



## Inside Population Health Health Aware



### Stephanie Hidalgo, MHA, Manager, Post Acute Network Operations



Welcome to the October edition of *Inside Population Health*. This first full week in October is Mental Health Awareness Week, with World Mental Health Day on October 10. The theme this year is “My Mental Health at Work” to help reduce the stigma of mental health in the workplace. Find the NAMI (National Alliance on Mental Illness) toolkit [here](#).

We are highlighting the depression screen in our “Meet the Measures” section, as well as providing HCC coding tips for major depressive disorder and obsessive-compulsive disorder (OCD).

October also brings breast cancer awareness to the forefront. We cover the [Sentara High Risk Breast Program](#) in our “Innovative Office” section, as well as bring a health equity lens on disparities with the [American Cancer Society's VOICES campaign](#). Finally, we have information on the importance of patient health literacy, kids and vaccines, and ways to

promote medication adherence with your patients.

## **About the Population Health Post-Acute Team**

Our post-acute team has been in place for two years, working to seamlessly tie together transitions of care for our patients and networks. My new role as manager is to support our existing team that includes a social worker, integrated care manager, care coordinator, and a value-based care manager, and continue to bring value to our Sentara hospitals, independent partners, and post-acute entities including skilled nursing facilities, home health, hospice, long-term care hospitals, and inpatient rehab.

Skilled nursing facility expenses are a large part of the traditional Medicare spend. There can be a wide variation in the cost and quality of care provided in these facilities. The Institute for Accountable Care found that in 2022, ACO stays averaged 1.6 days shorter and \$968 less than those patients not attributed to an ACO. **When an ACO patient is in need of a skilled nursing facility, our team will work with ACO-preferred network stays to keep quality high and costs low.**

### **A few more goals for Q4 and beyond:**

- **Network education** on understanding the care continuum and implementing shared quality goals.
- **Improving transitions of care** for patients and post-acute providers to collaborate on treatment plans for our shared patients. This includes assisting with scheduling transitional care appointments after skilled nursing facility stays.
- **Understand the needs of the patient and the post-acute entities** with fact finding meetings and pilot programs.

Our dedicated post-acute team is here to help your practice and your patients. You can learn more about services through this [tip sheet](#). Feel free to reach out to me directly via [email](#) or phone at 757-373-0956 with any questions or concerns.

Looking forward to working with you!

Upcoming Meetings

Impact Scorecards

- The **Pediatric PCPC** meeting is October 15 from 6-7 p.m. [Link.](#)
- The **Adult PCPC** meeting is October 17 from 7-8 a.m. [Link.](#)
- The **SACO Primary Care Leadership** meeting is October 18 from 7-8 a.m.
- The **Practice Managers** meeting is November 27 from 12:15-1 p.m. [Link.](#)

2024 SCHEDULE

Avoidable ED visits (rate per 1,000) remain as our utilization metric and there are several quality metrics for adult and pediatric populations. These metrics are scored for each practice and the total score is expressed as a percentage from 30-100%. That performance score will be combined with attribution to determine distributions. The report is updated monthly so that you can track your practice's performance.

LINK TO SCORECARD

## Meet the Measures: Depression Screen

According to the Centers for Disease Control and Prevention (CDC), in 2023 at least 30% of the U.S. population was diagnosed with a depressive episode. That is a 25% increase since the COVID-19 pandemic.

**Depression incurs more than \$200 million in medical costs each year,** mostly due to its impact on comorbidities.

Without screening, up to 50% of those patients will go unrecognized. The PHQ-2 is commonly used to screen, and the PHQ-9 can be used to track remission over time in those with a diagnosis of major depression. Both screening and monitoring are part of our SQCN/SACO quality programs and CMS has indicated that they will remain a focus in governmental value-based care models.

It's important to utilize the appropriate diagnosis codes (see our "HCC Coding Tips" below) and to help your patients seek help. Providers, like you, can help normalize mental health. Here are some open-ended questions to ask your patients:

- What does mental health mean for you?
- How do you think your family/friends feel about mental illness?
- Who in your community would you trust to talk to about your mental health?
- What would you want a mental health professional to know when working with you?

Here are some depression screen best practices in Epic:

- A Depression Screening modifier can be found in Health Maintenance.
- For patients 12+ without depression, a PHQ-2 Screening BPA will appear for clinical staff during rooming, every 12 months
  - If the PHQ-2 is 3 or above, it will cascade to PHQ-9.
  - If the PHQ-9 is 5 or above, SmartSet will fire for provider upon opening chart. This gives a medication initiation/adjustment, referral, and depression screening follow-up.
  - If the PHQ-9 is 5 or above, the BPA will appear again for Remission Screening in 6 months.

If your practice does not have a workflow for depression screening and depression monitoring, please consider setting them up. [Reach out to our team for assistance.](#)

## HCC Coding Tips: Depression and OCD

The new V28 HCC model introduces key changes in coding major depressive disorder (MDD) by refining diagnostic criteria and emphasizing the severity of the condition.

Under this model, MDD is categorized with more specificity, allowing for better identification of patients with varying levels of severity and associated comorbidities. MDD is one of the most frequently reported comorbidities in individuals with obsessive-compulsive disorder (OCD). Approximately 65% of OCD patients develop depression.

This new model underscores the importance of accurate documentation and

the incorporation of psychosocial factors which can significantly impact treatment outcomes. Overall, these changes seek to enhance care coordination and resource allocation for those affected by MDD.

Additionally, The V28 model updated coding structure aims to improve risk adjustment and reimbursement processes, ensuring that healthcare providers are adequately compensated for the complexities involved in treating patients with MDD.

New change in V28 model:

- Mild major depressive disorder will not hold HCC value
- Major depressive disorder in remission will not hold HCC value
- Only moderate and severe major depressive order will be HCC diagnoses

Click the link below to learn more about HCC recommendations and additional resources.

HCC CODING: UTILIZATION OF THE PHQ-9

## Innovative Office: Sentara High Risk Breast Program

The Sentara High Risk Breast Program performs genetic testing for those at risk for hereditary cancer syndromes, provides a comprehensive risk assessment, and educates patients on ways to reduce their breast cancer risk. Patients are referred to the program in a variety of ways, with about 30% being referrals from outside providers. The majority are patients flagged for being at 20% or higher lifetime breast cancer risk after a mammogram in one of our breast centers. Patients may also contact the program as a self-referral if they have a family history of cancer or a concern for a familial genetic mutation.

Here are some best practices when it comes to helping your high-risk patients:

- **Family history or “red flags”** will alert for eligibility for genetic testing. This may include ovarian cancer or breast cancer at age 50 and younger,

pancreatic or prostate cancer, male breast cancer, and Ashkenazi Jewish ancestry in a parent or grandparent.

- **Emphasizing the value of pursuing preventive health screens.** Most patients know about the value of losing weight and exercising but may be confused about conflicting information regarding dense breast tissue and hormone replacement therapy.
- The high-risk program helps **determine a customized screening surveillance plan** that may include starting mammograms at an earlier age, having breast MRIs, or taking medication to reduce the risk of estrogen positive breast cancer.
- Like any preventive program, last-minute cancellations can be a challenge. **Please stress the importance of attending this 60-minute visit** to demystify the screening process, learn more about their own personal risk, and allow for a detailed conversation on a custom prevention plan.

The measure of success for this program is simple: ensuring a smooth referral process for patients identified as high risk; encouraging them to come to the consult for assessment; and empowering patients to be proactive in their breast care by retaining them for future follow-up.

There are four locations to send patients: Sentara Martha Jefferson Cancer Resource Center in Charlottesville, Sentara Surgery Specialists in Sentara Port Warwick, Sentara Surgery Specialists in Sentara Brock Cancer Center, and Sentara Cancer Resource Center in Woodbridge. You can find additional information within this [provider referral guide](#).

SENTARA HIGH RISK BREAST PROGRAM



## Health Equity Corner: VOICES in cancer

American Cancer Society is launching the VOICES of Black Women study in May 2025. This groundbreaking population cohort study aims to understand the factors driving cancer risk, mortality, and survivorship among Black women. [Learn more here.](#)

## Health literacy awareness

October is Health Literacy Month. Together, we can build a world with greater health equity where all people can attain positive health outcomes. Visit [healthliteracymonth.org](https://healthliteracymonth.org) today to learn how you can turn awareness into action.

## It's Health Literacy Month!



How are you taking action to build awareness about health literacy?

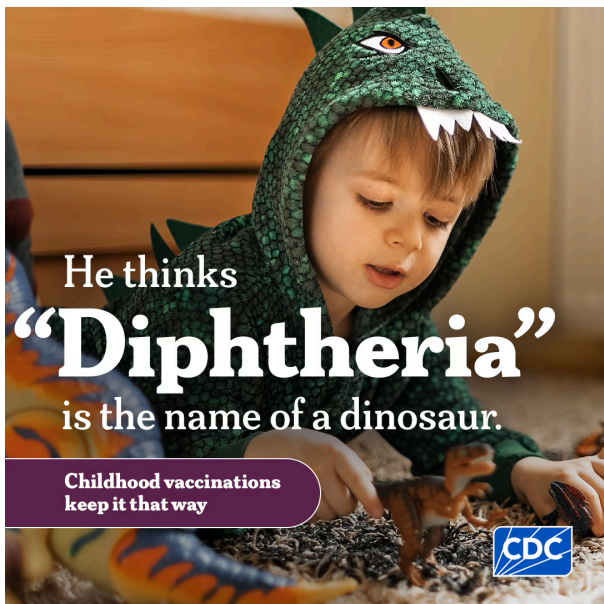
Share with the community today!



**#healthliteracymonth**

[healthliteracymonth.org](https://healthliteracymonth.org)





## Kids and vaccines

Use these [communication strategies](#) to talk about vaccines:

- Assume parents will vaccinate.
- Give your strong recommendation.
- Listen and respond to questions.

## Pharmacy Highlights: Medication adherence

The CDC states that 6 in 10 U.S. adults have at least one chronic disease state and 4 in 10 have two or more. It is also estimated that patients are nonadherent to their medications at least 50% of the time, with nonadherence rates reaching as high as 80% in asymptomatic conditions, such as hypertension.

Prescribing a 90-day refill can save money, and it is more convenient.

### Some of the many patient benefits:

- **Savings**
  - Switching to a 90-day refill can save an average of \$82/year.
  - Offers access to extended day supplies of prescriptions online and retail pharmacies.
- **Adherence to treatment**
  - 90-day refills require less pharmacy visits.
  - The patient is less likely to run out and miss prescribed doses.
- **Reduced admissions:** Fewer hospitalizations and 30-day readmissions.
- **Environmental impact:** Reduces plastic waste. Medicine bottle cannot be reused because of risk for contamination.



- **Convenience**
  - Medicine delivery with \$0 fee
  - Automatic refills
- **Assistance:** Low-income patients may qualify \$0 out of pocket cost
- **Reminders:** Notifications prior to refill due

Click the button below for more recommendations and supporting studies. Learn about the clinical pharmacy services we provide [here](#).

90-DAY REFILLS BENEFITS & STUDY

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