Health matters MD

HealthPlan OF SAN MATEO
Healthy is for everyone

WINTER 2018—IN THIS ISSUE

New Health Homes Program

Improved Care Coordination for Complex Medi-Cal Members

HPSM is gearing up for the Health Homes Program – a new state initiative that provides community-based care coordination services for Medi-Cal members with complex medical needs and chronic conditions. This program rolls out in San Mateo County starting July 1, 2019. Through this free program, eligible participants get a dedicated care coordinator who works with a care team to support their physical and behavioral health. They provide six core services:

1. Development of a personalized health action plan
2. Coordination of care across providers
3. Care transitions between hospitals, nursing homes, treatment facilities and the member's home
4. Support for self-management and decision making
5. Health education
6. Connection to community and social supports, including housing, as needed

Have questions about becoming a Health Homes Community-Based Care Management Entity (CB-CME) or referring a patient to the program? Please contact HPSM's Provider Services Department at **650-616-2106**. For more details about the program, visit **hpsm.org/health-homes**.

What makes Health Homes different?

This program is an opportunity to establish a new care management model: one that is field-based rather than telephonic. Paraprofessionals are at the core of this model, enabling all members of the care team to operate at the top of their licensure. Additionally, it is a mechanism for strengthening data-sharing across providers. By creating a more holistic view of the patient, this program aims to care for the whole person and support population health management.

What's the value of this program?

Health Homes provides members with an additional layer of support by connecting them to services they may not otherwise have known are available to them. For providers, the program facilitates more informed care planning decisions by linking personalized health action plans and information sharing capabilities to the full care team. It also provides new financial support for alternative patient touches.

Which members are eligible?

In order to qualify, members must be enrolled in Medi-Cal with HPSM, have certain chronic conditions and meet designated acuity/complexity criteria. Most members who enroll in the program are identified by administrative (diagnostic/utilization) data and then contacted by HPSM. But providers can also refer HPSM Medi-Cal patients to the program, and members can self-refer. Referred members who meet Health Homes eligibility criteria may enroll in the program.

Which providers can participate?

Designated CB-CMEs contract with HPSM to provide Health Homes services. Ideally, the CB-CME is the member's assigned primary care clinic, but this may not always be the case. CB-CMEs can be a Federally Qualified Health Center (FQHC), community health center, local health department, other third-party service provider or HPSM. Potential CB-CMEs must meet the program's certification requirements for care coordination, coordinator staffing ratios, documentation and information-sharing, among other things.

Maternal and Infant Mortality On the Rise

By Chyvonne S. Washington, Prenatal Advantage Black Infant Health Project and Colleen Murphey, Health Plan of San Mateo

The story of maternal mortality in the U.S. from the early 1900s to 1987 was one of public health triumph. At the turn of the century, 600-900 women died of pregnancy related causes for every 100,000 live births[1]. By 1987, that number had been reduced nearly 100-fold[2]. But then this story took a sobering turn. Maternal mortality rates (MMR) began to rise, and despite spending more than any other country on hospital-based maternity care, U.S. MMR has not slowed[3]. A woman giving birth in the U.S. today is over 50% more likely to die of pregnancy-related causes than in other developed nations[3, 4].

These statistics become even more alarming when examined by race. Black women in particular are three to four times more likely to die during pregnancy or childbirth, in addition to suffering the nation's highest infant mortality rate[5]. Women of color overall are at greater risk of both infant and maternal mortality than their White counterparts[5]. These profound differences persist even in the Bay Area. California's MMR is currently the lowest in the nation[6], and San Mateo County has one of the lowest infant mortality rates in the world[7]. Yet, in San Francisco, infant mortality remains four times higher for Black women than White women[8].

Disparities by ethnicity, most acutely for Black women, persist even when controlling for education and income level. In a five-year public health study in New York City, the college-educated women of color who were surveyed were significantly more likely to suffer severe maternal morbidity (SMM) than White women without a high school degree[9]. But most notably, Black women with a college or graduate degree had a greater risk of SMM than non-high-school graduates of any other ethnicity[9].

The factors contributing to these troubling statistics are complex, but a few key drivers have emerged in public health research:

Contributing Health Challenges

Access: The ability to get high-quality reproductive health information and services is critical to maternal and infant health outcomes. In the U.S., women of color – particularly Black women and women with an undocumented immigration status – tend to have poorer access to both[3]. Lack of insurance coverage can be a major barrier to receiving care early in a woman's pregnancy.

Awareness: While reporting on maternal health disparities and perinatal outcomes has increased in recent years, a continuing conversation is needed. Knowledge of maternal health disparities and their root causes enables providers to offer high-quality care and empowers patients to self-advocate and seek out resources.

Implicit bias and racism: Black women in particular experience higher rates of disrespect and discrimination in the health system, and evidence suggests that the stress associated with daily experiences of racial discrimination can increase the risk of negative perinatal outcomes[10].

Income: Poverty exacerbates many negative health outcomes, including MMR. Pregnant women who suffer from food insecurity and lack access to transportation or childcare are at greater risk.

Location: Perinatal outcomes vary considerably by state. Variations in access and in state policies, such as whether a maternal mortality review board exists, result in MMRs ranging widely from four deaths per 100,000 births (here in California) to 58 (in Louisiana)[6].

Sources and footnotes

[1] "Achievements in Public Health, 1900-1999: Healthier Mothers and Babies." Centers for Disease Control and Prevention: October 1999. cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm

[2] "Reversing the Rise in Maternal Mortality." Health Affairs: November 2018.

[3] The increase persists even when accounting for changes to how data is collected. Source: "Maternal Health in the United States." Harvard Chan School's Maternal Health Task Force. mhtf.org/topics/maternal-health-in-the-united-states/

[4] "Trends in maternal mortality: 1990 to 2015." World Health Organization: November 2015. who.int/entity/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/index.html

Resources to Combat Health Disparities

HPSM helps connect women in San Mateo County with free or low-cost prenatal insurance, irrespective of immigration status. Getting coverage is fast and easy. **hpsm.org/health-information/gbys** or **650-616-2165**

The Black Infant Health (BIH) Project aims to reduce infant and maternal mortality and improve birth outcomes for African-American families. BIH provides home visits; health education; case management; social service referrals; prenatal, postpartum and infant/toddler development care coordination; public health nursing and mental health services; breastfeeding/lactation support; and health education/support groups for pregnant and parenting women. BIH also provides outreach and education for providers around African American infant and maternal health disparities. **smchealth.org/bih**

The Nurse-Family Partnership (NFP) program helps pregnant women prepare for the birth of their first child. Beginning during pregnancy, and until the child is two, nurses visit women at home to educate them on parenting, share resources and perform health checks. Services are free and available in English, Spanish, Cantonese and Tagalog. **smchealth.org/nfp**

Women, Infants, and Children (WIC) provides lactation and breastfeeding services, as well as other food insecurity support (such as vouchers). **smchealth.org/wic**

Comprehensive Perinatal Services Program (CPSP) is a Medi-Cal program that provides services to eligible low-income pregnant and postpartum women, including nutrition, psychosocial and health education, as well as routine obstetric care. **cdph.ca.gov/Programs/CFH/DMCAH/CPSP**

The Alliance for Innovation for Maternal Health (AIM), is a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to advancing maternal safety outcomes in the U.S. **safehealthcareforeverywoman.org/how-does-aim-work/**

The American College of Obstetricians and Gynecologists (ACOG) publishes a library of simple, evidence-based practices that help providers improve outcomes – including recommendations to reduce peripartum racial and ethnic disparities. **safehealthcareforeverywoman.org/patient-safety-bundles/reduction-of-peripartum-racialethnic-disparities/#1472747274361-49911e4d-c2d60f3f-74eb**

The Black Mamas Matter Alliance provides a collection of literature, toolkits and trainings focused on improving maternal health disparities. **blackmamasmatter.org/resources**

The Harvard Chan School's Maternal Health Task Force identifies and shares research for front-line maternal health workers, policymakers, researchers and advocates. **mhtf.org/topics/maternal-health-in-the-united-states**

The California Pregnancy-Associated Mortality Review (CA-PAMR) provides a comprehensive statewide maternal mortality examination of pregnancy-related deaths and identifies improvement opportunities specific to California. **cdph.ca.gov/Programs/CFH/DMCAH/Pages/PAMR.aspx**

[5] According to the Centers for Disease Control, in 2010-2014 the U.S. averaged 40 deaths per 100,000 live births among African American women vs. 12.4 among White women. In 2016, infant mortality in the U.S. was 4.9 per 1,000 live births for Non-Hispanic White women vs. 11.4 for Non-Hispanic African American women. Sources: "Pregnancy Mortality Surveillance System." Centers for Disease Control and Prevention: August 2018. **cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm** "Infant Mortality." Centers for Disease Control and Prevention: August 2018. **cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm**

[6] "USA Today investigation ranks states with the highest maternal death rates." CBS News: July 26, 2018. **cbsnews.com/news/best-and-worst-states-to-give-birth-usa-today-investigation**

[7] "Infant Mortality Rates Remain High in Some Counties." California Health Report: December 2017. **calhealthreport.org/2017/12/06/infant-mortality-rates-remain-high-counties**

[8] MCAH Vital Statistics in San Francisco: Infant Deaths. City and County of San Francisco Department of Public Health: February 2017. **sfdph.org/dph/files/MCHdocs/Epi/MCAH-DataBriefInfantDeaths-2006-2014.pdf**

[9] Maternal morbidity is a broad term referring to all adverse physical or mental health impacts related to pregnancy/childbirth. Source: "New York City, 2008-2012: Severe Maternal Morbidity." New York City Department of Health and Mental Hygiene: 2016. **www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf**

[10] "Stress model for research into preterm delivery among black women." American Journal of Obstetrics & Gynecology: May 2005. **ajog.org/article/S0002-9378(05)00209-7/abstract**

Dignity Providers, Including GoHealth Urgent Care, Now in HPSM's Network

HPSM is excited to announce that Dignity Health – including Dignity GoHealth Urgent Care – joined the HPSM network in October of 2018. This expands access to hospital, specialty and primary care for HPSM Medi-Cal and Care Advantage members by adding:

Three Dignity GoHealth urgent care locations

GoHealth Daly City
325 Gellert Blvd
650-270-2394

GoHealth San Bruno
1310 El Camino Real, Unit I/J
650-270-2395

GoHealth Redwood City
830 Jefferson Avenue
650-381-0616

These three clinics are open:

Monday to Friday
8:00 a.m. to 8:00 p.m.

Saturday and Sunday
9:00 a.m. to 5:00 p.m.

Three Dignity hospitals

Sequoia Hospital
170 Alameda de las Pulgas
Redwood City

Includes birth center, ED, Heart and Vascular Institute, Orthopedics & Health and Wellness Center

St. Francis Memorial Hospital
900 Hyde St, San Francisco

Includes cancer care, ED, da Vinci Robotic Surgery, Orthopedic & Sports Medicine Institute

St. Mary's Medical Center
450 Stanyan St, San Francisco

Includes cancer care, Total Joint Center, cardiology, spine center & rehab

Dignity Health Medical Group Sequoia

DHMG-Sequoia physicians serve San Mateo County with expertise in:

- Primary care
- Cardiology
- Cardiovascular surgery
- Neurology
- Sports medicine
- Orthopedic surgery

For more information, visit **gohealthuc.com/bayarea**

Wanted: Palliative Care, Pain Management & Ob/Gyn Specialists

HPSM continuously grows our provider network to meet our members' evolving medical needs. Our 2019 network expansion goals include targeted provider recruitment for several specialties – and we highly value referrals from our contracted providers! If you know any fantastic providers of palliative care, pain management or obstetrics/gynecology, please encourage them to apply to our network.

Refer a colleague to HPSM's network by having them contact Provider Services at **833-694-7761** or psinquiries@hpsm.org.

Do You Know Your Credentialing Rights?

HPSM oversees credentialing activities for our provider network, and directly credentials and re-credentials many of our providers (such as independent practitioners). As a contracted provider, you always have the right to:

1. Review information submitted to support your credentialing application
2. Correct erroneous information
3. Receive the status of your credentialing or re-credentialing application upon request

To learn more, read section 8 of HPSM's Provider Manual (available online at **hpsm.org/provider-manual**).

If you have questions about HPSM's in-network urgent care options and services, contact HPSM Provider Services at **650-616-2106**.

When should I refer patients to urgent care?

Visit the new urgent care section of HPSM's website at hpsm.org/urgent-care-provider to:

- Easily locate the nearest urgent care center and its office hours
- Consult a quick guide for when to refer to urgent care vs. ER
- Learn more about which specific services are included at urgent care locations

Pediatrics Urgent Care Now In HPSM Network

After Hour Pediatrics (AHP), a walk-in urgent care clinic for children and teens with Medi-Cal in the city of San Mateo, is also now part of HPSM's provider network. HPSM encourages pediatricians to tell the parents of their HPSM Medi-Cal patients that these new urgent care services are available for their children's care.

AHP is staffed by a team of clinicians that includes pediatricians, nurse practitioners and physician assistants with specialized training in pediatrics. Within one to two hours after an HPSM member's visit, the clinic faxes a visit summary to the member's PCP which includes lab results and follow-up suggestions.

After Hour Pediatrics (AHP)

Location: 210 Baldwin Avenue
(at South San Mateo Drive)
in the city of San Mateo

Hours: Monday - Friday
5:00 p.m. to 10:00 p.m.

Weekends & holidays
10:00 a.m. to 10:00 p.m.

Phone: 650-579-6581

Website: afterhourpeds.net

Walk-ins welcome — no appointments needed

Two New Initiatives to Improve Asthma Medication Adherence

HPSM recently launched two new initiatives aimed at increasing medication adherence for our members with asthma.

Outreach phone calls – HPSM's Health Promotion Coordinators now call members identified as non-compliant for the asthma medication ratio (AMR) measure. The Healthcare Effectiveness Data and Information Set (HEDIS) AMR measure assesses members aged 5 to 64 who have persistent asthma and a greater than 50 percent ratio of controller medication to total asthma medication during the measurement year. HPSM's outreach calls promote controller medication compliance by encouraging members to fill and pick up their asthma controller prescriptions or contact their PCP.

AMR eReports – To support providers treating patients with asthma, HPSM is piloting monthly AMR eReports which include data about members' asthma-related pharmacy fills. Providers who have accessed these reports tell us they are useful when discussing asthma medication adherence with patients. They are available on the eReports section of HPSM's Provider Portal and updated on the first of each month.

Want to improve medication adherence for your patients with asthma? These new measures can help. If you have questions about them or suggestions for asthma data that would be more useful to you, please contact your Provider Services Representative.

Watch Out For Potential Quality Issues (PQIs)

A PQI is a suspected provider performance, clinical care or outcome of care issue that requires further investigation to determine if an actual quality of care concern exists. Referrals for PQI investigations can come from HPSM staff or members, contracted or non-contracted providers and their staff, or any member of the community (such as a member's family or friend). HPSM also identifies PQIs by reviewing:

- Complaints, grievances and appeals
- Concurrent, prospective and retrospective utilizations
- Claims and encounter data
- Care coordination reports
- Medical record audits

Some examples of PQIs include:

- Delays in obtaining referrals
- Rude behavior by clinical providers or staff members
- Inadequate assessment of patients
- Complication in the delivery of a child
- Unexpected death of a patient

When a PQI is identified, a Quality Improvement Nurse conducts an initial clinical review, investigates and then forwards the case to a Medical Director for case levelling and corrective action plan requests if needed. We ask the provider for the member's medical records and their response to the PQI to get their side of the story.

To report a PQI, please use the PQI referral form available on the HPSM website, or contact us at:

- Phone: **650-616-2170**
- Fax: **650-616-8235**
- Email: **PQIReferralRequest@hpsm.org**

Help Your Patients Quit Smoking

It's the start of a brand new year, and people are ready to make some healthy lifestyle changes. That makes January a perfect time for you to proactively encourage your patients to quit smoking (and other tobacco products). As a health care provider, you have a special role in your patients' health. Here's how you can help patients quit:

- **Refer patients to support resources—**The California Smokers' Helpline provides free services, training and materials to help people quit. You can refer patients by filling out a form at **nobutts.org/helpline-referral-options** or have them contact the Helpline directly.
- **Accentuate the positives—**Going smoke-free has a wide range of immediate and long-term health benefits, from younger-looking skin to a healthier heart and lungs. Visit **smokefree.gov/quitting-smoking/reasons-quit/benefits-quitting** for details.
- **Prescribe FDA-approved tobacco cessation medication—**HPSM covers all of these for adults who use tobacco products.

Patients can visit nobutts.org or call the helpline at 1-800-NO-BUTTS (1-800-662-8887) weekdays from 7 a.m. to 9 p.m. and Saturdays from 9 a.m. to 5 p.m.

- Spanish: **1-800-45-NO-FUME (1-800-456-6386)**
- Chinese: **1-800-838-8917**
- Korean: **1-800-556-5564**
- Vietnamese: **1-800-778-8440**
- Tobacco Chewers: **1-800-844-CHEW (1-800-844-2439)**

HEDIS® Record Requests Coming in February 2019

HPSM's annual Healthcare Effectiveness Data and Information Set (HEDIS) review starts in early February. At that time, someone from HPSM or Advantmed (our certified vendor) will contact your office to arrange a visit from a Medical Records Technician (MRT) to get requested charts.

Please schedule an appointment as early as possible to avoid the rush and ensure your staff has time to prepare the records. HPSM will send pull lists between late February and early March. We must submit all records to HEDIS by April 19, 2019.

HEDIS data collection is time-sensitive with a firm deadline. HPSM providers are contractually required to participate and submit medical records. Your compliance with this deadline ensures that HPSM can report complete and accurate data to state and federal regulatory bodies, as well as the National Committee for Quality Assurance (NCQA), which administers HEDIS.

What data is collected?

Most requested records will be for visits in 2018, but some may go back several years. Medical records are reviewed for additional information and data that was not collected through claim submissions. The more complete and detailed your claims are, the fewer charts you will need to provide.

How is data collected?

Providers submitting a high volume of records are usually required to deliver them during a scheduled onsite visit. Providers submitting a low volume of records (typically 10 or fewer) can usually send them by mail, fax or another secure electronic transfer method.

Can I legally give protected health information (PHI) to HPSM?

Yes. HPSM is a health care organization contracted with the California Department of Health Care Services (DHCS), which administers the Medi-Cal program. In addition, HPSM is contracted with the Center for Medicaid and Medicare Services (CMS), which administers the federal Medicare program. Members' enrollment in either of these programs allows HPSM to access their medical records. A signed consent form from the member is not required.

Questions or concerns about HPSM's HEDIS review? Contact Tim Shoemaker, RN, HEDIS Quality Improvement Supervisor, at timothy.shoemaker@hpsm.org or **650-616-5016**.

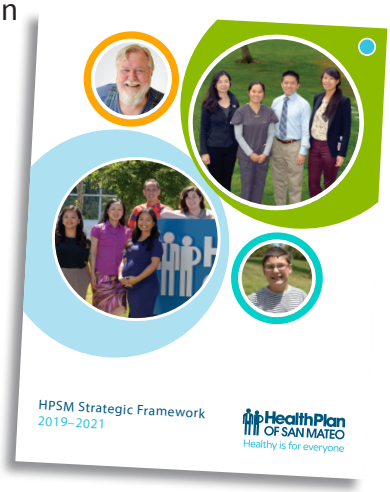
Check Out HPSM's Three-Year Strategic Framework

HPSM's 2019-2021 Strategic Framework serves as a roadmap that sets a clear direction for our organization over the next three years. It builds on the progress we've made since starting our 2016-2018 plan by continuing to focus on three key priorities:

- Ensuring access to high quality care and services
- Maintaining strong internal operations
- Sustaining financial stability

Our strategic framework incorporates input from staff, Commissioners, advisory committee members, providers and other key partners.

See HPSM's 2019-2021 Strategic Framework at www.hpsm.org/strategic-framework.



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