



Agenda

Quarterly Community Provider Network (CPN) Meeting Contra Costa Health Plan – Community Plan

When: Time: 7:30 AM – 9:00 AM
Date: July 15, 2014

Where: West County Health Center
13601 San Pablo Ave, San Pablo, CA
Room A-1194

The agenda for the meeting is as follows:

I.	CALL TO ORDER and INTRODUCTIONS	James Tysell, MD
II.	REVIEW and APPROVAL of MINUTES from previous meeting	James Tysell, MD
III.	REGULAR REPORTS	
	<ul style="list-style-type: none"> Medical Director's Report 	James Tysell, MD
	<ul style="list-style-type: none"> HEDIS, CAHPS satisfaction reports, Quality Activities 	Kevin Drury, Quality Director, CCHP
IV.	NEW BUSINESS	
	<ul style="list-style-type: none"> Public Health Updates, Immunizations 	Contra Costa Public Health
VI.	OTHER	
	<ul style="list-style-type: none"> Update on Covered California Provider Concerns 	Patricia Tanquary, CEO James Tysell, MD
VII.	ADJOURNMENT	

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan, dated July 15, 2014 and attached herein.

Our next scheduled meeting is:

Tuesday, October 21, 2014
7:30 AM – 9:00 AM

CPN Quarterly Meeting

CONFIDENTIAL – Protected by California Evidence Code 1157

CONTRA COSTA HEALTH PLAN
 West County
 Quarterly Community Provider Network (CPN)
Meeting Minutes – July 15, 2014

Attending:

CCHP Staff: M. Berkery, RN, Co-Chair; P. Tanquary, MPH, Ph.D., CEO; K. Drury, Director of Quality Management; B. Jacobs, FNP; J. Galindo, RN, PHN; L.M. Perez, CPCS

CPN Providers: G. Aguilar, PA; H. Anesoir, MD; K. Ceci, MD; O. Eaglin, PA; P. Mack, MD; J. Mahony, MD; N. Saldivar, NP; L. Trombla, PA; A. Wallach, MD

Guests: Susan Farley, RN, PHN, Communicable Disease Controller/Disease Investigations and Control Nurse Program Manager, Contra Costa Public Health

Discussion	Action	Accountable
Meeting called to order @ 7:43 a.m.		M. Berkery, RN
I. Agenda was approved with one correction in attendees. Dr. Tysell was absent.		M. Berkery, RN
II. Review and Approval of Minutes from April 15, 2014: Minutes were approved as presented.		M. Berkery, RN
III. Regular Reports: <ul style="list-style-type: none"> • HEDIS, CAHPS satisfaction reports, Quality Activities <ul style="list-style-type: none"> - CAHPS Medi-Cal Survey 2013 Summary Adult <ul style="list-style-type: none"> o Scores are mostly improved from 2012 to 2013 o Access scores improved significantly o Customer Service score is high o Filling out forms question declined - CAHPS Medi-Cal Survey 2013 Summary Child <ul style="list-style-type: none"> o Scores similar to adult survey, scores generally up o Access questions improved o Customer Service score not as high as in the adult survey o Filling out forms question declined - Reviewed Medi-Cal HEDIS Measures <ul style="list-style-type: none"> o Low score in postpartum visit o Encourage patients to return between 3-8 weeks for postpartum visit 		K. Drury, Director of Quality Management
IV. New Business: <ul style="list-style-type: none"> • Public Health Updates, Immunizations <ul style="list-style-type: none"> - Reviewed Health Alert (Public Health) dated April 25, 2014, Pertussis Cases – Corrected Version <ul style="list-style-type: none"> o Recent increase in cases of pertussis reported in Contra Costa County (CCC), almost ½ of the cases were in the 11 to 19 year old age group o Majority of cases occurred in June o Early recognition and aggressive treatment of pertussis in infants less than 6 months is important to prevent poor outcomes including death o Most important strategy to prevent infection in vulnerable infants is Tdap vaccination of the mother o Pregnant women should receive Tdap vaccine during each pregnancy, any trimester but preferably between 27-36 weeks gestation, regardless of their vaccination history o Vaccination of household members and other close family and friends helps protect infants o Discussed recommendations for testing and actions requested of Healthcare Professionals o California has had more than 5,000 cases and 3 infant deaths o <u>Questions and Resources:</u> http://cchealth.org/pertussis/ or http://www.cdc.gov/pertussis/clinical/index.html - Reviewed Health Alert (Public Health) dated February 13, 2014, Measles – Cases <ul style="list-style-type: none"> o Not seeing measles cases right now o CCC had 3 cases of measles earlier this year, 2 of those cases imported from the Philippines and 1 case was an indigenous 		Susan Farley, RN, PHN

	<ul style="list-style-type: none"> o contact to an imported case o Clinicians to be vigilant and report suspected measles cases <u>immediately</u> o Discussed recommendations for testing and actions requested of Healthcare Professionals o If suspect measles, provide patient with surgical mask; if child, put blanket over their head and isolate patient in room and close the door o Do not use regular exam room for at least 2 hours after suspected measles patient has left o Make note of all rooms and common areas the suspect patient traveled, if diagnosis confirmed, then exposed people can be identified to assess measles immunity o <u>Questions and Resources:</u> www.cchealth.org/measles or http://www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx <ul style="list-style-type: none"> - Personal Beliefs Exemption to Required Immunizations CDPH 8262 (10/13) Form (effective January 1, 2014): <ul style="list-style-type: none"> o Encourages education about vaccinations while protecting an individual's constitutional rights o Acknowledges that a health care professional has provided information to the parent or guardian regarding the benefits and risks of immunization, including the health risks to the student and the community resulting from declining the recommended immunizations o Health care provider and the parent must each sign the form before the form is turned in to the school o <u>Questions:</u> www.shotsforschool.org - challenges explaining risks and benefits of vaccines <ul style="list-style-type: none"> • CCRMC Hansen's Disease Program <ul style="list-style-type: none"> - Discussed RMC's Hansen's Disease Program (federal program) for persons with Hansen's disease <ul style="list-style-type: none"> o Patients come from distant locations o UCLA Medical Center has a Hansen's Disease Program in there dermatology department and there are other sites throughout the US 		
V.	<p>Other:</p> <ul style="list-style-type: none"> • Update on Covered California <ul style="list-style-type: none"> - Due to new requirements, CCHP will no longer be able to participate in the Covered CA state insurance exchange starting in January 2015 - New requirements pose administrative and financial burdens that could impact CCHP's ability to fulfill mission to serve the most vulnerable people in CCC - Will affect approximately 1,100 of 138,000 CCHP members - Finalizing transition letter with DMHC and Covered CA on Exchange member notice to transition these members to other Health Plans in CCC for January 1, 2015, expected to go out by the end of the week - Calling and assisting CCHP Exchange members to understand what their other options are for next year - Remain open to future consideration of participating in a state Bridge or Basic Health Plan focused on the lowest income populations • Where is CCHP going this Year?: <ul style="list-style-type: none"> - Rapidly growing in Medi-Cal. As of January 2014 there has been 35,500 new enrollees in Medi-Cal to CCHP and expect (estimate) to have another 25,000 to 30,000 Medi-Cal enrollees join CCHP before the end of the year - Medi-Cal backlog in every county - CCHP working with the county on the recertification 		P. Tanquary, MPH, PhD, CEO
VI.	<p>Adjournment: Meeting adjourned @ 8:50 a.m.</p>		

Next meeting – October 21, 2014

	<p>diagnosis is uncertain, refer to the Contra Costa County Mental Health Services at 1-888-678-7277</p> <ul style="list-style-type: none"> ▪ Providers can offer up to three brief counselings per year <p>- Discussed provider requirements</p> <ul style="list-style-type: none"> ▪ Four hour SBIRT training within 12 months after initiating SBIRT services ▪ SBIRT reimbursement with HCPCS codes: <ul style="list-style-type: none"> • H0049 for alcohol screening • H0050 for brief interventions ▪ Resources <ul style="list-style-type: none"> • Training information, attestation and screening questionnaires available on CCHP website <p>- Providers encouraged to take training and submit Attestation Statement once training has been completed</p>		
V.	<p>Other: Provided copies of the Provider Bulletin.</p>		
VI.	<p>Adjournment: Meeting adjourned @ 8:30 a.m.</p>		

Next meeting – July 15, 2014

CAHPS Medi-Cal Survey 2013 Summary Adult

COMPOSITES									
	SCORE			2012 to 2013 Improvement	ACCREDITATION CUT POINTS			2013 Amount Above Mean	
	2010	2012	2013		25th	50th	75th		
Getting Needed Care	2.0034	1.9093	1.9700	0.0607	2.18	2.28	2.35		
Getting Care Quickly	2.2123	1.9797	2.1000	0.1203	2.33	2.40	2.44		
How Well Doctors Communicate	2.5379	2.5543	2.5300	-0.0243	2.48	2.54	2.58		
Customer Service	NA	NA	2.5100	NA	2.34	2.42	2.47		
Shared Decision Making*	2.5388	NA	NA	NA	NA	NA	NA		

	ALWAYS + USUALLY			2012 to 2013 Improvement	Mean			2013 Amount Above Mean
	2010	2012	2013		2010	2012	2013	
Getting Needed Care	62.60%	60.10%	64.00%	3.90%	68.72%	65.25%	70.81%	-6.81%
Getting Care Quickly	71.67%	56.70%	69.00%	12.30%	71.68%	70.47%	73.48%	-4.48%
How Well Doctors Communicate	86.91%	88.00%	88.00%	0.00%	84.04%	83.45%	84.83%	3.17%
Shared Decision Making*	65.08%	45.00%	NA	NA	57.49%	57.81%	NA	NA

RATINGS									
	SCORE			2012 to 2013 Improvement	ACCREDITATION CUT POINTS			2013 Amount Above Mean	
	2010	2012	2013		25th	50th	75th		
Rating of All Health Care	2.1344	2.0617	2.1700	0.1083	2.25	2.31	2.37		
Rating of Personal Doctor	2.3899	2.4542	2.4800	0.0258	2.42	2.46	2.51		
Rating of Specialist Seen Most Often	2.2966	NA	2.4300	NA	2.43	2.47	2.52		
Rating of Health Plan	2.2128	2.2566	2.2900	0.0334	2.32	2.4	2.46		

INDIVIDUAL QUESTION RATES												
	8+9+10						9+10					
	RATE			Mean			RATE			Mean		
	2010	2012	2013	2010	2012	2013	2010	2012	2013	2010	2012	2013
Rating of All Health Care	61.64%	58.15%	62.21%	64.31%	64.21%	66.29%	36.72%	36.56%	41.81%	43.85%	43.19%	46.38%
Rating of Personal Doctor	71.13%	76.49%	75.75%	73.22%	72.58%	73.92%	56.85%	58.96%	61.46%	57.32%	56.25%	56.96%
Rating of Specialist Seen Most Often	71.19%	NA	76.23%	75.31%	74.32%	NA	50.85%	NA	57.37%	58.81%	59.13%	NA
Rating of Health Plan	64.30%	63.27%	69.77%	68.47%	69.15%	69.57%	44.62%	48.40%	49.87%	50.17%	52.24%	50.98%

	ALWAYS + USUALLY						2012 to 2013			2012 to 2013		
	2010			2012			2013			Mean		
	2010	2012	2013	2010	2012	2013	2010	2012	2013	2010	2012	2013
Got care as soon as needed when care was needed right away	76.02%	67.44%	73.56%	75.29%	73.42%	76.72%	3.30%	-3.16%	-3.16%	3.30%	3.30%	-3.16%
Got regular/routine appointment as soon as needed	67.33%	53.92%	64.26%	68.07%	67.51%	70.24%	2.73%	-5.98%	-5.98%	2.73%	2.73%	-5.98%
Personal doctor explained things	86.72%	86.15%	88.38%	82.60%	81.30%	84.91%	3.61%	3.47%	3.47%	3.61%	3.61%	3.47%
Personal doctor listened carefully	87.50%	88.66%	88.84%	85.43%	85.33%	86.10%	0.77%	2.74%	2.74%	0.77%	0.77%	2.74%
Personal doctor showed respect	88.72%	91.67%	90.83%	88.32%	87.67%	88.17%	0.50%	2.66%	2.66%	0.50%	0.50%	2.66%
Personal doctor spent enough time	84.71%	84.82%	84.45%	79.79%	79.51%	80.13%	0.62%	4.32%	4.32%	0.62%	0.62%	4.32%
Ease of getting appointments with specialists	56.72%	48.40%	63.57%	66.41%	63.19%	NA	NA	NA	NA	NA	NA	NA
Ease of getting necessary care, tests, or treatment	68.49%	66.67%	64.33%	71.03%	69.16%	72.60%	3.44%	-8.27%	-8.27%	3.44%	3.44%	-8.27%
Health plan forms were easy to fill out	92.96%	91.86%	81.36%	92.91%	92.56%	93.06%	0.50%	-11.70%	-11.70%	0.50%	0.50%	-11.70%

* Shared Decision Making questions changed, rendering the score not comparable to past scores.

Analysis: Scores are mostly improved from 2012 to 2013. Access scores improved a lot. Customer Service score is admirably high. The only big decline was in "health plan forms were easy to fill out." Since members rarely fill out forms for CCHP, we are not sure what this means. We were previously concerned about a drop in Shared Decision Making scores, but there is no data this time due to changes in questions making up that composite.

CAHPS Medi-Cal Survey 2013 Summary Child

COMPOSITES									
	SCORE		2010 to 2013 Improvement	ACCREDITATION CUT POINTS					
	2010	2013		25th	50th	75th			
Getting Needed Care	1.97	2.16	0.19	2.29	2.36	2.45			
Getting Care Quickly	2.17	2.28	0.11	2.54	2.61	2.66			
How Well Doctors Communicate	2.61	2.61	0.00	2.63	2.68	2.72			
Customer Service	2.37	2.44	0.07	2.40	2.46	2.51			
Shared Decision Making*	2.49	NA	NA	NA	NA	NA			

	ALWAYS + USUALLY		2010 to 2013 Improvement	2013 Amount Below Mean	
	2010	2013		Mean 2013	
Getting Needed Care	61.25%	71.21%	9.96%	75.93%	4.72%
Getting Care Quickly	68.02%	73.38%	5.36%	79.22%	5.85%
How Well Doctors Communicate	89.31%	89.62%	0.31%	87.04%	-2.58%
Shared Decision Making*	61.03%	NA	NA	NA	NA

RATINGS						
	SCORE		2010 to 2013 Improvement	ACCREDITATION CUT POINTS		
	2010	2013		25th	50th	75th
Rating of All Health Care	2.37	2.34	-0.03	2.49	2.52	2.57
Rating of Personal Doctor	2.60	2.63	0.03	2.58	2.62	2.65
Rating of Specialist Seen Most Often	2.56	2.49	-0.07	2.53	2.59	2.62
Rating of Health Plan	2.49	2.47	-0.02	2.51	2.57	2.62

	INDIVIDUAL QUESTION RATES							
	8+9+10			9+10				
	RATE		2010 to 2013 Improvement	Mean 2013	RATE		2010 to 2013 Improvement	Mean 2013
Rating of All Health Care	2010	2013			2010	2013		
	73.88%	73.75%	-0.13%	79.97%	53.30%	51.75%	-1.55%	59.00%
Rating of Personal Doctor	82.17%	86.07%	3.90%	85.10%	70.20%	72.37%	2.17%	69.63%
Rating of Specialist Seen Most Often	NA	80.62%	NA	NA	NA	61.03%	NA	NA
Rating of Health Plan	79.50%	77.95%	-1.55%	83.80%	61.34%	60.77%	-0.57%	67.26%

	ALWAYS + USUALLY		2010 to 2013 Improvement	Mean 2013	2013 Amount Below Mean
	2010	2013			
	Got care as soon as needed when care was needed right away	71.25%			
Got regular/routine appointment as soon as needed	64.80%	68.97%	4.17%	76.03%	7.06%
Personal doctor explained things	89.10%	89.06%	-0.04%	87.49%	-1.57%
Personal doctor listened carefully	93.10%	92.50%	-0.60%	90.58%	-1.92%
Personal doctor showed respect	93.46%	95.91%	2.45%	92.42%	-3.49%
Personal doctor spent enough time	81.59%	80.57%	-1.02%	77.70%	-2.87%
Ease of getting appointments with specialists	57.01%	68.87%	11.86%	NA	NA
Ease of getting necessary care, tests, or treatment	65.50%	73.54%	8.04%	79.73%	6.19%
Health plan forms were easy to fill out	91.68%	76.35%	-15.33%	93.51%	17.16%
Personal doctor explained things to child	NA	90.05%	NA	NA	NA

* Shared Decision Making questions changed, rendering the score not comparable to past scores.

Analysis: Similar to the adult survey, scores are generally up. Access questions improved and the question about filling out forms declined. The relative score for Customer Service was not nearly as high as in the adult survey.

CCHP Medi-Cal HEDIS Measures		2011-2014												2013		Overall Improvement										
		CCHP	CCHP	CCHP	CCHP	RMC	RMC	RMC	RMC	RMC	RMC	CPN	CPN	CPN	CPN	KSR	KSR	KSR	KSR	2013 Cross Med-Cal Mean	2014 MPL	2014 HPI	2013 Med-Cal Mean	Improvement (if positive) from last year (in percentage points)	Percent Improvement (if positive) from last year	
BMI %ile calculated for children		61.07%	59.37%	56.20%	62.29%	65.61%	54.42%	55.80%	74.43%	60.87%	57.63%	43.79%	40.37%	78.57%	74.63%	82.89%	50.32%	57.66%	37.96%	80.24%	71.55%	6.09%	11%			
Nutrition counseling given for children		58.88%	55.72%	55.96%	59.37%	68.15%	54.42%	50.28%	69.41%	50.00%	49.15%	52.94%	40.99%	82.14%	68.66%	76.32%	83.67%	52.31%	47.45%	75.18%	72.53%	3.41%	6%			
Physical activity counseling for children		46.47%	46.47%	46.23%	50.85%	50.32%	48.37%	44.75%	63.01%	33.70%	28.81%	33.33%	27.95%	78.57%	67.16%	76.32%	83.87%	36.74%	34.55%	64.72%	58.28%	4.63%	10%			
Yearly well child visit 3-6 yr.		78.82%	76.40%	73.31%	74.75%	78.24%	77.39%	70.59%	71.20%	79.41%	72.22%	73.42%	73.78%	79.59%	81.48%	82.98%	87.50%	63.93%	67.40%	82.08%	74.50%	1.44%	2%			
Combo 3 immunizations		87.16%	85.40%	84.47%	74.70%	90.61%	82.78%	76.12%	81.29%	76.19%	73.57%	78.18%	64.00%	77.42%	96.67%	80.00%	80.00%	76.16%	66.08%	83.32%	77.25%	-9.77%	-12%			
First trimester prenatal		81.75%	83.21%	86.86%	83.45%	83.74%	83.67%	85.71%	81.93%	71.43%	77.65%	88.80%	84.73%	86.25%	90.00%	87.50%	87.50%	90.32%	79.46%	79.85%	92.82%	83.17%	-3.41%	-4%		
Postpartum visit 26-51 days		67.40%	64.96%	62.53%	60.34%	67.89%	64.14%	63.87%	61.85%	55.95%	62.35%	60.00%	57.25%	77.50%	72.86%	62.50%	61.29%	62.50%	61.29%	73.83%	80.61%	88.14%	83.17%	-4%		
Using Use of Imaging for Low Back Pain		88.64%	88.58%	92.06%	87.85%	85.43%	87.89%	90.88%	85.60%	93.80%	85.71%	92.26%	88.10%	92.96%	93.62%	94.52%	93.96%	93.62%	81.48%	71.52%	82.34%	80.84%	-4.21%	-5%		
Cervical cancer screening		70.62%	66.67%	66.04%	54.99%	63.08%	65.02%	62.44%	46.40%	73.42%	61.22%	58.70%	49.48%	86.08%	79.76%	85.14%	96.88%	57.11%	58.99%	76.64%	65.11%	-11.05%	-17%			
Diabetes Eye Exam 2 yrs.		49.09%	52.80%	51.09%	51.34%	55.18%	54.32%	52.94%	53.74%	31.58%	42.57%	45.37%	43.00%	49.06%	66.67%	54.17%	56.67%	38.61%	44.37%	67.64%	51.32%	0.25%	0%			
Diabetes screening LDL-C		77.74%	75.43%	82.00%	75.67%	73.48%	72.43%	78.82%	75.44%	75.44%	73.27%	86.11%	74.00%	93.40%	89.58%	83.33%	83.33%	64.36%	71.03%	83.52%	78.54%	83.19%	-6.33%	-8%		
Diabetes LDL <100		40.69%	36.25%	41.61%	42.34%	36.89%	32.92%	37.65%	44.13%	30.70%	34.65%	44.44%	36.00%	63.21%	55.00%	56.25%	46.67%	29.21%	27.90%	43.80%	38.27%	83.19%	-0.73%	2%		
Diabetes HbA1c (>9% (lower is better))		86.86%	84.91%	85.40%	84.43%	86.59%	82.72%	85.49%	85.41%	81.58%	86.14%	84.26%	80.00%	93.40%	96.67%	87.50%	90.00%	69.31%	79.23%	90.97%	90.97%	83.19%	-0.97%	-1%		
Diabetes HbA1c (<8%)		33.94%	36.98%	40.39%	41.61%	34.76%	38.68%	40.39%	37.72%	40.55%	37.62%	36.11%	53.00%	24.53%	21.67%	50.00%	40.00%	52.97%	52.58%	31.14%	40.35%	40.35%	-1.70%	-3%		
Diabetes Nephropathy screen or treatment		56.57%	53.04%	49.88%	48.18%	57.32%	50.21%	47.06%	51.25%	51.75%	54.46%	60.19%	41.00%	93.40%	68.33%	43.33%	56.67%	67.33%	75.00%	58.64%	49.35%	81.80%	49.35%	-1.94%	2%	
Diabetes BP <140/90		89.23%	87.35%	82.00%	83.94%	94.51%	90.12%	82.75%	83.99%	70.18%	76.24%	75.93%	80.00%	93.40%	96.67%	81.25%	60.00%	50.99%	53.74%	74.55%	63.20%	74.55%	63.20%	1.94%	3%	
Avoidance of Antibiotics in Adults With Acute Bronchitis		29.56%	26.52%	43.27%	44.09%	23.15%	22.08%	38.27%	45.30%	35.82%	30.68%	46.49%	37.86%	40.74%	25.00%	46.15%	77.27%	54.29%	17.92%	35.45%	29.96%	72.66%	85.64%	0.82%	2%	
Immunizations for Adolescents		59.85%	71.61%	73.24%	53.28%	60.00%	66.67%	50.36%	56.03%	58.87%	67.30%	45.26%	69.94%	63.10%	90.00%	82.26%	82.26%	68.35%	58.06%	85.64%	71.66%	85.64%	72.66%	1.63%	2%	
Controlling High Blood Pressure		32.85%	51.34%	53.28%	33.95%	43.46%	48.02%	54.98%	41.06%	45.06%	42.69%	35.05%	52.50%	60.00%	75.00%	85.32%	84.38%	46.15%	50.00%	69.55%	58.30%	58.30%	58.30%	-13.44%	4%	
Medication Management for People with Asthma 50%		12.12%	16.99%	12.29%	33.95%	22.79%	11.17%	17.37%	12.13%	11.90%	16.56%	12.45%	16.45%	14.69%	14.69%	13.20%	13.02%	16.45%	14.69%	13.20%	18.62%	14.43%	14.43%	-11.16%	-33%	
Medication Management for People with Asthma 75% PCR		17.03%	19.48%	13.05%	17.03%	13.05%	14.93%	19.38%	12.82%	11.90%	16.56%	12.45%	16.45%	14.69%	14.69%	13.20%	13.02%	16.45%	14.69%	13.20%	18.62%	14.43%	14.43%	-11.16%	-33%	
All-Cause Readmissions, SPDs		8.46%	12.72%	9.50%	8.46%	8.52%	8.41%	13.48%	9.32%	8.51%	8.73%	8.73%	8.73%	8.73%	8.73%	8.73%	8.73%	8.73%	8.73%	8.73%	8.73%	8.73%	8.73%	6.43%	28%	
All-Cause Readmission, Non SPDs		85.62%	83.77%	86.52%	85.62%	86.52%	85.13%	87.83%	87.73%	87.50%	100.00%	82.75%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	3.22%	25%
Monitoring for Patients on persistent Medications - ACE or ARB		94.74%	85.71%	95.45%	94.74%	95.45%	87.50%	100.00%	87.50%	87.50%	100.00%	82.75%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	82.73%	2.75%	3%
Monitoring for Patients on persistent Medications - Digoxin		80.95%	83.68%	85.11%	80.95%	83.68%	80.65%	87.06%	85.83%	80.65%	87.06%	85.83%	80.65%	87.06%	85.83%	80.65%	87.06%	85.83%	80.65%	87.06%	85.83%	80.65%	87.06%	85.83%	9.74%	11%
Monitoring for Patients on persistent Medications - Diuretics		93.97%	86.74%	94.62%	93.97%	86.74%	94.62%	95.79%	94.65%	95.77%	88.54%	85.81%	91.77%	99.40%	93.89%	98.21%	98.21%	96.93%	95.51%	98.49%	94.42%	94.42%	94.42%	7.88%	9%	
Children and Adolescents' Access to Primary Care Practitioners - 12-24 Months		84.54%	76.18%	86.07%	84.54%	76.18%	86.07%	86.65%	81.67%	85.70%	77.03%	73.49%	83.40%	93.94%	58.27%	94.36%	94.36%	85.01%	86.37%	93.60%	84.89%	84.89%	84.89%	9.89%	13%	
Children and Adolescents' Access to Primary Care Practitioners - 7-11 Years		84.07%	77.96%	86.71%	84.07%	77.96%	86.71%	82.82%	81.03%	83.56%	80.49%	78.69%	87.37%	94.87%	67.02%	94.94%	94.94%	85.18%	87.77%	95.25%	85.89%	85.89%	85.89%	8.75%	11%	
Children and Adolescents' Access to Primary Care Practitioners - 12-19 Years		83.25%	74.86%	83.44%	83.25%	74.86%	83.44%	82.02%	77.90%	80.13%	77.95%	75.44%	82.42%	95.52%	66.67%	93.59%	93.59%	82.76%	86.09%	93.77%	85.62%	85.62%	85.62%	8.58%	11%	

*Included in default algorithm

below Minimum Performance Level (MPL), national Medicaid 25th percentile
 above High Performance Level (HPL), national Medicaid 90th percentile
 Bad data

1 Specifications changed

2 CAP measures are below MPL but do not require Improvement Plan

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

WENDEL BRUNNER, M.D.
DIRECTOR OF PUBLIC HEALTH



CONTRA COSTA
PUBLIC HEALTH
COMMUNICABLE DISEASE
PROGRAMS
597 CENTER AVENUE, SUITE 200-A
MARTINEZ, CALIFORNIA 94553
PH (925) 313-6740
FAX (925) 313-6465

HEALTH ALERT
APRIL 25, 2014

PERTUSSIS CASES ON THE RISE IN CONTRA COSTA – CORRECTED VERSION

SUMMARY:

A recent increase in cases of pertussis has been reported in Contra Costa County. **Early recognition and aggressive treatment of pertussis in infants less than 6 months is important to prevent poor outcomes including death.** With health care professionals likely seeing more patients with suspect pertussis the polymerase chain reaction (PCR) diagnostic test is an important tool for timely diagnosis. **The most important strategy to prevent infection in vulnerable infants is Tdap vaccination of the mother.** All pregnant women should receive Tdap vaccine during each pregnancy, any trimester but preferably between 27-36 weeks gestation, regardless of their vaccination history.

CURRENT SITUATION

So far during 2014, a total of 20 cases of pertussis disease have been reported. There have been no deaths. The ages of the cases ranged from 19 days to 49 years with a median age of 8 years old. Of the 20 total cases of pertussis, six cases were less than 2 years old and 4 of the cases were hospitalized.

Actions Requested of Healthcare Professionals:

1. **Report suspect and laboratory-confirmed cases** within one working day of identification and report outbreaks immediately by phone to Contra Costa Public Health at 925-313-6740.
2. **Submit specimens for laboratory confirmation.** The preferred methods of laboratory diagnosis of pertussis are culture and polymerase chain reaction (PCR). Serologic assays are not recommended.
3. **Begin chemoprophylaxis** of patients and household contacts regardless of age or vaccination status. Consultation regarding additional control measures is available through Contra Costa Public Health at 925-313-6740.
4. **Implement standard and droplet precautions** for individuals with clinical presentation of pertussis.
5. **Review immunization records** and stress the importance of up-to-date vaccination.



CURRENT RECOMMENDATIONS:

CLINICAL

- **The most severe cases of pertussis occur in young infants.** Infants <6 months of age are most likely to be hospitalized and infants <3 months of age are most likely to die from pertussis infection.
- Pertussis disease has three stages of illness:
 - 1) *Catarrhal stage* (1-2 weeks): onset of cold-like symptoms (coryza, sneezing and occasional cough) and fever is typically absent or low-grade.
 - 2) *Paroxysmal stage*: spasms of severe cough are followed by sudden inspirations, resulting in “whooping” sounds; post-tussive vomiting and exhaustion is common. Paroxysmal attacks occur frequently at night. Illness may be milder in previously vaccinated people.
 - **Important Note: Infants (< 6 months of age) may present differently symptoms include:**
 - a shorter catarrhal stage;
 - may gag, gasp or stop breathing;
 - facial color changes (may turn blue, purple or red); and
 - likely to have leukocytosis with an increased absolute lymphocyte count.
 - 3) *Convalescent stage*: decreasing frequency and severity of cough, whooping and vomiting.

TESTING

- Isolation/culture of *B. pertussis* from clinical specimen or positive polymerase chain reaction (PCR) test for *B. pertussis*. Serological assays are not recommended.
- Specimens for PCR should be obtained by aspiration or swabbing of the posterior nasopharynx (<http://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection.html>).

TREATMENT

- Chemoprophylaxis of patients using the appropriate antimicrobial agent <http://www.cdc.gov/mmwr/pdf/rr/rr5414.pdf>.
- Clinical guidance on pertussis recognition and treatment in young infants along with pediatric infectious disease programs that may be on call 24/7 for pertussis management advice is available at: http://www.aap-ca.org/clinical/pertussis/pertussis_in_young_infants.html.

HEALTHCARE FACILITY INFECTION CONTROL

- Standard and droplet precautions until five days of antimicrobial therapy have been completed; single patient room preferred; patient cohorting is an option.
- *Facility Control Measures:*
 - 1) Respiratory hygiene and cough etiquette including use of masks for coughing patients;
 - 2) Post signs at facility entrance in multiple languages instructing patients to inform reception of the following symptoms: cough, flu-like illness, respiratory secretions and/or known or suspect exposure to particular disease; and
 - 3) Consider instituting restriction of visitors from the newborn and infant units to limit exposure among a high-risk population and the facility or unit-specific (e.g. pediatrics) restriction of visitors with respiratory symptoms (consistent with pertussis) may prevent the introduction of pertussis into the hospital setting.



POST-EXPOSURE CHEMOPROPHYLAXIS (PEP) FOR CONTACTS

- Household contacts should receive PEP regardless of age or vaccination status.
- High risk contacts should consult with their provider about the need for PEP.
- High-Risk Contacts include:
 - Infant less than 1 year of age;
 - Pregnant women in 3rd trimester;
 - Caregivers and household contact of infants;
 - Childcare setting with infant or pregnant women;
 - Healthcare workers who care for infants or pregnant or postpartum women; and
 - Persons with chronic medical conditions: respiratory, neuromuscular and immunodeficiency disorders

SCHOOL AND CHILDCARE SETTINGS

- Exclude case from childcare, school and other group activities until 5 days of effective antibiotic treatment (or 21 days after cough onset if no treatment).
- Identify high-risk contacts (see definition above) and direct them to their provider to evaluate the need for PEP.
- Monitor contacts, particularly unimmunized students, for acute illness for >21 days after last exposure to an infectious case. Exclusion of unimmunized students is not recommended.
- Notify parents/guardians and staff about pertussis signs/symptoms, prevention and control measures. Consider active surveillance for cough illness and exclusion of those with cough until evaluation by healthcare provider.
- Encourage pertussis vaccination for students and staff.

VACCINATION

Advisory Committee on Immunization Practices (ACIP) recommends:

<http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

- Pediatric DTaP is given as a 5-dose schedule at ages 2, 4, 6, 15–18 months and 4–6 years;
- A dose of Tdap vaccine booster for all adolescents aged 11-18 years (preferred at 11-12 years) and adults aged 19 years and up who have not yet received a booster; and
- Tdap vaccine should be administered to all pregnant women during every pregnancy regardless of vaccination history (preferably between 27-36 weeks gestation) to maximize the maternal antibody response and passive antibody transfer to the infant.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>

ADDITIONAL QUESTIONS AND RESOURCES:

The Contra Costa Public Health Communicable Disease Programs can be reached 8AM-5PM M-F at: 925-313-6740 (phone) or 925-313-6465 (fax). More information may be found at

<http://cchealth.org/pertussis/> or <http://www.cdc.gov/pertussis/clinical/index.html>.



WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

WENDEL BRUNNER, M.D.
DIRECTOR OF PUBLIC HEALTH



CONTRA COSTA
PUBLIC HEALTH
COMMUNICABLE
DISEASE PROGRAMS
597 CENTER AVENUE, SUITE 200-A
MARTINEZ, CALIFORNIA 94553
PH (925) 313-6740
FAX (925) 313-6465

HEALTH ALERT
FEBRUARY 13, 2014

CONFIRMED CASES OF MEASLES

SUMMARY:

Contra Costa Public Health has confirmed two cases of measles in Contra Costa residents, the only 2 cases in the last 5 years. Both case-patients had history of recent travel to Asia prior to illness, and we are identifying many possible exposures in public and community settings associated with these cases. **We are asking for clinicians to be vigilant and to report suspected measles cases immediately.**

CURRENT SITUATION

- So far, two cases of measles have been identified in Contra Costa in 2014; other measles cases also recently identified elsewhere in California, mostly in returning international travelers.
- Measles is very contagious. Individuals who are not immune are at risk of getting disease and spreading it to their friends, family members and the community. Immediate reporting by providers will assist us in identifying those exposed and can prevent more cases.

ACTIONS REQUESTED OF HEALTHCARE PROFESSIONALS:

1. **WATCH** for measles symptoms – suspect measles in a patient with fever and rash and ask about a history of international travel in the prior 3 weeks.
2. **IMMEDIATELY REPORT** suspect measles cases to Contra Costa Public Health by calling 925-313-6740. Do not wait for lab confirmation to call us.
3. **TEST** – order measles serologic testing (IgM and IgG) and nasopharyngeal, throat and urine specimens for polymerase chain reaction (PCR) and viral culture. To expedite testing and decrease delay in diagnosis, send specimens to Contra Costa Public Health Lab.
4. **IMPLEMENT airborne precautions** immediately, and mask and isolate patient (negative pressure room if available). Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.
5. **ADVISE** patient to stay home until contacted by Contra Costa Public Health.



CLINICAL INFORMATION:

- Measles is an acute viral illness characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis, followed by a maculopapular rash.
- Prodromal symptoms typically begin 8-12 days after exposure. The rash usually appears 14 days (range 7-21 days) after exposure.
- Measles rash is red, blotchy and maculopapular and typically spreads from head to trunk to lower extremities.
- Persons with measles are usually considered infectious from 4 days before until 4 days after onset of rash.

CURRENT RECOMMENDATIONS:

TESTING

- Collect the following specimens for measles testing:
 - 1) 5mL of blood;
 - 2) throat or nasopharyngeal swab in viral transport media; and
 - 3) 10-40mL of urine
- Arrange testing at Contra Costa Public Health Laboratory by contacting (925) 370-5775. The laboratory submittal form can be found at: <http://cchealth.org/laboratory/>

INFECTION CONTROL

- Query and suspect patients with febrile illness and international travel, contacts with foreign visitors and/or possible exposure to measles patient in the 3 weeks prior to symptom onset.
- Immediately implement airborne precautions for all suspect patients.
- Provide patient with surgical mask. If possible, isolate patient (in negative pressure room if available).
- Only allow healthcare staff with documented vaccination or immunity to enter patient's room.
- Do not use any regular exam room for at least 2 hours after suspected measles patient has left.
- Make note of all rooms and common areas the suspect patient traveled so if diagnosis confirmed, then exposed people can be identified to assess measles immunity.

CDPH Healthcare Facility Infection Control Recommendations can be found at:

<http://www.cdph.ca.gov/programs/immunize/Documents/CDPHHCFacilityICRecsforSuspectMeaslesPatients.pdf>

ADDITIONAL QUESTIONS:

Contra Costa Public Health Communicable Disease Programs can be reached 8AM-5PM Monday through Friday: 925-313-6740 (phone) or 925-313-6465 (fax). In addition, more information may be found at: www.cchealth.org/measles and <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx>



PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS



STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH DAY YEAR ____/____/____	TELEPHONE NUMBER
PARENT/GUARDIAN – NAME		ADDRESS	

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one): M.D./D.O. Nurse Practitioner Physician Assistant Naturopathic Doctor Credentialed School Nurse

Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

Signature of authorized health care practitioner

Practitioner name, address, telephone number:

Date - within 6 months before entry to child care or school

B. PARENT OR GUARDIAN – FILL OUT THESE SECTIONS

I. Check one of the boxes below:

- Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).
- Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

Signature of parent or guardian

Date - within 6 months before entry to child care or school

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

Immunizations for which exemption is requested: An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations – Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib meningitis)
Child Care and K-12 th Grade	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis [whooping cough]) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Polio <input type="checkbox"/> Varicella (Chickenpox)
7 th Grade Advancement (or admission at 7-12 th Grade)	<input type="checkbox"/> Tdap (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

Signature of parent or guardian

Date

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.



Expecting? Protect Your Baby from Whooping Cough.

Babies Are Most At Risk

Whooping cough disease (also called pertussis) causes very serious coughing fits. Some babies stop breathing and even die.

Expectant Moms Need Tdap Protection

Ask your doctor for a whooping cough shot (Tdap) during your third trimester of pregnancy, even if you got it before pregnancy. You'll need a Tdap shot each time you are pregnant.

Tdap is safe for you and your baby¹. Some of the protection you get from Tdap during pregnancy passes to your baby. This will help protect your baby until she's old enough to get her first whooping cough vaccine at 6–8 weeks of age.



Circle Your Baby with Protection

To further protect your baby, family members, friends, and caregivers also need to be up-to-date on their whooping cough shots.

You can catch whooping cough again even if you had it before. Protection from past shots also wears off.

Make sure everyone 11 years of age or older gets a Tdap booster shot at least two weeks before they are around your baby.

Treat Whooping Cough Early

Call the doctor if:

- You or your baby are sick. Early signs of whooping cough are like a mild cold but can get worse fast; or
- You or your baby are around someone with whooping cough or a bad cough.

If your baby is having trouble breathing take him to the hospital or the doctor right away.



Dylan's Story

Before Dylan was born, I was sick and had a bad cough. I coughed so hard that it caused contractions to start early. Dylan was born a healthy, beautiful baby. But I continued to cough, and it was hard to keep Dylan awake during feedings – the only sign of pertussis he ever had.

Two weeks later, my son Dylan, died of pertussis that he caught from me. He was 17 days old. It is possible to prevent babies like Dylan from catching pertussis. Now I urge parents to vaccinate their children, and adults to get a Tdap booster. I don't want to see any family suffer the way mine has.

For more personal stories, go to shotbyspot.org

Reference:

1. The Centers for Disease Control and Prevention (2013, February 22). Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine (Tdap) in Pregnant Women — Advisory Committee on Immunization Practices (ACIP), 2012. Retrieved August 2013 from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>

This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention (CDC).

**"Getting Tdap is something easy
I can do to protect my baby."**

—Danielle, first time mom



Contra Costa Public Health Immunization Clinics

Questions?

Please call the Immunization Program at **925-313-6767**

For more information please call our recorded hotline at:
1-800-246-2494

Or visit our website at:
cchealth.org/immunization



If you would like to receive information regarding Medi-Cal eligibility, call the Social Services office at:
1-800-709-8348



Contra Costa Public Health Immunization Clinics provide immunizations to children and adults on a first-come, first-served basis. Please come early as we stop accepting clients when the clinic is full. Our busiest time of year is August through September. The Public Health Immunization Clinics hours and locations are:

Mondays, 1:00 - 4:30 pm

Brentwood Public Health
171 Sand Creek Road, Suite A

Tuesdays, 1:00 - 4:30 pm

Pittsburg Public Health
2311 Loveridge Road, East Clinic

Thursdays, 1:00 - 4:30 pm

Richmond Public Health
39th St. & Bissell Avenue, 1st Floor

Fridays, 1:00 - 4:30 pm

Concord Public Health
2355 Stanwell Circle

Clinic fees depend on patient age, insurance status, and vaccine(s) needed. Current fees are available on our website: cchealth.org/immunization

Children 18 years and under can receive reduced/no cost vaccine if they have:

- Medi-Cal, or
- No health insurance, or
- Insurance that does not cover the cost of vaccinations, or
- Contra Costa Health Plan

Both children and adults with private health insurance and adults with Medi-Cal should see their healthcare provider as our clinics cannot bill these forms of health insurance.

TB skin testing is not available at these clinics. Travel vaccines are available in Martinez by appointment only. Please call (925) 313-6488 for travel clinic appointments.



CLINIC FEES

depend on patient age, insurance status, and vaccine(s) needed.

Cash, VISA, MasterCard, & ATM/Debit cards only. No checks, American Express, or Discover please.

If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

Reviewed March 2012

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes an important responsibility that could save your child's life, or the life of someone else.

Any time that your child is ill and you:

- call 911;
- ride in an ambulance;
- visit a hospital emergency room; or
- visit your child's doctor or any clinic

you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.

Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

Telling health care professionals your child's vaccination status is essential for two reasons:

- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur.
- The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

Before an outbreak of a vaccine-preventable disease occurs in your community:

- Talk to your child's doctor or nurse to be sure your child's medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
- Inform your child's school, childcare facility, and other caregivers about your child's vaccination status. -
- Be aware that your child can catch diseases from people who don't have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can't tell who is contagious.



When there is vaccine-preventable disease in your community:

- It may not be too late to get protection by getting vaccinated. Ask your child's doctor.
- If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare, or organized activities (for example, playgroups or sports).
- Your school, childcare facility, or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days up to several weeks.
- Learn about the disease and how it is spread. It may not be possible to avoid exposure. For example, measles is so contagious that hours after an infected person has left the room, an unvaccinated person can get measles just by entering that room. -
- Each disease is different, and the time between when your child might have been exposed to a disease and when he or she may get sick will vary. Talk with your child's doctor or the health department to get their guidelines for determining when your child is no longer at risk of coming down with the disease.

Be aware.

- Any vaccine-preventable disease can strike at any time in the U.S. because all of these diseases still circulate either in the U.S. or elsewhere in the world.
- Sometimes vaccine-preventable diseases cause outbreaks, that is, clusters of cases in a given area.
- Some of the vaccine-preventable diseases that still circulate in the U.S. include whooping cough, chickenpox, Hib (a cause of meningitis), and influenza. These diseases, as well as the other vaccine-preventable diseases, can range from mild to severe and life-threatening. In most cases, there is no way to know beforehand if a child will get a mild or serious case.
- For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune.

If you know your child is exposed to a vaccine-preventable disease for which he or she has not been vaccinated:

- Learn the early signs and symptoms of the disease.
- Seek immediate medical help if your child or any family members develop early signs or symptoms of the disease. -

IMPORTANT: Notify the doctor's office, urgent care facility, ambulance personnel, or emergency room staff that your child has not been fully vaccinated before medical staff have contact with your child or your family members. They need to know that your child may have a vaccine-preventable disease so that they can treat your child correctly as quickly as possible. Medical staff also can take simple precautions to prevent diseases from spreading to others if they know ahead of time that their patient may have a contagious disease.

- Follow recommendations to isolate your child from others, including family members, and especially infants and people with weakened immune systems. Most vaccine-preventable diseases can be very dangerous to infants who are too young to be fully vaccinated, or children who are not vaccinated due to certain medical conditions.
- Be aware that for some vaccine-preventable diseases, there are medicines to treat infected people and medicines to keep people they come in contact with from getting the disease.
- Ask your health care professional about other ways to protect your family members and anyone else who may come into contact with your child.
- Your family may be contacted by the state or local health department who track infectious disease outbreaks in the community. -

If you travel with your child:

- Review the CDC travelers' information website (<http://www.cdc.gov/travel>) before traveling to learn about possible disease risks and vaccines that will protect your family. Diseases that vaccines prevent remain common throughout the world, including Europe. -
- Don't spread disease to others. If an unimmunized person develops a vaccine-preventable disease while traveling, to prevent transmission to others, he or she should not travel by a plane, train, or bus until a doctor determines the person is no longer contagious.



MEN, if you have **SEX** with other **MEN**, get vaccinated

Men who have sex with men: If you are considering close or **intimate contact** with any men from the **Los Angeles area**, get a **meningococcal vaccine now**.

From **January to April 2014**, there have been **9 cases** of **Invasive Meningococcal Disease** reported in Los Angeles County, including **3 deaths**. Five of those cases involve **men who have sex with other men**. This disease is rare but very serious.

It is **spread through saliva (spit)**, so **kissing** can spread the disease. So can **sharing food, drinks, utensils or smoking implements like cigarettes, hookas, bongos and joints**. Invasive Meningococcal Disease can be more easily spread in crowded places such as **bars, clubs and parties**.

Ask your doctor about getting vaccinated. To learn more, call **925-313-6740** or please visit **cchealth.org**.



Invasive Meningococcal Disease can become **deadly within hours** after symptoms appear. Seek medical attention immediately if you notice these symptoms:

- **Sudden fever**
- **Stiff neck (difficult to turn)**
- **Head and muscle ache**
- **Skin rash**
- **Eyes overly sensitive to light**
- **Nausea**
- **Chills**
- **Difficulty thinking or focusing**

CCHP EXCHANGE STATEMENT

Due to CMS regulatory requirements and the resulting cost implications and financial burdens, Contra Costa Health Plan has informed Covered California that it will not seek recertification for the 2015 Plan Year.

This difficult decision to withdraw had to be made because the new requirements pose administrative and financial burdens that could impact our ability to fulfill our mission to serve the most vulnerable people in Contra Costa County. This will affect about 1,000 of our 138,000 CCHP members. We are working with Covered CA and the California Department of Managed Health Care on plans to transition these CCHP members enrolled through the Exchange into other Health Plans in Contra Costa County by January 1.

We are disappointed that we will no longer be able to offer our plan on the Exchange. However, as the Affordable Care Act (ACA) encouraged, we continue our focus on Medi-Cal enrollment and are encouraged by the success we have had in enrolling more than 31,000 people through Medi-Cal Expansion.

We are honored to have participated in Covered CA in this sentinel first year and to be able to continue to contribute to the health care reform efforts that have brought access to health care for so many more people in need. We remain open to future consideration of participating in a state Bridge which would be focused on additional low income populations. We have previously participated in discussions with the state about the possibility of creating a Bridge and we would support these efforts.

WHY IS CCHP EXITING EXCHANGE?

This difficult decision is based upon the added administrative and financial burdens which would lead to potential rate increases for 2015 due to the latest Centers for Medicare and Medicaid Services (CMS) Regulatory Guidance regarding the requirements for all health plans participating in the Exchange to offer the same product at the same rate both inside the Exchange and outside the Exchange in the commercial market for 2015. Currently, about 1,100 of our 138,000 plan members are enrolled through the Exchange and CCHP current rates are in the middle range for Plans offered in Contra Costa County.

REASON ENTERED EXCHANGE

Contra Costa Health Plan (CCHP) chose to enter the Exchange market in the absence of a Basic Health Program or BRIDGE program in California. As a county-sponsored Health Plan, CCHP has provided access to care for the community for 40 years and our mission is to serve the low-income and vulnerable population through safety net providers. We sought to create our own "bridge" for the Medi-Cal and Low Income Health Program (LIHP) members we served where churning of low-income residents between Medi-Cal and the Exchange due to income fluctuations occurs frequently. This

population benefits by having a Health Plan providing care in both the Medi-Cal and Exchange and providing continuity of care in retaining the same provider in the same Health Plan regardless of changes in product.

CCHP strove to support the new California Exchange by exiting the individual and small group market outside the Exchange last year and encouraged those former CCHP members to join us or other QHPs in our County at less expensive rates to help grow Covered CA.

STATE REGULATORY ISSUES AND TRANSITION

CCHP sought and received a modification exception from California Department of Managed Health Care (DMHC) which allowed us to exit the individual and small group market outside the Exchange and still participate this first year in the Exchange individual market consistent with regulatory requirements. With the latest CMS requirements, CCHP is now diligently working with both DMHC and Covered CA for a smooth transition of our current Covered CA members during open enrollment for 2015.

COMPETING ISSUES FOR CAPACITY

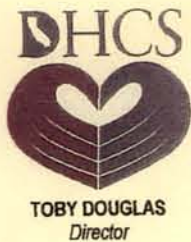
Simultaneously, CCHP is expanding rapidly in Medi-Cal enrollment and will continue to grow through 2014 as the County processes the backlogged new Medi-Cal applications. As of June 1st, CCHP has grown 31,000 members in Medi-Cal this year due to population shifts (Low Income Health Program [LIHP]) and Medi-Cal Expansion. A sizeable number of our current enrolled Covered CA members have received retro Medi-Cal and have also been terminating the Exchange, choosing CCHP as their Medi-Cal provider.

MISSION

CCHP's focus is on our mission and capacity to care for the vulnerable populations we serve. The new federal requirements would pose administrative and financial burdens that could impact our ability to fulfill our mission. Therefore, we will not participate in Covered CA in 2015. We will continue to meet all Covered CA requirements and care for our Exchange members until December 31st. Additionally, we are working with Covered CA to help these members upon renewal in November to renew into the other QHP Health Plans in this County for January coverage.

FUTURE

We remain open to future consideration of participating in a **Bridge** in California which would be focused on the lowest income populations. We have previously participated in discussions with the state about the possibility of creating a Bridge and we would support these efforts.



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

March 11, 2014

TO: MEDI-CAL PROVIDERS

SUBJECT: IMPROVING ACCESS TO NALOXONE IN CALIFORNIA

Public health in California and across the United States is threatened by drug overdoses which now outnumber motor vehicle accidents as the leading cause of injury related mortality. The vast majority of these overdoses involve prescription opioids.¹

An intervention, which may mitigate this risk and you can implement today, is the routine provision of take-home naloxone to your patients who are prescribed long-term and/or high dose opioids. Naloxone (Narcan) is an opioid antagonist which rapidly reverses opioid induced respiratory depression. Since 1996, naloxone has been distributed to over 50,000 lay persons who have reversed more than 10,000 overdoses.²

Like other medications, naloxone can be prescribed in the usual course of patient care and dispensed by community pharmacies. Naloxone should be considered for any patient who is on chronic opioids or who is known to use opioids regardless of the source. Similar to epinephrine, naloxone is a bystander administered drug which means that caregivers should be instructed on the proper use and administration.

Under California Civil Code § 1714.22, licensed health care providers may prescribe naloxone to individuals at risk for opioid overdose and their family members or friends. This law protects the naloxone prescriber and the lay person who administers naloxone from civil and criminal liability. Additionally, Health and Safety Code § 11376.5 protects lay persons from arrest when seeking medical assistance during a drug overdose.

Naloxone is covered by Medi-Cal, Medicare, and many other health plans. It is given as an intramuscular injection or an intranasal spray. Intranasal administration is as effective and more convenient; however, the nasal atomizers may not be routinely available from pharmacies or paid for by health plans. Atomizers are covered by Medi-Cal with an approved Treatment Authorization Request (TAR).

For detailed information on dosing and administration of naloxone, please go to the following website:
<http://prescribetoprevent.org/>.

For additional information regarding the coverage of naloxone for Medi-Cal patients, please contact Mike Wofford, Pharm. D., Chief of the Pharmacy Policy Branch, by email at mike.wofford@dhcs.ca.gov.

Neal D. Kohatsu, M.D., M.P.H
Medical Director

1 <http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>

2 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm>