



## Inside Population Health Giving Thanks



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Welcome to *Inside Population Health*. The month of November highlights very important health initiatives. To observe American Diabetes Month, we are covering comprehensive diabetes care and best practices in our “Meet the Measures” section, as well as providing pertinent HCC coding tips for your patients with diabetes.

It’s Lung Cancer and COPD Awareness months, with the annual Great American Smokeout on November 21. We feature pharmacy information on COPD treatment considerations and health disparity issues on lung cancer screening. For Bladder Health Month we are covering ways to help your patients maintain a healthy bladder. We also share antibiotic prescribing and use during U.S. Antibiotic Awareness Week (November 18 to 24).

Finally, we encourage families to speak with one another about health and

heredity over Thanksgiving Dinner for Family Health History Day. And we give information on our “What Matters Most” program for National Hospice and Palliative Care Month (HAPCM).

### **About the Population Health Clinical Pharmacy Team**

Our clinical pharmacy team consists of five care coordinators that are medical assistants and/or LPNs and three residency-trained clinical pharmacy specialists that have Population Health-related experience. Our vision is to develop and promote innovative clinical pharmacy services through optimized medication management in alignment with our Population Health networks to drive enhanced clinical and quality outcomes for all lines of business.

A few goals for 2025 and beyond:

- Expand the reach of clinical pharmacy services for our independent practices.
- Strengthen the pharmacy ecosystem through ongoing collaboration within our Population Health networks.
- Continue to maximize opportunities to enhance shared savings and quality performance incentives.

We plan to end the year strong by engaging our mutual patients in their healthcare journey to become their trusted pharmacy partner. This includes implementing best practices for guideline directed medication management to provide high quality care and patient outcomes. We can achieve this through partnerships with patients, prescribers, and network practices, like yours.

Our dedicated clinical pharmacy 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 our team](#) with any questions or concerns.

Have a happy and healthy Thanksgiving!

**Meet the Measures: Comprehensive diabetes care**

Diabetes medical management is the diagnosis of diabetes, assessing a variety of measures (labs, home glucoses), evaluating potential complications, and prescribing or adjusting appropriate medications. Another important component is giving your patients education for self-management that empowers them on their health journey.

The Association of Diabetes Care & Education Specialists (ADCES) shares patient strategies that lead to effective self-management through improved behavior and clinical outcome measures:

1. **Healthy coping** for diabetes distress through family support and referral to a social worker.
2. **Being active** with a realistic activity plan and referral to physical therapy if needed.
3. **Healthy eating** with consistent carbs, the Plate Method, and plenty of water.
4. **Taking the correct medication as prescribed** and communicating cost or convenience barriers to your care team.
5. **Monitoring of blood glucose**, kidney, liver, lipids, etc. with the right supplies.
6. **Knowing how to problem solve** glucose fluctuations and communicate pharmacy, cost, and insurance barriers.
7. Learning how to **reduce risks** by understanding possible complications and knowing how to prevent them or prevent progression.

The Population Health Diabetes Collaboration Program helps you and your patients with diabetes education, diabetes medical management, and diabetes self-management services.

You can better help your patients and your practice by letting us know the following:

- What are you seeing?
- What do you need help with?
- How can we help patients engage in self-care?
- How can we support you and your care team?

[Reach out to us](#) for more information on how we can help your patients. Resources available are diabetes care and education specialists, care managers, care coordinators, clinical pharmacists, and social workers.

## POPULATION HEALTH DIABETES SELF-MANAGEMENT PROGRAM

### Upcoming Meetings

- The **Pediatric PCPC** meeting is November 19 from 6-7 p.m. [Link.](#)
- The **Adult PCPC** meeting is November 21 from 7-8 a.m. [Link.](#)
- The **SACO Primary Care Leadership** meeting is November 15 from 7-8 a.m.
- The **Practice Managers** meeting is November 13 from 12:15-1 p.m. [Link.](#)

[2024 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: Diabetes care

Diabetes coding has three major HCC categories:

- Category 17: Diabetes with acute complications
- Category 18: Diabetes with chronic complications
- Category 19: Diabetes without complications

These categories are not differentiated by the type of diabetes but the status of its complications. Key tips to consider when coding and documenting:

- Specifying the type of diabetes to the highest level in your documentation for accurate code capture.
- For diabetes caused by underlying factors be sure to code the cause (i.e., pancreatic cancer or adverse effect of long-term use of steroids).
- Avoid coding and documenting DM1 and DM2 or coding and documenting DM both with and without complications in the same note.
- Most diabetic complications are coded using combination codes. Complications of diabetes usually have an assumed causal relationship in coding. Don't forget to document for these complications, not just the diabetes!
- If multiple complications of diabetes exist, one combination code will satisfy the diabetes category. However, several complications carry additional weight from other categories (coded separately or in conjunction with diabetes):
  - PVD
  - Non-proliferative retinopathy
  - CKD3-5
  - Ulcers
- In 2024, new descriptors were added to ICD-10: Inadequately controlled, out of control, and poorly controlled. All three new descriptors map to E11.65 - Diabetes with hyperglycemia.

Contact our [HCC coding team](#) with any questions.



## Bladder health

Bladder issues can affect both male and female patients at all adult age groups. However, as adults age, the bladder tissue becomes tougher and less stretchy. The National Institute on Aging has developed [15 tips](#) to help your patients keep their bladder healthy.

## Antibiotic awareness

All healthcare professionals can *Be Antibiotics Aware* and engage in antibiotic stewardship activities to ensure that patients receive the best treatment for their infection. This includes pediatric patients. Learn more and share this [CDC information](#) with your patients on why antibiotics aren't always the answer.





## The Great American Smokeout

Join the American Cancer Society and help your patients quit smoking. On November 21, thousands of people across the country who smoke will take an important step toward a healthier life and reduce their cancer risk. Find the [ACS toolkit here](#).

## Pharmacy Highlights: COPD patient management

When treating patients with COPD, here are some considerations for care:

- Share the American Lung Association's "My COPD Action Plan" for patients, which can be found in [English](#) and [Spanish](#).
- Rescue short-acting bronchodilators should be prescribed to all patients for immediate symptom relief.
- Inhaler technique, adherence to prescribed therapy, smoking status, and continued risk exposure should be checked at each clinical visit.
- Provide instructions and demonstrate the proper inhalation technique when prescribing a device.
  - Encourage your patients to bring their devices to the clinic to ensure adequate inhaler technique.
  - Assess inhaler technique and adherence to therapy before concluding that current therapy is insufficient.

GOLD groups:

- Initial treatment should be based on the patient's GOLD group.
- Group A: Bronchodilator treatment (either short or long acting). A long-acting bronchodilator is the preferred choice except in patients with very occasional breathlessness.



- Group B: LABA+LAMA combination is preferred in this group. If there are issues with availability, cost, or side effects, monotherapy with LABA or LAMA can be considered based on symptom relief.
- Group E: LABA+LAMA combination is preferred. If indication for ICS, then combination LABA+LAMA+ICS would be preferred choice. Use of ICS can be determined in group E if eos >300 cells/microL.

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

COPD PATIENT THERAPY RESPONSE & RECOMMENDATIONS



## Health Equity Corner: Lung cancer screens

Lung cancer affects all populations, but there is a [higher incidence in Black patients](#), including earlier presentation and increased mortality. Prevention is most effective with smoking cessation and lung screening.



## Hospice and palliative care information

Our "What Matters Most" palliative care program helps providers and patients plan for life transitions before a crisis. Both palliative care and hospice care include symptom relief and maximizing the quality of life. This [tip sheet](#) will help your patients learn more about care options.



## National Health History Day

This Thanksgiving, encourage your patients to talk about health over turkey. Gathering family health history is a great way to keep on top of potential health issues and screening priorities. The Surgeon General has an easy-to-access [database here](#).

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