' access to urgent care – 85.3%
- SFHP patients' access to non-urgent ancillary diagnostic and treatment services – 81.6%

**Lowest Scoring Questions:**

- Ease of prescribing your preferred medications with formulary guidelines – 26.1% (Medicaid average: 23.3%)
- Variety of drugs on the formulary - 23.9% (Medicaid average: 21.1%)
- Availability of alternative drugs to substitute for those not included in the formulary – 18.5% (Medicaid average: 20.9%).

We would like to thank our providers who participated in SFHP's Provider Satisfaction Survey. Your valuable feedback and contributions will help us improve our performance to better serve you

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## 6. Family Members and Friends as Interpreters Discouraged

Medi-Cal members with Limited English Proficiency (LEP) have the right to professional interpreter services at all points of access, at no cost. This includes when they call SFHP, when they call their provider to make an appointment or are seeking telephone triage/screening, when they go to the lab or pharmacy, and when they go to the ED or hospital. Some patients may prefer having a family member or friend interpret for them, and that's ok. But patients should always be offered a professional interpreter first. Untrained interpreters are more likely to make errors, violate confidentiality, and increase the risk of poor outcomes. Children should never be used as interpreters except in emergencies (1).

Here are a few reminders about interpreter services:

- Interpreter services can be provided by phone, in person, or via video interpreting. If telephonic interpretation will be used, be sure each exam room has a telephone.
- Bilingual staff can provide linguistic services, but their language capacity should be assessed before providing these services to patients. Contact SFHP for information about how to assess staff linguistic capacity.
- SFHP contracts with its provider groups to provide interpreter services. If you don't know how to access an interpreter for a patient, contact your IPA or medical group.

- If a member refuses professional interpreter services, this should be documented in the patient's medical record.

Source:

1. [Appropriate Use of Medical Interpreters](#)

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## 7. Pharmacy Update

### Safe Prescribing of Citalopram (Celexa®)

Citalopram prescribing should be limited to a maximum dose of 40 mg/day due to risk of QT interval prolongation and Torsade de Pointes. Citalopram should be avoided in patients with congenital long QT syndrome, bradycardia, hypokalemia, hypomagnesemia, recent acute myocardial infarction or uncompensated heart failure. Its use is also not recommended in patients who are taking other drugs that prolong the QT interval. The maximum recommended dose of citalopram is 20 mg per day in patients with hepatic impairment, patients who are older than 60 years of age, patients who are CYP 2C19 poor metabolizers, or patients who are taking concomitant cimetidine or another CYP2C19 inhibitor. SFHP has a number of other antidepressants available on formulary as an alternative to citalopram including escitalopram, fluoxetine, paroxetine, sertraline, bupropion, mirtazapine, venlafaxine and duloxetine. For more information, please refer to the FDA revised recommendations for citalopram [here](#).

References:

1. Celexa  [package insert] Forest Pharmaceuticals, St. Louis, MO; August 2011.
2. FDA Drug Safety Communication: [Revised recommendations for Celexa \(citalopram hydrobromide\) related to a potential risk of abnormal heart rhythms with high doses](#). Accessed on Oct. 24, 2016

### 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 10/19/2016. Major updates include the following:

- **Dyslipidemia agents:** rosuvastatin (Crestor®) was added to formulary without restrictions
- **Testosterone replacement products:** testosterone 1% gel (50mg gel tube, 25mg gel packet, 1.25g pump), testosterone 2% (10mg pump) and Androderm® (testosterone) transdermal patches (2mg and 4mg) were added to formulary with prior authorization requiring trial with or inability to use injectable testosterone prior to approval
- **Alzheimer's Disease/Dementia agents:** all medications were added to formulary without restrictions including Namenda XR® and rivastigmine
- **Modafinil:** prior authorization criteria were updated to lift the requirement for stimulant trial prior to modafinil for the indication of narcolepsy
- **Anticonvulsants:** newer agents including Onfi® and Vimpat® were added to formulary without restrictions. Lyrica® will continue to require a prior authorization.
- **Benzodiazepines:** quantity limits were added to all formulary medications to ensure appropriate dosing
- **Self-Injectable epinephrine:** additional self-injectable epinephrine products were added to

formulary as an alternative to EpiPen® including generic epinephrine 0.15 mg/0.15 ml and 0.3mg/0.3 ml auto-injector by Lineage Therapeutics

The complete list of approved formulary and prior authorization criteria changes is available on [SFHP website](#) under “Materials” section. All changes are effective **November 16, 2016**. For formulary questions please visit our [website](#) or call SFHP pharmacy department at 415-547-7818 ext 7085 option 3.

### Vaccines

SFHP members can now receive various immunizations at their pharmacy. Adult immunizations (19 years of age and older) are covered under the SFHP Medi-Cal Outpatient Pharmacy Benefit. Vaccines covered include: influenza, measles/mumps/rubella (MMR), meningococcal, pneumococcal, herpes zoster, Tdap/Td, Hib and varicella. Please note children 18 years of age or younger are eligible for vaccinations through California Vaccines for Children (VFC) Program. Contact VFC at 1-877-243-8832 for more information.

Formulary flu vaccines available for this year are:

- Afluria® 2016 – 2017
- Fluzone® 2016 – 2017
- Fluarix® Quad 2016 – 2017
- Fluzone® Quad 2016 – 2017
- FluBlok® 2016 – 2017
- Fluzone® Quad Pedi 2016 – 2017
- Flucelvax Quad® 2016 – 2017
- Fluzone® Intraderm Quad 2016 – 2017
- FluLaval Quad® 2016 – 2017
- Fluzone® High-Dose 2016 – 2017
- Fluvirin® 2016 – 2017

Please note that FluMist nasal spray is not covered by SFHP based on the [CDC's recommendation](#) that it should not be used during the 2016-2017 flu season.

All pharmacies administering vaccinations are required to register with California Immunization Registry (CAIR). CAIR is a state wide consortium of regional registries that consolidate immunization records into a state wide database. We encourage providers to register for and access this system to see what vaccinations have been administered by participating providers and pharmacies.

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

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