

# Children/Youth Health Advisory Committee

Monday – Oct. 28, 2002

## Meeting Minutes

### **Present:**

Twila Brown, Dept of Public Health  
Sai-Ling Chan-Sew, Dept of Public Health  
Frances Culp, Dept of Public Health  
Pat Evans, DPH  
Jean Fraser, San Francisco Health Plan (SFHP)  
Iman Nazeeri-Simmons, Dept. of Public Health  
Lucy Saldana, San Francisco Health Plan  
Janet Shalwitz, Adolescent Health Working Group  
Karen Smith, MD, San Francisco Health Plan  
Rick Spear, SF Children and Families Comm.  
Samantha Stephen, Dept. of Public Health  
Shannon Thyne, SFGH/UCSF

### **Regrets:**

Lucy Crain, SF Children and Families Comm.  
Barbara Garcia, Dept. of Public Health

#### 1. Introductions

- Jean Fraser began the meeting with introductions.
- Rick Spear, the SF Children and Families Commission Executive Director, announced that this was his last week with the Commission and that Moira Kenney would replace him for an Interim period.

#### 2. Minutes

- The minutes from September's meeting were approved with no corrections.

#### 3. Review and Discuss Dental Recommendations

Frances explained that a draft document was prepared for discussion purposes and were based on Bob Isman's recommendations and with input from Samantha Stephen.

The group discussed each recommendation and Frances agreed to revise the recommendations based on the discussion and resubmit the recommendations to the group:

- Recommendation #1 (Provider Training): Shannon Thyne noted that the SF Children and Families grant will formalize and expand the current process. She suggested that we wait to see what happens with the grant before we fully finalize this recommendation. It was also agreed that we add training for medical students to this recommendation.

- Recommendation #2 (Integration of oral health with primary care): Another barrier to add is that not all community clinics have any dental component and even when they do it is often inadequate staffing.
- Recommendation #3 (Expand existing school & community based dental programs): Janet suggested that we add transitional age youth (18-24) as they have great difficulty accessing services.
- Recommendation #4 (Add dental component to school-based health centers): Samantha explained that she would not actually recommend this based on the difficulty and complexity of making it happen and sustaining it over time. Samantha would instead prefer to see a mobile service. Shannon Thyne mentioned L.A.'s Asthma Van, which uses a successful outreach model. This would be a good model to study.

Samantha also mentioned that it is difficult to get teens into care. However, Iman and Janet both said there are ways to outreach and market to teens more successfully.

- Recommendation #5 (Addition of dental clinic to community clinics) and Recommendation #6 (Expand existing dental programs at the five community clinics): The group agreed to merge recommendations 2, 5 and 6 to focus on co-locating services and adding dental providers. It was also agreed to merge numbers 3 and 4 to recommend a mobile dental van that will focus on schools and youth centers.
- Recommendation #7 (Case management): This is being done through CHDP and other DPH staff working with Samantha. Janet made the point that this will be a thread throughout all of the topics that are discussed. Samantha would like to look at the effectiveness of case management and evaluate what is accomplished. The group discussed good models of case management and the need to study other models (e.g., those used in mental health, Bay Positives, etc.)
- Recommendation #8 (Advocate for CHDP policy changes): It was noted that if medical providers get more involved in screening there should be corresponding payment. Samantha said that we can advocate for this on a regional level, which is the group that has recommended these changes in the past when they were denied on the State level. Twila would want to know how many dentists would really want to be involved in the Gateway process.
- Recommendation #9 (Advocate for Dental Practice Act changes): Pat said that she fully supported allowing dental hygienists to do screening. Shannon asked if pediatricians could apply fluoride. Samantha answered that they could, but most physicians would not want to do this, especially without any kind of reimbursement.
- Recommendation #10 (Advocate for dental coverage only through Healthy Families): The group agreed to this recommendation.

- Recommendation #11 (Establish dental coverage only through Healthy Kids): Jean suggested, and the group agreed, to change establish to explore. It is not yet known if there would be any possibility of doing this in San Francisco through Delta Dental. Janet said that there might be research through UCLA on families and dental coverage in San Francisco.

#### 4. Presentation: Pharmacy Issues for CCS Children/Youth-Twila Brown

Twila delivered a power-point presentation entitled “Pharmacy Access for Children with Special Health Care Needs (CSHCN) in SF/Barriers and Solutions.” This presentation included an overview, covering CCS eligibility criteria, enrollment data, funding sources/budget and benefits. The presentation also described the pharmacy access barriers for children in more detail, including payer, provider and system related barriers. Lastly, Twila presented the ideas that are actively being pursued in San Francisco as solutions to remove these barriers. The Dept of Public Health has been working closely with the State on plans to work with San Francisco Health Plan and Blue Cross who will pay for medications for CCS eligible children first and then get reimbursed by the State.

5. Discussion: Guests – Lucy Saldana, Pharmacist, SFHP. (Ruth Conroy, Walgreens Regional Representative was not in attendance.)
6. Develop Recommendations

The group agreed that Twila’s presentation had covered the issues very well, as well as described the actual projects that are in the works to address the issues. Jean made a point that this issue is very important if it is not successfully dealt with the children with the greatest need will continue to have the most difficulty in getting medications and supplies related to their health condition. Karen Smith noted that there was a 50% error rate at the State and that San Francisco can surely improve upon this. Twila noted that some of the problems are related to billing, and that she is arranging for a regional Medi-Cal person to go to Walgreens to help them with their unpaid bills.

The group decided that there would be no need for further recommendations, but to follow the improvements being worked on by the health plans, pharmacies and DPH to see if this will improve the situation to a satisfactory degree. The short-term plans are to:

- Implement an electronic billing pilot at the Walgreens on 25<sup>th</sup> and Potrero. If this works it could not only be expanded locally but also throughout the State.
- Pilot a fiscal intermediary partnership with SFHP and Blue Cross. Lucy Saldana mentioned that SFHP was already losing money on these plans and having patient dissatisfaction. SFHP is very excited about this pilot.

The long-term recommendation is “Enhancement 47” which will combine the various electronic systems to create an automated billing and case management system that serves families and providers well. The target date for this is sometime in 2004.

*The next Children/Youth Health Advisory Committee will be held on November 25, 3-4:30pm, at 101 Grove, Room 302. The topic will be Mental Health and Substance Abuse Access Issues.*

