



Provider⁵⁰ Operations Bulletin

JULY 2021

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SECTION 1:

State Department of Health Care Services (DHCS) Audit

Gold Coast Health Plan (GCHP) is scheduled to go through a state Department of Health Care Services (DHCS) Medical Audit during the month of August. Similar to previous years, DHCS will select various providers from GCHP's network to reach out to. If your site is selected for audit, DHCS will contact you directly. At this time, GCHP does not know who the selected providers are. We will update you once we receive any additional information.

GCHP Provider Relations Representatives may follow up with your clinic(s) before the audit to ensure that each site is equipped with materials for members.

During site audits, DHCS will check to ensure the interpreting services language board is on display, or that you have the Comprehensive Language Identification Guides available, which can be found in your Cultural & Linguistics packets. These materials should be easily accessible for patients to view when they go in to register for their appointments.

Should you need additional interpreting services language boards or any Cultural & Linguistics material, please contact us.

As always, GCHP is here if you have any questions and/or concerns.

Contact Information

For general Provider Relations inquiries, please email: ProviderRelations@goldchp.org.

For Claims and Authorization questions, please call: **1-888-301-1228**.

For the GCHP Provider Manual, Provider Operation Bulletins, directories, forms, guides, updates and more, please visit the [GCHP website](#).

Thank you in advance for your cooperation and partnership during the upcoming medical audit. It is always greatly appreciated.

SECTION 2:

Changes to Gold Coast Health Plan's (GCHP) Prior Authorization Requirements

Gold Coast Health Plan (GCHP) continues to evaluate and monitor the services that require prior authorization. While no changes to benefits or services requiring authorizations have been made, CPT codes were added or deleted from the prior authorization list based off of valid Medi-Cal billable codes. An updated prior authorization list including CPT/HCPC code changes will be posted on the [GCHP website](#) effective Oct. 1.

For questions regarding GCHP's prior authorization process, please contact our Customer Service Department at **1-888-301-1288**.

SECTION 3:

Becoming a California Children's Services (CCS) Provider

California Children Services (CCS) is a state program for children with specific diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need to treat these health conditions. CCS will connect the CCS client with doctors and trained health care providers who know how to care for the child with special health care needs. All CCS program providers are required to be CCS-paneled.

What are the requirements to become CCS paneled?

Prior to applying as a CCS program provider, your National Provider Identifier (NPI) number must be enrolled with Medi-Cal. Providers that work for a Federally Qualified Health Clinic (FQHC) or a Rural Health Clinic (RHC) are exempt from registering their NPI with Medi-Cal. They must, instead, use the facility's NPI where they are employed. Allied Health Professionals are not required to enroll their NPI with Medi-Cal to become a CCS program provider. If an Allied Health Professional chooses to use their individual NPI, they must register it with Medi-Cal. Otherwise, they may use the facility's NPI where they are employed.

CCS Paneling Requirements

Physician Requirements:

- Licensed as a physician and surgeon by the Medical Board of California or by the Osteopathic Medical Board of California; and
- Board certified in your specialty or subspecialty. Physicians who are not board certified but who are eligible for the certifying examination may participate in the CCS program for no more than three years. A verification letter of eligibility from the applicable member board is required. If the physician does not have a board verification letter, he or she shall submit other evidence regarding eligibility to take the board examination, such as a residency / fellowship completion certificate verifying satisfactory completion of training.
- For program participation requirements by provider type, please refer to the Provider Paneling Standards [here](#).

Family Practice Physicians Requirements:

- Have documented experience treating children with CCS-eligible medical conditions for at least five years, or have treated 100 or more such children, unless they meet the requirements of CHDP Provider Information Notice No. 10 07. Please refer to the Provider Paneling Standards [here](#).

Where do I submit the CCS panel application?

Interested providers must submit their application via the state Department of Health Care Services (DHCS) Provider Paneling [webpage](#).

The page allows providers to submit their panel application and track their application status with a unique tracking number.

Who do I contact if I have any questions?

Integrated Systems of Care Division, Provider Enrollment Unit
Phone: 1-916-552-9105 (select option 5, then option 2)
Fax: 1-916-440-5299
Email: providerpaneling@dhcs.ca.gov

For more information regarding payment information for CCS providers participating in the CCS program, please visit the Medi-Cal Rates [webpage](#).

SECTION 4:

California Children's Services (CCS) Treatment Authorization Request for Durable Medical Equipment (DME)

California Children's Services (CCS) published [Information Notice 21-01](#) that states as of July 1, 2021, Durable Medical Equipment (DME) providers / providers will need to submit either of the following as an attachment to a Service Authorization Request (SAR) for DME:

1. A signed state Department of Health Care Services (DHCS) Request Form.
These forms can be located on the [DHCS CCS website](#).
 - For manual wheelchairs, Form 6181-A.
 - For motorized wheelchairs, Form 6181-B.
 - For scooters, Form 6181-C.
 - For apnea monitors, Form MC 4600.
 - For nebulizers, Form MC 4601.
 - For oxygen, Form MC 4602.
 - For all other DME, Form 6181.
2. A signed prescription, along with any documentation required to demonstrate medical necessity, such as physician or therapist notes, and at a minimum, providers are expected to include information that is equivalent to the information contained on the appropriate DHCS Request Form.

SECTION 5:

New Member Incentive Program for Members with Asthma

Members who have been diagnosed with asthma and are 5 to 64 years of age can receive a \$40 gift card to Target, Walmart or Amazon for completing an asthma exam with their doctor.

The asthma member incentive program encourages members to schedule routine visits with their doctor to improve the management of their asthma symptoms, maintain a current asthma action plan and ensure they are prescribed the appropriate asthma medication. This incentive program will address the Managed Care Accountability Set (MCAS) Asthma Medication Ratio (AMR) measure, which evaluates the percentage of members, 5 to 64 year of age, who had a 50% or greater ratio of controller medications to total asthma medications during the measurement year.

To receive the \$40 gift card, members must complete the following assessments during an office or telehealth visit:

- Asthma health exam.
- Create or update an asthma action plan.
- Review asthma medications.

Members must complete the exam by Dec. 31, 2021. The member or office staff can mail or fax the completed and signed member incentive form to Gold Coast Health Plan (GCHP) by Jan. 31, 2022. Health care providers and members can download the asthma exam member incentive form on the [GCHP website](#) under the Member Resources tab.

For any further questions, please contact the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 6:

Managed Care Accountability Set (MCAS) 2020 Performance

Gold Coast Health Plan (GCHP) is pleased to report the Managed Care Accountability Set (MCAS) performance for Measurement Year (MY) 2020. MCAS is a set of performance metrics, which include HEDIS® and CMS Core Set measures that the state Department of Health Care Services (DHCS) selects for annual reporting by Medi-Cal managed care health plans (MCPs).

Impact of COVID-19 on MCAS Measures

MY 2020 was a historic year across the health care landscape. Among the many public health concerns, the coronavirus pandemic negatively impacted preventive care services as medical offices prioritized critical care and often had to redirect resources to COVID-19 efforts. Routine exams such as pap tests and mammograms were delayed for much of the year, resulting in performance measure decreases.

However, GCHP knows how committed our providers are to maintaining a high level of care and applauds you for pivoting workflows to complete important routine services in a new environment. We recognize the swift action of clinics to adopt telehealth, collaborate with community organizations and create campaigns about clinic safety and the importance of not delaying care. We appreciate this effort and determination.

For the second year, providers diligently worked with GCHP's Quality Improvement team to efficiently deliver medical records during a global pandemic. We thank you for your collaboration under these challenging conditions.

MY 2020 MCAS Performance Results

In measurement year 2020, GCHP reported 33 MCAS measures to DHCS. Of the 19 measures designated as held to the 50th percentile minimum performance level (MPL) requirement, nine (47%) performed at or above this standard, as seen in the table on page 9.

Measure	MY 2019	MY 2020	2019-20 Rate Difference	2020 NCOA Percentile Ranking
Antidepressant Medication Management (AMM)				
<i>Acute Phase Treatment</i>	63.18	57.94	↓ 5.24	50 th
<i>Continuation Phase Treatment</i>	46.78	42.56	↓ 4.22	50 th
Asthma Medication Ratio (AMR)	50.09	48.52	↓ 1.57	10 th
Breast Cancer Screening in Women (BCS)	61.84	57.29	↓ 4.55	25 th
Cervical Cancer Screening (CCS)	64.23	56.69	↓ 7.54	25 th
Childhood Immunization – Combo 10 (CIS)	42.09	39.66	↓ 2.43	50 th
Chlamydia Screening in Women (CHL)	56.02	52.72	↓ 3.30	25 th
Comprehensive Diabetes Care (CDC)				
<i>HbA1c Poor Control (>9.0%)*</i>	34.31	40.88	↓ 6.57	25 th
Controlling High Blood Pressure (CBP)	61.56	54.26	↓ 7.30	25 th
Immunizations for Adolescents – Combo 2 (IMA)	37.96	41.85	↑ 3.89	50 th
Prenatal and Postpartum Care (PPC)				
<i>Timeliness of Prenatal Care</i>	97.32	90.02	↓ 7.30	50 th
<i>Postpartum Care</i>	86.86	88.81	↑ 1.95	90 th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)				
<i>BMI Assessment</i>	94.89	88.32	↓ 6.57	75 th
<i>Nutrition</i>		72.26		50 th
<i>Physical Activity</i>		69.10		50 th

* Lower rate is better.

Child and Adolescent Well-Exam Measures

During the pandemic, child and adolescent well-child visits remained a focus for health care providers, yet patients' fear of going to the office resulted in missed periodic and annual exams. The well-child measures below are not held to MPL in MY 2020 due to lack of benchmarking data. Nevertheless, the measures performance shows a continued need to focus on return to routine care in 2021.

Measure	MY 2019	MY 2020	2019-20 Rate Difference	2020 NCOA Percentile Ranking
Child and Adolescent Well-Child Visits (WCV)		30.89		
Well-Child Visits in the First 30 Months of Life (W30)				
<i>First 15 Months – Six or More Visits</i>		21.28		
<i>15 to 30 Months – Two or More Visits</i>		67.83		

If your clinic would like member-focused educational materials on the importance of well-care visits for children and adolescents, visit the [GCHP website](#).

Return to Primary Care Services

As evident by the decline in MCAS performance correlated to the pandemic and impacts of the public health emergency, GCHP is focusing efforts on return to care strategies and messaging to members regarding the importance of addressing deferred preventive health care needs. Some of these strategies include:

- Live agent outbound calls to parents / guardians of members 0 to 4 years of age to facilitate the scheduling of appointments for pediatric preventive services including well-care visits, immunizations, and blood lead screening.
- A mail campaign to parents / guardians of members 7 to 21 years of age encouraging the scheduling of well check visits, which includes an educational flyer on what to expect during well-care visits and a member incentive flyer.
- Promotion of member incentive programs, including Well-Care Visits for members 3 to 21 years of age (\$15 gift card), Cervical Cancer Screening (\$25 gift card), and Asthma Management (\$40 gift card).
- Seeking collaborations with clinic systems and other clinical partners to promote return to preventive care and chronic disease management services.

If you have any questions, please contact GCHP's Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 7:

COVID-19 Vaccine: Addressing Vaccine Hesitancy

A significant portion of the U.S. population may be experiencing COVID-19 vaccine hesitancy due to fear of side effects, beliefs, or other information presented by the media or other sources, according to the Journal of Ambulatory Care Management. Providing patients with accurate, factual information while combating misconceptions and myths is a multi-dimensional, challenging and complex issue. Vaccination, however, is an important tool to establish immunity and potentially end the COVID-19 pandemic.

To help providers reinforce confidence in COVID-19 vaccines, the state Department of Health Care Services (DHCS) has created a series of brief Quality Improvement (QI) “postcards.” The most recent postcard addresses COVID-19 vaccine hesitancy, and highlights strategies for effective communication techniques to raise awareness and educate communities. It also spotlights innovative interventions in collaboration with various members of the community to leverage additional resources for patient outreach and education.

DHCS recommends the following provider strategies and resources when addressing vaccine hesitancy with patients:

Communicate

[The Centers for Disease Control and Prevention \(CDC\) Toolkit](#): Provides tools to effectively communicate with and educate patients, as well as answer questions they may have about the vaccine.

- Toolkits are also offered for special populations, such as essential workers, school and child-care settings, and community-based organizations.

[Foster Vaccine Confidence by Activating Positive Emotions](#): This National Cancer Institute article discusses the importance of framing vaccination as a concrete, actionable way to decrease risks of COVID-19 when talking to a patient, including:

- Acknowledging fear, anger, and skepticism about the vaccine.
- Activating positive emotion by reinforcing protection of the individual and their loved ones by receiving the vaccine.

Educate

[Addressing Vaccine Hesitancy in BIPOC Communities — Toward Trustworthiness, Partnership, and Reciprocity](#):

This New England Journal of Medicine article focuses on the Black, Indigenous, and People of Color (BIPOC) communities. These groups are an example of at-risk populations where education is particularly needed. Ways to reach these populations include:

- Building relationships.
- Tailoring education to specific challenges, barriers, and concerns they experience.
- Allowing for mutual learning by listening to patients’ stories and providing appropriate information.

[Optimizing communication material to address vaccine hesitancy](#): This U.S. National Library of Medicine article, shares suggestions about vaccine education, including:

- Establishing trust with patients so that the information is well received.
- Using tested and evidence-based information and facts.
- Addressing myths, misinformation, and misconceptions often presented in the media and online.
- Using visual aids such as videos, pictures, and icons.
- Supporting and implementing educational opportunities, such as during appointment registration or in waiting rooms.

The CDC’s [Finding Credible Vaccine Information](#) is a helpful resource for information about vaccines.

Collaborate


The CDC’s [Vaccinate with Confidence](#) offers information on ways to partner with the community to administer vaccinations. These include:

- Engaging with religious / influential community leaders.
- Addressing access barriers by encouraging patients to get vaccinated at settings like Women, Infants, and Children (WIC) or child-care centers.
- Participating in mobile vaccination clinics.

Strategies to Reinforce Confidence in COVID-19 Vaccines


DHCS offers provider and member tools to reinforce confidence in COVID-19 vaccination. To obtain a copy of the DHCS “Addressing Vaccine Hesitancy” postcard, email GCHP’s Quality Improvement Department at QualityImprovement@goldchp.org. For additional COVID-19 member resources, email GCHP’s Health Education Department at HealthEducation@goldchp.org or visit the GCHP [website](#).

Thank you for your continued excellence in caring for our members.



RECOMMENDATIONS DURING COVID-19

ADDRESSING VACCINE HESITANCY




A significant portion of the U.S. population may experience vaccine hesitancy of a new COVID-19 vaccine, which poses dangers to both the individual and their community. Vaccination is one of the most important tools to end the COVID-19 pandemic.

[Journal of Ambulatory Care Management](#)


STRATEGIES AND TECHNIQUES FOR ADDRESSING VACCINE HESITANCY

COMMUNICATE	<ul style="list-style-type: none"> Explore COVID-19 One-Stop Shop Toolkits and learn practical strategies for engaging communities to build public confidence and promote acceptance of COVID-19 vaccines. Learn strategies to leverage positive emotional appeals when framing vaccine strategies such as highlighting the importance of family and social connections associated with vaccination. Employ tailored strategies for messaging that are tested and evidence-informed such as giving facts, then addressing myths with the use of visual aids.
EDUCATE	<ul style="list-style-type: none"> Promote access to COVID-19 educational materials such as webinars and ways to address vaccine hesitancy in minority groups. Support educational initiatives in routine processes such as clinic registration and procedures. Educate the community on ways to find credible vaccine information.
COLLABORATE	<ul style="list-style-type: none"> Engage community and religious/influential leaders to promote vaccination. Employ community-level interventions that address access barriers by offering vaccination programs in various settings such as WIC programs, child care centers, etc. Collaborate with Health Departments to assist with COVID-19 vaccine registration in hard hit communities or mobile vaccination clinics/testing (See the story of farmworkers in Riverside county).



RECOMMENDATIONS DURING COVID-19

ADDRESSING VACCINE HESITANCY



Strong confidence in the vaccines within communities leads to more people getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths.

[Centers for Disease Control and Prevention](#)

STRATEGIES TO REINFORCE CONFIDENCE IN COVID-19 VACCINES

PROVIDER TOOLS	MEMBER TOOLS
<ul style="list-style-type: none"> Adapt a sample personal letter message written by a clinical executive staff describing their own vaccine experience, published on their website. Consider tailoring patient reminders based on patient values and text reminders to vaccinate. Learn techniques to communicate effectively about vaccines to vaccine-hesitant parents. Share with members 12 facts and insights from Dr. Golden (Johns Hopkins Medicine) on “what the COVID-19 vaccines can do to benefit you and your family”. Explore ready-to-use digital resources for members in multiple languages that can be shared in the community and on social media by providers. 	<ul style="list-style-type: none"> Share discussion strategies for when members talk about vaccination with family or friends. Encourage members to promote and celebrate their vaccination on social media to influence others. Share key messages that members can use during COVID discussions to elicit trust and promote action within their social network. Share with members factual information about vaccines. Consider educational outreach in barbershops and beauty salons to dispel vaccine disinformation in Black, Latino and communities of color (such as Shots at the Shop and MCP member education outreach).

SECTION 8:

Health Education: State Department of Health Care Services (DHCS) Population Needs Assessment (PNA)

State Department of Health Care Services (DHCS) - Population Needs Assessment

Gold Coast Health Plan (GCHP) recognizes the importance of providing services that are culturally and linguistically appropriate to members. To assess member needs, GCHP conducted a Population Needs Assessment (PNA). The goal of the PNA is to improve health outcomes for members and ensure that Managed Care Plans (MCPs) are meeting member needs by:



- Identifying health needs and disparities.
- Evaluating health education, cultural and linguistic (C&L) needs, quality improvement activities, and available resources to address identified concerns.
- Implementing targeted strategies for health education, C&L, and quality improvement programs and services.

The PNA identifies health status and behaviors, C&L needs, and health disparities. The information is used to make an action plan that addresses the barriers and gaps in care. For 2021, GCHP identified seven areas of focus and made an action plan with specific intervention strategies. These focus areas include:

- Asthma
- Chlamydia
- Cervical Cancer Screenings
- Breast Cancer Screenings
- Hypertension
- Diabetes (Health Disparities)
- Cultural Competency

Hypertension

High blood pressure increases the risk for heart disease and stroke, two leading causes of death for Americans. Tens of millions of adults in the U.S. have high blood pressure, and many do not have it under control.

Resources:

- [Centers for Disease Control and Prevention – Resources for Health Professionals](#)
- [American Heart Association – High Blood Pressure](#)
- [Gold Coast Health Plan Website](#)
- [Chronic Disease Self-Management Program](#)

Breast and Cervical Cancer Screening

The number of breast and cervical cancer screenings has declined during the past year. Prolonged delays in screenings related to the COVID-19 pandemic may lead to delayed diagnoses, poor health outcomes, and increased cancer disparities among women already experiencing health inequities, according to the Centers for Disease Control and Prevention (CDC).

GCHP's Health Education Department has identified the following resources to assist in promoting the importance of early detection of breast and cervical cancer screenings.

Health Promotion Resources for Providers:

- [Centers for Disease Control and Prevention \(CDC\): National Breast and Cervical Cancer Early Detection Program](#)
- [Basic Information About Breast Cancer](#)
- [DHCS Breast and Cervical Cancer Treatment](#)

Resources for GCHP members:

CDC Resources

- [Breast Cancer Screenings](#)
- [Cervical Cancer Screenings](#)
- [HPV Vaccine](#)

American Cancer Society Resources

- [National Breast and Cervical Cancer Early Detection Program](#)

Gold Coast Health Plan Resources

- [Health Library](#)

Cervical Cancer Screening Incentive

- Members between 21 and 64 years of age who complete a cervical cancer screening in 2021 are eligible to receive a \$25 gift card to Target, Wal-Mart or Amazon. Clinic staff can access the member incentive forms on the [GCHP website](#).

Get a Free Gift Card!
¡Reciba una Tarjeta de Regalo Gratis!



Diabetes

There are currently more than 122 million Americans with diabetes and 88 million with pre-diabetes, according to the CDC. November is **Diabetes Awareness Month**, and GCHP would like providers to encourage members to take an extra step in managing their diabetes.

Providers can direct members to the [American Diabetes Association](#) and the [CDC](#) for diabetes resources in English and Spanish. GCHP has created a [Diabetes Care Schedule Flyer](#) to assist members with scheduling their exams, and offers the [Chronic Disease Self-Management Program](#) to help members manage their diabetes.

My Diabetes Exam Record



Gold Coast Health Plan (GCHP) values your health. This diabetes care schedule can help you plan your doctor visits. You can also take this form to your doctor to check which tests or exams you need. Once completed, keep this form for your records.

Tests & Exams	How often	Your Exam / Test Dates
Blood pressure check	Every clinic visit	
HbA1c: Blood sugar test	Every 3 months	
Cholesterol check	Every year	
Dilated retinal eye exam	Every year	
Kidney function test	Every year	
Diabetic foot exam	Every year	

You can also stay healthy by learning how to:

- Manage your blood sugar.
- Eat healthy and plan your meals.
- Stay active.



For more information, call GCHP's Health Education Department Monday through Friday from 8 a.m. to 5 p.m. at 1-805-437-5718. If you use a TTY, call 1-888-310-7347. To reach the Advice Nurse Line 24 hours a day, seven days a week, call 1-877-431-1700 / TTY 711. For free health education materials, visit GCHP's website: www.goldcoasthealthplan.org/health-library/tytols.

Statement of Nondiscrimination and Language Assistance | Declaración de No Discriminación y Asistencia Lingüística
 Gold Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Gold Coast Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Gold Coast Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。
 ATENCIÓN: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-301-1228 (TTY: 1-888-310-7347).
 ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-301-1228 (TTY: 1-888-310-7347).
 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-301-1228 (TTY: 1-888-310-7347)。

Mi historial médico de diabetes



Su salud es muy importante para Gold Coast Health Plan (GCHP). Para ayudarle a planificar sus consultas con el médico, hemos creado este programa de atención para la diabetes. También puede mostrarle este formulario a su médico para saber cuáles pruebas o exámenes necesita. Una vez completado, mantenga este formulario para sus registros.

Pruebas y exámenes	Frecuencia	Fechas de sus pruebas o exámenes
Chequeo de la presión arterial	En cada visita a la clínica	
HbA1c: Examen de azúcar en sangre	Cada 3 meses	
Chequeo del colesterol	Cada año	
Examen ocular de la retina dilatada	Cada año	
Examen de la función renal	Cada año	
Examen de pie diabético	Cada año	

También puede mantenerse saludable al aprender a:

- Manejar su nivel de azúcar en la sangre.
- Comer saludable y planificar las comidas.
- Mantenerse activo.



Para más información, llame al Departamento de Educación para la Salud de GCHP al 1-805-437-5718, de lunes a viernes de 8 a.m. a 5 p.m. Si utiliza un TTY, llame al 1-888-310-7347. Para comunicarse con la Línea de Asesoría de Enfermeras las 24 horas del día, los siete días de la semana, llame al 1-877-431-1700 / TTY 711. Para obtener materiales gratuitos de educación para la salud, visite el sitio web de GCHP: www.es.goldcoasthealthplan.org/health-library-spanish/

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Lead Poisoning Prevention



Virtual Presentation: Microsoft Teams LIVE Event
 Time: 12:00 – 1:30 p.m.
 Intended Audience: Physicians & Clinics; Staff performing periodic health care assessments on children; Interested Community Partners working with children

Free 1.5 CME credit for Physicians, Physician Assistants and Nurses

To register and view requirements for the virtual invoice, click the link below or scan the QR code by September 15, 2021
<https://bit.ly/3Je5VLY>



SEPTEMBER 15, 2021
THE PREVENTION OF CHILDHOOD LEAD POISONING: WHY PHYSICIANS SHOULD COUNSEL ON LEAD AND SCREEN FOR LEAD EXPOSURE

Presenter:
 Jean Woo, MD, MPH
 Public Health Medical Officer II
 Childhood Lead Poisoning Prevention Branch
 California Department of Public Health

CME Objectives:

- Describe the scope, risk factors, clinical effects, management, and treatment of childhood lead exposure
- Identify cultural risk factors for lead exposure and children in all socioeconomic groups who may be at risk for lead exposure
- Explain California's Childhood Lead Screening statutes and regulations, provider mandates, and the role of anticipatory guidance in preventing childhood lead exposure
- Outline health and environmental interventions for children with lead exposure, and services provided by the State of California and local Childhood Lead Poisoning Prevention Programs

Ventura County Public Health
 CHILD HEALTH & DISABILITY PREVENTION PROGRAM CENTER
 CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)
 2248 E. Gonzalez Rd., Suite 205
 Oxnard, CA 93026
 805.981.1561
www.vchpp.org

The Ventura County Medical Center is accredited by the California Medical Association (CMA) to provide continuing medical education for physicians.
 The Ventura County Medical Center designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



The California Lead Poisoning Prevention Branch (CLPPB) invites providers to save the date for their virtual presentation of “Why Physicians Should Counsel on Lead and Screen for Lead Exposure” on Sept. 15.

CLPPB shared findings regarding a new congressional report in which heavy metals were found in baby foods and juices. CLPPB and GCHP encourage you to visit the CLPPB [website](#) to read the congressional report and locate a flyer that can be shared with families and community stakeholders.

View the Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers [here](#).

Contact the [Ventura County Childhood Lead Poisoning Prevention Program](#) at 1-805-981-5291 for additional resources on Lead Poisoning Prevention. For more information, contact GCHP's Health Education Department at 1-805-437-5718 or HealthEducation@goldchp.org. Downloadable resources are also available on the [GCHP Health Resources](#) webpage.

Adverse Childhood Experiences (ACE's) and Screening for smoking / vaping among youth

Studies show exposure to Adverse Childhood Experiences (ACEs) is associated with significantly higher odds of smoking, heavy drinking, and obesity. These studies have also shown a significant connection between greater ACEs exposure and odds of depression, asthma, COPD, arthritis, and cardiovascular disease.



GCHP is part of the ACEs Aware initiative, which partners with community agencies in bringing communities together to prevent, screen for, treat, and heal trauma-induced toxic stress.

For more information on ACEs, visit acesaware.org.

Tobacco Cessation Resources

GCHP urges health care professionals to encourage members to quit smoking and vaping. Smoking accounts for about 30% of all cancer deaths in the U.S., according to the American Heart Society. The Centers for Disease Control and Prevention (CDC) has reported that 36% of vaping-related lung injuries involve people younger than 21 years of age. This year's Great American Smokeout, a day dedicated to encouraging people to quit smoking, is on Nov. 18. Learn more about the Great American Smokeout on the American Cancer Society [website](#).

Help members take an important step toward a healthier life and reduce their risk of cancer and other lung injuries. The California Smokers' Helpline provides free services to help members quit smoking and vaping. To order materials in English and Spanish, visit www.nobutts.org. For more information, call:

- English: 1-800-NO-BUTTS (1-800-662-8887)
- Spanish: 1-800-45-NO-FUME (1-800-456-6386)

Additional Resources:

- [5A's \(Ask, Advise, Assess, Assist, and Arrange\)](#)
- [CA Quits Free Resources on Tobacco Screening and Cessation](#)
- [Free Nicotine Patches](#)
- [GCHP Free Help to Quit Smoking or Vaping](#)



Member resources are available in English and Spanish. For more information, contact GCHP's Health Education Department at **1-805-437-5718**, Monday through Friday from 8 a.m. to 5 p.m. or email HealthEducation@goldchp.org.

SECTION 9:

Cultural and Linguistic Services

Addressing Health Disparities in the LGBTQ+ Community - Free Webinars

Gold Coast Health Plan (GCHP) continues to provide tools and training opportunities for health care professionals to build more inclusive environments for LGBTQ+ individuals. GCHP has identified two webinars addressing health disparities in the LGBTQ+ community that may be helpful.

The first webinar “Gender Identify and Transgender Health Care” was hosted by GCHP’s Cultural and Linguistic Services. The webinar featured local medical professionals addressing cultural competency and sensitivity. To watch, [click here](#).

The second webinar “Addressing Health Disparities in the LGBTQ+ Community” was hosted by the National Institute for Health Care Management (NIHCM). To watch the recorded webinar or to learn more about the NIHCM Foundation, [click here](#).

These webinars will help you and your team understand how to be culturally competent and create safe and welcoming environments for your patients. The webinars explore:

- LGBTQ health and gaps in medical care.
- The role of the medical education community in addressing health disparities.
- Suicide prevention and the role of crisis responders.

Visit the GCHP [website](#) for additional cultural competency training resources. Upon completion of any of the webinars, fill out the [Cultural Competency Training Acknowledgment Form](#) and email it to CulturalLinguistics@goldchp.org.

For additional information, please contact GCHP’s Cultural and Linguistic Services at **1-805-437-5603**, Monday through Friday from 8 a.m. to 5 p.m., or email CulturalLinguistics@goldchp.org.



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For additional information, contact Customer Service at 1-888-301-1228.

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