



Provider Update

October 1st, 2023

UPDATES INCLUDE:

- Lead Poisoning Prevention Training (CME)
- Provider Appointment Availability Survey (PAAS) Has Begun
- Caredel Training on Maternal Mental Health
- Community Based Adult Services (CBAS) Benefit
- New Registry Requirement to Submit Immunization and TB Data
- Updated Health Education Materials included on SFHP.org
- Pharmacy Updates for October 2023
- Facility Site Review Provider Pearls: Sudden Cardiac Arrest & Sudden Cardiac Death Screening


Lead Poisoning Prevention Training (CME)

Join San Francisco pediatrics providers for a WebEx continuing medical education event at 12- 1p.m. PST on October 17, hosted by San Francisco Health Plan and Anthem Blue Cross. Eligible providers in attendance will receive one unit of continuing medical education (CME) credit upon completion of the presentation provided by our Plan Partner Anthem Blue Cross. Guest speaker Dr. Jean Woo from California Department of Public Health (CDPH) will be reviewing lead poisoning prevention in children, with objectives specific to:

- Overview California's Lead Screening regulations and anticipatory guidance in preventing lead exposure.
- Learn the different risk factors for lead exposure including dietary, cultural practices, and home remedies.
- Discuss clinical effects and how to manage childhood lead exposure, as well as recommendations to reduce or prevent childhood lead poisoning including nutritional recommendations.

Providers interested in attending must [register here](#) so as to receive WebEx details and supporting material in advance of the discussion. Questions related to this training may be directed to FSR@sfnhp.org.

Please take pre-test prior to the webinar using this [link](#).




Join our class on
LEAD POISONING PREVENTION
and earn AAFP CME/CEU credits

Update- The Prevention of Childhood Lead Poisoning: Why Physicians Should Counsel on Lead and Screen for Lead Exposure.

By attending and completing the class, you can earn 1 AAFP free Continuing Medical Education (CME) credit (or CEU)- provided by our Plan Partner Anthem Blue Cross


Virtual Class Date: Tuesday, October 17th, from 12:00 p.m. to 1:00 p.m.

Presenter: Dr. Jean Woo, MD, MPH, MBA, FAAP, Public Health Medical Officer, Childhood Lead Poisoning Prevention Branch, California Department of Public Health



Register clicking below or using QR Code

[Register Here](#)




Click below or use QR code to take Pre-Test prior to Webinar

[Pre-Test Here](#)

Class Objectives:

- Overview of California's Lead Screening regulations and anticipatory guidance in preventing lead exposure.
- Learn the different risk factors for lead exposure including dietary, cultural practices, and home remedies.
- Discuss clinical effects and how to manage childhood lead exposure, as well as recommendations to reduce or prevent childhood lead poisoning including nutritional recommendations.
- Review California Management Guidelines on Childhood Lead Poisoning for Health Care Providers.



Target Audience: Physicians, Physician Assistants, and Nurse Practitioners

SAN FRANCISCO HEALTH PLAN
Here for you

Provider Appointment Availability Survey (PAAS) Has Begun

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 administers the 2023 Appointment Availability Survey from August 2023 until January 2024. The survey, delivered by fax (from 973-996-4562) or email (from SutherlandPaasTeam@sutherlandglobal.com), will ask provider offices to identify individual provider's

survey. Please inform your front-line staff who answer the phone that they may be receiving this call (if an email or fax survey is not responded to) and that non-participation must 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 [this guide](#) that clarifies the timely access regulations. 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 at provider.relations@sfhp.org.

Carelon Training on Maternal Mental Health

Maternal mental health, also known as perinatal mental health, refers to a mother's overall emotional, social, and mental well-being, both during and after pregnancy. The vast majority of perinatal depression is unrecognized and untreated. In this training, Medical Director at Carelon Health Options, Dr. Jessica Langenhan, will share information regarding the prevalence, risk factors, and impact of maternal mental health disorders. Specific maternal mental health disorders, including depression, psychosis, PTSD, and OCD, will be discussed. Dr. Langenhan will provide information on treatment interventions, screening tools, and resources that are recommended for providers to utilize to support this population.

Learning Objectives:

- Understand different types of maternal mental health disorders, including their prevalence, risk factors, and impact.
- Become familiar with validated screening tools recommended to assess postpartum women for mental health conditions.
- Identify treatment interventions, including counseling and medication options to utilize when supporting patients who have been identified as needing maternal mental health support. Learn other resources that exist to support this population.

Date and Time: Friday October 6, 2023, 12:00 PM PST

Presenter: Dr. Jessica Langenhan, MD, MBA, CHCQM; *Carelon Behavioral Health Medical Director*

Meeting Link: [Click here to join the meeting](#)

Community-Based Adult Services (CBAS) Benefit

SFHP is raising awareness about an underutilized benefit – CBAS (formerly known as Adult Day Health Care). CBAS is a community-based day health program that provides services to adults with chronic medical, cognitive, or behavioral health conditions and/or disabilities that make them at risk of needing institutional care. The primary objectives of the program are to restore or maintain optimal capacity for self-care and delay or prevent personally undesirable institutionalization. The program stresses partnership with the participant, the family and/or caregiver, the primary care physician, and the community in working toward maintaining personal independence.

personal care; hot meals and nutritional counseling; physical, occupational and speech therapies; mental health services; recreational and therapeutic activities; transportation to and from the participant's residence. Eligible Medi-Cal beneficiaries are assessed by the Centers multidisciplinary team who works collaboratively with the member to develop an Individualized Plan of Care (IPC).

Members who qualify for CBAS must be at least 18 years old and tend to be in poor health, require assistance with activities of daily living, have ER visits, are socially isolated, and lack awareness or have confusion, and are at risk for wandering. Members may also qualify if their caregiver needs respite. If you know of a member who would benefit from CBAS, please contact the preferred CBAS Center or SFHP to begin the referral process. SFHP contracts with nine different centers throughout San Francisco. To learn more information about the CBAS benefit and SFHP's contracted providers, please visit <https://www.sfhp.org/providers/our-network/community-based-adult-services/>.

New Registry Requirement to Submit Immunization and TB Data

[AB 1797](#), a new California bill effective January 1, 2023, requires providers to enter immunizations and TB tests they administer, as well as a patient's race and ethnicity, into a California immunization registry ([CAIR](#) OR [RIDE/Healthy Futures](#)).

This reporting requirement includes newly recommended immunizations, such as

- Nirsevimab to prevent severe RSV disease for infants and toddlers
- RSV vaccines for adults 60 years and older.

Many of your questions can be answered by visiting the [AB 1797 Immunization Registry FAQs](#) page.

Not Yet Enrolled? [Enroll Now!](#)

Joining CAIR helps providers meet requirements for AB 1797, Medi-Cal, and the Vaccines for Children (VFC) program. There are [many other benefits](#) to participating in an immunization registry: save time, improve patient care, boost immunization rates, and quickly run vaccine reports to access data for reporting.

Refer to the [How to Enroll in CAIR2 page](#) for guidance on the CAIR2 setup that works best for your practice and contact your [Local CAIR Representative](#) with any questions.

Not Sure if You're Already Enrolled or Need to Update Your Account?

If you are not sure if your practice is already enrolled or need to update your read-only account to be able to submit doses, contact the CAIR Help Desk (CAIRHelpdesk@cdph.ca.gov or 800-578-7889) or your [Local CAIR Representative](#).

For more information, see the [AB 1797 Immunization Registry FAQs](#).

Visit the [SFHP Health Education Library](#) for updated health education fact sheets that you can print or download to support your patients. Members can use health education fact sheets for checklists and tips on how to eat healthy, stay active, manage conditions, and more.

All health education includes information on relevant benefits that eligible members can access. Education is available in English, Spanish, Mandarin, Vietnamese, Russian, and Tagalog.

Please replace any old SFHP health education fact sheets in your offices with the updated materials.

Topics available:

- [Birth control methods](#)
- [Eating healthy](#)
- [Getting LGBTQIA+ care](#)
- [Health visits for kids under 1](#)
- [Health visits for kids ages 1-6](#)
- [Health visits for kids ages 7-11](#)
- [Health visits for kids youth 12-17](#)
- [Health visits for ages 18-20](#)
- [Health visits for women](#)
- [Keep your eyes healthy](#)
- [Managing asthma](#)
- [Managing chronic pain](#)
- [Managing diabetes](#)
- [Moving more](#)
- [Postpartum care for mothers](#)
- [Prenatal care for mothers](#)
- [Preventing high blood pressure \(hypertension\)](#)
- [Quitting smoking and vaping](#)
- [Reducing stress](#)
- [Sexually transmitted infections](#)
- [Treating back pain](#)
- [Using fluoride varnish](#)

Do you have a health education request? Please email healtheducation@sfhp.org if you have health education questions, concerns, or would like materials developed.

Pharmacy Updates

Updated Guidance by the CDC and FDA for Prescribing Opioids

On November 4, 2022, the Centers for Disease Control and Prevention (CDC) issued an updated [Clinical Practice Guideline for Prescribing Opioids for Pain](#). The guidelines apply to outpatients ≥18 years of age with acute pain, subacute pain, or chronic pain. These guidelines exclude pain management for sickle cell disease, cancer-related pain, palliative care, and end-of-life care. Key recommendations include:

- Before starting opioids for pain, establish realistic treatment goals and discuss a plan for discontinuation if the expected benefit is not realized.
- If opioid therapy is indicated, an immediate-release (IR) product is preferred. Long-acting or extended-release (ER/LA) opioids should be reserved for severe, continuous pain.
- When initiating opioids in opioid-naïve individuals, prescribe the lowest effective dosage for no longer than the expected duration of pain severe enough to require opioids, and evaluate the potential benefits and risks when considering an increase in dose.
- Clinicians and patients should jointly weigh the benefits and risks of continuing opioid therapy, and risk mitigation strategies should be employed.
- If the benefits of opioid therapy do not outweigh the risks, other therapies should be optimized and opioids should be gradually tapered to a lower dose.
- Unless there are warning signs of impending overdose, opioid dosages should not be rapidly reduced or discontinued.

In addition, on April 13, 2023, the Food and Drug Administration (FDA) announced [new requirements for safety label changes for the safe use of opioids](#). The updates includes [label changes for IR and ER/LA opioids](#), in addition to a new label warning about opioid-induced hyperalgesia (OIH) and a description of symptoms differentiating OIH from opioid tolerance and withdrawal. If a patient is suspected to be experiencing OIH, an appropriate dose decrease or switch to a different opioid product can be considered. Patients should be advised on the risks of OIH and to never increase their opioid dosage without first consulting a healthcare professional. Further information on these changes can be read in the [DHCS DUR educational article](#).

New Resources Available for Perinatal Mental Health Conditions

[DHCS has released an article](#) covering several recent efforts to improve perinatal mental health conditions through the availability of new resources identifying and supporting best practices for healthcare professionals. In February 2023, the Alliance for Innovation on Maternal Health (AIM) published a [patient safety bundle](#) as an evidence-based resource to address drivers of maternal morbidity and mortality. In May 2023, the American College of Obstetricians and Gynecologists (ACOG) published 2 clinical practice guidelines focused on (1) screening and diagnosis and (2) treatment and management of perinatal mental health conditions including depression, anxiety and anxiety-related disorders, bipolar disorder, acute postpartum psychosis, and symptoms of suicidality. ACOG has also published several resources on their website including the [Lifeline for Moms Perinatal Mental Health Tool Kit](#) and a free e-module titled ["Addressing Perinatal Mental Health Conditions in Obstetric Settings"](#) for continuing medical education credit.

Medication-Related Quality Improvement

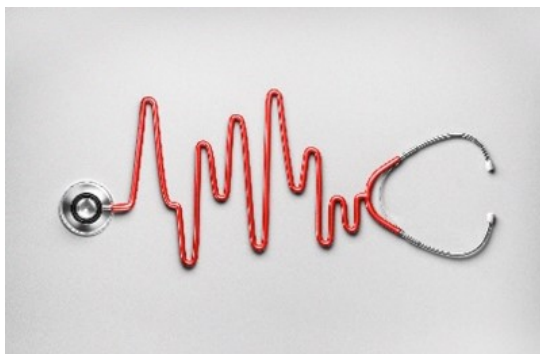
SFHP has an interdisciplinary Quality Improvement (QI) workgroup that focuses on appropriate testing, medication regimen, and adherence for patients with diabetes, asthma, schizophrenia or schizoaffective disorder on antipsychotics, and major depression on antidepressants. Below are some updated findings since our last article in October 2022.

Antipsychotic Medication Adherence

Adherence to antipsychotic medications for members with schizophrenia or schizoaffective disorder is measured using Proportion of Days Covered (PDC). With this measurement, members are considered adherent to their medications if they have their medications for 80% of the coverage period. A review of utilization data for the year ending August 2023 found that no antipsychotic drug class has a PDC above 66%, suggesting that members prescribed antipsychotics have difficulty with adherence. This is further enforced by the high rate of single-fill non-adherence for second-generation antipsychotics. As seen in other diagnoses and drug classes, Asian members had higher adherence while Black members had the lowest adherence.

with a diagnosis of major depression who remain on an antidepressant medication. There are two points at which this is measured – 12 weeks and 6 months. A review of utilization data for the year ending July 2023 found that no antidepressant class had an average PDC over the 80% threshold for adherence. First line antidepressant agents, SSRIs and SNRIs, have higher average PDCs than other antidepressant drugs at around 70%. SARIs have the lowest PDC, but this is likely due to their use in other indications; trazodone is commonly prescribed for insomnia and may be used as needed. Medications that required prior authorization did not have higher rates of adherence, as has been seen in other drug classes. Black members had lower rates of adherence compared with other racial groups, as did younger members.

Facility Site Review Provider Pearls



Sudden Cardiac Arrest and Sudden Cardiac Death Screening

Primary care providers (PCP) play a vital role in identifying risk for sudden cardiac arrest (SCA) or sudden cardiac death (SCD). Per the California Department of Health Care Services (DHCS) APL 22-017 and updated Facility Site Review and Medical Record Standards and Tools, *Sudden Cardiac Arrest and Sudden Cardiac Death Screening* is a new criterion in the pediatric preventive section.

Per the American Academy of Pediatrics (AAP), clinicians shall screen for SCA and SCD for all children (regardless of athletics participation) at the same time as Preparticipation Physical Evaluations or at a minimum of every 3 years or on entry into middle of junior high school and into high school. Depending on family or PCP concerns, additional screenings may be appropriate.

The SCA and SCD screening questionnaire consists of 4 questions:

1. Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones?
2. Have you ever had exercise-related chest pain or shortness of breath?
3. Has anyone in your immediate family (parents, grandparents, siblings) or other, more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS.
4. Are you related to anyone with HCM or hypertrophic obstructive cardiomyopathy, Marfan syndrome, ACM, LQTS, short QT syndrome, BrS, or CPVT or anyone younger than 50 years with a pacemaker or implantable defibrillator?

The FSR nurse reviewer will look for evidence of completed screening questionnaires and documentation of personal history, family history, and physical exam. If a positive screen is found, the nurse reviewer will

Resources:

1. [Sudden Death in the Young: Information for the Primary Care Provider](#)
2. [American Academy of Pediatrics: All Children Should Be Screened for Potential Heart-Related Issues](#)

If you have any questions, your FSR team is here to help. Please find contact information below.

“Provider Pearls” are monthly articles written with the intent to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes. If a clinic manager, office manager, nurse manager, or operations person, can take the time to independently self-monitor clinic practices with the aid of SFHP checklists and DHCS standards at least annually, we can all work together to strive toward improved quality standards in office practice operations.

For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact Jackie at jhagg@sfhp.org or by her direct line at 415-615-5637.

Please do not hesitate to contact Provider Relations at
1(415) 547-7818 ext. 7084 or Provider.Relations@sfhp.org

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