



From Grayling Yarbrough, Vice President, Population Health



Welcome to the first edition of the SQCN/SACO Newsletter, *Inside Population Health*. This monthly series will seek to inform and educate you on the latest in Population Health at Sentara Healthcare. We will focus on disease-specific topics which help you to meet your goal outcomes measures and aid in patient conversations related to these topics. Patients will be receiving a similar monthly newsletter that matches your provider one.

Additionally, we look forward to collaborating with participating providers, to highlight the great work that you are doing by spotlighting our most innovative practices. It is our hope at Sentara Healthcare that you find this monthly newsletter as an efficient and effective tool that connects you to the value that you, your practice, and your patients gain from your SQCN/SACO participation.

Thank you for your partnership in improving all the lives we serve!

2022 Value-Based Care Provider Distributions

Our 2022 revenue numbers are the best yet. Thank you for your continued hard work and network contributions.

\$4.9M	<ul style="list-style-type: none"> • SQCN Commercial Shared Savings Contract • Sentara Healthcare Members & Optima Fully Insured Members • 2020 and 2021 PY
\$1.8M	<ul style="list-style-type: none"> • Humana MA Quality Performance Contract • Additional funds received for 2019 and 2020 PY
\$200k	<ul style="list-style-type: none"> • Aetna Commercial Quality Performance Contract (Blue Ridge) • 2021 PY
\$7.1M	<ul style="list-style-type: none"> • SACO MSSP Shared Savings Contract • 2021 PY

You can download the most recent version of the scorecards below.

SQCN Quality Scorecards - December 2022

SACO Performance Scorecard - January 2023

SQCN February 2023 Primary Care Meetings*

- Adult PCPC meeting will be held on 2/16 at 7 a.m. Dr. Mark D. Niehaus, Adolescent Medicine, Internal Medicine, Pediatrics, Sentara Family Medicine, will present on hypertension. Meeting link [here](#).
- Pediatric PCPC will be held on 2/21 at 6 p.m. Dr. Eric Gyuricsko, Pediatric Endocrinologist, CHKD, will present on testing high risk children for type 2 diabetes. Meeting link [here](#).

SQCN February 2023 Practice Managers Meeting*

- The meeting will be held on 2/21 at 12:15 p.m. Meeting link [here](#).

SACO February 2023 Primary Care Leadership Meeting

- The monthly meeting will be held on 2/17 at 7 a.m. Discussion will include documentation opportunities, diabetes education, and a Health Emergency update.

*No preregistration is necessary, simply join the links above. Click on the button below to access the 2023 meeting schedule and information.

February is National Heart Month

Heart Month and High Blood Pressure

February is heart month—let's talk about hypertension. If your patient has hypertension that is uncontrolled, act quickly.

Partnering with the patient's family and friends can also help. Here are some questions you can ask your patients:

- How are your medications helping?
- What might make it easier to take them more regularly? Do you need financial assistance or a more convenient way to get your medication?
- What other resources might you need?
- What is your understanding of next steps?

Instruct the patient—as well as caregivers—on how to take an accurate reading at home and keep track of that information.

High Blood Pressure and Children

How do you better manage your pediatric patients with hypertension? There are several great treatment options:

- **Weight loss** can be the most important health factor (can mitigate other issues like type 2 diabetes)
- **Exercising more** can restore normal vascular signaling (walk, ride bike, basketball, gym)
- **Avoid sugar**/high fructose corn syrup and caffeine
- **Limiting sodium** also helps patients lose weight
- Ingesting **more potassium** through fruits & veggies

Medications can be considered if the patient would benefit. If the patient is already on medications based on a good start indication, keep them on if there are no obvious issues. You may also have a patient that is motivated to get off medications. This can be a helpful motivator for the other treatment options above.

How to Measure Blood Pressure Correctly

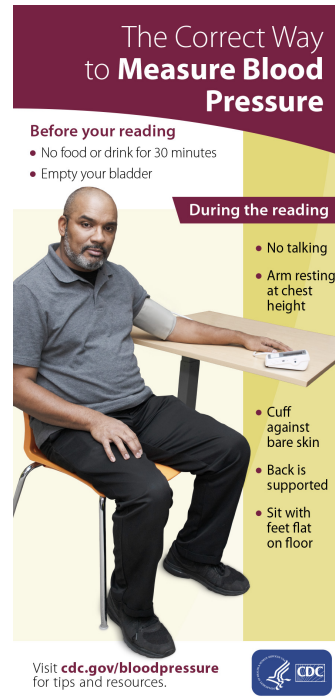
When caring for a patient with hypertension, make sure you are getting a true blood pressure reading.

The CDC graphic on the right calls out often overlooked factors that impact the accuracy of obtained blood pressures.

Follow these steps and teach your patients how to do the same when doing at-home readings. [Centers for Disease Control and Prevention. (2021).

High Blood

Pressure. [www.cdc.gov/bloodpressure.](https://www.cdc.gov/bloodpressure/)]



SQCN-Approved Hypertension Ambulatory Protocol

Pharmacy Highlights: Heart Medications

Heart disease cost the United States about \$229 billion each year from 2017 to 2018. This includes the cost of health care services, medicines, and lost productivity due to death. Specific to National Heart Health Month are the medications for hypertension and cardiovascular disease. There are several classes of medications that target these areas, however there are a few that confer additional benefits outside of lowering blood pressure and reducing elevated cholesterol.

The **Renin Angiotensin Aldosterone Blockers (ACE inhibitors and ARBs)** have an additional proven benefit in reducing progression of chronic kidney disease. Another noteworthy class is **HMG CoA-Reductase Inhibitors (Statins)**, which reduces LDL cholesterol and lowers cardiovascular disease risk. Both of these medications are well established within clinical guidelines and are recognized for the quality outcomes provided—reducing disease progression and/or risk.

Medication adherence is imperative to achieve these benefits. Using mail order pharmacy and 90-day prescriptions with refills are two strategies that may enhance this outcome. Together, we can continue to achieve excellent high quality health outcomes for our patients.

[Source: Centers for Disease Control and Prevention. (2022). *Heart Disease Facts*. www.cdc.gov/heartdisease/facts.htm.

Rosenson RS, Baker SK, Jacobson TA, et al. An assessment by the statin muscle safety task force: 2014 update. *J Clin Lipidol*. 2014;8:S58-S71.

Wiggins BS, Backes JM, Hilleman D. Statin-associated muscle symptoms—A review: Individualizing the approach to optimize care. *Pharmacotherapy*. 2022;42:428–438. doi:10.1002/phar.2681]

HCC Coding Tip: Hypertensive Heart Disease (RAF=0.331)

Benign essential hypertension holds no HCC value by itself. However, if hypertension exists in the setting of congestive heart failure (CHF) and a causal relationship is thought to be present, correctly coding the conditions can generate HCC value. Please note the following to get the most from your documentation:

- I11.0 Hypertensive heart disease with CHF (HCC)
 - From there, can specify type of CHF
 - AKA hypertensive cardiomyopathy

Hypertension also holds RAF value when associated with Type 2 diabetes mellitus and when it causes chronic kidney disease (CKD).

- I12.0 Hypertensive CKD with Stage 5 CKD or end stage renal disease (HCC)
- E11.59 Type 2 diabetes mellitus with other circulatory complications (HCC) or hypertension associated with diabetes (HCC)

Hypertensive heart disease (I11.X-I13.X) is a term applied to heart disease (such as CHF, myocarditis, or cardiomegaly) that are caused by direct or indirect effects of hypertension.

- Excludes CAD

Your Practice Resources: Diabetes Education

SQCN care managers and care coordinators can help your practice manage your patients with diabetes and maximize their outcomes. Here are some examples of the kind of help the team can give:

- Diabetes education and how daily events affect glucose control

- Treatment option education, including medications and glucose monitoring
- Benefits of, and eligibility for, continuous glucose monitoring (CGMs)
- Healthy eating and activity/exercise recommendations
- Reducing overall risk for complications

If you are interested in learning more or getting your practice started, please contact Julie Pierantoni, MSN, RN, CDCES, Certified Diabetes Care and Education Specialist at 434-532-9792 or japieran@sentara.com.

Program Update: EPIC Healthy Planet

Healthy Planet will become available to SQCN providers at the end of the Q1 2023. Healthy Planet is a set of Epic tools focused on Population Health Management and:

- Allows employed and independent practices to review and contribute clinical information to a patient's record.
- Provides quality dashboards and care gap lists.
- Gives providers access to aggregated patient data and risk segmentation tools.

Together, it helps prioritize patient-centered care.

Materials will be available on the SQCN SharePoint Collaboration Site. Training will roll out in waves in March through June. Look for an invitation coming soon.

Innovative Initiatives from Our Practices: Healthy Living Center at Primary Care Specialists in Norfolk



PRIMARY CARE SPECIALISTS



Primary Care Specialists in Norfolk takes patient education to new levels. Their [Healthy Living Center](#), which features a teaching kitchen and vegetable garden, was designed to help patients find information on specific and common medical and health issues, including heart health.

Accredited by the American Association of Diabetes Educators, the Healthy Living Center offers intense and comprehensive diabetes education and training courses to give their patients the tools and knowledge required to take control of their health and lives.

Questions About SQCN or SACO?

For Independent Practices, please contact the Population Health Team:

757-455-7330 | SQCN@sentara.com

757-455-7040 | SACO@sentara.com

For SASD and SMG practices, please contact your Director of Business Operations and Director of Medical Operations, respectively.
