

## **Up-to-the-minute legislative and organizational events & issues**

### **REMINDER: CURES DUTY-TO-CONSULT TAKES EFFECT OCTOBER 2, 2018**

Effective October 2, 2018, physicians must consult California's prescription drug monitoring database (the Controlled Substance Utilization Review and Evaluation System, or CURES) – prior to prescribing Schedule II, III or IV controlled substances. All individuals practicing in California who possess both a state regulatory board license authorized to prescribe, dispense, furnish or order controlled substances and a Drug Enforcement Administration Controlled Substance Registration Certificate must be registered to use CURES.

Because of the critical importance of adequate technical support for physicians who will have to rely on CURES as a part of their prescribing workflow, the California Medical Association (CMA) negotiated into the final legislation a requirement that the mandate could not take effect until the California Department of Justice (DOJ) certified that the database was ready for statewide use and that the department had adequate staff to handle the related technical and administrative workload.

On April 2, 2018—two years after the law was enacted—DOJ finally certified that CURES was ready for statewide use. The certification began a six-month transition period, with the duty-to-consult taking full effect on October 2, 2018.

Under the new mandate, physicians must consult the database prior to prescribing controlled substances to a patient for the first time, and at least once every four months thereafter if that substance remains part of the patient's treatment. Physicians must consult CURES no earlier than 24 hours or the previous business day prior to the prescribing, ordering, administering or furnishing of a controlled substance to the patient.

Save the Date: CMA will be cohosting a live CURES webinar with DOJ on August

22, 2018. The webinar will be free to all interested parties. Register today at [cmadocs.org/events](http://cmadocs.org/events).

For More Information

CURES website: [oag.ca.gov/cures](http://oag.ca.gov/cures)

CURES FAQ: [oag.ca.gov/cures/faqs](http://oag.ca.gov/cures/faqs)

Medical Board CURES

webpage: [mbc.ca.gov/cures](http://mbc.ca.gov/cures)

CMA CURES

webpage: [cmadocs.org/cures](http://cmadocs.org/cures)

CMA Safe Prescribing

webpage: [cmadocs.org/safe-prescribing](http://cmadocs.org/safe-prescribing)

### **CONGRATULATIONS**

#### **Cristina Porch-Curren, MD**

Winner of \$100 Gift Card Drawing for completing online VCMA Membership Survey. Watch your emails for monthly surveys to enter to win & help VCMA know you better!

### **GEAR UP FOR NEW DIAGNOSIS: HUMAN TRAFFICKING**

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The woman arrived at the emergency department at Huntington Hospital on New York's Long Island after she was hit by her boyfriend during an argument. Her situation raised concerns among the medical staff, which had recently been trained to be on the lookout for signs of sex trafficking.

An undocumented immigrant from El Salvador, she worked at a local cantina frequented by immigrants. Her job was to get patrons drinks and to dance with them, but many workers in those jobs are expected to offer sex, too. Her boyfriend didn't want her to work there, and that led to the fight, one doctor recalled.

As part of the intake process, the emergency staff asked the 36-year-old woman a series of questions about whether she'd ever had sex for money, or whether she had to give someone else part of what she earns, among other things. The screening questions were part of a new program at Northwell Health, a 23-hospital system in the New York metro area that includes Huntington Hospital, to train staff and provide them with tools to identify and support victims of human trafficking.

There are few hard figures for how many people are harmed by human trafficking, the term used when individuals are forced to work or have sex for someone else's commercial benefit. Polaris, a Washington, D.C.-based nonprofit that advocates for these people and runs help lines for them, says calls and texts to its national hotlines have steadily ticked up in recent years, increasing the number of cases 13 percent to 8,759 between 2016 and 2017.

But health care providers frequently fail to recognize these patients' situation. According to a 2014 survey of about 100 survivors of sex trafficking, 88 percent said that while they were being trafficked they had contact with a health care provider, typically someone in an emergency department.

When trafficking victims come through the health care system but we don't identify them, it's a big missed opportunity," says Dr. Santhosh Paulus, a family physician who is the site director of the Huntington Hospital's family medicine residency program and who started the program at Northwell.

Northwell is one of a growing number of hospitals and health care systems that are putting such programs in place. They want to alert staff to be on the lookout for trafficking, much as they watch for signs of child abuse, domestic violence and elder abuse.

Training is given not only to doctors and nurses but also to registration and reception staff, social workers and

security guards. Restore NYC, an organization that assists people caught up in sex trafficking, provided the initial training to key staff, and a hospital task force trains the others. During the next few years, similar efforts will be rolled out at all of Northwell's 23 hospitals, Paulus says.

Identifying victims of trafficking is not unlike identifying victims of other forms of violence, says Dr. Wendy Macias-Konstantopoulos, director of the Human Trafficking Initiative at Massachusetts General Hospital in Boston.

One of the big red flags is when people delay coming in for medical care, such as waiting weeks to come in to get an injured ankle or sexually transmitted infection checked out, Macias-Konstantopoulos says. Or it may be a pattern of injuries that don't make sense. Sometimes people are reluctant to explain their injury, or they come in with someone who seems overbearing.

"Having a high index of suspicion is the first step," she says. "If we're not asking about it, we're just not going to see it.

Starting in October, health care providers can also start using new diagnosis codes in their records to differentiate trafficking from other types of abuse. This will help track the number of victims and provide appropriate treatment.

Asking may not be enough, however. Depending on what's going on in their lives, these patients may not be willing or ready to acknowledge that they need help, says Holly Gibbs, human trafficking response program director for Dignity Health.

Gibbs knows the issue well. She was forced briefly into prostitution in Atlantic City, N.J., after meeting a man at a shopping mall as a 14-year-old and running away with him. The man persuaded Gibbs to go with him with promises of a new, glamorous life as a musician or model.

At the time, Gibbs says, she thought that what happened to her was her own fault, a result of choices she made. No health care or law enforcement professional connected her to social services that could have helped her understand otherwise. She was reunited with her family by law enforcement personnel, who arrested the man, who was later convicted.

Dignity Health has implemented a human trafficking response program in the emergency departments and labor and delivery areas of each of its hospitals. Now it's rolling out the program at clinics and physicians' offices as well.

A key priority is to help clinicians know how to talk to patients about any violence they may be facing and to connect the patients with outside sources of help.

But in the end, if these patients don't want assistance, "you respect their wishes," Gibbs says. "They may not be ready to accept help now, but you may plant seeds so they'll be able to accept it later on."

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**"LIKE" VCMA ON FACEBOOK TO RECEIVE UP-TO-THE MINUTE EVENT HAPPENINGS!**

 **Ventura County Medical Association**

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### **HEALTH NET FEDERAL SERVICES EXPERIENCES SIGNIFICANT CHALLENGES WITH TRICARE TRANSITION**

On January 1, 2018, Health Net Federal Services (HNFS) became the new Defense Health Agency (DHA) managed care contractor for the TRICARE West Region, serving approximately 2.9 million beneficiaries in 21 western states, including California. HNFS took over the contract previously held by UnitedHealthcare Military and Veterans' Services (UMVS). The California Medical Association (CMA) has learned that HNFS has experienced implementation issues related to provider contracting and credentialing, beneficiary reassignment to new primary care managers (PCM), and provider directory inaccuracies.

The contracting and credentialing issues in California are reportedly related to problems with HNFS staffing turnover and include the following:

Completed provider contracts that were not entered into the HNFS system  
HNFS unable to locate countersigned provider contracts

Cases where the contracting or credentialing processes were never completed

HNFS shared in recent discussions with CMA that it has identified the providers impacted by the breakdowns and is actively working to expedite completion of the credentialing and contracting processes.

Additionally, CMA has learned that as part of the TRICARE transition, DHA allowed TRICARE Prime beneficiaries to receive care from PCMs previously in the UMVS network that were not yet in the HNFS network, without incurring out-of-network fees through June 30. The purpose was to allow HNFS additional time to contract with providers and develop its provider network.

When the transition ended, approximately 44,000 California enrollees assigned to 3,800 out-of-network PCMs were reassigned to network PCMs (which includes physicians, nurse practitioners and physician assistants). Although HNFS published information about the end of the transition period in its online provider bulletins, the payor did not directly notify the 3,800 PCMs that their TRICARE Prime patients were being reassigned.

HNFS is also experiencing significant provider directory accuracy issues. To address this issue, HNFS has partnered with its parent company, Centene, and LexisNexis to improve the accuracy of its provider directory and expects improvements over the next 30-120 days.

#### **What Can Physicians Do?**

Physicians with questions about their contracting and/or credentialing status with HNFS can check the HNFS credentialing status tool at [www.tricare-west.com](http://www.tricare-west.com). For additional information, contact Megan Herrera, Director of HNFS Provider Network Management, at (619) 285-3607 or [megan.herrera@hnfs.com](mailto:megan.herrera@hnfs.com).

Affected by patient reassignment? Physicians affected by the reassignment of patients to a HNFS network PCM who are interested in participating in the HNFS provider network can contact Megan Herrera with HNFS at (619) 285-3607

or [megan.herrera@hnfs.com](mailto:megan.herrera@hnfs.com). Once the contracting and credentialing process has been completed, HNFS reports that during July and August it will reassign the affected enrollees back to the original PCM. For more information on PCM reassignments, visit the HNFS Tricare West website.

Provider Directory: Practices are also encouraged to check HNFS' online provider directory to confirm participation status and demographic information. If demographic updates are needed, physicians can submit updates via HNFS' online tool. If the directory does not accurately reflect participation status, contact HNFS at (844) 866-9378.

For more information on the West Region transition issues, see the HNFS FAQ.

CMA is working with HNFS to ensure these issues are resolved quickly and adequately. Physicians with questions or concerns can contact HNFS directly at (844) 866-9378 or CMA's Center for Economic Services at (888) 401-5911.

### **MARK YOUR CALENDAR**

#### **General Membership Dinner Meeting "Candidates Forum"**

Hear panel of Assembly & Congressional candidates.

**Moderator: Janus Norman, CMA  
Senior VP of Government Relations**

**Wednesday October 17th**

6pm Meet & Greet Reception

7pm Dinner/Program

**Complimentary dinner for**

**ALL physicians**

Spanish Hills Country Club

999 Crestview Ave., Camarillo

[marycarr@venturamedical.org](mailto:marycarr@venturamedical.org)

### **FEDERAL OPIOID PACKAGE RECEIVES BIPARTISAN SUPPORT IN THE U.S. HOUSE**

On June 22, the U.S. House of Representatives passed HR 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. It includes more than 55 opioid-related bills intended to help

combat the nation's opioid crisis by advancing treatment and recovery initiatives, improving prevention, protecting our communities and bolstering our efforts to fight deadly illicit synthetic drugs. HR 6 also includes several Medicaid, Medicare and public health reforms to help combat the opioid crisis.

The California Medical Association (CMA) aggressively advocated for more funding for prevention, treatment and alternative therapies and worked alongside the American Medical Association (AMA) to avoid legislation that interferes with the practice of medicine, such as mandating dosage and duration limits. CMA also secured an amendment (HR 58010) that prevents federal preemption of state laws that mandate physicians consult state prescription drug monitoring programs prior to prescribing.

Unfortunately, HR 6 does include a mandate to e-prescribe controlled substances, despite opposition from CMA and AMA. Less than 25 percent of physicians currently e-prescribe controlled substances because of the antiquated DEA system. CMA and AMA will continue to urge Congress to require the DEA to update its program and reduce the costly burdens of e-prescribing controlled substances before mandating that physicians use it.

The House also passed HR 6082, the Overdose Prevention and Patient Safety Act, expanding the circumstances under which medical records relating to substance use disorders can be securely disclosed to health care providers.

The issue of opioid-related misuse, abuse and overdose remains a major policy issue at the federal, state and regional levels. CMA will continue to advocate to increase access and availability of medication-assisted treatment, opioid use disorder treatment programs, and non-opioid therapies, including mental health services and fight proposals that interfere with the practice of medicine and create barriers to care.

Demonstrated Opioid Success in California and Across the Nation

Like the nation as a whole, California is faced with a serious health care dilemma: how to prescribe controlled

substances safely and effectively to relieve pain, while simultaneously reducing the risk of prescription medication misuse, addiction and overdose.

- California has been leading the way in efforts to reduce prescription drug abuse and drug diversion.
- From 2013-2017, there has been a 22 percent decline in opioid prescriptions, which shows that physicians and other health professionals are increasingly judicious when prescribing opioids. California's rate declined by more than 24 percent, with an 8.6 percent drop 2016 to 2017.
- From 2013-2016, California had the second lowest per capita rate of filled opioid prescriptions, and that rate dropped even more in 2017 – California now has the lowest per capita opioid prescribing rate in the country.
- California has one of the lower overdose death rates in the country. Unlike other states, California has seen its prescription opioid overdose rate decrease over the last two years.
- Safe Prescribing Resources

CMA supports a well-balanced approach to opioid prescribing and treatment that considers the unique needs of individual patients. CMA's safe prescribing resource page includes the most current information and resources on prescribing controlled substances safely and effectively to relieve pain, while simultaneously reducing the risk of prescription medication misuse, addiction and overdose. There you will find:

- Resources on prescribing controlled substances safely and effectively to relieve pain, while simultaneously reducing the risk of prescription medication misuse, addiction and overdoses
- CMA's white papers on prescribing opioids
- Links to relevant documents in CMA's health law library
- Continuing medical education courses and webinars

## VCMA NOMINATIONS COMMITTEE TO MEET IN AUGUST TO DEVELOP FALL BALLOT

Interested in sharing your ideas? Serving on the VCMA Board (bi-monthly meetings), or representing your colleagues at the CMA House of Delegates (2 days/yr) is an opportunity to have input into today's and tomorrow's health care landscape

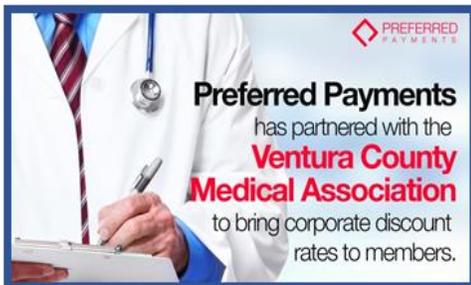


Submit your interest or inquiries to:

[marycarr@venturamedical.org](mailto:marycarr@venturamedical.org)

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(800) 842-3761

## Palliative Care Integration Within Your Practice

Wednesday, September 5, 2018 • 5:00 am - 8:00 pm • St. John's Hospital

Wednesday, September 5  
5-8pm

Complimentary CME  
Provided by St. John's Hospital

ALL Physicians invited

Email RSVP to: [info@VCCCC.org](mailto:info@VCCCC.org)

Or call VCMA 805.484.6822

Co-Sponsored by VCMA



Ventura County Coalition for  
Compassionate Care

## CLASSIFIEDS

Free listings for VCMA members. Submit ad info to: [julie@venturamedical.org](mailto:julie@venturamedical.org)

### PRACTICE OPPORTUNITIES

**Simi Valley-** Urgent Care opening, Fill-in MD, DO or PA needed ASAP.

Outpatient Urgent Care Facility. There is an opening as well to assist with coverage on an ongoing basis. The clinic is open Mon-Friday 8am-8pm and Sat/Sun 9am-5pm. There are two additional Urgent Care locations; Thousand Oaks and Newbury Park, CA.

No call schedule is required. Provider will see approximately 20-35 patients per shift. This would include standard urgent care procedures (suturing), Occupational Medicine and primary care as well. We have x-ray on site. The Simi Valley location has a high volume of Occupational Medicine. This Center is looking for a Fill-in MD, DO or PA as soon as possible. [www.medcentersimi.com](http://www.medcentersimi.com)

Please contact Denice @ 805-583-5555 ex 26 or email [admin@medcenterofsimivalley.com](mailto:admin@medcenterofsimivalley.com)

**Thousand Oaks area** - seeking candidates from either academic or private practice backgrounds to consider.

- Part-time or full-time; Flexible schedule
- 100% Outpatient, Privately owned
- New 6,300 square foot office facility
- Traditional Family Medicine with an Integrative Medicine approach
- Competitive financial package
- Well established in the area and poised for high growth
  - Opportunity to concentrate on women's health issues both young adults to adults
- Opportunity to become vested in the profitability of the practice

[drwilkes@summithealth360.com](mailto:drwilkes@summithealth360.com) Please reply with your specialty and location of interest, and the best number to reach you along with a few dates and times you are available to speak.

**Ventura** - Full Time MD or DO needed for M-F 8:00 AM to 5:00 pm at WVMC. WVMC is a designated Federally Qualified Health Center (FQHC), affiliated with the Ventura County Medical Center (VCMC). If interested please contact Kristina Navarro @ 805-641-5611 or [Kristina.navarro@ventura.org](mailto:Kristina.navarro@ventura.org)

## OFFICE SPACE AVAILABLE

**Oxnard**—Ground level in professional building. Reception area, 4 exam rooms with exam tables, 1 large private office, 1 in-suite restroom and break area. New floor coverings, new furniture, computers, internet equipped and fresh paint. 1,516 sq ft, daily Sublease (1 or 2 days per week per month), \$950.00/mo. (one day per week). Contact Herb Welch at (805) 682-7801, ext. 127

**Thousand Oaks** - 2400 SF plush (spa-looking) office with large procedure room, 3-bed recovery area, and 4 exam rooms. Available for lease/sublease (part or all of the available square footage) from the original owner. For more info please contact (805) 244-6844.

**Ventura** — Approx. 600 sq ft., first floor - includes 3 offices, exam room with sink, and bathroom. Across from CMH on Brent. \$1,550 per month including utilities and designated parking. Security deposit \$2,050. Credit check required. One year lease. Please contact Amy Young at Tracey Lamprecht Management at 310-383-5257.

**Thousand Oaks** - 1200 SF medical office space available immediately for sublease. Located on the campus of TOSH. Reception area and two exam rooms. Also kitchen and physician office spaces. Call 805/379-3368 for more information and appointment to see.

**Medical Office for Sublet in Westlake Village** -Beautiful medical office to sublet in Westlake Village. Available up to four days a week. Convenient two blocks from 101 freeway. If interested please call (818) 438-5997 or email: [bresbii@gmail.com](mailto:bresbii@gmail.com)

Have you checked out the new CMA website?

Go to [www.cmadoocs.org](http://www.cmadoocs.org) and take a look.

**Did you know? 60% of our members participate in 30% of our member benefits.** Invite Julie, VCMA Member Benefits Manager, to come to your office for a 20 minute review of benefits with you and/or your Practice Manager. Find out what savings you might be missing...  
[Julie@venturamedical.org](mailto:Julie@venturamedical.org)  
805-484-6822