

Positive Practice

NEWS AND EDUCATION FOR POSITIVE HEALTHCARE PROVIDERS

Issue 18 Spring 2020

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P.O. Box 46160,
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Public Health: Infectious disease update: COVID-19

Outbreak of Novel Coronavirus

Re: Infection Prevention And Control Committee Advisory #20200302

This advisory is to address common questions and concerns that you may have regarding the new coronavirus, SARS-CoV-2 (Severe Acute Respiratory Syndrome- Coronavirus-2) that causes COVID-19 (Coronavirus Disease -2019).

How worried should I be?

Minimal risk to the general US citizen is present. The US has fewer than 100 cases (n=86, 3.2.20). Community transmission has occurred but only in isolated locations. US citizens are not advised to take any specific action unless they are in area (i.e. school) with an outbreak.

What is AHF doing?

Nursing and Medicine leadership are monitoring the CDC guidance and situation updates on a daily basis. Screening of patients in the Healthcare Centers was implemented several weeks ago and this procedure will be revised as often as needed. A new screening form with additional countries of risk (Iran, Japan, Italy and S. Korea) will be sent by email. This new screening form should be used immediately. Screening is focused on identifying persons who are symptomatic AND have an exposure risk from travel or contact with an infected person. The departments of medicine and nursing have communicated and will continue to communicate with HCC clinical leadership (Medical Directors, Nurse Managers) for implementation of the screening procedures and response to persons at risk. Interdepartmental discussions are happening and will continue as the situation evolves.

What should I do to help patients?

Communicate calm. Provide factual information. Follow the Department of Medicine policies and procedures for screening persons in our healthcare centers. Advise patients to notify the HCC prior to arrival if they have symptoms of acute respiratory illness. Care can be arranged to minimize exposure to others and patients can be directed to receive care in the most appropriate locations (home, clinic, hospital). Manage patients with respiratory symptoms at home when appropriate. Review use of personal protective equipment and be prepared use and to assist patients and others with use. Be prepared for revisions in policies and processes and implement changes as soon as possible.

What should I do to protect myself?

Get your flu shot. Wash your hands. Keep your hands off your face (snacking, smoking, scratching, adjusting with glasses, etc.). Cover your cough. Have a fever, cough – stay home. Keep calm and carry on.

What if I encounter a situation that I am not sure how to handle?

Contact your supervisor and / or HCC clinical leaders.

HCC Leadership should consult with the regional medical directors or the director of infectious diseases, or Chiefs of Medicine and Nursing. These leaders are available for consultation for triaging patients, managing potential exposures and problem solving.

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What if I want more information?

Stay alert to emails. Critical emails will be identified as “ADVISOIRES”. The Medicine and Nursing Leadership will disseminate more information and modifying processes on as need basis. Read and respond to COVID-19 emails from Dept of Medicine, Department of Nursing and your Department Director.

The CDC website is updated 3 times a week and more frequently if needed. The general information page:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

What if I want to give information to others including patients?

CDC information flyer can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>.
IDSA infographic can be found here: <https://www.idsociety.org/globalassets/idsa/public-health/IDSA-COVID-19-Four-Things-You-Need-to-Know>

Do I need to change my travel plans?

AHF is not recommending altering travel plans beyond following the CDC advisories. These can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Are tests available now?

LabCorp has developed a test and has just made it available. DOM will develop guidelines to help providers determine when it is appropriate to order the test. Do not order tests until you receive these guidelines.

Should I cancel my AHF business travel?

- At the moment, the CDC is not recommending that people avoid or restrict global travel except to a few Level 3 and Level 2 countries (China, Iran, Italy, South Korea, Japan). Stay alert to CDC’s travel recommendations at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- CDC’s current air travel guidance states, “Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily on airplanes. Although the risk of infection on an airplane is low, travelers should try to avoid contact with sick passengers and wash their hands often with soap and water for at least 20 seconds or use hand sanitizer that contain 60%–95% alcohol.” <https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html>
- People over 60 and people with underlying health conditions should consult their provider before traveling and, in all cases, take extra precautions for their health, including when traveling. <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>
- If you are anticipating business travel and have concerns, talk to your supervisor about how critical the travel is and whether there are alternatives to traveling. Be particularly aware of whether your travel will take you to an area with confirmed COVID-19 cases.
- If you are traveling, you must book your flights through AmTrav. Booking through AmTrav allows AHF to keep track of where you are in the event of an emergency.

More resources

- Keep up to date on our COVID-19 intranet page: <https://www.ahfintranet.org/AHFIntranet/main.aspx?tid=379>
- Log in with your usual AHF credentials.
- Current versions of the following documents are attached to this email and will also be posted on the intranet:
 - o Microsoft Word version of the Advisory in this email
 - o Screening Policy (Public Health Screening Questionnaire):
 - English
 - Spanish
 - o COVID-19 Policy v20200128 (to be used in conjunction with the Screening Policy)
 - o COVID-19 Screening Policy

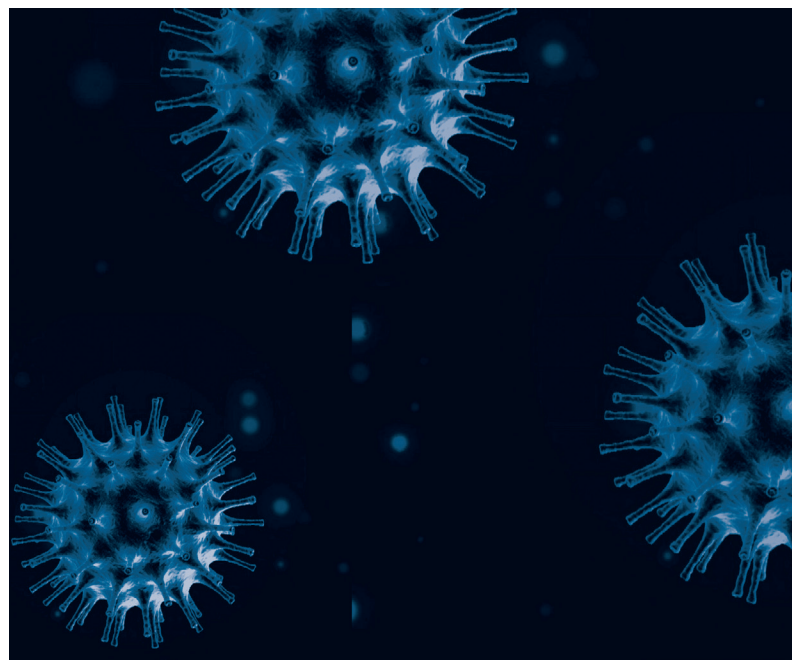
For more information on this notice and the COVID-19 Screening Protocol and Policies, please contact:

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Social Determinants of Health-Homelessness

Housing insecurity is a critical social determinant of health, demanding the attention of healthcare industry professionals, according to a new **guidebook** from the American Hospital Association (AHA).

The report specifically focuses on housing as it affects various components of patient health, including liability for certain diseases, ability to access clinicians, exposure to and threat of violence, quality educational attainment, and other social factors.

Over 1.48 million individuals experience homelessness annually. Another 7.72 million households live outside of their financial means, meaning that their rent or housing costs exceed far beyond their income, the organization added.

Housing instability encompasses a number of different challenges, including:

- Acceptable housing conditions, such as clean environment and adequate heating and cooling
- Safety and structural soundness
- Exposure to allergens and pests
- Homelessness, living on the streets, or in homeless shelters
- Extreme rent burden

Meeting any of those criteria categorizes an individual as homeless, and put a patient at high-risk of living an unhealthy life.

These patients are more susceptible to infectious diseases such as HIV/AIDS, pneumonia, and tuberculosis because of their living conditions. They are also more liable for **mental illness and substance abuse disorder** because of their living conditions.

The homeless population is also aging, AHA said. As individuals age, they naturally fall into a series of chronic illness, such as COPD, diabetes, cardiovascular disease, and some cognitive conditions such as Alzheimer's and dementia. Patients experiencing homelessness also suffer from increased stress, depression, and anxiety levels.

Individuals experiencing homelessness or housing instability account for some, but not necessarily all, of the five percent of individuals contributing to 50 percent of all healthcare spending.

ICD10 Codes To diagnose persons with potential health hazards related to socioeconomic and psychosocial circumstances

- Z59 Problems related to housing and economic circumstances
- Z59.0 Homelessness
- Z59.1 Inadequate housing
- Z59.2 Discord with neighbors, lodgers and landlord
- Z59.3 Problems related to living in residential institution
- Z59.4 Lack of adequate food and safe drinking water
- Z59.5 Extreme poverty
- Z59.6 Low income
- Z59.7 Insufficient social insurance and welfare support
- Z59.8 Other problems related to housing and economic circumstances
- Z59.9 Problem related to housing and economic circumstances, unspecified



Patients with housing instability are more likely to be admitted to an acute care hospital for an average of one to four days, costing up to \$4,000 per stay, AHA reported. In 2015, children under four living with housing instability cost the industry \$238 million, the organization added.

In 2017, AHF returned to its housing roots as California's housing affordability and homeless crises increasingly threatened the health of AHF patients. Widespread gentrification and displacement in Los Angeles and San Francisco were particularly problematic for AHF patients, who struggled to find stable, affordable housing. AHF patients in Atlanta, Chicago, New York, Seattle, and Washington D.C. have been facing similar difficulties. Housing is a public health issue.

The AHF Board of Directors voted to formally engage in the fight against gentrification. AHF seeks to increase tenant protections and advance progressive housing policy through its advocacy division Housing Is A Human Right. In addition to advocacy, AHF is committed to building affordable housing for those most in need through Healthy Housing Foundation. HHHF has purchased and repurposed hotels in Los Angeles, turning them into emergency shelters for people who live at the extremely-low and very-low income levels. One of the goals of HHHF is to produce a model that creates quality, affordable housing quickly and inexpensively and can be replicated.

Learn more at: <https://www.housinghumanright.org/>



Quality Improvement Initiatives

Positive Healthcare Member Incentive Programs

PHP and PHC health plans are offering gift cards to select members for completing their recommended screenings! Members who qualify for these incentive programs will be sent a letter in the mail, informing them of their eligibility and what screening to complete to obtain the incentive. Follow up phone calls will be made to these members for further outreach.

Please note that members may come to you with questions regarding the letter and the programs, and you can let them know, we are working to improve their health and their quality of life. We are requesting that you encourage these members to complete the requested screening and reinforce to them that they are beneficial and covered by the health plan.

IMPORTANT: Only those who qualify will receive an outreach letter. Copies of these letters are not to be made and distributed to other patients.

The screenings for the programs are as follows:

- Colonoscopies for members age 50-75, who have not completed one in the last 10 years. A \$50 gift card will be rewarded to those who complete the screening and return the signed form.
- Retinal Eye Exams for diabetic members, who have not completed one in the past year. A \$20 gift card will be rewarded to those who complete the screening and return the signed form.

For any questions regarding these member incentive programs please contact the Health Education Program at 323-436-5027.





HEDIS Update

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS was designed to allow consumer organizations and consumers to compare health plan performance to other plans and to national or regional benchmarks. To understand the terminology, whenever the HEDIS “Report” year is mentioned, it means that the data from the previous year was used. For example, for HEDIS reporting year 2020, the data will come from records from 2019.

AHF Plan members are in the HEDIS data measurement set for the Medi-Cal/ Medicaid or Special Needs Plan (SNP) Medicare as required by regulatory requirements by the Center for Medicare and Medicaid Services (CMS).

Please see the HEDIS insert for more information.

HEDIS Spotlight - DTLA

Please help the Quality Improvement Department congratulate the staff and providers at the Downtown Los Angeles HCC (California) for coming in first place for HEDIS results for 2019 HEDIS Report. Thank you to Dr. Tellalian and the entire health care center staff for your hard work. Quality measurement is vital to PHP/PHC as a Managed Care Organization. HEDIS is the tool used to

calculate quality measurement. The focus is on the quality of care and the quality of service provided to our members, as there is a direct correlation between performance and health outcomes. PHP/PHC would like to thank all the HCCs for contributing to the positive health outcomes of our members, as well as the overall success of the Plan.



Contracting and Provider Relations Department Upcoming Committee Meetings

We invite you to join us for our upcoming committee meetings where we discuss information and updates regarding the plans and our patient care.

Please see the information and dates below:

Q1 Quality Management Committee (QMC) -
03/16/2020 at 12:00PM PST

Q2 Quality Management Committee (QMC) -
06/08/2020 at 12:00PM PST

Q3 Quality Management Committee (QMC) -
09/07/2020 at 12:00PM PST

Q4 Quality Management Committee (QMC) -
12/07/2020 at 12:00PM PST

Q2 Utilization Management Committee (UMC) -
5/25/2020 at 11:30AM PST

Q3 Utilization Management Committee (UMC) -
8/31/2020 at 11:30AM PST

Q4 Utilization Management Committee (UMC) -
11/23/2020 at 11:30AM PST

These meetings are held in person at the Los Angeles, CA Managed Care office and there is also an option to join online:

First, click: <https://meet.loopup.com/6mbnz3a>

Or, if you are offline, dial in:
(by joining, you agree to the privacy policy at loopup.com)

Guest Dial-in Code: 2588433#

USA: +1 (855) 633-2040

Canada: +1 (866) 667-8813

UK (Local): +44 20 7019 0492

USA: +1 (855) 633-2040



Provider Fraud, Waste and Abuse: Please Alert your Patients on the New Medicare card scam

Medicare patients are receiving calls from telephone solicitors who are phishing for private identification information for nefarious purposes. The ruse is facilitated by the issuance of new Medicare cards.

Here's How the Scam Goes Down

The callers claim to be from Medicare and say there has been a mix up in the assignment of new Medicare Beneficiary Identifiers (MBIs) to Medicare beneficiaries. They are calling to issue a new card to them, if necessary, but first they need to know the beneficiary's MBI on their card so they can verify that they were sent the wrong card and number. With that, the caller says the beneficiary does in fact have the wrong MBI, and asks the person what their old Medicare number was — their Social Security Number (SSN). But they don't stop there. Lastly, they ask, "Your birth date is different for the two numbers, what is your correct birth date?"

The Repercussions Are Serious

The scammers have then just gotten the patient's new MBI, their SSN, and their birth date — everything they need to submit fraudulent claims to Medicare for services that have not been provided to the patient. This scam has been reported on various mainstream media outlets, including CNN and the Associated Press.

What You Can Do to Protect Your Patients

Please post a notice for all of your practice's Medicare patients and warn them of this scam. Medicare will never call a patient and ask the beneficiary for their MBI or any other personal identification.



HIV Clinical Practice Guidelines Approved by AHF

Providers should manage their HIV-positive patient according to the latest Department of Health and Human Service (DHHS) Guidelines. The DHHS Guidelines provide best-evidence recommendations for ARV treatment of adolescents and adults (as well as pediatrics), opportunistic infection prevention and treatment, and perinatal care.

For the Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, see <https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf>

For the Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents, see https://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf

For the Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States, see <https://aidsinfo.nih.gov/contentfiles/lvguidelines/perinatalgl.pdf>



STDs On The Rise

STDs continue to be on the rise. When we look at the HIV data Where to Start?

From NMAC’s perspective, jurisdictions should follow the data. What does the data say? Not just HIV data. It is important to look at STD and hepatitis data sets. There is an epidemic of STDs. Chart 1 shows an overlay of states with the highest gonorrhea rates per capita.

Chart 2 shows the states with the highest syphilis rates: and the states with more than half of the people living hepatitis C. Those states include California, Florida, Michigan, New York, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas.

Finally, Chart 3 shows the states with the highest rates of HIV per capita: Florida Mississippi, Louisiana, Georgia are in the top 10 for gonorrhea, syphilis, or hep C and HIV. South Carolina, Alabama, and Nevada are in the top 10 for HIV and gonorrhea or syphilis and North Carolina is in the top 10 for gonorrhea, syphilis, and Hep C. Jurisdictions in these regions must prioritize STD/HIV/Hep C testing sites, health centers, and community organizations that provide tests. Everyone who is tested should also be counseled about U=U and PrEP. Treatment on demand for U=U or PrEP should be available. History has shown that we lose too many people when they have to wait or return to find out results or treatment.

Since the infrastructure is already in place, these services can hit the ground running using existing agencies. There needs to be funding to hire and train staff. While this will work for people willing to access healthcare systems, new structures are needed for those communities that have trust issues. This is where Dr. Redfield’s disruptive innovation will be important.



STATES WITH THE HIGHEST GONORRHEA RATES			
RANK	STATE	GONORRHEA RATE	
1	Mississippi	310	<div style="width: 100%;"></div>
2	Alaska	295	<div style="width: 95%;"></div>
3	Louisiana	257	<div style="width: 82%;"></div>
4	South Carolina	254	<div style="width: 81%;"></div>
5	Alabama	246	<div style="width: 78%;"></div>
6	Oklahoma	231	<div style="width: 74%;"></div>
7	North Carolina	225	<div style="width: 72%;"></div>
8	Arkansas	225	<div style="width: 72%;"></div>
9	Georgia	220	<div style="width: 70%;"></div>
10	New Mexico	216	<div style="width: 69%;"></div>

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STATES WITH THE HIGHEST SYPHILIS RATES			
RANK	STATE	SYPHILIS RATE	
1	Nevada	20.0	<div style="width: 100%;"></div>
2	California	17.1	<div style="width: 85%;"></div>
3	Louisiana	14.5	<div style="width: 72%;"></div>
4	Georgia	14.4	<div style="width: 72%;"></div>
5	Arizona	13.6	<div style="width: 68%;"></div>
6	New York	11.9	<div style="width: 59%;"></div>
7	Florida	11.6	<div style="width: 58%;"></div>
8	North Carolina	11.2	<div style="width: 56%;"></div>
9	Mississippi	10.4	<div style="width: 52%;"></div>
10	Illinois	9.6	<div style="width: 48%;"></div>

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STATES WITH THE HIGHEST HIV RATES			
RANK	STATE	HIV RATE	
1	Georgia	30.0	<div style="width: 100%;"></div>
2	Louisiana	26.6	<div style="width: 88%;"></div>
3	Florida	26.6	<div style="width: 88%;"></div>
4	Maryland	20.2	<div style="width: 67%;"></div>
5	Nevada	19.7	<div style="width: 65%;"></div>
6	Texas	19.0	<div style="width: 63%;"></div>
7	Mississippi	17.3	<div style="width: 57%;"></div>
8	South Carolina	16.9	<div style="width: 56%;"></div>
9	New York	16.4	<div style="width: 54%;"></div>
10	Alabama	15.9	<div style="width: 53%;"></div>

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