

Welcome to the **June 2018** issue of *OCMA Connect*, our monthly publication focusing on issues specific to Orange County physicians. We hope you enjoy our newsletter and we welcome your input. Please send your comments, ideas or questions to Holly Appelbaum at happelbaum@ocma.org.



ORANGE COUNTY
medical association

2018 Leadership Installation & Presidential Inauguration

Incoming President
Paul Yost, MD



Presented By:  **MERCER**

REGISTER NOW!

Saturday, July 21, 2018 | 6:00 pm | The Center Club, Costa Mesa

Message from OCMA Executive Director, Jim Peterson



As we approach the end of Fiscal Year 2017-18, I want to take a moment to say **thank you to current OCMA President, William Thompson, IV, MD**, for his support and leadership this year. Several major accomplishments were realized during his tenure, including moving to our new facility at 5000 Campus Drive in Newport Beach. **Dr. Thompson, as many of you know, has the unique attribute of serving as OCMA President as did his father back in the late 1970s.**

I also want to take a moment to **thank Darla Holland, MD, George Garcia, MD, and Smita Tandon, MD**, for their years of service to organized medicine as OCMA board members. Although we will miss their involvement and leadership in that capacity, all three will continue to serve OCMA and CMA on several important fronts.

On July 21st, OCMA will officially welcome Paul Yost, MD, as the 130th OCMA President. Joining Dr. Yost on the executive committee, will be **Diana Ramos, MD, as President-elect, Jason Cord, MD, as Secretary/Treasurer, and William M. Thompson, IV, MD as Immediate Past President.** **New members to the board** will include **William Woo, MD, and Neha Savilia, MD.** Joining the board as the **resident representative** will be **Donald Desanto, II, MD,** and our **new medical student representatives** will be **Emily Frisch and Nima Khoshab.**

I want to wish everyone a safe and fun summer and look forward to seeing you at our **Installation of Officers Dinner on July 21st at the Center Club in Costa Mesa.**

2018-19 OCMA Executive Committee:



Paul B. Yost, MD
President



Diana E. Ramos, MD
President-Elect



Jason Cord, MD
Secretary/Treasurer



William E. Thompson, IV, MD
Immediate Past President



Important Information for Providers of CHDP Services to CalOptima Medi-Cal Members

The Department of Health Care Services (**DHCS**) **requires all Medi-Cal fee-for-service (FFS) providers** submitting claims for Child Health and Disability Prevention (**CHDP**) services **to bill in compliance with Health Insurance Portability and Accountability Act (HIPAA) using the CMS-1500 form, UB-04 form or electronic equivalent.** This requirement will apply to all providers rendering CHDP services to CalOptima Medi-Cal members. The financial responsibility for payment of CHDP services will change from CalOptima to the health networks.

What you need to know to prepare for the changes:

- * **Your health network(s) will be communicating with you** regarding provider contracting, claims processes, procedures, and testing (for electronic submissions).
- * **Reimbursement** arrangement **may vary by health network(s)**, as some health networks may include this in your capitation payment.
- * **Verify member eligibility** at the time of service to determine proper submission of the health network the claim.
- * **Submit claims** to the member's assigned health network using the CMS 1500 form for dates of service on or after July 1, 2018.

Please note: the **two-digit procedure codes previously used to bill CHDP services are discontinued** and replaced by the national Current Procedural Terminology (CPT) and/or Healthcare Common Procedure Coding System (HCPCS) procedure codes and modifiers that comply with HIPAA requirements.

For information regarding CHDP claim submissions for CalOptima Direct/Community Network, contact CalOptima Provider Relations at 714-246-8600.

Increase in Antibiotic-Resistant *Shigella* Infections in Orange County

By: Matt Zahn, M.D.
Medical Director
Epidemiology and Assessment
Orange County Health Care Agency



Orange County has seen an increase in reports of antimicrobial-resistant shigellosis infections in recent years.

Shigella species in Orange County have

shown resistance to ampicillin and trimethoprim/sulfamethoxazole for several years. *Shigella* clinical isolates that are resistant to ciprofloxacin have been identified in increasing rates in the County since 2016.

Medical providers should be mindful of potential antimicrobial resistance when treating

***Shigella* infection.**

Orange County's experience is in keeping with a nationwide trend: the Centers for Disease Control and Prevention (CDC) recently reported a nationwide increase in infections due to *Shigella* isolates that test within the susceptible range for the fluoroquinolone antibiotic ciprofloxacin (minimum inhibitory concentration [MIC] values of 0.12-1 µg/mL), but harbor one or more antibiotic resistance mechanisms. The clinical significance of these resistance mechanisms in organism that appear ciprofloxacin-susceptible is uncertain. CDC has not had treatment failures reported with these cases, but is still gathering information. CDC's Health Alert Network (HAN) Health Update which reviews the issue can be found at <https://emergency.cdc.gov/han/han00411.asp>.

Shigellosis is caused by a gram-negative bacillus with 4 serogroups: *S. dysenteriae* (group A), *S. flexneri* (group B), *S. boydii* (group C) and *S. sonnei* (group D). 19 cases of *S. sonnei* and 17 cases of *S. flexneri* have been reported in Orange County from January 1 through June 11, 2018; these two strains cause the vast majority of shigellosis infections seen in the United States. For both strains, about half of this year's cases have been identified in men who have sex with men (MSM). Illness has frequently been severe, with 45% of cases requiring hospitalization.

After an incubation period lasting 12 hours to a few days, *Shigella* causes intestinal infection, with diarrhea the most prominent symptom. Fever and crampy abdominal pain may precede the diarrhea, which is often initially watery before becoming bloody later. It is passed person-to-person fecal-orally and is very infectious. Antibiotic treatment can help symptoms improve more quickly and reduce the period of shedding. *Shigella* infections are more likely to require antibiotic treatment in certain populations such as MSM and patients who are homeless or immunocompromised.

This year in Orange County, 4 of 14 *S. sonnei* and 2 of 10 *S. flexneri* isolates tested have been found to be resistant to ciprofloxacin. In addition, an outbreak of *S. flexneri* serotype 7, a strain with an elevated ciprofloxacin MIC, was identified in Southern California beginning in 2016. Over 100 patients, predominantly MSM and many with concurrent HIV infection, have been identified as being part of this outbreak. Nine cases from this serotype 7 outbreak have been reported in Orange County residents.

Azithromycin is another standard oral treatment option for shigellosis. But it should be noted that clinical laboratories rarely test for azithromycin resistance in *Shigella* and laboratory standards for testing for azithromycin resistance are lacking. CDC has also identified an increasing number of national isolates with azithromycin MICs that exceed the epidemiological cutoff value by public health laboratory testing and is working to gather information on these cases as well.

Clinicians should consider stool bacterial culture testing for patients, particularly MSM's, who present with a combination of fever and diarrhea. Patients with

Shigella infection should be monitored to assure response to therapy and any possible treatment failures should be reported to the Orange County Health Care Agency. If treatment failure is suspected, clinicians should submit a stool specimen for antimicrobial susceptibility testing, and consider consulting an infectious disease specialist to identify appropriate treatment options.

Shigellosis is reportable to public health by California statute. Please call the Orange County Health Care Agency at **714-834-8180** to report a case or with any questions.

New and Noteworthy: Books by OCMA Members

Many OCMA members are physicians who write more than prescriptions. OCMA has dedicated this space to promote new releases by OCMA members.



If you are a member of OCMA who recently has released a book that you would like to announce here, please forward your name, the title of your book and website for the book to Holly Appelbaum at happelbaum@ocma.org.

OCMA Announces Three New Partnerships

OCMA is pleased to offer our members more services with our three NEW business partners: **Carr Healthcare Realty, MDitate, and Merrill Lynch**. After a careful vetting by the OCMA staff and Services Committee, we are so excited about these top tier partnerships! More information on **YOUR benefits** below!

MDitate

Located in Newport Beach, **MDitate** is the first commercial, secular meditation studio in Orange County. The studio has made meditation techniques accessible for anyone to conveniently recharge, rest, and find more balance in life. And the founder is a physician.

The studio offers 40 weekly classes within a beautiful space. In addition to guided meditation, Qi Gong (a form of Tai Chi), and yoga nidra (deep rest) classes, MDitate offers sound bath workshops and silent retreats. MDitate plans to feature distinguished guest speakers and continuing medical education conferences.

Benefit: OCMA members receive a 20% discount on monthly membership and class packages. Additionally, this benefit will be extended to their patients if they're referred directly by the OCMA physician.

Contact: Meghan Kemp, Chief Operating Officer, 949-396-6908, meghan@mditate.com

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