March Provider Update

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March 1st, 2018

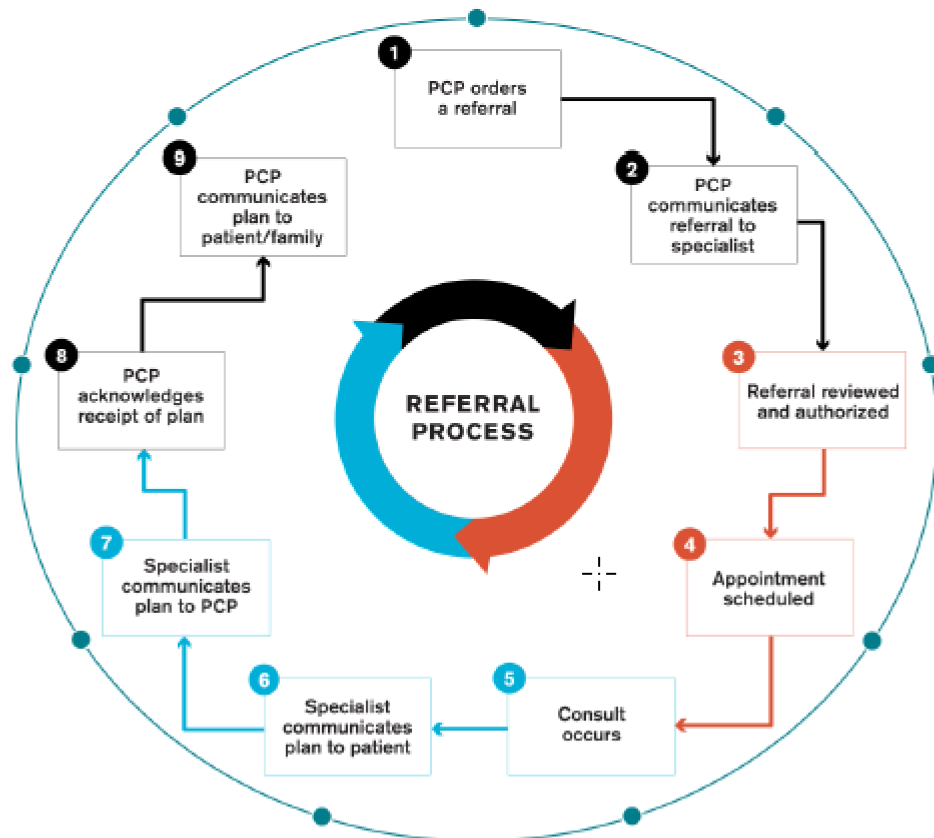
Our March Update includes information on:

1. Reducing Risk to Patient Safety: Ambulatory Referrals
2. High Blood Pressure Clinical Practice Guideline
3. Facility Site Review (FSR) Provider Pearls: Preparing for Site Reviews
4. Hospice Care – Revenue Code 0651 Discontinued
5. Our Quality Improvement Evaluation is Published
6. Updated Provider Resource Guide
7. PM160 Correction from December Newsletter
8. Pharmacy Update: Quarterly Formulary and Prior Authorization (PA) Criteria Changes

1. Reducing Risk to Patient Safety: Ambulatory Referrals

According to this report only half of the 100 million ambulatory specialist referrals that are requested in the US are completed. Our contract with DHCS and, by extension, with our providers, requires tracking of specialty ref requiring prior authorization.The attached report suggests best practices for reducing this significant risk to pati safety.

The Nine Steps of the Closed-Loop EHR Referral Process



- Ensure interoperability between systems of referring PCP and specialists.
- Conduct a proactive risk assessment of electronic communication related to the referral process using SAFER guides.[1]
- Create and use collaborative care agreements to delineate expectations for PCPs and specialists, including roles in co-management and communicating with patients and families; agreements should also include expectations regarding scheduling, etiquette, and timeliness of communication.
- Improve and standardize handoffs during the referral process, similar to recent advances in handoffs at transitions of care.
- Use a process map to delineate current workflow and address workflow-related problems before implementing an electronic referral process.
- Develop processes to ensure clear accountability of patient follow-up (i.e., ownership and coordination at each step).
- Develop a user-friendly, reliable method to track referral status at the patient level until it is closed and to ensure routing to correct specialist.
- Apply evidence-based communication techniques when communicating with patients and families.
- Monitor progress in improving the EHR referral process.

[1] Available at no charge from the Office of the National Coordinator for Health Information Technology at https://www.healthit.gov/safer/safer-guides

Source:

Institute for Healthcare Improvement / National Patient Safety Foundation. *Closing the Loop: A Guide to Safer Ambulatory Referrals in the* Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017

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2. High Blood Pressure Clinical Practice Guideline

Diagnosing and treating hypertension effectively critically depends upon accurate blood pressure measuremen below table is from the 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blo Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines.

Key Steps for Proper BP Measurements	Specific Instructions
Step 1: Properly prepare the patient	1. Have the patient relax, sitting in a chair (feet on floor, back supported) for : min. 2. The patient should avoid caffeine, exercise, and smoking for at least 30 mir before measurement. 3. Ensure patient has emptied his/her bladder. 4. Neither the patient nor the observer should talk during the rest period or during the measurement. 5. Remove all clothing covering the location of cuff placement. 6. Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria.
Step 2: Use proper technique for BP measurements	1. Use a BP measurement device that has been validated, and ensure that the device is calibrated periodically.* 2. Support the patient's arm (e.g., resting on a desk). 3. Position the middle of the cuff on the patient's upper arm at the level of th right atrium (the midpoint of the sternum). 4. Use the correct cuff size, such that the bladder encircles 80% of the arm, ar note if a larger- or smaller-than-normal cuff size is used (Table 9). 5. Either the stethoscope diaphragm or bell may be used for auscultatory readings (5, 6).
Step 3: Take the proper measurements needed for diagnosis and treatment of elevated BP/hypertension	1. At the first visit, record BP in both arms. Use the arm that gives the higher reading for subsequent readings. 2. Separate repeated measurements by 1–2 min. 3. For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP. Inflate the cuff 20–30 mm Hg above this level for an auscultatory determination of the BP level. 4. For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds.
Step 4: Properly document accurate BP readings	1. Record SBP and DBP. If using the auscultatory technique, record SBP and DBP as onset of the first Korotkoff sound and disappearance of all Korotkoi sounds, respectively, using the nearest even number. 2. Note the time of most recent BP medication taken before measurements.
Step 5: Average the readings	Use an average of ≥2 readings obtained on ≥2 occasions to estimate the individual's level of BP.
Step 6: Provide BP readings	Provide patients the SBP/DBP readings both verbally and in writing.

to patient

Hypertension
December 2017, Volume 70, Issue 6

3. Facility Site Review (FSR) Provider Pearls This Month: Preparing for Site Reviews

All participating SFHP primary care medical offices receive periodic Me Managed Care Division's (MMCD)All participating SFHP primary care offices receive periodic Medi-Cal Managed Care Division's (MMCD) Fa Review (FSR) Surveys. Ensuring your practice is prepared for these e three-year surveys is the surest way to meet all DHCS survey requiren pass with flying colors! Each primary care provider site should have at designated person that can lead in preparing the site, provider, and sta practices for DHCS FSR compliance

In a year-end look at 2017 review results, Medical Record Reviews (MRR) from 47 primary care medical office demonstrated clear opportunities for increased awareness of the FSR criteria. In the chart below is a sampling MRR criteria. Look at the "No Points" column (second from the right). As an example, on line 2, Adult Prevent of the 47 offices were not in compliance in screening adults for tuberculosis (TB). The lesson to be learned is t prepared staff familiar with Medi-Cal Managed Care Division's (MMCD) Facility Site Review (FSR) Surveys Gu can drive these numbers up, but most importantly, make sure that SFHP members are receiving TB screening evidence-based criteria

Medical Record Review (MRR) Individual Question Audit
January 1, 2017 to December 31, 2017

Site Review Survey Category	Site Review Survey Element	# of MRR Audits	#MRR Indv. Records	MRR Yes Points	MRR No Points
Adult Preventive	E - 1. Given according to ACIP Guidelines	25	174	36.70%	55.70%
Adult Preventive	E - G. Tuberculosis Screening	27	240	63.70%	36.20%
Documentation	B- E. Advanced Health Care Directive information is offered*	26	237	51.80%	28.60%
Adult Preventive	E - 2. Individual Health Education Behavioral Assessment (IHEBA)	27	250	47.20%	20.80%
Adult Preventive	E - K. Colorectal Screening	27	250	38.80%	12.40%
Adult Preventive	E - I. Cervical Screening	27	250	42.40%	10.00%
Pediatric Preventive	D - 2. Individual Health Education Behavioral Assessment (IHEBA)	14	41	48.70%	9.75%
Adult Preventive	E - H. Breast Screening	27	250	30.80%	9.20%
Coordination of Care	C - F. There is evidence of practitioner review of consult/referral reports and diagnostic results	27	297	86.50%	2.69%

Note:
Advanced Health Care Directive - Only for Adults > or Emancipated Minors

Advanced Health Care Directive - Only for Adults _ or Emancipated Minors

Excluded Format Category due to EHR use that largely leads to high compliance scores in this domain.

FSR surveys encompass a Site Review Survey (SRS) evaluating 139 criteria divided into six categories:

1. Access/Safety
2. Personnel
3. Office Management
4. Clinical Services
5. Preventive Services
6. Infection Control

FSR surveys encompass a Medical Record Review (MRR) evaluating 32 criteria divided into six categories:

1. Format
2. Documentation
3. Continuity/Coordination of Care
4. Pediatric Preventive Services, if any
5. Adult Preventive Services, if any
6. OB Preventive Services, if any

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

On the SFHP website you will find, “Facility Site Review (FSR) Information and Resources”, and the following c

SFHP has developed the following checklists to help providers prepare for the FSR and MRR:

- FSR Self-Assessment Checklist
- MRR Self-Assessment Checklist

Detailed FSR scoring information can be found in the following DHCS documents:

- Site Review Survey Guidelines
- Site Review Survey Audit Tool

For any questions about the Site Review Survey process, please contact Jackie at jhagg@sfhp.org or by direct line at 1(415) 615-5637.

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4. Hospice Care – Revenue Code 0651 Discontinue

Effective **immediately**, Medi-Cal has terminated use of revenue code 0651 for hospice service, routine home c Hospice providers must use new revenue codes for all dates of service on or after January 1, 2016. The new c support differential payment structure for length of stay and Service Intensity Add-on rates.

For details on the reason for this change, the new revenue codes and when to use them, consult the Medi-Cal
and subscribe to future updates for any additional info.

SFHP is conducting targeted outreach to hospice providers to advise them of this change as well.

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5. Our Quality Improvement Evaluation is Publish

SFHP recently finished its 2017 Quality Improvement Evaluation, as well as its 2018 Quality Improvement Plan
Plan describes efforts to improve in Access to Care and Quality of Service, Clinical Quality and Patient Safety,
Coordination and Services, and Utilization Management. SFHP identifies annual goals and associated activitie
contribute to those goals. At the end of the year, we evaluate the QI plan and activities to determine the effecti
our QI approach and determine improvement activities for the subsequent year.

In 2017, SFHP and its provider network met many of its goals and identified several areas for improvement. Th
provider network continued to provide exemplary clinical quality as demonstrated by nine clinical HEDIS meas
meeting NCQA's Medicaid 90th percentile. To address member satisfaction, SFHP improved in "Rating of Heal
"Getting Care Quickly" and "Getting Needed Care" in the Consumer Assessment Healthcare Providers & Syste
Health Plans (HP-CAHPS). SFHP also demonstrated improvement in member utilization of behavioral health s

In collaboration with our Quality Improvement Committee, SFHP has identified goals in its 2018 Quality Improv
Plan. One example includes increasing the percentage of members with at least one primary care visit in the p
months. We hope to reach this goal by promoting the use of the primary care telehealth benefit to members, de
member incentives to target members without a primary care visit, and by including it as a measure in SFHP's
Practice Improvement Program.

SFHP has identified 15 goals for the 2018 Quality Improvement Plan. If you would like more information on the 2017 Quality Improvement Evaluation and the 2018 Quality Improvement Plan please visit our website or contact SFHP at Quality Improvement.

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6. Updated Provider Resource Guide

San Francisco Health Plan has updated our Provider Resource Guide.The Provider Resource Guide is availab
San Francisco Health Plan Providers. The resource guide was designed to educate providers about communit
services and programs available to your patients. Though it covers a wide array of needs from adult day servic
dental plans to tuberculosis screening and behavioral health, it is not a comprehensive list.

Please contact Provider Relations at **1(415) 547-7818 ext 7084** or email Provider Relations if you would like ac

copies of this document.

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7. PM160 Correction from December Newsletter

SFHP would like to amend our prior announcement about the PM160 forms. We have learned that other entiti
choosing to continue use of the forms, and wanted to pass along this important information.

- All Medi-Cal Managed Care members ages 0-5 (up to 6th birthday):

o   The form is being used to **coordinate dental care**. See below for more information. (Please send these fo
CHDP office.)

- For Anthem Blue Cross Medi-Cal Managed Care members:

o   We believe that the form is being used for all prior purposes. Please contact Anthem Blue Cross Medi-Cal
information.

We would like to apologize for not including the above in our original announcement. If you have any question
SFHP's discontinuation of the PM160 forms, please contact Vanessa Pratt, Manager of Population Health, at
vpratt@sfhp.org.

Please note: *All Gateway/Fee-For-Service Medi-Cal CHDP clients (0 -20 y.o.) continue to be care coordinate
CHDP staff for both medical and dental specialty and follow-up care. For questions, please contact the SF CHL
1(415) 575-5712 or your CHDP public health nurse.*

More Information about Dental Care Coordination

How to refer: To refer children for dental coordination, please use the PM160. Instructions for using the PM16
dental coordination referrals for SFHP Medi-Cal members ages 0-5 are below. For questions about referring A
Blue Cross Medi-Cal members, please contact christina.nip@sfdph.org.

Instructions for PM Form Completion for SFHP Medi-Cal Members – Dental Coordination:

Fill out patient and demographi
information

Fill out Date of Service

Check appropriate box for
dental assessment

Note any oral health issues or
medical conditions impacting oral
health in comment section

Check box for "DENTAL" Routine Referral

Fill out patient eligibility information

Include provider information
Provider to sign and date form

Please mail completed forms to San Francisco CHDP office at 30 Van Ness Avenue, Suite 210, San Francisco 94102.

More information about the program: San Francisco Dental Transformation Initiative Local Dental Pilot Project LDPP) is partnering with CHDP (Child Health and Disability Prevention) Program in a 4 year long pilot to link ch dental care. SF DTI LDPP is funded by the California Department of Health Care Services through the Medi-C waiver and aims to increase access and utilization of preventive dental services for 14,300 low-income childrer who are Denti-Cal beneficiaries in San Francisco. SF DTI LDPP will provide multilingual dental care coordinati Medi-Cal Managed care children aged 0-5 years (up to 6th birthday). The program will last until December 31,

Need more forms? Providers can call 1(415) 575-5712 or contact their CHDP representative to request for mo forms. The SF DTI LDPP team is working to create a replacement dental referral form. Providers should conti send in dental referrals using the PM160 form until further notice.

More questions about dental coordination? Contact christina.nip@sfdph.org, or visit their website.

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8. Pharmacy Update Quarterly Formulary and Pri Authorization (PA) Criteria Changes

Changes to the SFHP formulary and prior authorization criteria have been approved by the SFHP Pharmacy ar Therapeutics (P&T) Committee at the P&T Committee meeting on 01/24/2018.

The complete list of approved formulary and prior authorization criteria changes are available on SFHP website SFHP Formulary page and here. All changes are effective February 20, 2017. For formulary or criteria questior visit our website or call SFHP pharmacy department at 1(415) 547-7818 ext. 7085, option 3.

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 jglauber@sfhp.org.

*To access updates from previous months or subscribe to SFHP's Monthly Provider Update, please visit our Provider Update archive page.

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