Newsletter of the San Francisco
Child Health & Disability Program

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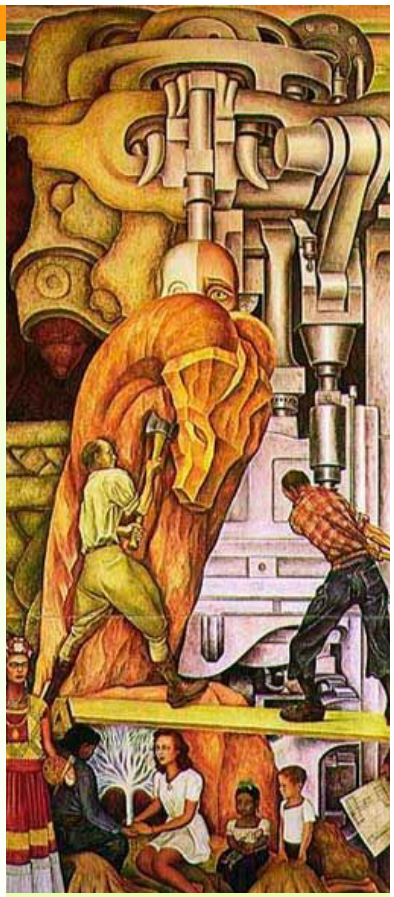

San Francisco CHDP Newsletter

Summer 2015

Using Motivational Interviewing to Promote a Healthy Weight

As a medical provider, your time spent with each family is valuable yet limited thereby making in-depth weight counseling impossible. However, you can help the family recognize and become aware of a weight problem by introducing a conversation that emphasizes key health changes at the well child exam. When the medical provider initiates the weight conversation, it carries more weight and oftentimes, the family is more receptive to the message over others who may have expressed the same concern.

The American Medical Association (AMA) recommends practitioners to do the following steps:

- Screen weight status using BMI percentile for children over 2 years
- Routinely deliver obesity prevention messages, regardless of weight, during well child exams
- Order appropriate lab tests
- Follow up and/or refer

Motivational interviewing (MI) and brief focused advice are two techniques used to initiate childhood obesity prevention and treatment.

MI is a client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Originally developed for addiction counseling, it is now proven successful with patients living with

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Promoting a Healthy Weight

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chronic illnesses. MI changes the way in which you talk to patients. Instead of telling patients what to do, questions are asked to ascertain your patient's readiness to change. "How do you feel about your child's health and weight? What do you think is contributing to your child's unhealthy weight?" Key components of MI include the following:

- Listening rather than talking
- Restating and clarifying what the patient says
- Understanding the feeling contained in what the patient is saying
- Responding with empathy and acceptance without judging

This technique allows families and patients to offer more information and be more open to change.

"The basic message is summed up as follows: get moving, pull the plug, drink well, and eat smart."

Brief Focused Advice is a behavior change counseling technique based on MI developed by Kaiser Permanente for provider use specifically for overweight and obesity. The process is designed to take less than 3 minutes in the medical setting. It includes 4 steps:

- Engaging the patient/parent
- Sharing information
- Guiding family toward behavior change
- Arranging for follow-up

During these few minutes, brief focused advice could be given if the patient or parent is ready. The basic message is summed up as follows: get moving, pull the plug, drink well, and eat smart.

The medical providers plays an important role in initiating childhood obesity prevention treatment and promoting key, evidence-based messages to families. Brief focused advice is easy to incorporate into a well child visit. Behavior change is most effective when it is initiated by the patient and supported by the provider. One lifestyle or behavior change can make a difference and result in big rewards.

For more information or a free training on utilizing motivational interview and brief focused advice, please contact Teresa Chan, CHDP Nutritionist at 415-575-5731 or email teresa.chan@sfdph.org.

By Teresa Chan, RD, MPH—CHDP Nutritionist

Brief Focused Advice Flow Chart

DELIVERING THE MESSAGE

Step # 1: Engage the Patient/Parent

- Can we take a few minutes to discuss your/your child's health and weight?

Step # 2: Share Information

- I would like to share the BMI growth chart with you so you can see your/your child's present weight status.
- An unhealthy weight is a risk factor for heart disease and diabetes.
- What do you think is contributing to your/your child's unhealthy weight?

If patient/parent is receptive to discussion refer to refer to Little changes. Big rewards. Poster

- Which one of these healthy practices would you like to work on?

If patient/parent is not receptive:
Consider lab tests and setting up a follow-up appointment.

Step # 3: Guide Family Toward Behavior Change

- What easy DAILY change could you make?
- What could you do to help you remember? (Trigger)
- How could you make it easier? (Ability)
- How could you make it fun? (Motivation)

Step # 4: Arrange for Follow-up

- Let's set up an appointment in ____weeks to check how things are going.

Tobacco Assessment

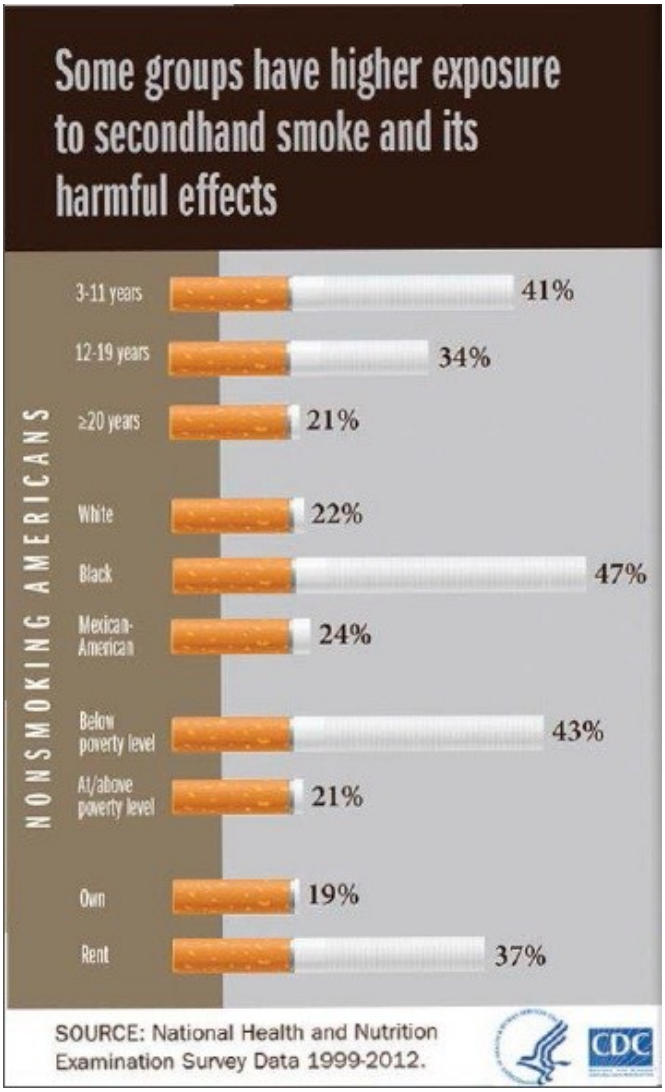
A tobacco assessment is required at each well child visit and documented on the PM 160. The assessment serves to not only document tobacco use but also passive tobacco smoke exposure. Providers gain an opportunity to counsel parents or guardians about tobacco exposure prevention and cessation.

E-Cigarette Use Triples in Just a Few Years

Findings from the 2014 National Youth Tobacco Survey (NYTS) show that e-cigarette use among middle and high-school students tripled in just one year from 2013 to 2014. Middle school students' current e-cigarette use increased from 1.1 percent in 2013 to 3.9 percent in 2015, from approximately 120,000 to 450,000 students; High school students' current e-cigarette use increased from 4.5 percent in 2013 to 13.4 percent in 2014, from approximately 660,000 to 2 million students.

There was no decline in the overall tobacco use between 2011 and 2014. The use of e-cigarette and hookah offsets the declining use of traditional products such as cigarettes and cigars. E-cigarettes were the most used product in non-Hispanic whites, Hispanics, and non-Hispanic other race; cigar was the most used product in non-Hispanic blacks. Hookah use doubled in middle school students from 1.1 percent in 2013 to 2.5 percent in 2014 (increased from 120,000 to 280,000 students), and in high school students from 5.2 percent in 2013 to 9.4 percent in 2014 (increased from 770,000 to 1.3 million students).

The U.S Food and Drug Administration (FDA) currently have authority over the sales, advertising, and ingredient contents in cigarettes, cigarette tobacco, roll-your-own tobacco and smokeless tobacco marketed in the United States. The agency is working on rules for authority over other tobacco products such as e-cigarettes, hookahs, and cigars. Many States have smoke-free laws establishing a minimum age for e-cigarette purchase or extending smoke- free laws to include e-cigarettes that could help reduce tobacco use and initiation.



E-Cigarette Use Triples in Just a Few Years

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The National Youth Tobacco Survey (NYTS) is a school- based, self-administered questionnaire given annually to middle and high school students in public and private schools. It provides national data for the development of comprehensive tobacco prevention and control program, and serves as a baseline for comparing progress toward meeting the Healthy People 2020 goal: reduce illness, disability, and death related to tobacco use and the secondhand smoke exposure.

According to the 2012 Surgeon General's Report, about 90 percent of all smokers first tried cigarettes as teens; and about three of every four teen smokers continue into adulthood. When a child comes in for a CHDP well child exam, it's a great opportunity for the clinicians to assess tobacco exposure and use. Tobacco screening should be conducted and documented in the clinic visit note and PM160 form for each health assessment visit.

"About three of every four teen smokers continue into adulthood."

For more information on assessment guidelines and referral resources, please contact your local CHDP provider relations nurse.

By Amy Au, RN, PHN

Links to Studies and Other Information

E-cigarette report: http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html

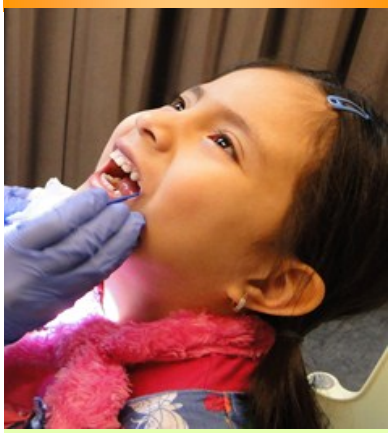
CDC Smoking and Tobacco Use website: http://www.cdc.gov/tobacco/index.htm

National Youth Tobacco Survey (NYTS) Data: http://www.cdc.gov/tobacco/data_statistics/surveys/nyts/

Healthy People 2020: http://www.healthypeople.gov/

AAP Counseling about Smoking Cessation (information and counseling techniques): http://www2.aap.org/richmondcenter/CounselingAboutSmokingCessation.html

CHDP Periodicity: http://www.dhcs.ca.gov/services/chdp/Documents/HealthPeriodicity.pdf



SF Health Plan and CHDP Fluoride Varnish Survey

In order to better serve you as a Medi-Cal provider, we ask for your input! Please take this short fluoride varnish survey:

https://www.surveymonkey.com/r/LBTSRT9

Tell us what you think about fluoride varnish application in the medical visit.

Evaporating Dental Care

Much like the California landscape, access to dental services for our CHDP children is drying up, and doing so at a rapid rate. As health care providers, we know first-hand the level of dental decay in our low income kids and the need to have easy access to needed dental care to ensure utilization. Earlier this spring, one of California's largest Denti-Cal providers, Western Dental, reported that they will no longer be accepting Denti-Cal. University of the Pacific Dental School also recently announced, that they will not be accepting Dent-Cal in their adult clinics starting in July.

In 2013, the State of California cut Medi-Cal reimbursement by 10%. Denti-Cal has yet to get this refunded. In 2010, all but emergency adult Denti-Cal benefits were cut. For 5 years, our Medi-Cal kids were able to access some degree of ease in making dental appointments. Denti-Cal clinics welcomed our CHDP kids. For 5 years adults on Medi-Cal had only emergency dental care.

The reinstatement of adult Denti-Cal benefits in 2014, and the addition of hundreds of thousands (of mostly adults) included in Denti-Cal from the Affordable Care Act (ACA) expansion of Medi-Cal services, has opened an avalanche of demand for services onto our weak dental safety net. This leaves our low-income children in competition for the shrinking available appointments. When parents are told by community dental clinics that they should "call back in a month, no more appointments available this month" they often do not. Our CHDP children are the ones who pay.

During a State Senate Budget Subcommittee (Health and Human Services) hearing May 21st, the Committee voted to end the 10 percent cut and restore the funding. However, even if the governor approves the restoration of funding,[1] this may not be enough to actually restore access to pediatric dental services for Medi-Cal children. According to a State Audit, California has one of lowest Medicaid dental reimbursements rates in the nation, [2] and in the Bay area, we have some of the highest costs of doing business.

As a result, Denti-Cal has one of the poorest utilization rates in the country, with less than half of San Francisco Medi-Cal eligible children having had a dental visit in the past year. [3]

Guiding pregnant women and new parents to practice proper oral home care and healthy eating habits, coupled with the application of fluoride varnish during the well child exam, and reminding parents about the importance of taking their child to a dentist, remains our CHDP child's best option for good oral health. [4]

By Margaret Fisher, RDHAP, BS, Dental Hygienist

[1] http://cssrc.us/content/senate-republicans-call-governor-increase-medi-cal-rates-californias-most-vulnerable

[2] https://www.auditor.ca.gov/pdfs/reports/2013-125.pdf

[3] DHCS Utilization Data FY 11/12

[4] https://www.aap.org/en-us/Documents/payeradvocacy_spt_flouride_varnish.pdf

Documenting the Dental Assessment

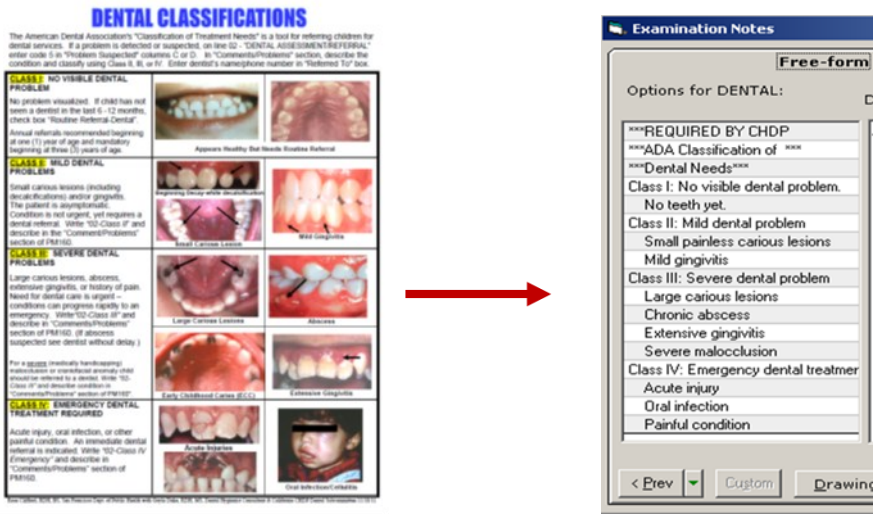
Assess: As part of a complete CHDP Health Assessment, a Dental Assessment, which includes an inspection of the mouth, teeth, and gums must be performed at every health assessment visit.

See Dental Classification Guide: http://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pm160dentalguide.pdf

Document: The results of this assessment (including any dental problems) should be documented in both the child's medical record (MR—paper or electronic) as well as on the PM160 reporting form.

- **Any dental problems** found during the assessment must be recorded in both the medical record and in the comments box section of the PM 160 form.
- **Be Consistent:** All health assessment results (including dental) should be consistent for both (PM160 and MR)

Below is an example of an electronic medical record (EMR) with drop-down options to record the results of a dental assessment.



Document what you visualize

Documentation in the medical record can also be as simple as the following:
Dental Assessment: Class I, II, III, IV , Dental Referral Given: to UCSF

Please Note: *writing EENT – WNL is not an acceptable Dental Assessment Documentation.*

Refer: Dental referrals should also be documented in both MR and on the PM 160. Children are referred to a dentist at any age if a dental problem is detected or suspected. In accordance with the recommendation of the AAP, the CHDP program recommends a direct referral to a dentist beginning at one year of age and at least annually thereafter.

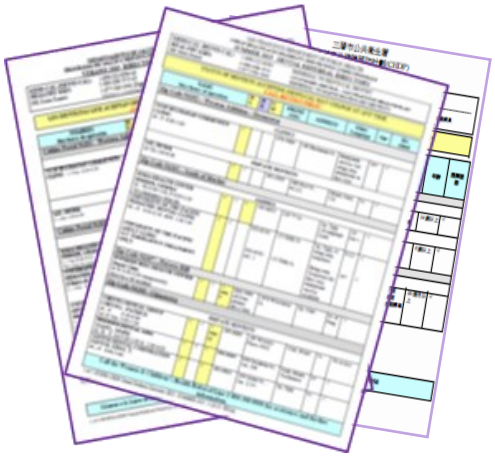
Dental Resource Guide

A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies: Results of a Pilot Project from the National Network for Oral Health Access.

This is a comprehensive resource to assist in setting up your practice for the dental assessment and appropriate documentation methods.

http://www.nnoha.org/resources/clinical-excellence/integrate-care/

Summer 2015 CHDP Dental Directory has been updated!



In accordance with the recommendation of the AAP, the CHDP program recommends a direct referral to a dentist beginning at one year of age and at least annually thereafter.

Refer at any age if a problem is suspected or detected. Refer every six (6) months if moderate to high risk for caries and every three (3) months for children with documented special health care needs when medical or oral condition can be affected.

English:
https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Eng.pdf

Chinese
https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Chi.pdf

Spanish
https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Span.pdf

Dental Resource Materials

Order Free Colorful Parent Fliers – Healthy Habits for Happy Smiles
Online Order Form: http://www.mchoralhealth.org/order/index.html

- Brushing Your Child's Teeth
- Choosing Healthy Drinks for Your Young Child
- Getting Fluoride for Your Child
- Helping Your Baby with Teething Pain
- Preventing Injuries to Your Child's Mouth
- Visiting the Dental Clinic with Your Child

Series in English: 1 set = 100 copies of each title
http://www.mchoralhealth.org/PDFs/HHHS_Series.pdf

Series in Spanish: 1 set = 100 copies of each title
http://www.mchoralhealth.org/PDFs/HHHS_Series_Sp.pdf

Changes to CHDP Billing Procedures

Coming this fall, the PM 160s will no longer be used for billing. They will be replaced by the CMS 1500 forms. However, it will continued to be a requirement to send copies of the PM 160s to your local CHDP office and to the managed care plans for data collection and for case management purposes. Your CHDP provider relations nurse will keep you informed of the upcoming changes as information on the new procedure is announced. It is highly recommended that providers sign up for the Medi-Cal Subscription Service (MCSS) for continual updates on the billing changes:

http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss.asp

Please do not hesitate to contact your CHDP provider relations nurse for more information. See page 11 for staff contact information.

CHDP Income Eligibility Guidelines Update

Effective April 1, 2015, Child Health and Disability Prevention (CHDP) Program providers are to use the following income guidelines when determining patient eligibility for CHDP services. Providers should disregard all previous CHDP income guideline charts.

Number of Persons in the Household	Monthly Income	Annual Income
1	$2,610	$31,309
2	$3,532	$42,374
3	$4,454	$53,440
4	$5,376	$64,505
5	$6,298	$75,571
6	$7,220	$86,637
7	$8,142	$97,702
8	$9,064	$108,768
9	$9,987	$119,833
10	$10,909	$130,899
For households of more than 10 persons, for each additional person, add:	$923	$11,066

Untapped Resource

Utilize the knowledge of your CHDP provider relations nurses

As Public Health Nurses in San Francisco, your provider relations nurses are very familiar with resource information and referral options for your high risk families. Please do not hesitate to contact your assigned public health nurse for resource information or suggestions on where to refer your families. Examples include resource information on food and housing assistance, parenting classes, developmental delay referrals, and wait times and insurance criteria for specialty clinic referrals.

CHDP Provider Information Notices

http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx

PIN # 15-1 02-25-15. The CHDP Program transition to the use of the CMS (Children's Medical Services)1500, the ACS X 12N 837P Electronic Transaction, and the use of National CPT-4 Codes. *The tentative projected implementation date for this transition is Fall of 2015.* ***CHDP providers should continue submitting the PM-160 and PM-160 Information-Only Confidential Screening and Billing Reports until further notice.***

CHDP Newsflash *highlights* – for details, please use the following link—http://www.medi-cal.ca.gov/. Go under the Newsflash tab, midway down the list of headlines, will find: **CA-MMIS Health Enterprise System Release 2: CHDP Provider Update**, released on April 3, 2015. Release 2 is planned for ***this summer***. The system will allow ***providers*** who participate in the CHDP program to ***access HE Portal to register for a User ID and password***. In addition, CHDP providers will access HE Portal for improved CHDP beneficiary enrollment. Release 2.3, planned for this fall, will begin processing CHDP claims.

CHDP Bulletin *highlights* – for details, please use the following link—http://www.medi-cal.ca.gov/, click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs

Bulletin # 127 – May 2015

1. CHDP Program Income Eligibility Guidelines Update. Effective April 1, 2015, CHDP Program providers are to use the newly updated income guidelines when determining patient eligibility for CHDP services. Providers should disregard all previous CHDP income guideline charts. Please see the updated chart on page 9 of this Newsletter.

2. New Guidelines for Use of Psychotropic Medication with Foster Children. DHCS and CDSS (California Department of Social Services) announces the release of "The California Guidelines for the Use of Psychotropic Medication with and Youth in Foster Care". This inter-departmental effort has produced a guide to best practices for the treatment of mental health conditions affecting children and youth in out of home care. The guidelines can be found at: http://www.dhcs.ca.gov/services/Pages/qip-resources.aspx

3. June 2015 Medi-Cal Webinars. Beginning June 2, 2015, and throughout the month, DHCS Fiscal Intermediary, Xerox State Healthcare, LLC, invites providers to participate in Medi-Cal provider training webinars. The seminars are hosted in real time Tuesdays through Thursdays at 10 am and 2 pm. It is formatted to allow attendees to print class materials, ask questions view presentations as if they were in class; it offers basic, advanced and specialty classes with an ICD-10 overview. It is accessible through the Medi-Cal Learning Portal by visiting the home page of the Medi-Cal website.

4. July 2015 Medi-Cal Provider Seminars. The next seminar is scheduled for July 7 and 8, 2015, at the Double Tree by Hilton South Bay, Torrance, California. Providers can access a class schedule for the seminar by visiting the Provider Training page of Medi-Cal Learning Portal. These seminars are conducted throughout the year, targeting both novice and experienced providers and billing staff. In addition, providers that require more in-depth claim and billing information have the option to receive one-on-one claims assistance, which is available at all seminars, in the Claims Assistance Room.

Bulletin # 126 – April 2015

1. CHDP Gateway User Guide Updated to Remove Healthy Families. Healthy Families program transitioned back to the Medi-Cal program since January 1, 2013. The updated guide is available for download on the CHDP Provider Manual and Bulletins page of the Medi-Cal website.

2. Improving the Quality of Care: Antipsychotic Use in Children and Adolescents. Current FDA-approved indications for selected antipsychotic medications can be found using the online Medi-Cal Formulary search tool available at: http://www.dhcs.ca.gov/services/Pages/FormularyFile.aspx.

Bulletin # 125 – March 2015

1. Locating a Regional Field Representative by ZIP Code. This can be accessed on the Medi-Cal home page by hovering on the Education tab, and selecting "Find Regional Representatives". To contact your regional representative, you must first contact the Telephone Service Center (TSC) at 1-800-541-5555.

Get the Latest Medi-Cal News: Subscribe to Medi-Cal Subscription Service (MCSS) Today
MCSS is a **free** service that keeps you up-to-date on the latest Medi-Cal news. Go to http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss.asp the MCSS Subscriber Form and enter your email address and ZIP code. You can customize your subscription by selecting subject areas. You will receive a welcome email after submission. For more information about MCSS, please visit the MCSS help

San Francisco CHDP Staff

CHDP Deputy Director
Greg Cutcher, RN, PHN, MS
415-575-5712
greg.cutcher@sfdph.org

Medical Director
C. Jeanne Lee, MD, MPH
415-575-5712
jeanne.lee@sfdph.org

Nurse Manager
Dorothy Quan, RN, PHN, MPA
415-575-5712
dorothy.quan@sfdph.org

Billing Inquiry & PM160 ordering
Tina Panziera
415-575-5712
tina.panziera@sfdph.org

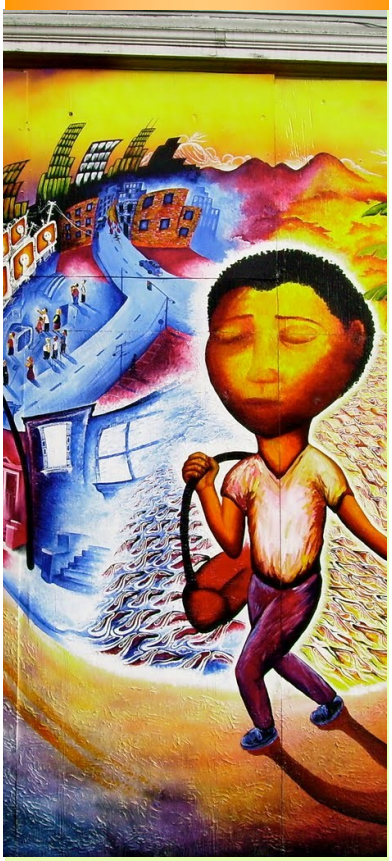
Public Health Nurses
Amy Au, RN, PHN
415-575-5705
amy.au@sfdph.org

Lisa Brennan, RN, PHN
415-575-5707
lisa.brennan@sfdph.org

Kathy Shumaker, RN, PHN
415-575-5736
kathy.shumaker@sfdph.org

Dental Hygienist
Margaret Fisher, RDHAP, BS
415-575-5719
margaret.fisher@sfdph.org

Nutritionist
Teresa Chan, RD, MPH
415-575-5731
teresa.chan@sfdph.org



San Francisco Department
of Public Health
Child Health & Disability
Prevention Program

30 Van Ness Avenue,
Suite 210
San Francisco, CA 94102

Phone - 415-575-5712

Fax - 415-558-5905

Toll-Free Line
1-800-300-9950

Web
https://www.sfdph.org/dph/comupg/oprograms/MCH/CHDP.asp

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Child Health & Disability Prevention Program

San Francisco Department of Public Health
30 Van Ness Avenue, Suite 210
San Francisco, CA 94102
Phone—415-575-5712
Fax—415-558-5905
Toll-Free Line—1-800-300-9950

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