



Inside Population Health Preventive Care



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Welcome to *Inside Population Health*. The month of March highlights very important health prevention screenings and education. It's Colorectal Cancer (CRC) Awareness Month, which we are covering in the "Meet the Measures" section, as well as providing colon cancer screening best practices you may find helpful in improving your compliance rates for CRC screening.

Also, to honor National Kidney Month and World Kidney Day on March 13, we are including information in our pharmacy highlights and HCC coding tips. Other coverage includes National Endometriosis Awareness Month, National Nutrition Month and how it relates with children, and American Diabetes Association Alert Day on March 25. Don't miss our hospice myth of the month. And finally, another topic close to my heart is physician burnout. Read on for how we can help ourselves and our colleagues.

As a gastroenterologist, I have been in the colon cancer prevention business for over 44 years. **Colon cancer is the second cause of cancer mortality** in the U.S. overall. Every year, there are 143,000 new cases and over 50,000 deaths from colorectal cancer. But there is also good news—**colon cancer is the number one most preventable cancer**.

With improved screening rates, up to 75% of those 50,000 deaths could be completely prevented. Currently, only about two-thirds of people who should have screenings have actually had it. The potential to save lives through preventive screenings is huge. The key is how to get patients to commit and get their screening done.

A few tips for better CRC screening rates:

- **Patients may have the misconception that blood and stool tests are equivalent to colonoscopies.** Stool and blood testing miss as much as 80% of advanced precancerous polyps. Colonoscopy is still the "gold standard" for CRC screening.
- **Many patients worry about the colonoscopy procedure itself.** They may be concerned about pain (which is no longer an issue with the newer anesthesia techniques), or that recovery is painful, or dread the preparation.
- **Many patients don't understand that the most common "symptom" of CRC is none.** No symptom is no guarantee, so you have to take the preventive maintenance approach.
- **For those patients with worries, dispelling some of the myths or misconceptions can be very effective.** Remember, being sensitive to their concerns, no matter how unfounded or inaccurate, is probably the most important factor in compliance.
- Here is [an article](#) I authored in *The Virginian-Pilot* newspaper a couple of years back that is still accurate today.

Another critical topic this month is physician/clinician burnout and its healthcare impact. Studies show that over 50% of practicing physicians are facing burnout and there is a huge financial and performance-related cost associated with it. Not only are practices losing invaluable senior clinicians and talent, but more starkly, physicians have the highest suicide rates of any profession. Work performance and safety can be greatly impacted. Most

people believe that we need changes that must be addressed from the top down through the leadership team.

[Dr. Renee Morales](#) and I recently gave a presentation on what burnout looks like and what can be done within your own practice. Please message us [here](#) if you would like a copy. We would also love to hear any feedback on what works for you and your team with reducing staff burnout.

Thank you for your dedication to our network. Have a great month!

Meet the Measures: Colorectal Cancer Screen

Colorectal cancer is one of the most common cancers that affect both male and female adults. For the past 30 years, there has been a 51% increase in colorectal cancers under the age of 50 years. Studies have found that younger patients are more likely to have a later stage of the disease than older patients.

The good news is that colorectal cancers are highly treatable when discovered early. The American Cancer Society recommends regular colorectal cancer screenings for patients who are 45 years old or older and/or high risk. This includes:

- Personal or family history of colorectal cancer or polyps.
- Personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease) or history of radiation therapy to the abdomen or pelvic area to treat a prior cancer.
- Genetic tendency.

Here are some questions you can ask your patients:

- Have you had a baseline screening test? If not, why?
- Do you have any questions about the test itself?
- Do you need any help with the preparation?
- Do you have any barriers to care? Like transportation, or being able to bring someone with you?
- Do you have a primary care team to share the results with?

Find more about [colon cancer best practices and guidelines here](#).

Upcoming Meetings

- The **Pediatric PCPC** meeting is March 18 from 6-7 p.m.
- The **Adult PCPC** meeting is March 20 from 7-8 a.m.
- The **SACO Primary Care Leadership** meeting is March 21 from 7-8 a.m.
- The **Practice Managers** meeting is March 26 from 12:15-1 p.m.

[2025 SCHEDULE](#)

Impact Scorecards

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](#)

HCC Coding Tips: 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)
- Diabetic Kidney Disease: (E11.22 plus Stage of CKD)
- Diabetic with Microalbuminuria: (E11.29/R80.9)

- CKD Stage 3a: (GFR 45-59) (N18.31) (V28 HCC Cat. 329)
- CKD Stage 3b: (GFR 30-44) (N18.32) (V28 HCC Cat. 328)
- CKD Stage 4: (GFR 15-29) (N18.4)
- Stage 5: (N18.5)
- ESRD: (GFR <15, on dialysis) (N18.6)

*Ethnicity is no longer a factor involved in GFR calculation

Documentation best practices:

- Be specific when choosing the type of condition.
- Interpret results of last labs: GFR or PTH, medical treatments, current patient symptoms, and/or whether under the care of nephrology.
- List the treatment plan.
- Update the problem list.

Pharmacy Highlights: Chronic kidney disease (CKD) and medication management

CKD is defined as abnormalities of kidney structure or function that are present 3+ months and have health implications.

CKD criteria

Markers of kidney damage (1 or more):

- Albuminuria
- Persistent hematuria
- Electrolyte and other abnormalities due to tubular disorders
- Abnormalities detected by histology
- Structural abnormalities detected by imaging
- History of kidney transplantation

Decreased GFR

- GFR < 60 mL/min per 1.73 m²

CKD causes

- Hypertension
- Diabetes
- Glomerulonephritis
- Autoimmune diseases

MORE CKD PHARMACY INFORMATION HERE

CME opportunity

The Sentara Health 2025 CME Advanced Imaging Update for the Primary Care Provider is on Wednesday, March 26 from 8 a.m.-12 p.m. with both live and virtual options for any interested clinicians. This activity is approved for *AMA PRA Category 1 Credit*. Click [here](#) for the overview and registration details.





Endometriosis awareness

This painful and common gynecological disease affects about 11% of American women between 15-44. It may cause infertility issues. Learn more [here](#) about how to help your patients.

Diabetes Alert Day

Diabetes Alert Day is a one-day “wake-up call” that focuses on the seriousness of diabetes and the importance of understanding patient risk. We encourage you to find out if your patient—or even you—are at risk for type 2 diabetes by taking this quick [Diabetes Risk Test](#).





Kids and nutrition

It's never too early to teach your pediatric patients and their parents/caregivers about healthy eating. The [MyPlate method](#) is a great tool for kids and adults alike. It highlights fruits, veggies, proteins, grains, and dairy—along with allergy intolerant substitutes—to get them on the right track.

Hospice Myth of the Month

Myth: Hospice is only for people who can accept death and require a DNR.

Fact: While those affected by terminal illness struggle to come to terms with death, hospices gently help them find their way at their own speed. Many hospices welcome inquiries from families who are unsure about their needs and preferences. Hospice staff are readily available to discuss all options and to facilitate family decisions.

Source: [Sentara Hospice Services](#)

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