

# Inside Population Health **Summer Safety**





### Welcome from Our Population Health Care Management Team Directors: Allison Gray and Annie Lyles

Welcome to the July edition of *Inside Population Health*. In observance of Healthy Vision Month, we are highlighting the importance of the Diabetic Eye Exam in our "Meet the Measures" section and our HCC coding tip on Diabetic Ophthalmic Complications. We also cover Minority Mental Health Awareness Month and UV Safety, just in time for the summer rays.

As nurses and the directors of Clinical Performance and Care Management, we are very passionate about improving the health of our patients in SQCN and SACO. Our teams address the holistic and unique needs of each

patient we serve. We also partner with our primary and specialty care providers to coordinate care so that patients can effectively navigate the healthcare system.

Our team of care managers help improve patient experience and self-management, ultimately reducing the cost of care and disease burden. This team includes diabetes care and education specialists that help create an individualized plan of care that is specific to the patients' health needs and lifestyle. They provide education such as the <u>Journey for Control</u> <u>Program</u>, which equips patients to manage their disease through lifestyle and behavioral change.

Our social workers and care coordinators review social determinants and provide support for patients who may need additional resources such as transportation, food, medication affordability, financial resources, and social isolation. They partner with community resources, practices, pharmacists, health plan programs, and other benefits the patients may have.

One of the important topics we are focused on this month is diabetic eye exams. Our team of care coordinators will help facilitate an appointment with our high-quality network optometrists and ophthalmologists to check and detect early signs of retinopathy.

We would love to help you and your practice better help your patients. If you would like to learn more about our care management and care coordination programs, please **contact us**.

Have a great month!

### **Upcoming Meetings**

- The Pediatric PCPC meeting is July 16 from 6-7 p.m. <u>Link.</u>
- The Adult PCPC
   meeting is July 18 from 7-8
   a.m. Link.

#### **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

- The SACO Primary Care
   Leadership meeting is July
   19 from 7-8:30 a.m.
- The next Practice
   Managers meeting will take place on August 28 from 12:15-1 p.m. Link.

2024 SCHEDULE

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: Annual Diabetes Eye Exam

Diabetic retinopathy is the most frequent cause of new cases of blindness among adults aged 20–74 years. It can also cause glaucoma, cataracts, and other eye disorders earlier and more frequently for those with diabetes. Retinopathy has been shown to occur even with lower levels of A1C and significantly increase as A1C increases.

Routine dilated eye exams provide identification of early retinopathy to allow for implementation of strategies to reduce the risk or slow progression of retinopathy.

Reducing the risk or slowing the progression of retinopathy occurs through:

- Optimization of glycemic control
- Optimization blood pressure control
- Optimization serum lipid control
- Smoking cessation

The prevalence of retinopathy is strongly related to both the duration of diabetes and the level of glycemic control.

In order to help your patients and your practice meet this measure, best practices include:

For patients with Type 2 diabetes (T2DM), an initial eye exam at the time of DM diagnosed is recommended since people with T2DM may have had

years of undiagnosed diabetes. If A1C is significantly high, then it is best to wait until near target so schedule an eye exam in about 3-6 months.

For patient with Type 1 diabetes T1DM, an initial eye exam is recommended within 5 years of onset. Retinopathy is estimated to take at least 5 years to develop after the onset of hyperglycemia.

**Follow-up screening is recommended yearly** unless there is no evidence of retinopathy for 1-2 years and glycemia is well controlled.

Preventive services such an annual eye exam have been shown to reduce healthcare costs and improve performance on quality measure.

Sentara Health Plans has partnered with Retina Labs to help facilitate screenings at no additional cost. Patients can call 1-888-238-2460 for more information. A Popluation Health Care Manager/Coordinator can help arrange a screening or transportation if needed. Contact us <a href="here">here</a>.

## HCC Coding Tip: Diabetic Ophthalmic Complications

Diabetic ophthalmic complications (also known as diabetic retinopathy) refer to a range of eye problems that can arise due to diabetes. It results from damage to the blood vessels in the retina and is one of the leading causes of blindness in adults. Additionally, diabetes increases the risk of other eye conditions such as cataracts and glaucoma.

Diabetic eye exams are crucial for early detection and treatment of these complications, as early intervention can help prevent vision loss. Proper management of blood sugar levels, along with lifestyle changes and medication, plays a key role in reducing the risk and severity of diabetic ophthalmic complications, highlighting the importance of comprehensive diabetes care.

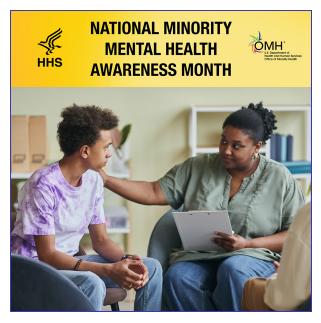
The HCC coding is as follows:

- Retinopathy-proliferative: be specific as to type/complications (E11.3XXX) CAT 18 + CAT 122
- Diabetic cataract (E11.36)

### Diabetes and eye health

Diabetes is a condition that may affect eye health. It's important that your patients take eye care seriously. Download this tip sheet for helpful information to share with your patients. Contact us for patient no-cost diabetes self-management services.





### Minority mental health awareness

Mental disorders affect all ages and backgrounds, but racial and ethnic minority populations experience numerous mental health disparities including lower treatment rates for depression and higher rates of attempted suicide. **Read more**.

#### Kids and summer

Summer is the time for kids to connect with the great outdoors. It's also a good time to remind parents/guardians how to keep them safe. Find CDC tips here.



### Pharmacy Highlights: UV safety and medications

Now is the perfect time to speak with your patients about preventing chemically induced skin reactions while taking certain medications when exposed to ultraviolet (UV) light (e.g., sun and tanning beds). This reaction is known as photosensitivity. Here are two types:

- Phototoxicity
  - Most common
  - Skin irritation occurs within hours of sun exposure.
- Photoallergy
  - Least common
  - Skin irritation may be unnoticeable until days after exposure.

Here are some talking points to share with your patients about reducing risk of photosensitivity reactions:

- Review which medications can increase risk of photosensitivity and encourage patients to follow up with healthcare professionals with questions.
- Broad-spectrum sunscreens protect against ultraviolet radiation. An SPF value of 30 or higher is recommended, with a minimum of SPF 15.
- Limit sun exposure by wearing broad-brimmed hats, sunglasses, longsleeved shirts, and pants.
- If outside between 10 a.m.-4 p.m., seek shade! When the sun's rays reflect off water, snow, and sand, the rays may be stronger.

MEDICATIONS THAT MAY CAUSE SKIN SENSITIVITY









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