



**From Dr. Rick Bikowski, Family Medicine, Geriatrics, Professor for Family Medicine at EVMS, Medical Director at SACO**



Welcome to the March SQCN/SACO newsletter, *Inside Population Health*. This month we are focusing on colorectal cancer, chronic kidney disease, and nutrition in conjunction with diabetes management. These are important topics affecting the health of our patients, and there have been recent significant changes to the quality measures related to colon cancer screening and early detection of kidney disease.

**Colon cancer is the second leading cause of cancer deaths, and the incidence in Hampton Roads is higher than average, particularly in Norfolk and Portsmouth.**

This makes early detection even more important. Recent screening guidelines have lowered the age to begin screening to 45, and the **quality measure looking at percent of patients screened now includes patients age 45-75 years of age**. We have several SQCN colonoscopy providers who perform safe, low cost, and patient centered office-based screenings. Please review Dr. Keith Berger's comments below.

Chronic kidney disease (CKD) frequently goes unrecognized, particularly in its early stages. We now have newer medications that can delay CKD progression if started early, so timely detection is essential. **The new SQCN quality measure Kidney Health Evaluation for Patients with Diabetes** measures the percent of our diabetic patients aged 18-85 assessed annually for early kidney disease with an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

These yearly tests, and our increased awareness of CKD risk factors, will help us to delay disease progression in our affected patients. Read other tips below. Thanks for all you do to keep our patients healthy.

## First Practice Audit of 2023

Be on the lookout for the 1st SQCN Practice Audit of 2023, coming your way mid-March. Maintaining accurate and up to date information on your practice is a membership requirement. It is also necessary to maintain good standing and keep your practice included in current and future Value Based Care contracts in which SQCN participates. **The audit needs to be returned within 30 days.** For questions or more information on the SQCN Practice Audit, call us 757-455-7330 or email [SQCN@sentara.com](mailto:SQCN@sentara.com).

## 2022 Quality and Performance Scorecards

Thank you for your continued hard work and network contributions. We are still updating the SQCN Quality Scorecard for the commercial lines of business and anticipate that the final report will be made available in April.

You can access the latest run of the SQCN scorecard and download the most recent version of the SACO scorecard below.

[SQCN Quality Scorecard - YTD 2022](#)

[SACO Performance Scorecard - 2022](#)

### SQCN March 2023 Primary Care Meetings\*

- The Adult PCPC meeting will be held on 3/14 from 6-7:30 p.m. Dr. Galicia-Castillo will present on Advanced Care Planning. Meeting link [here](#).
- The Pediatric PCPC will be held on 3/21 from 6-7:30 p.m. Dr. Kaitlin Ryan-Smith will present on neonatal birth injuries. Meeting link [here](#).

### SQCN March 2023 Practice Managers Meeting\*

- The meeting will be held on 3/22 from 12:15-1 p.m. Meeting link [here](#).

### SACO March 2023 Primary Care Leadership Meeting

- The monthly meeting will be held on 3/17 at 7 a.m. Discussion will include the 2022 year-end CMS web interface reporting update as well as Q4 2022 benchmark update and utilizations.

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

2023 SQCN Primary Care Engagement Bonus Meetings

## HCC Coding Tip: Kidney Disease and Renal Manifestations

Proper documentation is so important when it comes to patient care. Please see the information below to help you achieve quality measures as well.

Chronic kidney disease (CKD) is characterized by (GFR) < 60 for > 3 months, evidence of kidney damage such as albuminuria, or abnormal kidney structure detected by imaging. Code first any causal condition:

- Hypertensive CKD: (I12,I13; RAF= 0.284, 0.310)
- Diabetic Kidney Disease: (E11; RAF=0.307)
- CKD Stage 3: (N18.3; RAF=0.068)
- CKD Stage 4: (GFR 15-29) (N18.4; RAF=0.284)
- CKD Stage 5: (GFR < 15) (N18.5; RAF=0.284)
- ESRD: (GFR < 15, on dialysis) (N18.6; RAF=0.284)

Your practice can also add Dialysis Status (Z99.2; RAF=0.474) and Hyperparathyroidism of renal origin (N25.81; RAF=0.212).

## Innovative Initiatives from Our Practices

### How to Prevent Colon Cancer: Talking Points from Dr. Keith Berger of [Virginia Colonoscopy & Center for Health and Cancer Prevention](#) in Virginia Beach

As a gastroenterologist practicing for over four decades and having performed over 40,000 colonoscopies, I have certainly seen the “good, bad and the ugly” when it comes to colon cancer. During those 40+ years, there have been patients who, lucky for them, came on time for their screening procedure, and then there were the unfortunate ones who procrastinated a little too long and wound up with a much more serious outcome.

From my point of view there are several things to keep in mind when speaking to a patient about having a colonoscopy.

[>>Read More](#)

## **Obesity Interventions in Adults: [Sentara Comprehensive Weight Loss Solutions](#)**

January's Adult Primary Care Collaborative (PCPC) hosted Dr. Kristina Kratovil and Dr. Anjali Gresens from Sentara Comprehensive Weight Loss Solutions. They presented on both medical and surgical treatments for obesity and provided guidance on when and how to refer to their practice. **Pre-pandemic data shows that 3 out of 4 people in the U.S. were eligible for obesity interventions.** One tool to help is the Medical Obesity Treatment Program.

The Medical Obesity Treatment Program addresses:

- Medical issues and medications
- Patient-specific dietary advice
- Behavior modification
- Exercise therapy

Another tool is bariatric surgery. Patients of this program had an 89% reduction in 5-year mortality and 95% of patients reported an improved the quality of life. Consider a referral to Sentara Comprehensive Weight Loss solutions for patients who are overweight and obese.



## **Obesity Interventions in Children**



According to the Centers for Disease Control and Prevention (CDC), rates of childhood obesity have tripled since the 1980s. Pediatric obesity leads to complications and comorbidities during childhood and adolescence that persist into adulthood. Dr. Anjali Gresens gave a presentation in June with a few **factors to keep in mind when considering medical interventions for kids:**


1. Recognize that bariatric surgery is a safe and effective treatment for adolescent patients with obesity.
2. Early intervention correlates with better outcomes and a healthier adulthood.
3. Data does not support waiting until a specific age for bariatric surgery.
4. Seek high-quality multidisciplinary centers that are experienced treating adolescents.
5. Be an advocate for your patients and help to coordinate care.
6. Monitor patients post-operatively for high-risk behavior and mental health issues, as well as micronutrient deficiencies.

To refer your pediatric or adult patients to Sentara Comprehensive Weight Loss Solutions, contact the following locations: Norfolk at 757-252-9500 or Obici at 757-934-4646. Download the presentations by clicking on the images below.

### What to look for in a comprehensive program


- MBSAQIP accredited bariatric program
- Specially trained and highly skilled surgeons
- Bariatricians and Obesity Medicine
- Diversified procedural offerings
- Multi-disciplinary team
  - Behavioral Health
  - Registered Dietitians
  - Exercise Specialists




### What is the goal of obesity management?

The goal of weight loss therapy is to improve current health and decrease the risk of developing co-morbid diseases.



Sentara Comprehensive Weight Loss Solutions



Sentara Comprehensive Weight Loss Solutions

## Encouraging Exercise in Pediatric Patients: [CHKD's Healthy You for Life Weight Management Program](#)

This fall, Emily Valle, M.Ed., S.E.P., Exercise Specialist at CHKD's Healthy You for Life, discussed ways to empower and educate obese children and their parents on the importance of exercise. Suggestions include:

1. Meet the patients where they are.
2. Increase autonomy AND work together to develop goals.
3. Provide resources that fit needs and desired outcomes.
4. Encourage patients to start slow, do what they can handle, and most importantly, have fun.

To refer your pediatric patients to the Healthy You for Life program, call 757-668-7957. You can find the presentation "[Encouraging Exercise Amongst Pediatric Patients with Obesity](#)" [here](#).

## Care Corner

Our SQCN and SACO care managers and care coordinators can help your practice better assist your patients with their health outcomes. Here are some examples of the kind of help the team can give.

### Diabetes Management: Healthy Eating

Meal planning is important for all your patients, including those with diabetes. Our care managers can work directly with them on using the plate method.

Consider the following on a 9" dinner plate:

- Mostly nonstarchy vegetables (1/2 plate) like spinach, broccoli, green beans
- Low-fat proteins (1/4 plate) like fish, chicken, eggs, tofu, yogurt, cheese
- Some carbs (1/4 plate) with less sugar and refined grains like rice, beans, fruit,
- Zero-calorie drink like water, coffee, unsweetened tea

### End Stage Kidney Disease

We offer care management services for your patients with End Stage Kidney Disease (ESKD), including:

- Dialysis and transplant service coordination, including transportation.
- Treatment option education, including transplant, home therapies, palliative, and hospice.
- Diet and exercise education.
- Home durable medical equipment coordination.
- Diabetes management assistance.

If you have a patient who might benefit from the care management services above, please contact SQCN at 757-455-7330 or email [SQCN@sentara.com](mailto:SQCN@sentara.com), or SACO at 757-455-7040 or email [SACO@sentara.com](mailto:SACO@sentara.com). These tip sheets may be shared with your patients as well. Click on the image below to download.



## Eating with Diabetes: The Plate Method

### A Message on Behalf of Your Primary Care Provider (PCP)

Meal planning is one of the best ways you can take care of your diabetes. You can keep your blood sugar levels safe (less than 180 after eating) while getting good nutrition. It's easy to overeat, especially at a restaurant. The Plate Method is a great way to keep track. Your Diabetes Care Manager can help you as well.

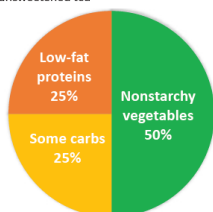
#### The Plate Method is as follows.

Consider the following on a 9" dinner plate:

- ✓ **Mostly nonstarchy vegetables (1/2 plate)** like spinach, broccoli, green beans
- ✓ **Low-fat proteins (1/4 plate)** like fish, chicken, eggs, tofu, yogurt, cheese
- ✓ **Some carbs (1/4 plate)** with less sugar and refined grains like rice, beans, fruit,
- ✓ **Zero-calorie drink** like water, coffee, unsweetened tea

#### Healthy portion sizes include:

- 3 oz protein
- 1 oz cheese
- 1 teaspoon butter
- 1 tablespoon peanut butter
- 1 cup greens
- 1 cup or 1 medium fruit
- 1/3 cup cooked rice
- 1-2 oz of nuts or pretzels



Contact your SQCN or SACO Care Manager to get started. Reach SQCN Member Services at 757-455-7330 or [SQCN@sentara.com](mailto:SQCN@sentara.com). Reach SACO Member Services at 757-455-7040 or [SACO@sentara.com](mailto:SACO@sentara.com).

Source: <https://www.cdc.gov/diabetes/managing/food-well/meal-plan-method.html>. Accessed 22 December 2022.



## End Stage Kidney Disease Management

### A Message on Behalf of Your Primary Care Provider (PCP)

Kidney failure can happen to people who have long standing health problems, such as diabetes or high blood pressure, or when there is an injury to the kidneys. Kidney failure most often happens over time and can increase from mild chronic kidney disease to more severe kidney failure. The last stage is called end stage kidney disease (ESKD).

Having ESKD can be confusing and scary. It may feel like it is too much to handle on your own. Your PCP is working with a team of specially trained registered nurse care managers and care coordinators. Together, they can help you understand and manage kidney failure and any other health issues you may have.

Here are some examples of the kind of help the team can give you. These services are personalized and do not cost you anything:

- ✓ Dialysis and transplant service coordination, including transportation
- ✓ Treatment option education, including transplant and home therapies
- ✓ Diet and exercise recommendations
- ✓ Home durable medical equipment coordination
- ✓ Diabetes management assistance



When you have end stage kidney disease, you may be at risk for serious complications if you do not get the care that you need:

- Anemia or low red cell count can make you feel tired, weak, and short of breath
- More infections can threaten your life
- Low calcium levels can affect your muscle and heart function
- High potassium/phosphorus levels can cause muscle cramping, irregular heartbeat
- Depression or low mood

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## Pharmacy Highlights: Chronic Kidney Disease

CKD occurs in 20-40% of people with diabetes which may also increase cardiovascular risk both of which may increase healthcare costs. CKD may be progressive in nature, and it's important to assess the Urine Albumin-Creatinine and eGFR at least annually. There are several medications which require dose adjustments or discontinuation (for example, NSAIDs) as renal function declines to avoid nephrotoxicity.

Blood pressure management and glycemic control are two methods that delay the onset and progression of CKD. Blood pressure control with a goal of < 130/80 mmHg using ACE inhibitors or Angiotensin Receptor Blockers are a mainstay of management to reduce the progression kidney disease in diabetic patients.

**Recent guidelines** also recommend the use of SGLT2 inhibitors or GLP-1 receptor agonists of which several medications in these classes will slow progression of kidney disease and cardiovascular events. While these medications are very beneficial, they are usually very expensive and may also require prior authorization. Medication manufacturers and certain patient foundations may provide financial medication assistance to eligible patients.

Urine Albumin-Creatinine (*at least annually*)

eGFR (*at least annually*)

Blood Pressure Control (Goal <130/80 should be considered to lower risk of CKD and CVD)

Glycemic Control

Monitor for Renal dosing opportunities when renal function changes

[Source: *Diabetes Care* December 2022, Vol.46, S191-S202.  
doi:<https://doi.org/10.2337/dc23-S011>]

### Program Update: Epic Healthy Planet

Healthy Planet will become available to SQCN primary care providers in April 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. **Training will begin in this spring.** Look for an invitation coming soon to your email.

### Questions About SQCN or SACO?

**For Independent Practices, please contact the Population Health Team:**

**757-455-7330 | [SQCN@sentara.com](mailto:SQCN@sentara.com)**

**757-455-7040 | [SACO@sentara.com](mailto:SACO@sentara.com)**

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

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