



Contra Costa Health Plan

COMMUNITY PROVIDER NETWORK MEETING

Doctors Medical Center - San Pablo

Tuesday, October 19, 2010 7:30 AM to 9:00AM

Administration Conference Room (ACR 1st Floor)
Continental Breakfast will be served

- | | | |
|------|---------------------------|---|
| I. | Call to order | J. Tysell, MD |
| II. | Approval of Minutes | J. Tysell, MD |
| III. | Medical Director's Report | J. Tysell, MD |
| IV. | Dental Varnish Update | B. Jacobs, FNP
M. Berkery, RN |
| V. | Pediatric Obesity Program | D. Dooley, MD
P. Sanchez, Hlth. Ed.
C. Harrell, Hlth. Ed. |
| VI. | Provider Concerns | J. Tysell, MD |
| VII. | Adjourn | J. Tysell, MD |

Next Meeting – January 18, 2011

Administration Conference Room (ACR) is located on the 1st floor near the main entrance. Doctors San Pablo staff has asked that we park in guest and patient parking only. All other areas are permit parking only. *Thank you.*

Please RSVP: (925) 313-9500

CONTRA COSTA HEALTH PLAN
Community Provider Network – West County
Meeting Minutes – October 19, 2010

Attending:

J. Tysell, MD; Beverly Jacobs, FNP; Mary Berkery, RN; Norman Banks, MD; Manoj Desai, MD; Olga Eaglin, PA; William Jenkins, MD; Kristof Kaminski, PA; Porshia Mack, MD; John Mahony, MD; Helaine Pleet, MD; Esther Ruiz, NP; Thomas Smith, MD; Andrew Wallach, MD; Anthony Lopresti, DO; Vaneida White, MD

Guests: P. Sanchez; D. Dooley, MD

Discussion	Action	Accountable
I. Meeting called to order at 7:40am.		J. Tysell, MD
II. Approval of Minutes: Minutes approved as submitted.		J. Tysell, MD
III. Medical Director's Report Discussed 1115 Waiver changes to Medi-Cal program. Biggest impact on Senior with Disabilities (SPD). Those without Medicare will be moved into managed care beginning June 2011 in a phased approach based upon birthdate. HEDIS-Reviewed HEDIS 2010 Report – final for 2010.		J. Tysell, MD
IV. Dental Varnish Update Completed training for 6 providers. Well received. <i>Early Childhood Caries</i> new name for baby bottle caries. Varnish can be applied 3x a year. Training provided to provider and staff. \$18.00 payment for Medi-Cal members under 6 years of age. Use dental code for billing on the CMS 1500 Code #D1203.		B. Jacobs, FNP Mary Berkery, RN
V. Pediatric Obesity Program-New HEDIS measure <ul style="list-style-type: none"> • Measure BMI%, Nutrition and Physical Activity • Obesity more prevalent in Hispanic children between the ages of 9-11. • Optimize by using interpreter service and bilingual materials • Websites to assist in calculating BMI%-kidshealth.org • Episodic recording chart available from CCRMC - BJ to get copies for these providers who are interested • Power Point presentation displaying data on age/ethnicity of obesity in children – available for providers if interested. 		D. Dooley, MD P. Sanchez
VI. Provider Concerns: No provider concerns expressed.		J. Tysell, MD
VII. Adjourn: Meeting adjourned at 9am		J. Tysell, MD

Next meeting – January 18, 2011

CONTRA COSTA HEALTH PLAN
Community Provider Network – West County
Meeting Minutes – July 20, 2010

Attending:

J. Tysell, MD; Beverly Jacobs, FNP; Norman Banks, MD; Olga Eaglin, PA; William Jenkins, MD; Kristof Kaminski, PA; Porshia Mack, MD; John Mahony, MD; Ina McLaughlin, PA; Esther Ruiz, NP; Thomas Smith, MD; Andrew Wallach, MD; Pamela Washington, FNP; Anthony Lopresti, DO

Guests: Kevin Drury, Director of Quality Management, Nikki Moultrie, RHD, Mary Berkery, RN

Discussion	Action	Accountable
I. Meeting called to order at 7:38 am.		J. Tysell, MD
II. Approval of Minutes: Minutes approved as submitted.		J. Tysell, MD
III. Medical Director's Report Shared new location of clinic for Regional Medical Center completion expected by 2013.		J. Tysell, MD
IV. HEDIS Report <ul style="list-style-type: none"> • Introduced by Dr. Tysell as new Director of Quality Management. Kevin shared his past experience and reviewed draft of HEDIS scores. • He stated a complete report will be completed later this year. 		Kevin Drury, Director of Quality Management
V. Dental Varnish Instruction Speaker on Dental Varnish - Nikki Moultrie, RDH-PH. <ul style="list-style-type: none"> • Eligible reimbursement of \$18.00 through CCHP • Instruction to staff from Mary Berkery, RN and Beverly Jacobs, FNP to individual offices at request of member physicians. • Procedure requires only a small amount of time – can be reimbursed > 3x1yr. for each child from first tooth eruption to age 5 yrs. • Physician to purchase dental varnish supplies cost approximately \$1.95 with delivery. • Materials on the product/process provided. 		N. Moultrie, RDH B. Jacobs, FNP M. Berkery, RN
VI. Pertussis Concerns: <ul style="list-style-type: none"> • Reviewed recent notification of possible increase in cases as received from State Dept of Health Services. • Information shared with providers, re: need to give Tdap to anyone >7yo – 64yo who had been exposed to infants or shared in care of young infants as protection to/from infants. • Treatments outlined for those persons presenting with symptoms. • Vaccine is expensive but will be reimbursed through CCHP. 		B. Jacobs, MD
VII. Provider Concerns: No provider concerns expressed.		J. Tysell, MD
VIII. Adjourn: Meeting adjourned at 9:05 am		J. Tysell, MD

Next meeting – October 19, 2010

HEDIS 2010 Annual Report Highlights

Introduction

Contra Costa Health Plan (CCHP) is pleased to present a summary of our current performance measurement rates. These performance measurements are a gauge of how well CCHP's contracted networks and systems of care deliver services in an accessible, efficient, and effective manner in comparison to other health plans.

Description of Healthcare Effectiveness Data and Information Set (HEDIS)

The State of California, Department of Health Care Services (DHCS) requires all health plans managing state Medicaid benefits ("Medi-Cal") utilize an External Accountability System (EAS). The EAS ensures high quality services that meet Federal and State requirements established by the Centers for Medicaid and Medicare Services (CMS). This requirement is met by CCHP by collecting and reporting the set of performance measures known as the Healthcare Effectiveness Data and Information Set (HEDIS). Originating from the National Commission for Quality Assurance (NCQA), these measures are standardized quality of care indicators used to compare health plans and providers across the nation. The rates are published and are publicly available. Benchmarks are also available at a state and national level. This report provides the benchmark to the most appropriately comparable group of plans.

Data Collection Methodology

The HEDIS data collection process requires two distinct data collection methods. The first method for data collection is purely administrative or "admin". This method uses the plan's encounter and claim data and lab results. Four of the Medi-Cal measures are defined as "administrative only" by NCQA, meaning that there is a high likelihood that good information on compliance can be gained from those data alone. The other measures require medical record review to supplement the administrative data.

The first method, an administrative methodology, is quick and relatively inexpensive. The second method for data collection, medical record review, is a manual process requiring trained staff. This method provides data that is frequently more clinical in nature and more detailed than what the administrative data captures. All but four of the measures require medical record review in addition to use of administrative data. Measures using both sources are referred to as “hybrid”.

Data Completeness and Limitations

Several problems have been identified affecting the completeness and reliability of some of the data. Overall, the issues are probably not big enough to be significant, but there are some specific measures where we are not confident that we can rely on the data. These issues will be noted in the appropriate specific areas below.

Healthy Families

The CCHP Healthy Families product line is the State Children’s Health Insurance Program (SCHIP) for persons not eligible for Medi-Cal. Measures are reported to the California Managed Risk Medical Insurance Board (MRMIB). At the end of 2009, we were serving 3930 members in this plan. A Healthy Families benchmark is not available, so the national Medicaid mean is used.

CCHP Healthy Families				
Required Measures	HEDIS Score: % Compliance			
	2008	2009	2010	2009 Medicaid Mean
CIS- Immunization by age 2	80	91.76	93.1	67.6
LSC - Lead Screening	57.14	62.35	67.8	66.7
W15- 6 well visits before 15 months	51.2	73.81	54.2	58.8
W34- One well visit during the year for 3-6 year olds	79.57	80.29	74.9	69.7
AWC- Adolescent well visits yearly	50.12	50.1	43.3	45.9
ASM- Appropriate Medications for Asthma	92.31	96.8	96.2	88.7
URI- Appropriate tx for Children with URI	90.46	93.8	93.5	85.5
CWP- Appropriate testing for Pharyngitis	25.45	18.4	23.5	61.4
CHL- Chlamydia Screening	37.04	47.2	41.9	52.7

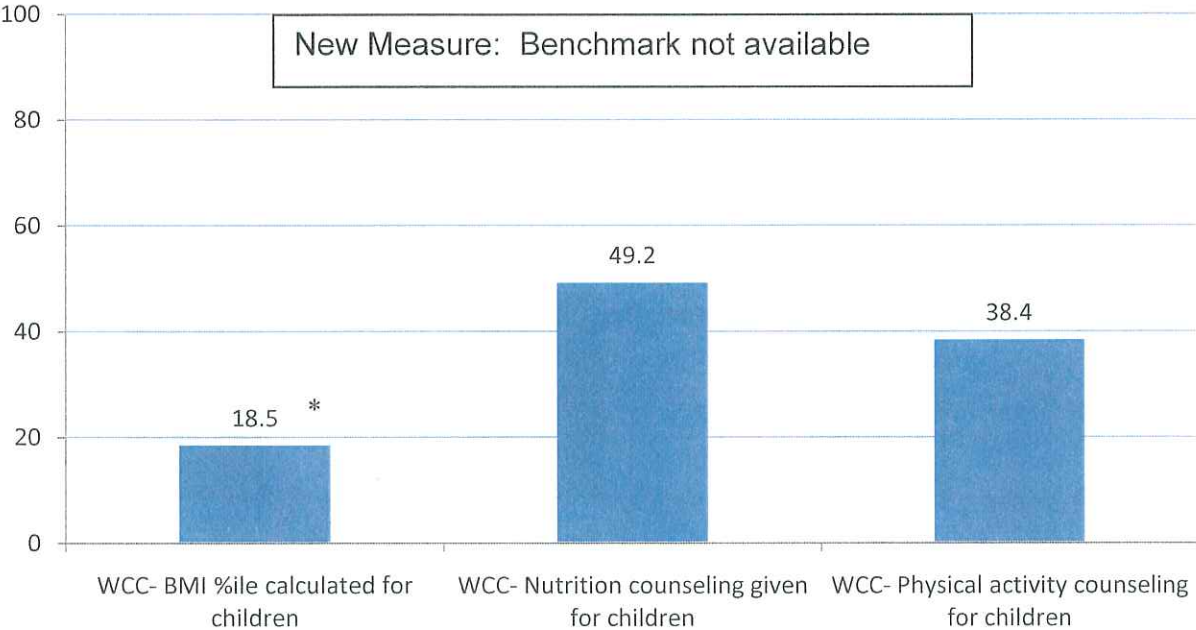
Medi-Cal

The CCHP Medi-Cal product line is the State Medicaid program in California. This is by far CCHP's largest product, serving 48,375 members at the end of 2009 or 68% of our total membership. Measures are reported to the state's Department of Health Care Services (DHCS). There are twenty-one measures or sub-measures. For 2010, the Well Child Visit 0-15 Months and Appropriate Medication for Asthma Patients were dropped. Added were Imaging for Low Back Pain, Weight Assessment and Counseling for Children and Adolescents, and the Blood Pressure Screening component of Comprehensive Diabetes Care. The benchmark presented in the charts is the 2009 Medi-Cal HMO mean.

Medi-Cal Performance Rates

Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)

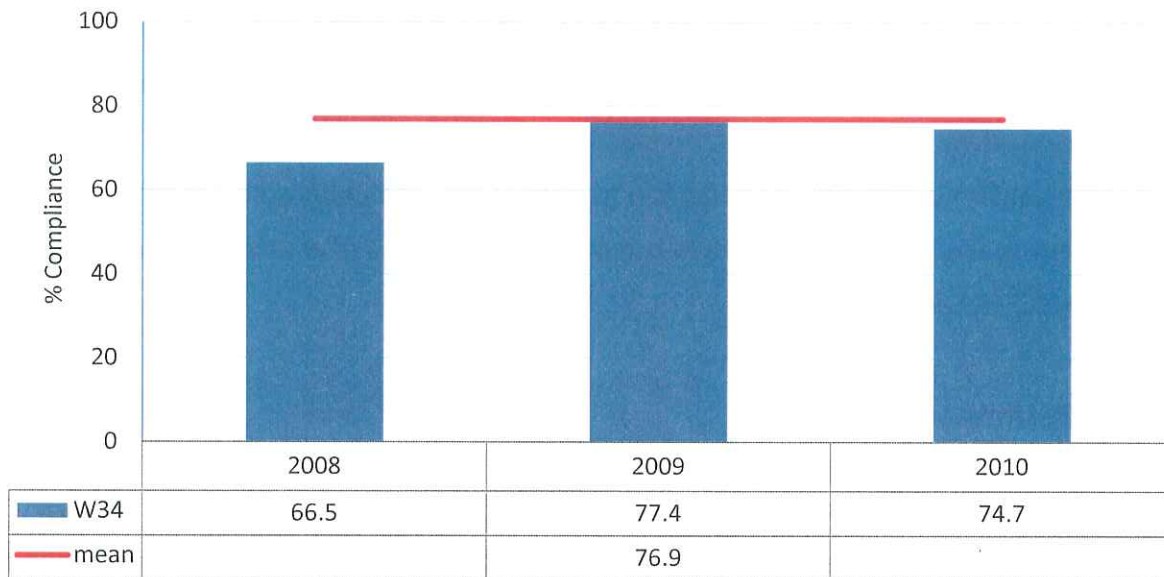
The percentage of members 3-17 years old, continuously enrolled with no more than a one month gap in coverage, who had at least one outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: 1) a BMI percentile or BMI percentile plotted on a BMI-for-age growth chart, unless the member is 16-17 years old for whom a BMI value is acceptable. 2) Counseling for nutrition, and 3) counseling for physical activity or referral for physical activity counseling.



*BMI %ile data not reliable. Artificially low due to vendor chart abstraction errors

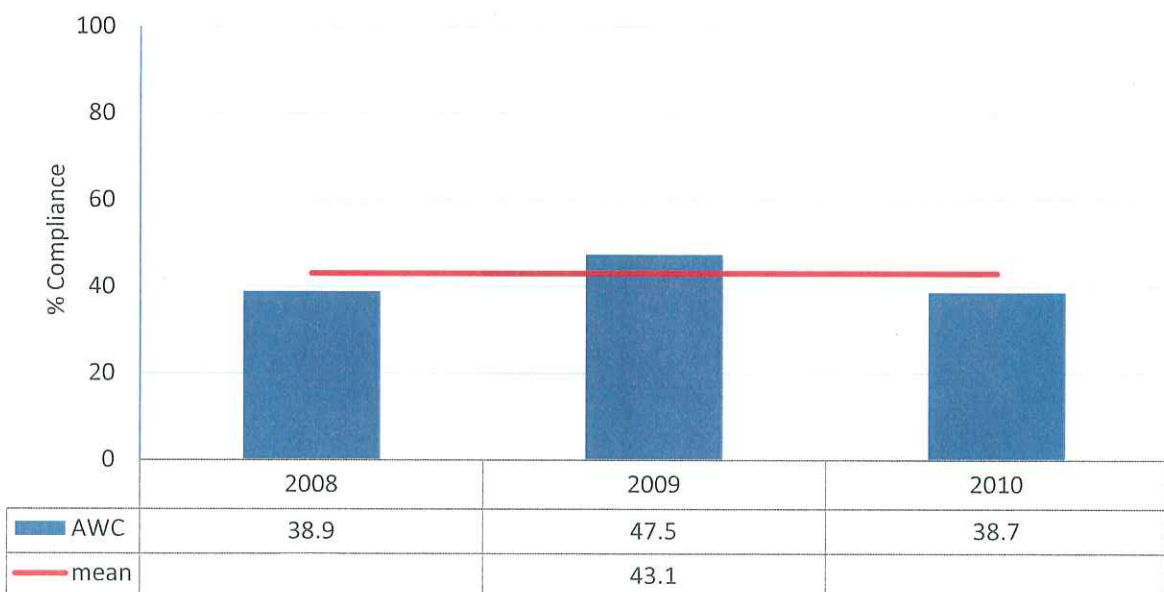
Well Child visits in the Third, Fourth, Fifth, and Sixth years of Life (W34)

The percentage of Medi-Cal members who were three, four, five, or six years of age, and continuously enrolled during the measurement year who received one or more well visits with a primary care provider in during the measurement year.



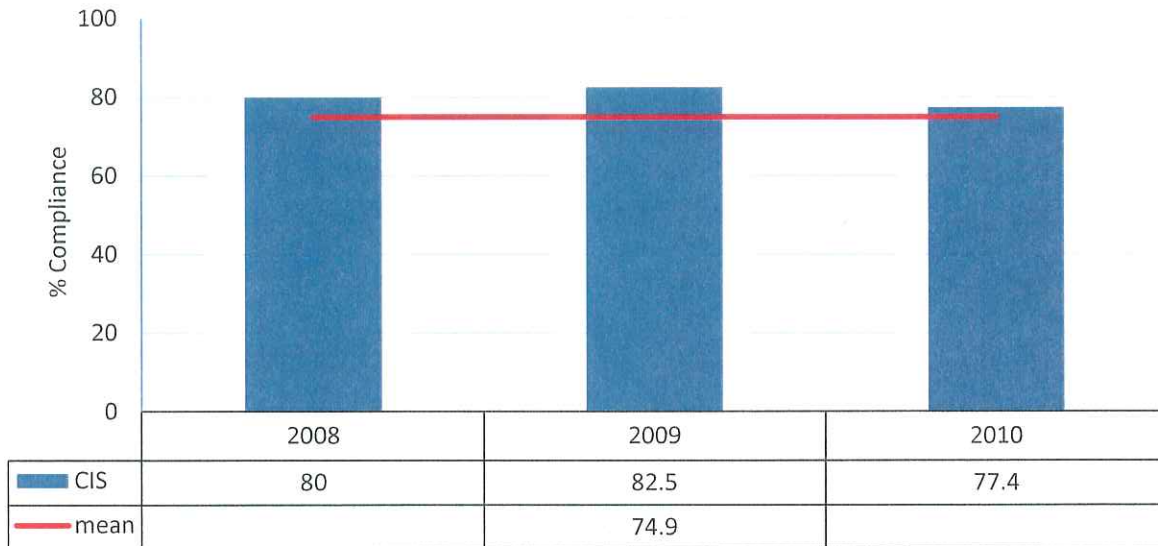
Adolescent Well-Care visits (AWC)

The percentage of Medi-Cal members who were 12-21 years of age, with no more than a 45 day gap in coverage during the measurement year, who had at least one comprehensive well-care visit with a primary care practitioner or and OB/GYN practitioner during the measurement year.



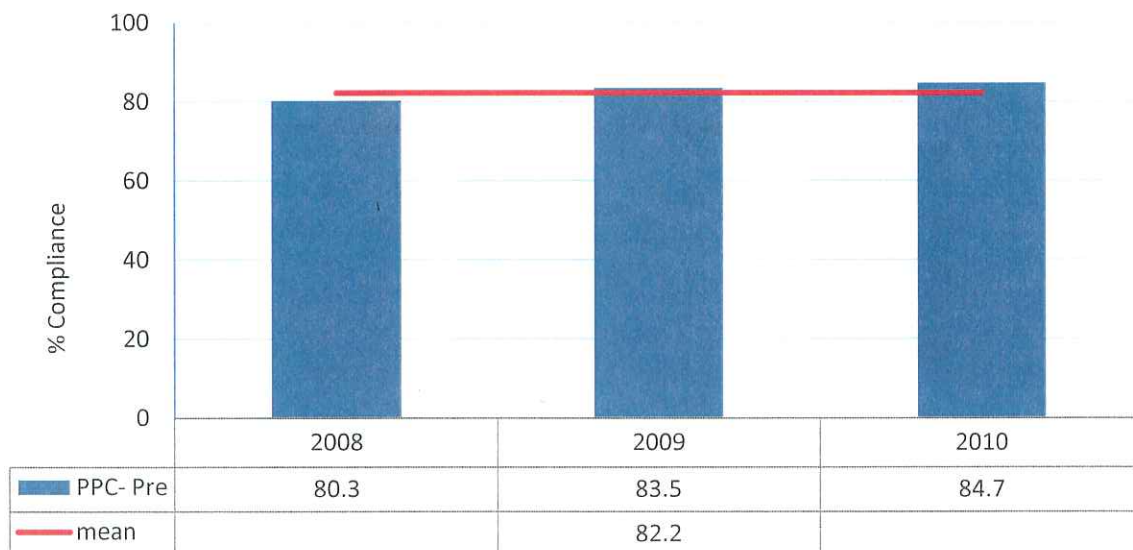
Childhood Immunizations Status (CIS)

The percentage of children continuously enrolled 12 months prior to the child's second birthday, who had four DtaP/DT, three IPV, one MMR, two H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate by their second birthday.



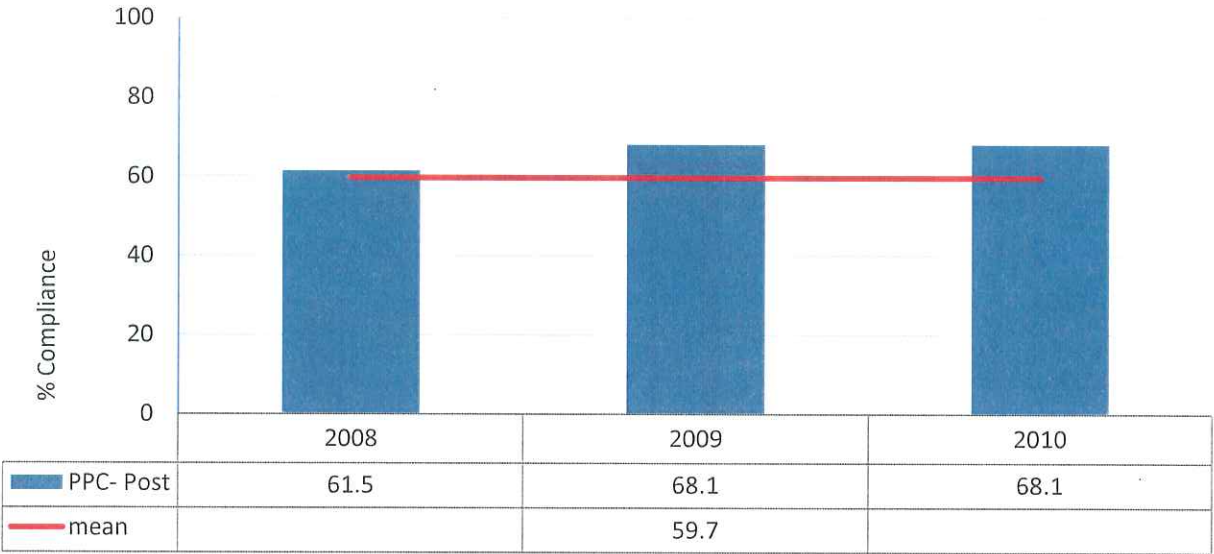
Timeliness of Prenatal Care (PPC- Pre)

The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in the health plan. Continuous enrollment requirement is 43 days prior to delivery through 56 days after delivery.



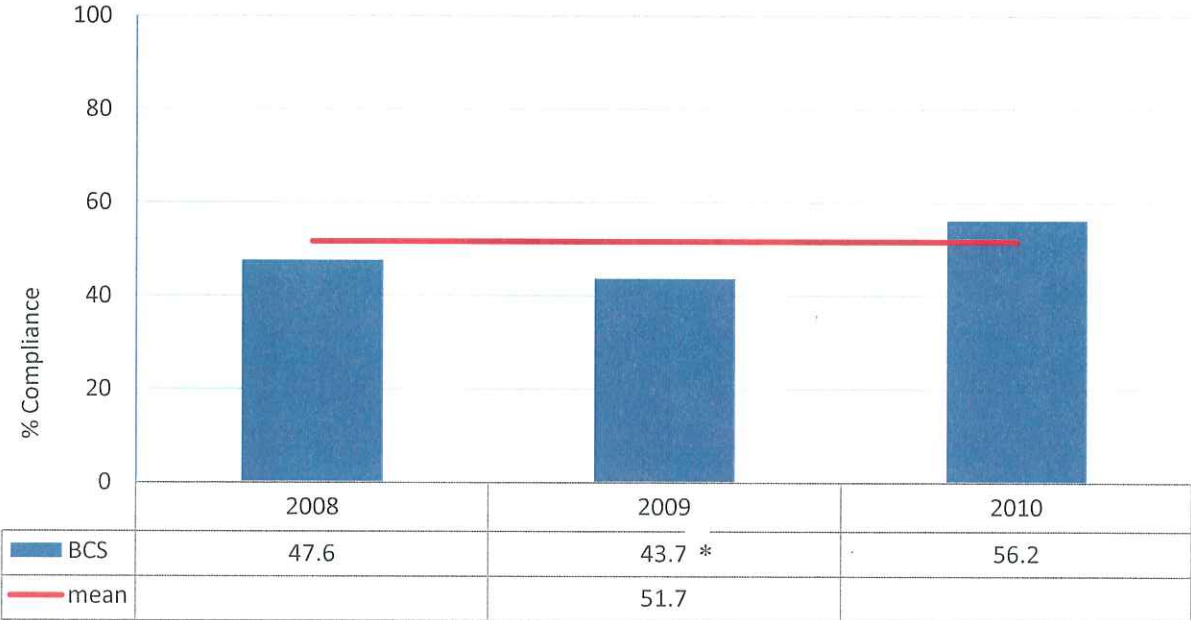
Postpartum Care (PPC-Post)

The percentage of deliveries that had a postpartum visit on or between 21-56 days after delivery. (3-8 weeks postpartum).



Breast Cancer Screening (BCS)

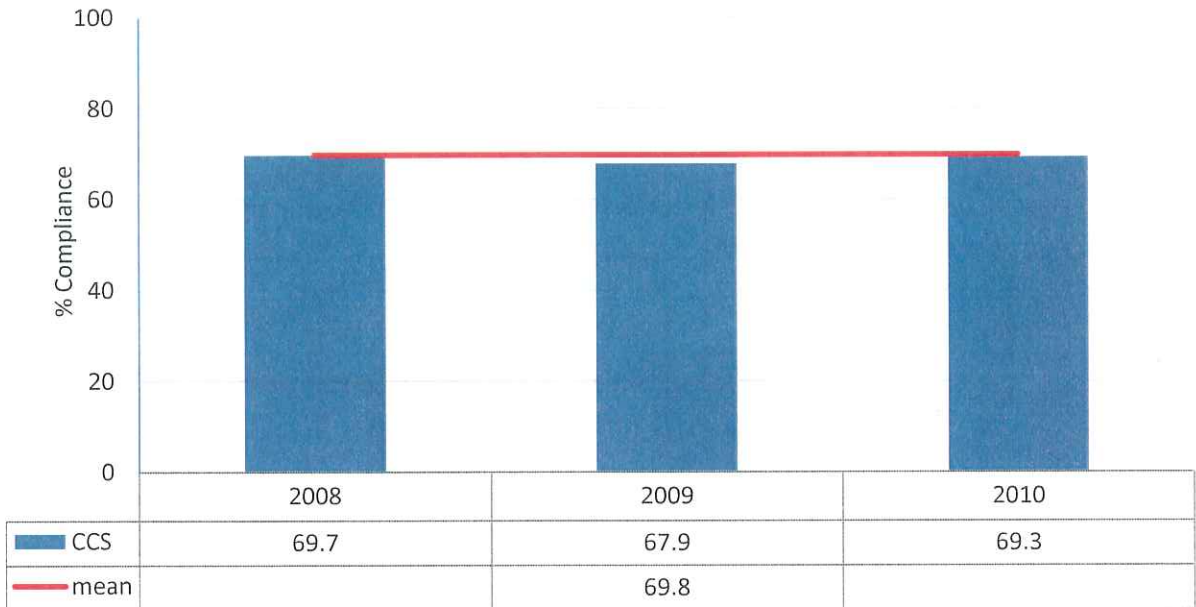
The percentage of women 50-69 years of age who had a mammogram during the measurement year or year prior to the measurement year (2-year span) and were continuously enrolled for both years.



*2009 results reflect incomplete data from Kaiser

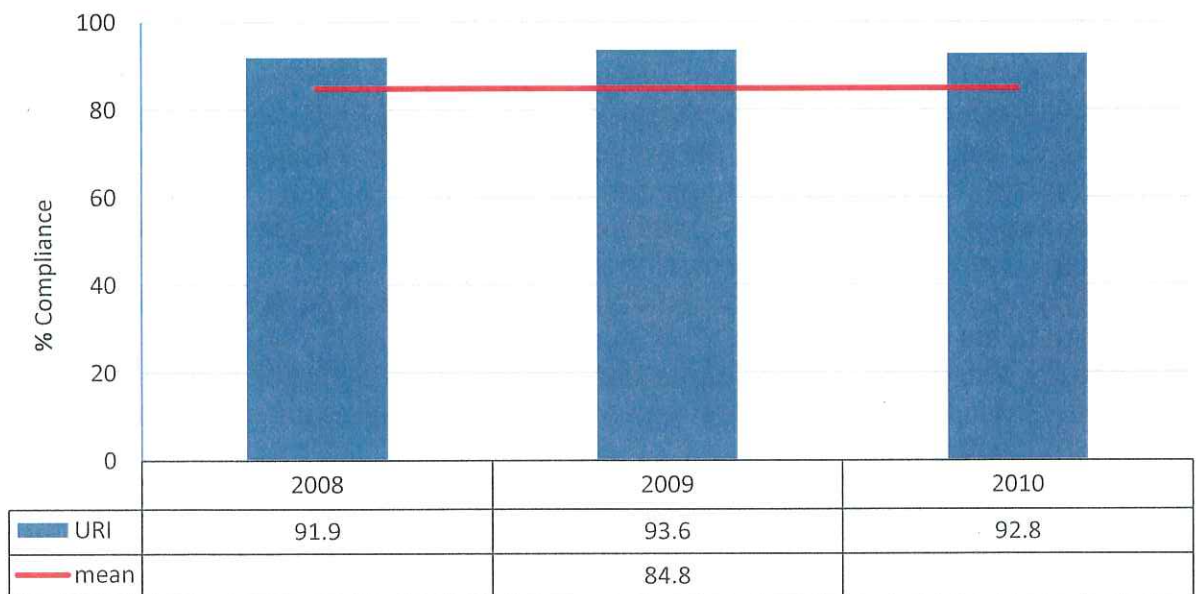
Cervical Cancer Screening (CCS)

The percentage of women 18-64 years of age continuously enrolled for the measurement year, who received one or more pap tests during the measurement year or the two years prior to the measurement year (3-year span).



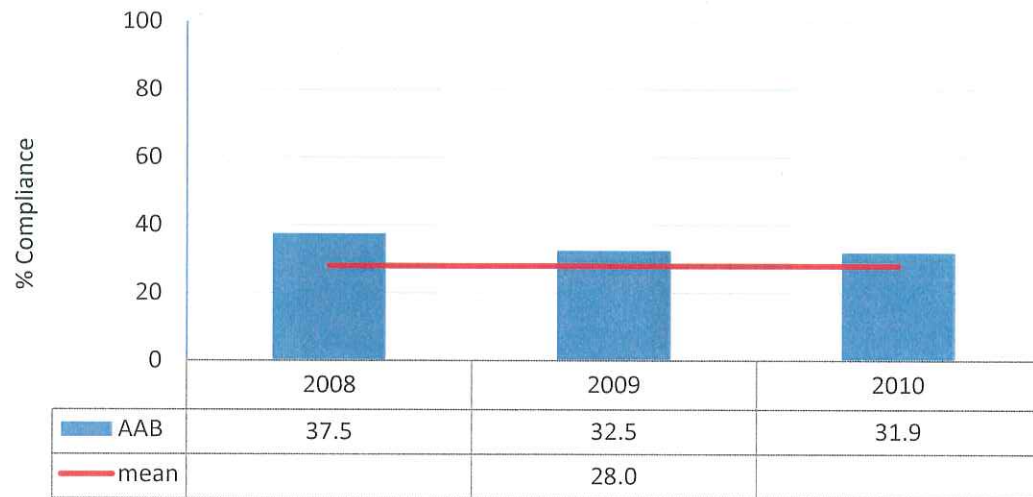
Appropriate Treatment for Children with Upper Respiratory Infection (URI)

The percentage of children 3 mos.-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or within three days after the episode date.



Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB)

The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within three days after the episode date. A lower rate is better.



Comprehensive Diabetes Care (CDC)

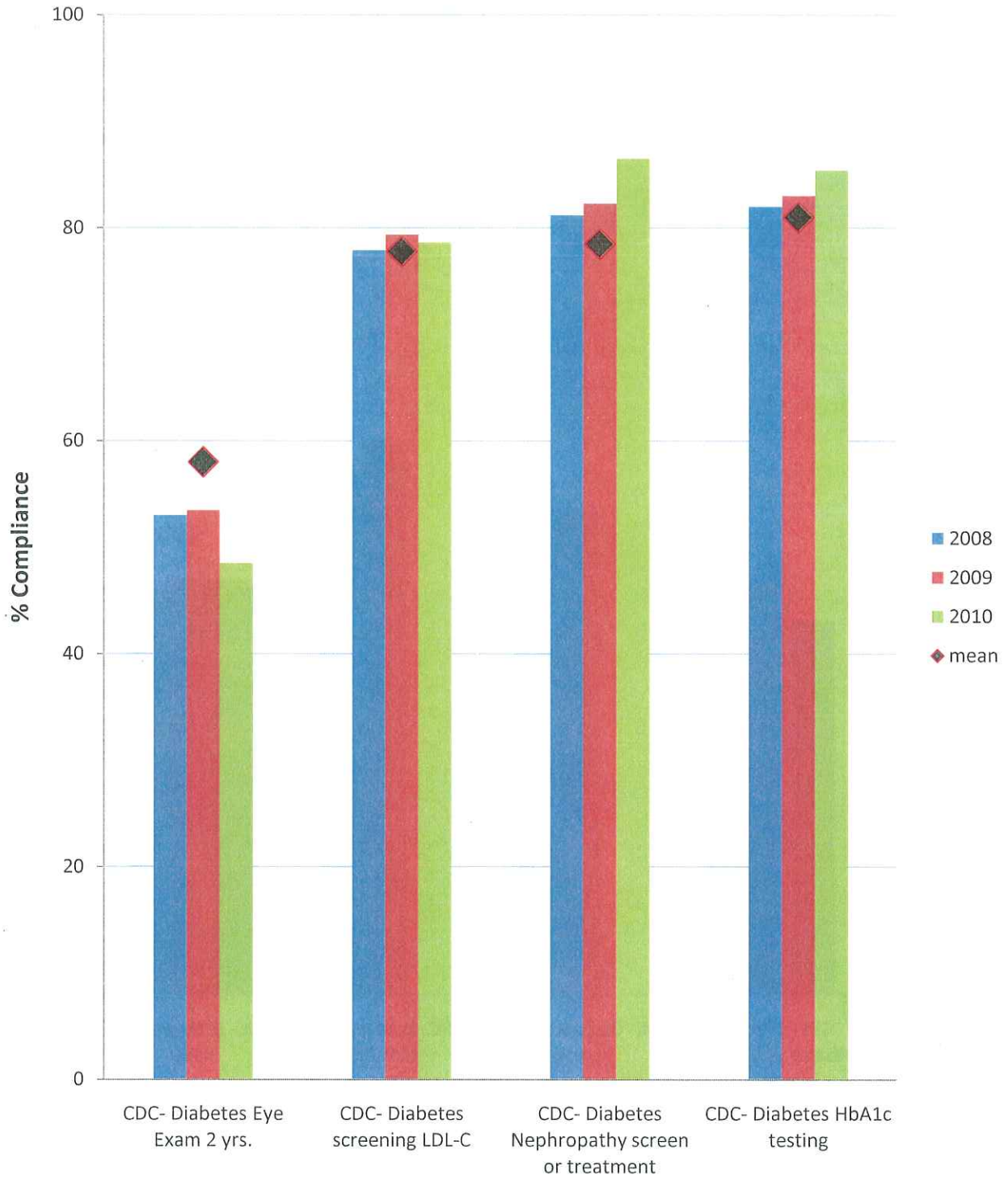
This set of eight measures is required by the Department of Healthcare Services. They measure process and outcome related to the care of patients with type 1 and type 2 diabetes, continually enrolled for the measurement year and in some cases two years.

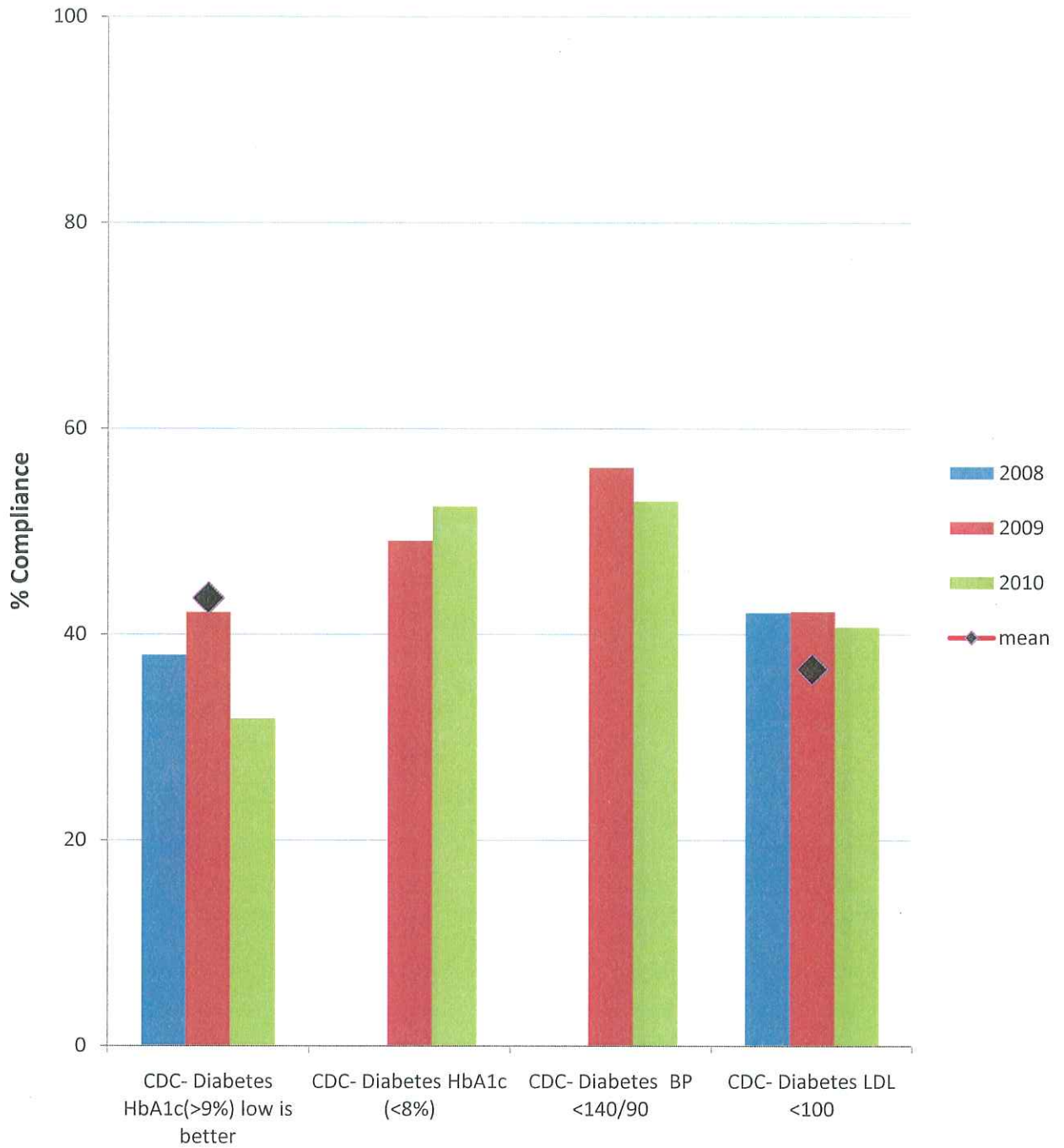
Retinal Eye Exam- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year or a negative retinal exam performed in the year prior to the measurement year.

HbA1c Testing- One or more HbA1c tests performed during the measurement year with a result documented in the medical record.

LDL Testing- An LDL-C test performed during the measurement year with the result documented in the medical record.

Nephropathy screening- Screening for nephropathy or evidence of nephropathy or nephropathy treatment in the medical record. This measure requires annual screening regardless of past results.

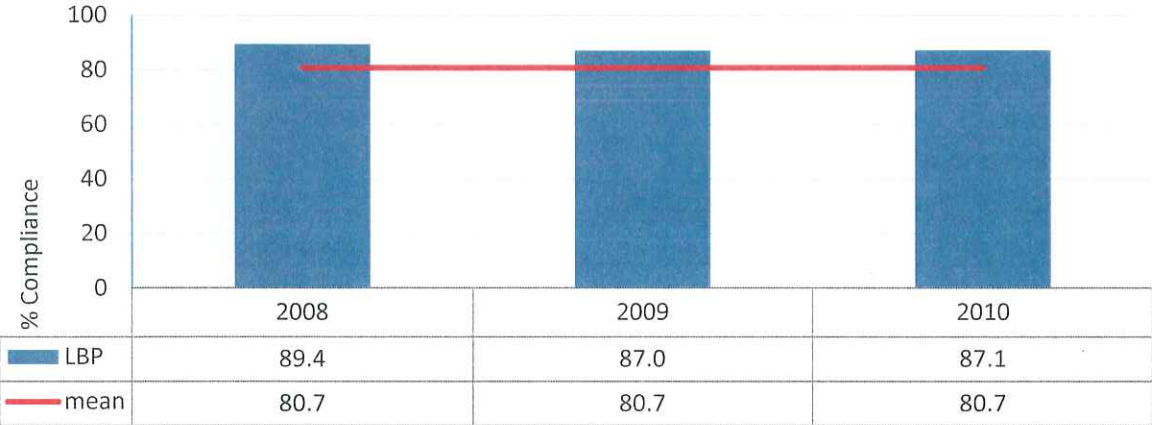




No benchmark available for HbA1c<8%and BP <140/80, as they are new measures.
HbA1c <8% and BP < 140/90 were not reported in 2008.

Lower Back Pain (LBP)

The percentage of adult members 18-50 years, with no gaps in enrollment, who had an outpatient encounter with a primary diagnosis of lower back pain who did not have an imaging study within 28 days of the diagnosis.



CCHP Change and Comparison to Blue Cross

CCHP Medicaid	2009 CCHP	2010 CCHP	2010 Blue Cross
BMI %ile calculated for children		18.49%	33.80%
Nutrition counseling given for children		49.15%	36.70%
Physical activity counseling for children		38.44%	29.20%
*Yearly well child visit 3-6 yr.	77.37%	74.70%	37.00%
*Yearly adolescent well visits	47.45%	38.69%	21.20%
*Combo 3 immunizations	82.48%	77.13%	48.90%
No antibiotics for Acute Upper Resp. children	93.64%	92.76%	91.20%
*First trimester prenatal	83.45%	84.67%	66.10%
Postpartum visit 26-51 days	68.13%	68.13%	28.80%
No imaging for lower back pain	87.02%	87.14%	82.40%
Breast cancer screening	43.68%	56.19%	42.90%
*Cervical cancer screening	67.88%	69.34%	55.00%
Diabetes Eye Exam 2 yrs.	53.47%	48.54%	23.10%
Diabetes screening LDL-C	79.38%	78.65%	63.90%
Diabetes LDL <100	42.20%	40.69%	19.40%
*Diabetes HbA1c testing	83.03%	85.40%	66.70%
Diabetes HbA1c(>9%)	42.15%	31.75%	34.30%
Diabetes HbA1c (<8%)	49.09%	52.55%	25.90%
Diabetes Nephropathy screen or treatment	82.30%	86.50%	63.00%
Diabetes BP <140/90	56.20%	53.10%	39.80%
Avoidance of antibiotics in adults with acute bronchitis	32.50%	31.87%	42.90%

* indicates default assignment measure

Comparison of Care Networks

At the end of 2009, 71% of our membership was enrolled in the CCRMC system, 19% was served by the Community Provider Network, and 10% was with Kaiser.

CCHP Medi-Cal Population	2010 CCHP FINAL	2010 CCRMC Final	2010 CPN Final	2010 Kaiser final	2010 MPL ¹
BMI %ile calculated for children	18.49% ²	11.62% ²	20.74% ²	57.14%	
Nutrition counseling given for children	49.15%	52.70%	40.00%	60.00%	
Physical activity counseling for children	38.44%	39.42%	32.59%	54.29%	
Yearly well child visit 3-6 yr.	74.70%	76.61%	75.83%	60.47% ²	64.00%
Yearly adolescent well visits	38.69%	36.40%	37.86%	46.25%	37.90%
Combo 3 immunizations	77.13% ²	86.72%	52.1% ²	78.43%	62.40%
No antibiotics for Acute Upper Resp. children	92.76%	94.98%	88.01%	97.70%	81.10%
First trimester prenatal	84.67%	86.89%	80.28%	80.56%	78.50%
Postpartum visit 26-51 days	68.13%	71.91%	61.97%	59.72% ²	57.90%
No imaging for lower back pain	87.14%	86.71%	87.04%	91.67%	72.70%
Breast cancer screening	56.19%	52.24%	47.06%	76.07%	45.00%
Cervical cancer screening	69.34%	67.19%	61.64%	82.35%	60.90%
Diabetes Eye Exam 2 yrs.	48.54%	56.01%	46.46%	26.85% ²	44.40%
Diabetes screening LDL-C	78.65%	77.42%	74.75%	86.11%	71.50%
Diabetes LDL <100	40.69%	39.30%	26.26%	58.33%	27.20%
Diabetes HbA1c testing	85.40%	84.75%	84.85%	87.96%	76.50%
Diabetes HbA1c(>9%) (lower is better)	31.75%	25.51%	71.72% ²	14.81%	>50.6%
Diabetes HbA1c (<8%)	52.55%	52.20%	44.44%	60.19%	37.50%
Diabetes Nephropathy screen or treatment	86.50%	85.92%	85.86%	88.89%	73.40%
Diabetes BP <140/90	53.10%	49.56%	58.59%	58.33%	
Avoidance of antibiotics in adults with acute bronchitis	31.87%	32.32%	30.67%	37.50%	20.20%

¹ Minimum Performance Level=prior year's 25th %ile, below which an improvement plan is required

² Data problems make this figure unreliable

Thank you for having the best hypertension control for diabetics!

Note that the apparent deficit in immunization and poor control of HbA1c are purely data problems, not practice issues, and have been fixed for 2011.

Where we need help

Cervical Cancer Screening

Every three years

Breast Cancer Screening

Every two years, women 41-69. This measure is by administrative data only.

Avoidance of Antibiotics in Adults with Acute Bronchitis

This measure is by administrative data only.

If you are prescribing antibiotics

- Please consider whether another diagnosis would be more appropriate than bronchitis
- If there are comorbid conditions that would exclude the patient from this measure, please be sure to document them (e.g. chronic bronchitis, emphysema, chronic obstructive asthma)
- If there are “competing diagnoses” that would remove the patient from this measure, please be sure to document them (e.g. acute sinusitis, acute pharyngitis, pneumonia)

Appropriate Testing for Children with Pharyngitis

(Healthy Families measure, not Medi-Cal)

If antibiotics are prescribed, requires Strep A test. Any throat swab billed will suffice, including rapid Strep test. This measure is by administrative data only.

Adolescent and 3rd-6th Year Well Care Visits

Every year

CPT codes 99382-99385, 99392-99395

Retinal exams for diabetes patients

- By an eye care professional
- Every year
 - Or negative retinal exam in prior year

Timely Prenatal and Postpartum Care

Weight Assessment and Counseling, Ages 2-17

- BMI *percentile* documented or plotted on age-growth chart
- Counseling for nutrition
- Counseling on physical activity
- Can use the forms with boxes to check

Free

Flu Vaccinations in Contra Costa County

(Vaccine is available in both nasal and shot form)

Public Health Walk-up Clinics
1–7 p.m.
Wednesday,
November 10, 2010



Everyone 6 months and older is urged to get vaccinated

(unless you are allergic to eggs)

- **Only one vaccine** is needed this year which includes protection against H1N1 and other flu viruses.
- **Children under 9 years of age** may need a second dose of flu vaccine one month later.
- **Free Tdap and pneumococcal vaccines** are also available for those who are eligible.

Richmond—Richmond Auditorium
El Sobrante—Masonic Hall
Concord—Concord Centre
Martinez—County Building
Lafayette—Old Library
Danville—Church of Jesus Christ of Latter-day Saints
Pittsburg—Elks Lodge
Antioch—Antioch Covenant Church
Brentwood—Old River Elementary School

403 Civic Center Plaza
5050 El Portal Drive
5298 Clayton Road
30 Muir Road
952 Moraga Road
655 Old Orchard Drive
200 Marina Blvd.
1919 Buchanan Road
30 Learning Lane

For more information, visit the Contra Costa Health Services website: www.cchealth.org or call 1-888-959-9911. Follow us on  Twitter, <http://twitter.com/cocohealth/> and  Facebook, <http://www.facebook.com/ContraCostaHealthServices>





Flu Vaccination

This year, there is one flu vaccine available which protects against 3 flu viruses including H1N1. Everyone 6 months and older is recommended to get vaccinated. Children under 9 years of age will need 2 doses of flu vaccine, one month apart IF this is the first time that the child is receiving flu vaccine, or if the child did NOT receive any H1N1 vaccine.

Where to Get Vaccinated

Flu vaccine is beginning to be available throughout Contra Costa County. To get a flu vaccine:

Check with your regular health care provider

- Kaiser members can call the Kaiser Flu Hotline: 1-800-573-5811 (1-800-KP-FLU-11).
- Community clinics are also offering flu vaccine - call the clinic for details.

Flu vaccines for Contra Costa Health Center patients (must bring cranberry colored card)

- **Walk-in Flu Clinics will be held from October 18 - October 22, 2010**
Tdap (whooping cough) and pneumococcal vaccine will also be available to those who are eligible.
 - Antioch Health Center: Monday-Friday 12-1 p.m., Health Center Hallway
 - Pittsburg Health Center: Monday-Friday 1:30-4:30 p.m., Health Center Lobby
 - Concord Health Center: Monday-Friday 12-1 p.m., Health Center Lobby
 - Martinez Health Center: Monday-Friday 9 a.m.-12 p.m., Health Center Lobby (2nd floor)
 - Richmond Health Center: Monday-Friday 9 a.m.-12 p.m., 1st Floor Conf Room 1603A
 - For Bay Point, Brentwood and North Richmond Health Centers - Appointment Required, call 1-800-495-8885
- **Scheduled flu clinic appointments will be available October 25 - December 3, 2010 (As supplies last)**
Call 1-800-495-8885 to schedule an appointment.

Get vaccinated at another location

- Pharmacies and grocery stores have flu vaccine available (check store for details)
- flucliniclocator.org (check clinic for details)
- Free Public Health Clinics - Wednesday, November 10th from 1pm-7pm at locations throughout the county. Tdap and pneumococcal vaccine will also be offered at these clinics. See [locations](#) (PDF).

Information about flu vaccines - Vaccine Information Statements:

DIRECTOR'S REPORT

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- 5 Honor Roll (cont.)
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 - Mental Health Prepares for Emergencies
- 8 RHD: New Data Collection System Supports Inclusive Care
 - East County Project Homeless Connect Helps Hundreds

Five Minutes vs. Five Days

If current research is to be believed, almost half of you probably wouldn't want to be a guest at my house this Thanksgiving because I require every member of my family who shows up for turkey to have gotten a flu vaccine (they are all members of the Contra Costa Health Plan). And I've been doing it for years.

Before you skip the rest of this message—because you either think I'm overzealous or the topic doesn't interest you because you don't ever get the flu, you think the vaccine is unsafe or that it will make you sick or you aren't sure which information you hear is correct—I'd like to ask you to read all the way through this message and then decide. Who is the "you" I'm talking to? First and foremost, it's anyone who has contact with our patients, the community, newborns, small children, older people, pregnant women, people with compromised immune systems—I could go on. Get the point?



William B. Walker, MD
CCHS Director

What the experts say

Let me try a few facts first. The Centers for Disease Control and Prevention (CDC) report that approximately 5% to 20% of U.S. residents get the flu, and more than 200,000 people are hospitalized for flu-related complications each year. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths range from a low of about 3,000 to a high of about 49,000 people annually.

The American Academy of Pediatrics last month issued a policy statement emphasizing the need for hospitals to create and enforce mandatory flu vaccination programs for all health workers—except those exempt for medical or religious reasons—to prevent the spread of the virus to patients. They said that even hospital cafeteria and laundry workers should be vaccinated because they could indirectly pass the virus on to patients.

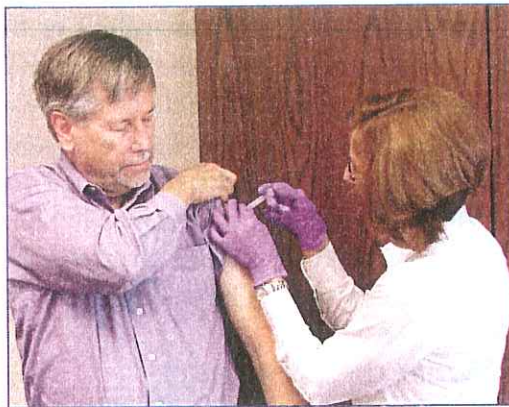
A similar policy statement was recently released by the Society for Healthcare Epidemiology of America, indicating that flu vaccination should be a condition of employment, except for those with medical exemptions. Just 40% of American health workers receive a yearly flu shot, even though an 80% rate would offer the best protection in health facilities.

Although so far, we've just restricted our approach to imploring everyone to get vaccine, mandating this kind of protection seems no different to me than requiring TB tests and pre-employment physicals.

Are we there yet?

Although the CDC doesn't mandate flu vaccinations, they do recommend that all health care workers get vaccinated. And the 2010 goal of the U.S. Department of Health and Human Services is to hit at least 60%. This seems like a pretty measly number if you think about the fact that health workers have a mission to care for and protect the well being of residents—to say nothing of their families, friends and neighbors. In fact, a new report from Consumers Union says that only 52.4% of health care workers in California hospitals received a vaccine last year. California does require hospitals to offer free flu vaccines to their workers and to report their vaccination rates and flu shot refusal rates.

Our own numbers are consistent with the state rate, which puzzles me. Doesn't it seem at the least odd and at the most unprofessional that when we know we could stop the spread of disease by getting vaccinated, we don't? Especially when we know you can't get the flu from the vaccine and the vaccine is safe?



Dr. Walker gets a flu shot.

Why do it?

As a physician and the Health Officer for a county of more than 1 million people, I can think of some compelling reasons why we should all get vaccinated. First, my patients ask me every year if I'd had my flu shot. What kind of a hypocrite would I be to prescribe something for them that I wasn't willing to do myself? The fact that getting vaccinated is the most efficient way to keep the general population from getting sick and is a way to protect the most vulnerable are also good reasons—at least I think so.

Our unique approach

Several months ago, led by our Public Health Division and Health Emergency Manager Kim Cox, we launched an effort in partnership with community organizations to raise community awareness about the need to get immunized against the flu (see story on Page 3). You'll soon be seeing and hearing the messages that were developed, with funding from the

CDC. "Five Minutes vs. Five Days," makes the point that it's a lot easier to take a short break to get a flu shot—or nasal spray—than to be sick for five days. Our Community Education and Information Unit and community partners have created public services announcements, videos targeting specific populations posted on YouTube, written material, a podcast by me online and my special favorite: a song by our Dr. Alan Siegal and his band (which is available on our website). The bottom line of all this is to get almost everyone (except children under 6 months old) to be vaccinated. And by the way, this year's vaccine addresses three flu strains, including H1N1.

The moral high ground

If none of this has compelled you to get your flu vaccine, I'd like to appeal to the commitment demonstrated by all of you who choose to work in public health systems. Maybe you don't think you'll get sick—and don't remember that you can transmit influenza even if you actually have no symptoms. Maybe you don't like shots (get the nasal spray) and don't want to be inconvenienced by going to a site that offers

the vaccine (check [ISITE](#), our website or, if you work at CCRMC or a Health Center, vaccine will be offered at your site). Maybe you have enough sick leave so you'd welcome a stretch in bed.

Instead, consider the patients you breathe near, the folks who ride BART with you, stand in the supermarket line, sit across from you at a meeting, attend classes you teach, appear at the front desk of your office. They might not be as lucky or as healthy or as well off financially as you are. Is it really fair to them? Why not do it if you can help prevent the spread of a disease that is unpredictable and could be severe?

I welcome comments on this and all my monthly messages, email me at william.walker@hsd.cccounty.us

Sincerely,

William B. Walker, MD

Grants Fund Flu Immunization Outreach to Vulnerable Groups

As part of efforts to encourage flu vaccinations, our Public Health Division awarded 32 grants totaling more than \$750,000 in Centers for Communicable Disease and Prevention funds several months ago to community groups to promote and administer H1N1 vaccine among hard-to-reach, under-vaccinated, and medically fragile people in Contra Costa. We partnered with the Community Clinic Consortium, the Contra Costa Childcare Council and Brown Miller Communications to produce print materials to encourage health care workers and child care providers to get vaccinated. These materials will soon be available in health care settings and on our website. Other partners included ARC and RYSE, the West County youth center, which produced videos about the flu featuring their respective populations. Emergency Services Manager Kim Cox said the grant effort was highly successful in building community partnerships for health emergency preparedness. Kim said it is important for all Health Services staff to get vaccinated against the flu, to protect ourselves and the vulnerable communities we serve.



Cover coughs and sneezes



Wash hands often

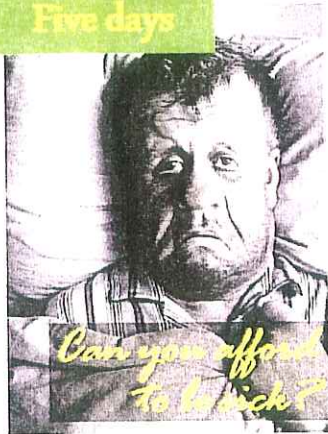


Get the H1N1/seasonal flu vaccine

www.cchealth.org
1-888-959-9917

To view materials produced by this campaign, visit www.cchealth.org/topics/flu/

Five minutes
versus
Five days



Protect Yourself from Influenza

It's time to get vaccinated against the flu. Everyone 6 months and older should get vaccinated. There's only one vaccine this year and it will protect you from H1N1 and two other flu viruses. Vaccine is available for employees at Vista Oaks Occupational Health (10 Douglas Drive, Martinez) at no cost to CCHP members and \$25 for everyone else. Kaiser members should call 1-800-573-5811. Our Health Centers will begin flu clinics in mid-October. On November 10, our Public Health Division will cease normal operations for one day to host mass flu vaccination clinics at nine locations throughout the county. Check www.cchealth.org for details.

Five minutes — vs — Five days

Congressmen Use Regional Medical Center to Announce New Consumer Protections

Congressmen George Miller and John Garamendi recently held a press conference at our Contra Costa Regional Medical Center to announce major health reform changes that began taking effect last month. The changes—dubbed the Patient's Bill of Rights—are a part of the Affordable Health Care Act and improve access to health insurance. Health Services Director Dr. William Walker, who opened the press conference, said our Medical Center and Health Centers are Ground Zero for the health insurance crisis in our county. He said the Affordable Health Care Act would make it easier for Americans to get and keep health insurance.



Dr. William Walker introduces Reps. George Miller and John Garamendi at an Affordable Health Care for America press conference on September 20.

To view materials produced by this campaign, visit www.cchealth.org/topics/flu/



Dear CCHP member:

October 12, 2010

For this year's flu season you will need only one flu vaccine. The flu vaccine will protect you against three flu viruses, one of which is the H1N1 flu virus.

Who should get the flu vaccines?

Everyone 6 months and older should get this year's flu vaccine.

Other vaccines recommended this year are:

- **Tdap vaccine** (tetanus, diphtheria, and pertussis-whooping cough) is recommended to those listed below.
- **Pneumococcal vaccine** is also important for certain adults listed below.

Vaccine:	People who need to get vaccinated
Flu	<ul style="list-style-type: none"> • Everyone 6 months and older
Tdap	<ul style="list-style-type: none"> • Children and teens 7 years and older who may need a booster • Adults who have not gotten a tetanus vaccine recently • Anyone who takes care of children under 6 months of age
Pneumococcal (Pneumonia)	<ul style="list-style-type: none"> • Adults over 65 years of age • Adults who smoke • Adults with a chronic health condition such as immunosuppression, heart, lung or kidney diseases, asthma, diabetes.

When should I get the flu vaccine?

It is best to get your flu vaccine in October or November before flu season starts.

Who should NOT get the flu vaccine?

- If you are allergic to eggs
- If you had a rare nerve disorder called Guillain-Barré Syndrome
- If you are ill and have a fever, wait until you get better

How do I get the vaccines?

- Vaccines will be available from your provider – please call to schedule a flu vaccine appointment.
- You may also get your flu shots by going to a free Public Health Flu Clinic, locations are listed on the back of this page.
- If you are a CCRMC employee, please watch for flyers with times and dates that you may receive vaccine at your work site.

Si habla Español por favor de hablar al 1-877-661-6230 (opción 2) para Servicios a Miembros de CCHP.

**Public Health Flu Clinics will be open to all Contra Costa Residents
Wednesday, November 10th from 1:00-7:00pm. Locations will be at:**

Richmond-Richmond Auditorium	403 Civic Center Plaza, Richmond 94804
El Sobrante-Masonic Hall	5050 El Portal Dr., El Sobrante 94803
Concord-Concord Centre	5298 Clayton Rd., Concord 94521
Martinez-County Building	30 Muir Rd., Martinez 94553
Lafayette-Old Library	952 Moraga R., Lafayette 94549
Danville-Church Of Jesus Christ of Latter Day Saints	655 Old Orchard Dr., Danville 94526
Pittsburg-Elks lodge	200 Marina Blvd., Pittsburg 94565
Antioch-Antioch Covenant Church	1919 Buchanan Rd., Antioch 94509
Brentwood-Old River Elementary School	30 Learning Lane, Brentwood 94513

If you have trouble making an appointment for your flu vaccine, please call
1-877-661-6230

(Option #2) for Member Services or

(Option #1) for Advice Nurse 24 hours a day 7 days a week

Flu information is available online at www.cchealth.org

James Tysell,MD, CCHP Medical Director



MARK B HORTON, MD, MSPH
Director

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



ARNOLD SCHWARZENEGGER
Governor

EARLY ALERT TO HEALTH CARE PROVIDERS
Assembly Bill 354 Becomes Law
2011 Pertussis (Whooping Cough) Immunization Requirements for Students
September 30, 2010

Whooping cough (pertussis) has been widespread, including nine infant deaths, in California during 2010. [The California Department of Public Health recommends that all Californians 10 years and older receive a booster shot against pertussis](#) (also known as “Tdap”¹). Moreover, [Assembly Bill 354](#), now chaptered into California law, [requires](#) students to be immunized against pertussis²:

For the 2011-12 school year only, all students entering 7th through 12th grades will need proof of a Tdap booster shot before starting school. This requirement:

- Begins July 1, 2011.
- Will be met by receiving one dose of Tdap vaccine on or after the 10th birthday.
- Applies to all public and private schools.
- Does not affect students enrolled in summer school.

Beginning July 1, 2012, and beyond, all students entering the 7th grade will need proof of a Tdap booster shot before starting school.

These requirements apply to millions of students in California: Please utilize every opportunity to provide a Tdap booster shot to adolescents and adults (10 years and older) who haven't yet received it. Give Tdap now to your unimmunized patients to protect them against the current threat and to meet the forthcoming school requirement. Schools may send communications about the Tdap requirement to the parents of your patients.

The California Immunization Registry (CAIR) is directly accessed by many schools to check student immunization records. We encourage you to join CAIR to help meet the new Tdap booster shot requirement ([click here](#) for CAIR contact information).

Updates on implementing this new law will be posted later in the 2010-2011 school year at www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx, which currently has general information about pertussis disease and immunization.

¹ “Tdap” = Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine.

² Exemptions permitted for verified medical conditions or personal beliefs.



2009 Pediatric Nutrition Surveillance System (PedNSS) Data

PedNSS is a child based public health surveillance system that provides national, state and county level prevalence reports produced by the Centers for Disease Control (CDC). The surveillance system primarily monitors nutritional status indicators such as underweight, overweight and obesity using Body Mass Index (BMI)-for-age percentile for children over 2 years of age.

In California, data is collected from individuals who participate in the Child Health and Disability Prevention (CHDP) Program.

To access the 2009 CA PedNSS report, visit: <http://www/dhcs.ca.gov/services/chdp/Pages/PedNSS2009.aspx>

CHILDHOOD OVERWEIGHT AND OBESITY IN CONTRA COSTA COUNTY

In 2009, **30.4%** of Contra Costa County children, ages 2 to under 5 years, who received CHDP health assessments were overweight or obese. The same year, more than **42.4%** of Contra Costa County children, ages 5 to under 20 years, receiving these screening exams were overweight or obese.

What's the difference between *overweight and obesity?*

Body Mass Index (BMI) is a reliable indicator of body fatness for most children and teens. Growth percentiles are used to evaluate the size and growth patterns in individual children. The percentile indicates the relative position of the child's BMI number among children of the same sex and age. Risk for associated health conditions rises as BMI-for-age percentile increases to the levels described as "overweight" and "obesity". Weight status categories and the corresponding categories for children and teens are shown in the following table:

Weight Category	Body Mass Index-for-age Percentile Range
Underweight	<5 th percentile
Healthy weight	5 th - 84 th percentiles
Overweight	85 th - 94 th percentiles
Obese	≥95 th percentile

Body Mass Index-for-Age Distribution of Children and Teens Receiving CHDP Health Screening Contra Costa County, 2009



What is CHDP?

The Contra Costa Public Health CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities for low income children and teens. Health assessments which are provided by certified community physicians and clinics consist of: a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, immunizations, health education and referral for any needed diagnosis and treatment.

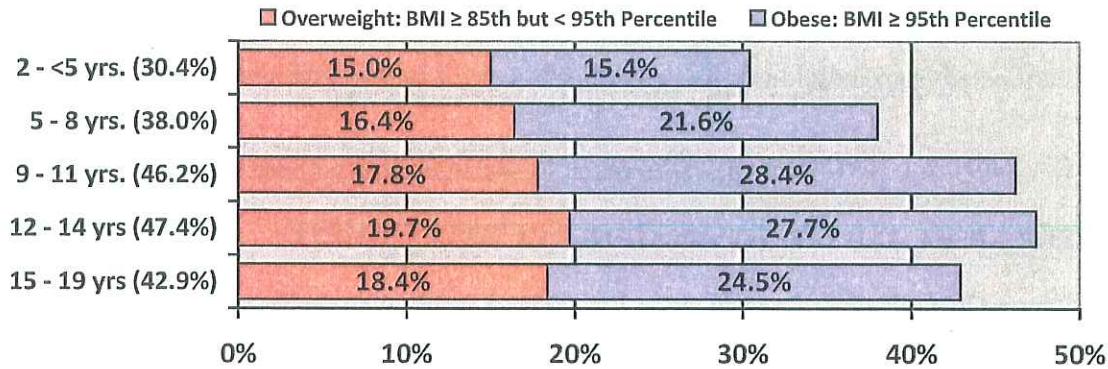


CONTRA COSTA COUNTY
Child Health & Disability Prevention (CHDP) Program



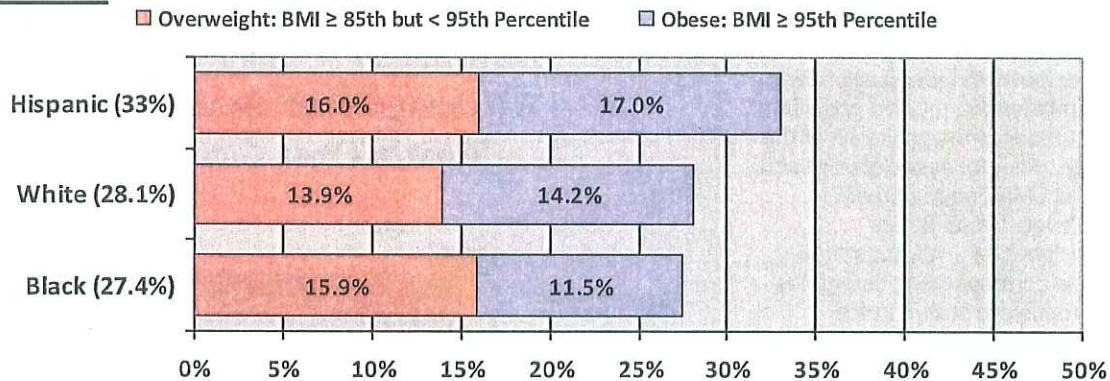
2009 Pediatric Nutrition Surveillance System (PedNSS) Data
Contra Costa County

Prevalence Rates by Age (Combined Overweight/Obesity)

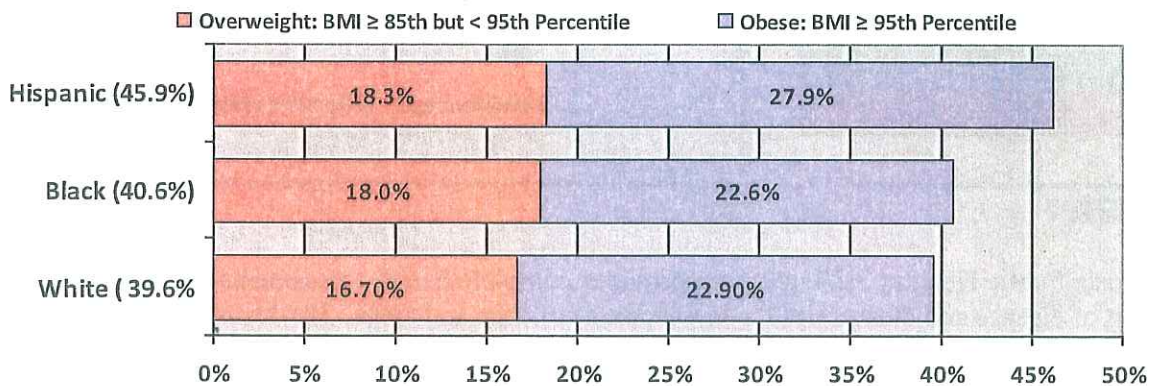


Prevalence Rates by Race and Ethnicity (Combined Overweight & Obesity)

2- < 5 yrs. Old



5 < 20 yrs. Old

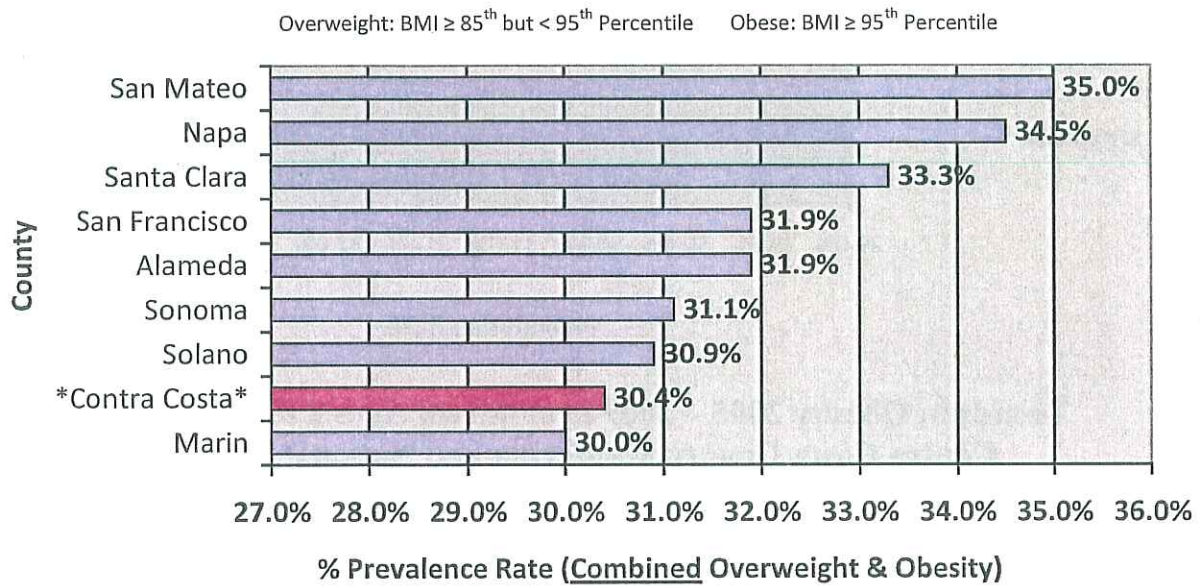


Numbers in () are Overweight and Obesity combined percentages

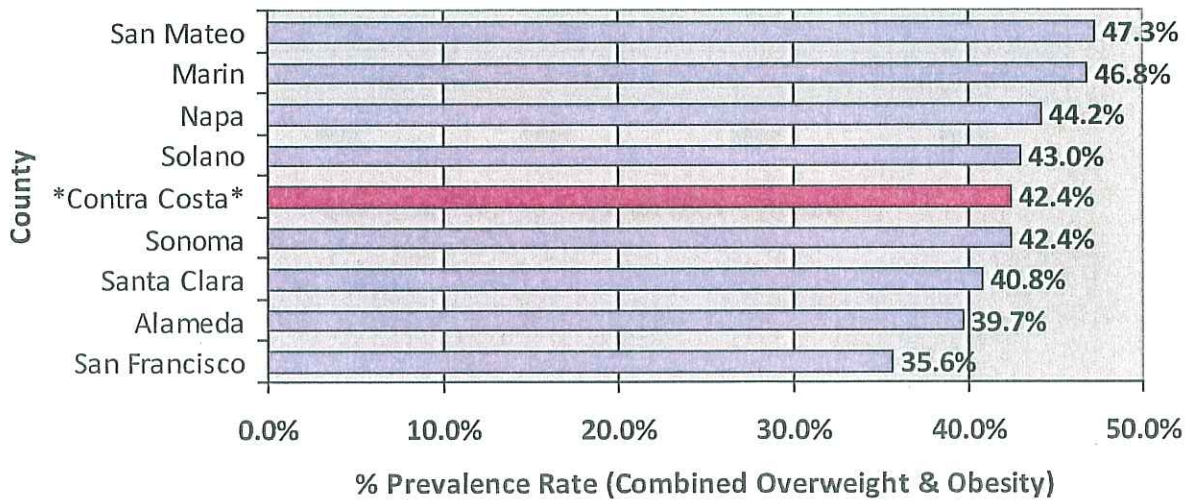


**Contra Costa County Childhood Overweight and Obesity
 Compared to Other Bay Area Counties**

A. 2 - 5 Years of Age



B. 5 - < 20 Years of Age

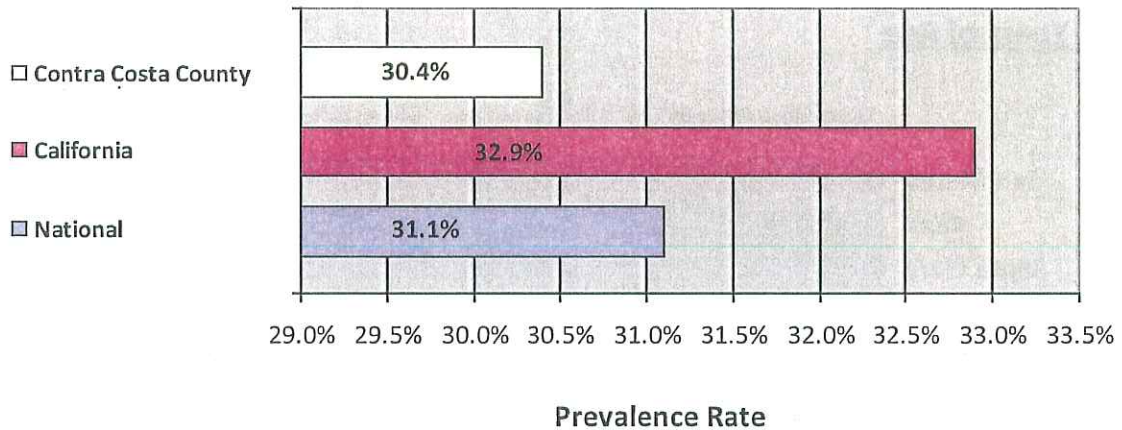




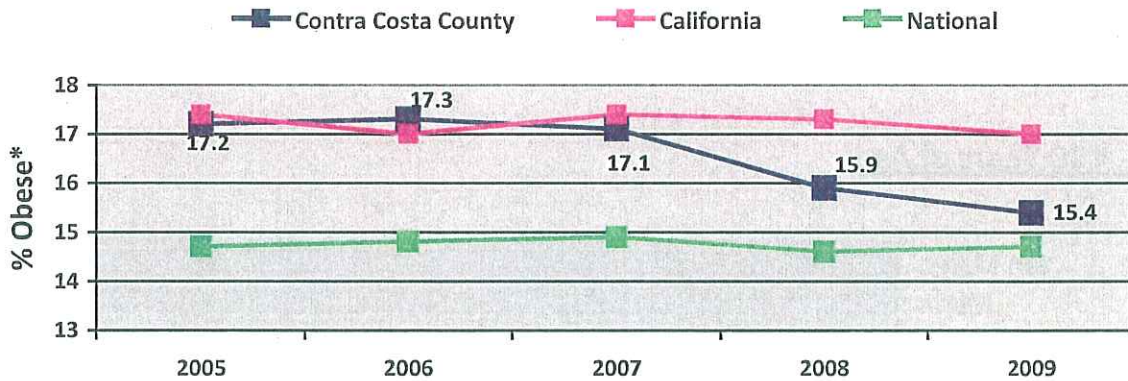
CONTRA COSTA COUNTY
Child Health & Disability Prevention (CHDP) Program



2009 Comparison of Combined Overweight/Obesity for Children Ages 2 to <5



Trends in Obesity 2005 – 2009 in children, Ages 2 to <5 years
Contra Costa County, California and National Data



* Obesity – BMI for age > or = 95th percentile

Online Tools for accurate BMI Percentile

1. <http://apps.nccd.cdc.gov/dnpabmi>
2. http://kidshealth.org/parent/growth/growth/bmi_charts.html

Set up computer desktop icons to make Body Mass Index (BMI) documentation easier on your staff.



Example of Kidshealth.org "BMI calculator"

- a. Select the patient's gender, birth month and year.
- b. Enter measurement month and year (visit date).
- c. Click on the "Calculate BMI" button; results will state the BMI % and will plot itself on a growth chart, as seen in the example below.
- d. You can print results for patient's chart and/or share with patients.

1. Enter patient's data here

US Standard (lb/in)
Metric (kg/cm)

Step 1:
 Gender: Male Female Birth Date: -- / -- , --

Step 2:
 (Options)

Date of Measurements	Height	Weight
-- / -- , --	-- cm	kg

Step 3:

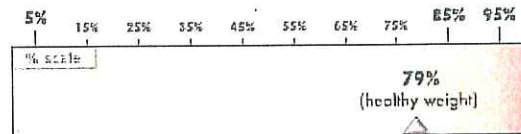
2. Example of Printed Results

Results

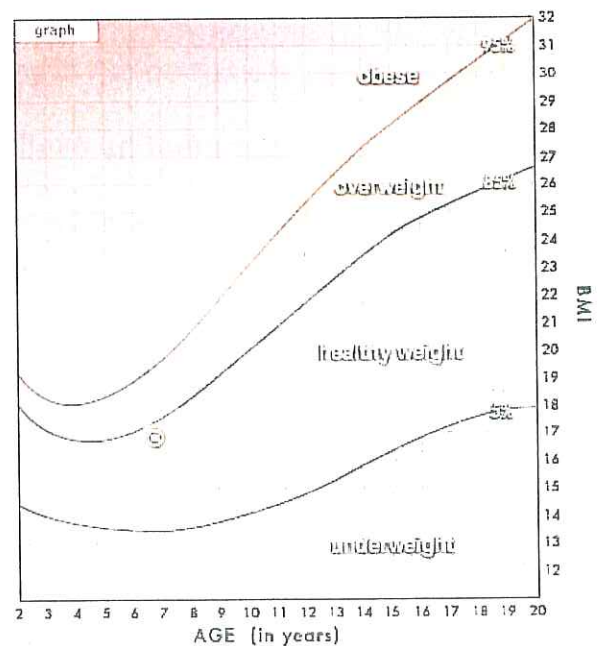
[print results](#)

Your . That puts you , which indicates you are . The healthy weight range for your height and age is .

For more information on BMI, [click here](#).



(Based on measurement recorded: 8 / 2010)



FREE Telephone Interpreter Services for CCHP Members 24/7



How we can help:

If you have CCHP patients who do not speak English you can call us to help you.

Interpreter services for CCHP members:

The criteria to utilize CCHP Telephone Interpreter Services is:

- Be a contracted CCHP provider
- Be requesting interpreter services for a CCHP member

After meeting these criteria, provider offices can **call 1-877-800-7423 Press 4**.
You will be connected to the Advise Nurse who will connect you to an interpreter.

We provide flyers you can post in your office which state: Point to your language! We will get you an interpreter. To print a copy, go to our website at:

http://cchealth.org/health_plan/provider_interpretation.php

Federal and State Guidelines:

- **By law, we must ensure that members of our health plans have access to interpreter services if they do not speak English.**
- **Interpreter services must be available on a 24-hour basis for medical encounters.**
- **If the medical staff or providers do not speak the member's language, the health plan and provider cannot require or suggest to a member to provide their own interpreters.**

You must inform the member of the right to free interpreter services. However, we discourage the use of family and friends. If they insist to bring their own interpreter, you must document it in the patient's chart. Do not allow children under 18 to interpret under any circumstance.