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February 1, 2017

Please see these important updates from San Francisco Health Plan

Our February Update includes information on:

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1. SFHP Wins DCHS the Quality Award

SFHP has once again been recognized by the State of California for outstanding performance in quality! This marks the 11th year that SFHP has received a quality award! The award was presented to our Chief Medical Officer, Jim Glauber, by Jennifer Kent, Director of the Department of Health Care Services DCHS, at the quarterly Medical Directors meeting in Sacramento.



We would like to congratulate our providers who deliver quality care to our members. We are proud to work with you in bringing such consistent and outstanding quality to our Medi-Cal, Healthy Kids, and Healthy Workers members. We would also like to thank our staff for health improvement work with our providers and members, and our Governing Board and Member Advisory Committee for their ongoing support of member incentives to keep our members healthy and to help restore their health when sick.

More about the Award

The quality awards are based on SFHP's performance in HEDIS. HEDIS is comprised of 27 clinical quality measures. SFHP was in the 90th percentile for 12 of these measures, meaning that SFHP outperformed 90% of Medicaid health plans nationally. Each year, the state ranks all Medi-Cal Health Plans in California. This year and last, SFHP was ranked #1 for public health plans and #3 across all Medi-Cal plans.

2. New In-Network Providers

Effective February 1, 2017, the following providers will be in-network for SFHP. Please consider them when referring your patients for home health, hospice, and transportation needs:

- Pathways Home Health and Hospice
 - 24-7 Med Transport (non-emergency transportation)
 - First Aid Transportation (non-emergency transportation)
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3. Improving Patient Satisfaction and Experience



On November 1st, 2016, the Studer Group provided a training to SFHP's provider network on an evidence-based practice for improving patient satisfaction called Rounding. Rounding is a communication framework to manage patients' expectations, learn about your effectiveness and identify staff for reward and recognition. You can use Rounding to proactively manage patient experience on the front end as opposed to finding out later that a gap occurred by receiving complaint letters, poor patient outcomes, or poor patient experience. When Rounding is used effectively and consistently, it will improve clinical outcomes and patient compliance.

Rounding can be used by staff across the continuum of care and throughout healthcare interactions including by; providers, front office staff, and back office staff. SFHP encourages providers to use Rounding to enhance patient perception across the network as measured by CG-CAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) and HP-CAHPS (Health Plan Consumer Assessment of Healthcare Providers and Systems).

Keys to effective rounding on patients include:

1. Set expectations. Inform the patient and family the goal of the organization is to meet/exceed their expectations.
2. Validate the behavior expectations of care team. Design questions to test whether the implemented best practices are having the intended impact from the patient's perspective.
3. Manage up. Sharing information about the care team's education and experience will put the patient at ease and let the employees know they are valued by their leaders.
4. Harvest reward and recognition. Allows for the opportunity to ask patients if there are any care team members who did a good job and whom you can reward and recognize to help reinforce those behaviors.

5. Use closing statements. It tells the patient that healthcare staff does not want to leave if something needs to be done and lets patients know that their input is important.
6. Communicate with the care team. After rounding on patients, leaders need to provide feedback to the care team for recognition of behaviors that patients felt made a difference and coaching for improvements.
7. Perform service recovery. When the organization fails to meet a patient's expectations, the leader needs to apologize and take action to resolve the situation.

The above is adapted from Studer Group's "Leader Rounding on Patients Toolkit." For more information and to see how you might be able to use Rounding in your healthcare setting, please visit the Studer Group's [website](#) about Rounding. If you have any questions, please contact Jess Strange, Program Manager of Care Experience at her [email](#).

4. Family Planning Health Worker Certification



Essential Access Health is offering a two day Family Planning Health Worker (FPHW) Certification Training in Oakland on February 21 and February 28. This training is a nationally known birth control counseling and education training course for healthcare providers and educators. In the training, participants will learn how to incorporate sexual health promotion and STD/HIV prevention messaging into birth control education sessions.

Click [here](#) for more information on the skills that will be developed, fees, and registration.

5. Member's Rights to Second Opinions



Medi-Cal members have the statutory right to second opinions (as stipulated in section 1383.15 of the CA Knox Keene Act). A second opinion can be provided by any appropriately qualified health care provider within the same medical group. If a qualified provider is not available within the medical group, a referral is given within SFHP's network. If a qualified specialist provider is not available in the network, SFHP will help the medical group find an out-of-network specialist. The second opinion from a qualified health professional will be provided at no cost to the member.

Who can request? A second opinion can be requested by either a member or by a practitioner on a member's behalf.

What are the criteria? As found in SFHP's [Network Operation Manual](#), a second opinion may be requested for reasons that include, but are not limited to, the following:

- The member questions the reasonableness or necessity of recommended surgical procedures.
- The member questions a diagnosis or plan of care for a health issue that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, along with but not limited to, a serious life-long health issue.
- The clinical indications are not clear or are complex and unclear, a diagnosis is in doubt due to conflicting test results, or the treating health professional is not able to diagnose the health issue and asks for a consultation, or the member asks for an additional diagnosis.
- The ongoing treatment plan is not improving the medical condition of the member within a proper period of time given the diagnosis and plans of care, and the

member requests a second opinion regarding the diagnosis or continuance of the treatment.

- The member has tried to follow the practitioner's advice or consulted with the initial practitioner concerning serious concerns about the diagnosis or plan of care.

What are the member rights relevant to second opinions? As stated in SFHP's [Network Operation Manual](#), members have the following rights with respect to second opinions:

- To be given the names of two physicians or providers who are qualified to give a second opinion.
- To get a second opinion within 30 calendar days, or if the medical need is emergent or urgent, to get an opinion within a timeframe that is appropriate to the member's state of health and that does not exceed 72 hours.
- To see the second opinion report.

For more information on second opinions, please refer to SFHP's Network Operation Manual or visit the [Office of the Patient Advocate website](#).

6. Give Kids a Smile Day - Free Dental Screening and Fun Activities!



February is National Children's Dental Health Month! The importance of protecting children's oral health is being celebrated across SF in February, with Free Dental Screenings and Fun Activities for kids.

Please share this [free flyer](#) on behalf of the SFDPH! This flyer is also available in [Spanish](#) and [Chinese](#).

7. Prenatal Tdap to Prevent Infant Pertussis in California



California recently experienced its [second pertussis infant death of 2016](#). One of these deaths was in a healthy, full-term Hispanic baby; Hispanic infants are 40% more likely to be reported with pertussis in comparison to non-Hispanic, White infants in California.

These deaths are a devastating reminder that all prenatal care providers should have a program in place to ensure that [all pregnant women are immunized with Tdap at the earliest opportunity between 27-36 weeks gestation of every pregnancy, regardless of the mother's Tdap history](#). At least two weeks are needed for the development of sufficient maternal antibodies to be transplacentally transferred to the infant, so it is preferred that the immunization be administered at the beginning of the third trimester. Since postpartum Tdap vaccination and cocooning do not provide direct protection to the infant, these two [strategies](#) alone are no longer considered optimal for preventing infant pertussis.

The California Department of Public Health (CDPH) strongly recommends that every prenatal care provider have a prenatal Tdap program that includes the following activities:

1. If vaccinating on-site:

a. ***Routinize the offer of prenatal Tdap*** for all pregnant women at the beginning of the third trimester to protect babies who might be born prematurely. Consider combining Tdap vaccination with the glucose screening test at 28 weeks and/or calling your electronic health record (EHR) vendor to request a flag that automatically reminds you to offer the vaccination to all prenatal patients. See also [state regulations](#) on standardized

nursing procedures you can implement (an example is available [here](#)).

b. **Ensure that staff members are aware** of their important role in helping ensure Tdap vaccination at the earliest opportunity between 27-36 weeks gestation of every pregnancy.

c. **Make a strong recommendation** for Tdap vaccination, stressing the importance and safety for mother and baby. Use a statement rather than a question: “Now that you’re in the third trimester, it’s time to get a whooping cough vaccine. This is to protect your baby.” Also see ACOG’s [FAQs for Pregnant Women Concerning Tdap Vaccination](#).

d. **Document** recommendation and receipt of vaccination or patient declination (if applicable) in the medical records of all prenatal patients.

e. **Uphold the same standard of care for all women** in your practice, and offer Tdap to all prenatal patients at the earliest opportunity between 27-36 weeks gestation, regardless of payor. Call your provider relations representative if you are having trouble with reimbursement.

2. If currently unable to vaccinate on-site:

a. **Strongly consider** stocking Tdap vaccinations at your site. [Prenatal patients seen by providers who stock vaccinations are much more likely to get vaccinated](#). See ACOG’s resources to learn about starting your own [office-based immunization program](#) and AAP’s resources on [group purchasing](#).

b. **Make a strong recommendation and referral** for your patient to receive Tdap vaccination off-site, stressing the importance and safety for mother and baby. See CDC’s piece on [Making a Strong Referral for Pregnant Women](#) for key steps and potential language.

c. **Assist patients in locating a local immunization provider/clinic that is covered by their insurance**. Medi-Cal Fee for Service (FFS) and Medi-Cal Managed Care Plans (MCPs) cover Tdap vaccine between 27-36 weeks gestation of every pregnancy and are required to have the ACIP-recommended adult immunizations (including Tdap) as part of their pharmacy formulary benefit. For each patient who needs an off-site referral, request that your office manager contact health plans’ member services with the patient to identify specific locations where your patient can access Tdap.

i. For patients enrolled in Medi-Cal MCPs, the member services number is located on the back of their Medi-Cal Benefits Identification Card.

ii. For patients enrolled in Medi-Cal FFS, call 1-800-541-5555 (or if calling from a cell phone with an out-of-state area code, call 916-636-1980).

d. **Provide patients with a prescription.** Although a prescription for Tdap vaccine is not needed, it may reinforce the importance of your recommendation. Order free copies of the [pre-filled immunization RX-pad \(IMM-1143\)](#) from your local health department (<http://bit.do/immunization>).

e. **When referring patients to be vaccinated off-site, ensure patients' ability to travel off-site and that the clinic or pharmacy will administer Tdap to your patient:**

i. Medi-Cal managed care members under age 21 are eligible for free transportation services to receive medically necessary services (e.g., immunization visits) that managed care plans are responsible for providing pursuant to their [contracts with the Department of Health Care Services \(DHCS\)](#). This is provided under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

ii. If your practice is having difficulty ensuring that Medi-Cal MCP members receive Tdap at the earliest opportunity between 27-36 weeks gestation, contact the respective plan's [provider services number](#).

iii. For issues that cannot be resolved by calling the Medi-Cal MCP, please contact the California Department of Health Care Services (DHCS) [Office of the Ombudsman](#) at 1-888-452-8609 (office hours are Monday through Friday, 8am to 5pm Pacific Time; excluding holidays) or by [e-mail](#).

DHCS recommends calling the Ombudsman for any issues that require the inclusion of confidential data. If your issue is still not resolved, please contact your [local health department](#) or Amber Christiansen at amber.christiansen@cdph.ca.gov or (510) 620-3737.

f. **Follow-up at subsequent appointments** to ensure that pregnant women receive Tdap vaccination at the earliest opportunity between 27-36 weeks gestation. Keep urging the mother to get vaccinated.

g. **Document** recommendation and receipt of Tdap vaccine or patient declination (if applicable) in the medical records of all prenatal patients.

3. Use materials to reinforce the importance of immunizations during pregnancy:

Provide information about immunizations and pregnancy for your prenatal patients in waiting rooms and exam rooms. Patient materials include:

a. "Flu and Whooping Cough poster for Pregnant Women" in [English](#), [Spanish](#), and [Chinese](#).

b. "Expecting? Protect yourself and your baby against flu and whooping cough!" in [English](#), [Spanish](#), and [Chinese](#).

c. “Immunizations for a Healthy Pregnancy” in [English](#), [Spanish](#), and [Chinese](#)

d. Visit EZIZ.org for [additional pertussis prevention materials](#). Many of these materials can be ordered for FREE from your [local health department](#).

4. Participate in the California Immunization Registry (CAIR):

CAIR is a computerized information system that collects immunization data from public and private health care providers and combines it into one complete record for individuals in California. This helps health care providers, parents, and individuals to keep track of immunization status, even if those immunizations came from more than one provider. To learn more about CAIR or to join, visit [cairweb.org](#).

5. Stay informed about the latest Tdap immunization guidelines and pertussis case data:

Learn more about ACIP’s [currently recommended guidelines](#), and visit the CDPH Immunization Branch website for the latest [summary reports of pertussis cases in California](#) to be informed about infant pertussis cases in your county. Check out the resources guide attached to this letter for more materials.

You or your practice will be notified if an infant born to one of your prenatal patients develops pertussis before four months of age. The California Department of Public Health is working with local health departments to use a [pertussis supplemental form](#) to systematically obtain information about barriers and best practices for ensuring that prenatal patients receive Tdap vaccine at the earliest opportunity between 27-36 weeks gestation. By collecting this information, public health departments will learn how to best support you in addressing barriers to vaccinating pregnant women.

Please also consider the recently published Medi-Cal Newslash on the letter found on [Medi-Cal.ca.gov](#).

8. Pharmacy Update

12 Month Supply of Contraceptive Medications

Effective January 1, 2017, SFHP covers up to one year supply of self-administered hormonal contraceptives including oral pills, vaginal rings and transdermal patches.

One year supply can be filled if a patient requests it and has a valid prescription for the correct quantity (i.e. up to 364 pills, 12 vaginal rings, and 36 patches) or if the pharmacy is under a protocol with a prescriber through SB493.

Patients can obtain a refill when one month supply of the medication is left. This policy does not cover emergency contraceptives such as Ella or Plan B. Patients can continue to get their usual 30 or 90 day supply of contraceptives and are not required to fill one

year supply.

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](#).

The most recent average wholesale price (AWP) for EpiPen® is \$365 per pen while the cost of generic epinephrine injector is approximately \$140 per pen. **In order to help control healthcare costs, we encourage providers to write a new prescription for generic epinephrine 0.3 mg/0.3 mL and 0.15mg/0.3 ml auto-injector as an alternative to EpiPen® and EpiPen Jr®.**

Basaglar KwikPen®

Basaglar KwikPen® (insulin glargine) is a follow-on biologic to Lantus®. Basaglar® has been marketed as a biosimilar in the European Union since September 2014. In the United States, Basaglar® was approved in the early 2016 and is now available on the market. In the US, Basaglar® is not considered a biosimilar and pharmacies cannot substitute Basaglar® for Lantus®.

Basaglar® and Lantus® are both indicated to improve glycemic control in adults and pediatric patients with type 1 diabetes and in adults with type 2 diabetes. When converting from Lantus® to Basaglar®, there is a unit-for-unit dose conversion making the switch between the two products easier. Basaglar KwikPen® is available as a 100 unit/ml pre-filled 3 ml pen, similar to the Lantus Solostar® pen system. The KwikPen is compatible with BD ultra-fine needles. KwikPen device is utilized in other insulin products including Humalog®, Humalog Mix®, Humulin® 70/30, Humulin® N, and Humulin® R.

Basaglar® was shown to be similar and non-inferior to Lantus® in terms of both efficacy and safety in two randomized phase III active-control trials. It has the same side effect and drug-drug interaction profiles as Lantus®.

Basaglar® is now available on the SFHP formulary without restrictions. It is more cost effective compared to Lantus® with average wholesale price (AWP) of \$228.15 for 3 pens compared to Lantus® at \$298.21 per vial or \$268.38 per 3 pens. For patients starting on insulin glargine, we encourage providers to consider Basaglar® instead of Lantus®. Additionally, providers may consider switching patients currently using Lantus® products to Basaglar® in an effort to control healthcare costs. To switch your patients

from Lantus®, please give your patients a new prescription for Basaglar®.

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

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