



Welcome to the Sentara Quality Care Network (or SQCN, pronounced “sequin”)

Your primary care provider (PCP) is in the network. SQCN doctors and providers have chosen to come together to offer you seamless healthcare.

This month we are looking at these important topics:

- Colon cancer screening
- Nutrition and diabetes
- Chronic kidney disease

Read more about our no-cost care management services here. You can contact us at 757-455-7330 or SQCN@sentara.com.

Learn more about our customizable, no-cost services [here](#). We look forward to serving you!

It's Colon Cancer Awareness Month

Colon cancer is the most common cancer death. It's also one of the most preventable. At what age should you start getting screened?

- 65
- 45 or younger
- 50

- 55

Find the answer in the story below.

Colon Cancer: New Screening Guidelines

According to the American Cancer Society, colorectal cancer is the most common cause of cancer death each year. And it is one of the most preventable if caught early. **People should start getting screened at age 45—or younger if you have a higher 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 prior cancer radiation to the abdomen (belly) or pelvic area
- Genetic tendency

[Source: American Cancer Society (2020). *Why is colorectal cancer screening important?* www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/detection.html]

Colon Cancer: Different Screening Options

There are a few options. It's a good idea to ask your doctor the following questions:

- Do I need a screening test? If so, which is recommended for me?
- What preparations do I need to do?
- What can I expect during and after the screening?
- When will I get the results?

The home Fecal Immunochemical Testing (FIT) is a non-invasive screening option. The FIT is an annual test that:

- Collects a stool sample at home that is sent in to be tested.
- Checks for blood in the stool.
- Requires no bowel prep, diet, or medication changes.
- Is followed by colonoscopy if positive results are found.

The colonoscopy requires more prep but is a less-frequent screening option:

- A specialist identifies cancer or precancerous polyps.
- Biopsies and/or removal of polyps at the screening.
- Can detect other diseases of the colon.
- May be repeated in 3-10 years, depending on findings.

There is a stool DNA test called Cologuard. This tests for blood in stool-like the FIT-and changes in DNA. This test can also be done at-home and is recommended every three years.

Whichever screening option you choose, the most important thing is to get tested. **Getting a screening can literally save your life.**

Care Corner: Diabetes and Nutrition

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.

Please download the tip sheet on the right for more information on diabetes and the Plate Method. If you are interested in learning more or getting started, contact us at 757-455-7330 or SQCN@sentara.com.

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.

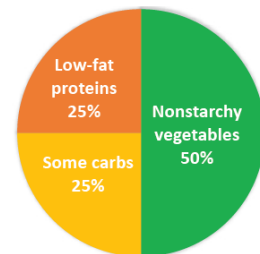
The Plate Method is as follows.

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 Care Manager to get started. Reach SQCN Member Services at 757-455-7330 or SQCN@sentara.com.

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



12/2022

Diabetes Prevention in Children: Lifestyle Behavior Changes

More children than ever are getting type 2 diabetes. How do you know if your child is at risk? Consider these questions.

Is your child overweight?

Does your child have any two of the following:

- Type 2 diabetes in the family?
- Mom who had diabetes while pregnant?
- Is African American, Native American, Asian American, Hispanic/Latino, or Pacific Islander?
- Insulin resistance?

If so, talk to your pediatrician about getting their blood sugar tested. It usually begins at 10 years old or when puberty starts.

Your child may do well with a lifestyle behavior change to help prevent type 2 diabetes. This includes:

- A reduced-calorie diet
- Introducing a variety of foods
- At least 150 minutes of moderate physical activity each week

[Source: Centers for Disease Control and Prevention. (2022). *Prevent Type 2 Diabetes in Kids*. www.cdc.gov/diabetes/prevent-type-2/type-2-kids.html.]

Care Corner: End Stage Kidney Disease (ESKD)

Having ESKD can be confusing and scary. It may feel like it is too much to deal with on your own. Your doctor is working with a team of specially trained registered nurse care managers and care coordinators to provide services to help.

These include:

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

Please download the tip sheet on the right for more information on ESKD and the care management services we can provide.

If you are interested in learning more or seeing if you qualify for these services, talk with your doctor.

You can also contact us at 757-455-7330 or SQCN@sentara.com.

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

Contact your SQCN Care Manager to get started. Reach SQCN Member Services at 757-455-7330 or SQCN@sentara.com.



Ask Your Pharmacist: Chronic Kidney Disease (CKD)

Many people with CKD take prescriptions to lower blood pressure, control blood sugar, and lower cholesterol. It can slow disease progression and delay kidney failure.

A key aspect of a pharmacist role is to review medications. This includes:

- Looking at all taken medicines, including over the counter (OTC) and dietary supplements
- Avoiding unsafe combinations
- Being aware of side effects

For example, pain relievers that have NSAIDs—like Motrin/Ibuprofen and Aleve/Naproxen—should not be taken when you have CKD. Your doctor or pharmacist may also change or stop certain drugs. It depends on your kidney function.

Questions? Contact the SQCN Team:

757-455-7330 | SQCN@sentara.com

Find a [SQCN Provider](#)

[Privacy Policy](#)

[Manage Preferences](#)

[Unsubscribe](#)

Sentara Healthcare

6015 Poplar Hall Drive, Norfolk, VA 23502

© 2023 Sentara Healthcare. All rights reserved.