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May 1st, 2018

Our May Update includes information on:

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3. Facility Site Review (FSR) Provider Pearls May 2018: Medical Record Review
- Adult Preventive Self-Assessment Checklist
4. Discussing Weight Problems with Adolescents
5. Bedwetting (Enuresis) Alarms Covered for all Members Effective: 5/8/2018
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1. Did you Know SFHP Covers Palliative Care Services?

Palliative care is multidisciplinary services meant to optimize quality of life and relieve suffering by addressing the physical, mental, emotional, spiritual and social issues that accompany disease. SFHP covers palliative care services including pain and symptom management, mental health and social work services, religious/spiritual support, and advanced care planning.

Outpatient and inpatient palliative care specialty services are provided through the member's medical group affiliated medical center and, as of January 1st, 2018, a new SFHP benefit covers additional services offered to all SFHP Medi-Cal members with advanced disease as mandated by state law SB1004. This new benefit covers multidisciplinary services provided in a home based setting and is currently available from By the Bay Health. Prior authorization (submitted by By the Bay Health) for these home based services is required. Please visit their [website](#) for more information about the palliative care services By the Bay Health offers.

2. Palliative Care Courses Available to Qualified Medi-Cal Providers

Providers can apply for [palliative care training](#), available for a limited time at no charge, through the CSU institute's website. Please note that these trainings are supported by DHCS and are free for participating SFHP providers.

[Apply Here](#)

Palliative Care was implemented for SFHP Medi-Cal on January 1st, 2018. This program has been initiated in accordance with [Senate Bill 1004](#).

Palliative care is a patient-centered, whole-person approach that helps people with serious or life-limiting illness to live well, from diagnosis until death. It focuses on following patient goals of care, and managing pain and other distressing symptoms, to improve quality of life for people with a serious qualifying illness. To learn more about the scope of palliative care services covered under this new benefit, and the qualifying conditions, please review the [DHCS All Plan Letter](#).

3. Facility Site Review (FSR) Provider Pearls May 2018: Medical Record Review – Adult Preventive Self-Assessment Checklist

All participating SFHP primary care medical offices receive periodic Medi-Cal Managed Care Division's (MMCD) Facility Site Review (FSR) Surveys. Ensuring your practice is prepared for these every-three-year surveys is the surest way to



requirements and pass with flying colors!

This month the topic of focus is Adult Preventive screenings per The U.S. Preventive Services Task Force (USPSTF).

This task force establishes evidence-based recommendations about clinical preventive services. A considerable portion of periodic or focused Medical Record Reviews include age and gender appropriate preventive screenings to improve the health of all Americans.[i]

As a clinic manager, office manager, nurse manager, or operations person, take the time to independently self-monitor your clinic providers' compliance in documenting preventive screening services to patients well before any scheduled health plan visits. The San Francisco Health Plan (SFHP) website (www.sfhp.org) has a section dedicated to Facility Site Reviews with tools that can help you perform self-checks or increases your knowledge of the DHCS guidelines for adult clinical preventive services.

Below are elements from the Adult Preventive section of "MEDICAL RECORD REVIEW SELF-ASSESSMENT CHECKLIST", which can be found on the SFHP FSR website.

Adult Preventive:

- History and Physical, within 120 days of member being assigned to the member's primary care provider

- Immunization Guidelines per The Advisory Committee on Immunization Practices (ACIP)
 - Periodic Health Evaluation per USPSTF Guidelines
 - Evidence of Preventive Health Screening per DHCS MRR Guidelines
 - High Blood Pressure
 - Obesity
 - Lipid Disorders
 - TB
 - Breast Cancer
 - Cervical Cancer (per updated 2012 ACOG guidelines)
 - Chlamydia
 - Colorectal Cancer
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[i] <https://www.uspreventiveservicestaskforce.org/>

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

4. Discussing Weight Problems with Adolescents

What Terms Should Clinicians Use to Discuss Weight Problems with Adolescents?

Adolescents enrolled in a national weight loss camp most disliked the terms extremely obese, obese, curvy, large, fat, and heavy.

The American Academy of Pediatrics recommends that clinicians use nonstigmatizing terms to discuss weight issues with adolescents. To determine what terms adolescents prefer to hear from their providers, investigators conducted an online survey among approximately 150 adolescents aged 13 to 18 attending a national weight loss camp. Response rates were 74% of boys and 36% of girls. Respondents rated the acceptability of 16 words providers might use to describe excess weight using a 5-point scale (1=never use this word; 3=not sure; 5=prefer this word).

At least 40% of adolescents disliked the terms extremely obese, obese, curvy, large, fat and heavy (all scale values < 3). At least 44% preferred the terms weight problem, plus size, chubby, BMI (body-mass index), weight, high BMI, and unhealthy weight (mean scale values, 3.2–3.6). Adolescents with BMI between the 85th and 95th percentiles most preferred overweight, higher body weight, weight, and high BMI (mean scale values, 3.5–3.6), and those with BMI >95th percentile most preferred weight problem, unhealthy weight, chubby, and plus size (3.8–4.5). Adolescents with the highest level of weight bias internalization gave highest ratings to weight problem, chubby, plus size, BMI, and high BMI (mean scale values >3.5).

COMMENT

Despite the methodological limitations of this study, these are the only data currently available and are consistent with findings in adults. I was surprised that “chubby” and “plus size” were acceptable to some teens, but this was mostly among the most obese teens

Even so, I would recommend avoiding them and use the highly rated terms that are most neutral and can be tied to the concept of health (e.g., BMI, high BMI, weight problem, unhealthy weight).

Citation(s):

Puhl RM and Himmelstein MS. Adolescent preferences for weight terminology used by health care providers. *Pediatr Obes* 2018 Mar 24; [e-pub].

(<https://doi.org/10.1111/ijpo.12275>)

[Article Source](#)

5. Bedwetting (Enuresis) Alarms Covered for all Members Effective: 5/8/2018

Bedwetting alarms will be covered for all members effective May 8th, 2018. Referrals for bedwetting alarms can be made immediately to **ITC Medical Supplies** at 1(415) 387-7100. For questions regarding access to bedwetting alarms contact Provider Relations at 1(415) 547-7818 ext. 7084.

6. Outpatient Cardiovascular

Effective April 1st, 2018, cardiac rehabilitation is a covered benefit. For more information please refer to the Department of Healthcare Services' informational page located [here](#).

7. Pulmonary Rehabilitation Covered 2/1/2018

Pulmonary rehabilitation is now a covered Medi-Cal benefit effective February 1st, 2018. Please refer to the [January Medi-Cal Newsletter](#) for more information.

8. Pharmacy Updates: Smoking Cessation and Formulary & Prior Authorization Criteria Changes

Smoking Cessation:

A Medi-Cal DUR educational bulletin titled: “In the Pharmacy: Pharmacists Furnishing Nicotine Replacement Products” was published on March 30, 2018. The [bulletin](#) describes strategies to promote smoking cessation, including brief interventions (less than 10 minutes) by health care providers that are shown to be effective. The bulletin summarizes best practices for responsible prescribing of NRT products. A [Pharmacologic Product Guide](#) of all FDA-approved medications for smoking cessation is available from the UCSF [Rx for Change](#) website.

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 4/18/2018.

The complete list of approved [formulary](#) and [prior authorization criteria changes](#) are available on SFHP website. All changes are effective May 18, 2018 and will be available to view on the SFHP on that date. For formulary or criteria questions please 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.

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