



From Dr. Moss Mendelson, Medical Director at SQCN



Hello, and welcome to the May edition of the *Inside Population Health* newsletter. In May, we recognize Mental Health Awareness Month, National Allergy & Asthma Awareness Month, and Women's Health Care Month. Additionally, National Palliative Care Week is May 21-27. In this issue we will cover metrics and protocols that can drive outcomes for our patients and positively impact our performance in our value-based contracts.

Depression is common and 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. If your practice does not have a workflow for depression screening and depression monitoring, please consider setting them up. Reach out for assistance.

SQCN has allergy and asthma information that can be sent to both pediatric and adult populations. The asthma medication ratio is another metric in our quality program that tracks the ratio of rescue meds to preventive meds for our patients.

Finally, end-of-life care is an area of medicine the network will be focusing on in 2023. This is a complicated part of being human and many patients and providers are uncomfortable navigating it. The impact to members, their families, and the healthcare system can be enormous. Normalizing the conversation and having it with the right people at the right time are admirable first steps. Our Palliative Care Pilot aims to bring together members, the primary care team, network care managers, and palliative care experts to do just that.

Thanks for all you do!

SQCN May 2023 Primary Care Meetings*

- The Pediatric PCPC meeting will be held on 5/16 from 6-7:30 p.m. Dr. Laura Sass is presenting on malaria. Meeting link [here](#).
- The Adult PCPC will be held on 5/18 from 7-8 a.m. Speaker and topic to come. Meeting link [here](#).

SQCN May 2023 Practice Managers Meeting*

- The meeting will be held on 5/24 from 12:15-1 p.m. Meeting link [here](#).

SACO May 2023 Primary Care Leadership Meeting

- The monthly meeting will be held on 5/19 at 7 a.m. Discussion will include end stage renal disease utilization.

*No preregistration is necessary, simply join the links above. Click on the button below to access the 2023 meeting schedule and information.

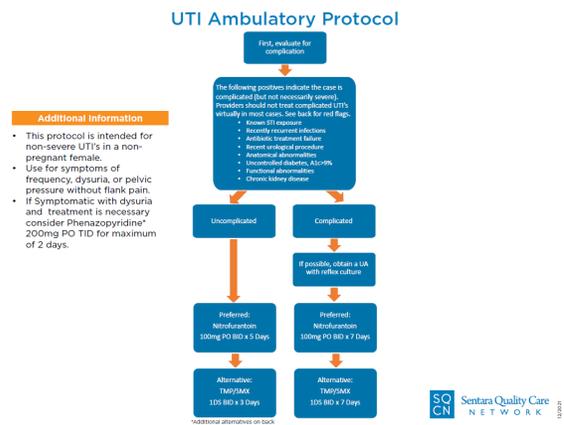
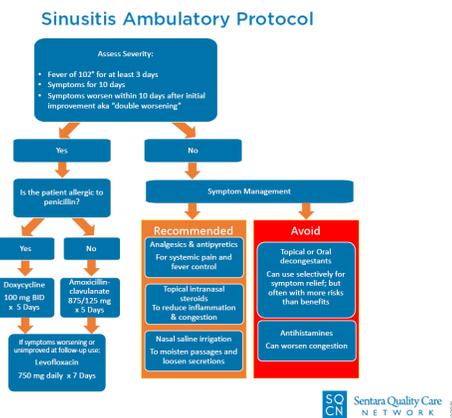
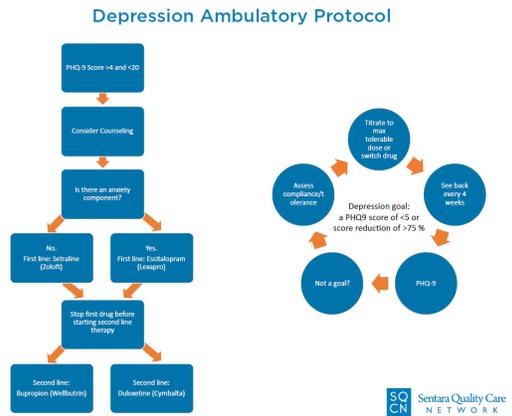
[2023 SQCN Primary Care Engagement Bonus Meetings](#)

Ambulatory Protocols

A few years back, SQCN recognized the need to promote standardization in ambulatory practices and develop best practice protocols for management of specified conditions. These protocols are based on national/established guidelines but simplified so they can be easily used by clinicians who support ambulatory primary care and urgent care. Costs are considered, especially when administering medications, as well as health equities.

Dr. Tony Fisher is the Ambulatory Clinical Standardization Committee Chair. Each committee has a lead (from the appropriate specialty), clinical pharmacist, and two primary care physicians.

Download the current ambulatory protocols on depression, sinusitis, and UTI by clicking on the thumbnails.



HCC/Coding Tip: Major Depressive Disorder (MDD) RAF = 0.309

Specify severity level with PHQ9

Define:

1. Episode - single F32.X, recurrent F33.X
2. Severity level - mild, moderate, severe

PHQ-9 Scoring Severity Level	
1-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

- Unspecified Depression holds NO RAF

3. Presence/absence of psychotic features
4. Remission status - active, in remission

"In remission" if stable ON meds; "History of" if stable OFF meds (no HCC)

Pharmacy Highlights: Depression Medication

In the United States, antidepressants are among the most frequently prescribed therapeutic classes of drugs. According to a recent survey, approximately 13% of American adults had used an antidepressant in the month prior. The choice of pharmacotherapy depends on a number of variables, including the patient's preferences, drug interactions, cost, ease of use, history of pharmaceutical trials, and coexisting diseases.

Even though these medications are sought after to encourage disease remission, it is crucial to remember that cognitive behavioral therapy (CBT) is a widely accepted form of treatment with efficacy that is comparable to pharmacotherapy. Treatment considerations that include CBT combined with pharmacotherapy is one of the most successful treatment strategies.

Download [this table](#) for antidepressant treatment options.

Depression Screening: What to Ask Your Patients

The U.S. Surgeon General, Dr. Vivek Murthy, has released a report titled "[Our Epidemic of Loneliness and Isolation.](#)" It shows that as many as 1 in 2 people feel lonely—even prior to the COVID-19 pandemic. This includes teens and young adults who seem to be well-connected on social media but not in person.

Providers can help normalize reaching out for help. When you are with a patient, don't forget the depression screening. **Ask: Do you have a history of depression?**

If the patient answers "yes," you can skip the PHQ-2 (includes the first two questions on the PHQ-9) and go directly to the PHQ-9. If the patient answers "no," start with the PHQ-2 as a first-step approach. Those two questions help determine if the PHQ-9 screening needs to be given.

Program Update: Pyx Health

Pyx Health partners with your practice to help your patients who feel loneliness and social isolation. This is through the combination of an engaging mobile experience and a Compassionate Support Center.

Pyx Health helps users 24/7, outside the care setting with:

- Access to resources, screenings, and SDOH support
- Daily interaction with Pyxir, the friendly chatbot
- Human interaction from the Compassionate Support Center

If you're interested in promoting this free service to your patients, please access the attached customizable tip sheet. Contact SQCN at 757-455-7330 or email SQCN@sentara.com or SACO at 757-455-7040 or email SACO@sentara.com with any questions.

Care Corner: Diabetes and Distress

Having diabetes can cause depression and stress in patients. Help your patients recognize what signs of distress can look like and how to improve their mood.

Download this "[Diabetes and Distress](#)" tip sheet to share with your patients.

Contact SQCN at 757-455-7330 or email SQCN@sentara.com. Contact SACO at 757-455-7040 or email SACO@sentara.com for more information about diabetes self-management services for your patients.

Diabetes and Distress

A Message on Behalf of Your Primary Care Team

Having diabetes can cause distress. What is distress? It can come out as worry, frustration, and even anger. If not taken care of, distress can lead to depression. Distress happens because diabetes is a condition that you must manage regularly—but know that you are not alone.

Consider these two questions. In the past month:

1. Are you often overwhelmed by diabetes management?
2. Do you often feel you are not managing your diabetes regimen?

If the answer to either of the above is yes, talk with your primary care team.

Here are some ways to manage your distress:

- ✓ Talk about how you feel with your family, friends, and healthcare providers.
- ✓ Allow those that want to help, to help.
- ✓ Take each diabetes-related task as it comes.
- ✓ Meet your daily eating and exercise goals.
- ✓ Research options to lower the cost of supplies and medications.
- ✓ Do the things you enjoy.



Your diabetes care manager can work with you on the above goals and more. Together, you can:

- Lessen your feelings of worry and burnout.
- Empower your lifestyle choices.
- Achieve your best health.

Contact our care management team to get started with diabetes self-management services. Reach SQCN Member Services at 757-455-7330 or SQCN@sentara.com and SACO Member Services at 757-455-7040 or SACO@sentara.com.

Source: <https://www.cdc.gov/diabetes/managing/diabetes-distress/tips-coping-diabetes-distress.html>. Accessed 4 May 2023.



Epic Healthy Planet

Epic Healthy Planet and the Value-Based Program Scorecard are now available to provisioned SQCN providers and practices! Training guides and resources are available on the MDOOffice Provider Portal.

Healthy Planet allows a non-Sentara partner to review and contribute clinical information to a patient's record. The Value-Based Program Scorecard is an interactive dashboard available to provisioned SQCN partners that includes HEDIS® measures in Epic to track and trend quality and utilization outcomes for patients, goals, scores, care gaps, and access patient lists to close the care gaps. The scorecard can be accessed through dashboard activity for non-Sentara partners via Healthy Planet Epic Hyperspace and Sentara partners through Epic Hyperspace.

For additional questions, please email [Heather Lynn](mailto:Heather.Lynn).

Innovative Initiatives from Our Practices

SQCN is excited to welcome two experts in women's health to key leadership roles within the network. In February, Dr. Giniene Pirkle joined the SQCN Clinical Performance Committee and in April we welcomed Dr. Renee Morales to the SQCN

Board.

Women's Reproductive Lives: Dr. Giniene Pirkle of the Mid-Atlantic Women's Care The Group for Women

Dr. Pirkle is with the Mid-Atlantic Women's Care The Group for Women. She chose to specialize in OB/GYN due to her keen interest in women's health throughout each stage of their reproductive lives.



"I'm very excited to join the team of incredible providers on the SQCN Clinical Performance Committee in focusing on how to improve the quality of healthcare for our patients in Hampton Roads," said Dr. Pirkle. "In OB/GYN, we often straddle the line between primary and specialty care and collaboration with our colleagues in efforts to promote the overall well-being of our population is essential for wellness and effective healthcare. I appreciate the opportunity to contribute to positive change in our community."

Group Prenatal Care: Dr. Renee Morales of EVMS - OB/GYN

Dr. Morales is with EVMS - OB/GYN. She has a vast interest in women's health but is especially passionate about the group prenatal care approach to healthy birth outcomes.



"Group prenatal care creates community and connection with other patients on a similar pregnancy journey which provides a nurturing environment for patients to learn about their pregnancy, share tips for common ailments like pelvic pain and heartburn, discuss pregnancy related vulnerabilities like preeclampsia and postpartum depression, and ultimately grow their babies in the most mindful way," said Dr. Morales.

Please join us in welcoming Dr. Pirkle and Dr. Morales!

Palliative Care Pilot

SQCN is launching a palliative care pilot to empower our patients and their loved ones to look at end-of-life care and goals prior to a health emergency. The pilot will open with about 200 of our identified patients. The goal of the pilot is to initiate a

conversation with appropriate patients and their families and refer those interested in a deeper discussion to experts in an ambulatory palliative care clinic.

As a network provider, you know our patients best. The trust they have in your care—in addition to established care manager relationships and analytic tools in Epic—will help move the conversation along.

Dr. Marissa Galicia-Castillo, Director of the Glennan Center for Geriatrics and Gerontology at EVMS, and a Palliative Care Specialist, will provide network education for our clinicians. Additional training for our Care Management Team will come from the Center to Advance Palliative Care (CAPC) program.

Look for more updates and initial patient lists, coming soon.

"Sometimes we can offer a cure, sometimes only a salve, sometimes not even that. But whatever we can offer, our interventions, and the risks and sacrifices they entail, are justified only if they serve the larger aims of a person's life. When we forget that, the suffering we inflict can be barbaric. When we remember it, the good we do can be breathtaking." —*Atul Gawande, Being Mortal: Medicine and What Matters in the End*

Questions About SQCN or SACO?

For Independent Practices, please contact the Population Health Team:

757-455-7330 | SQCN@sentara.com

757-455-7040 | SACO@sentara.com

For SASD and SMG practices, please contact your Director of Business Operations and Director of Medical Operations, respectively.

Sentara Healthcare

6015 Poplar Hall Drive, Norfolk, VA 23502

© 2023 Sentara Healthcare. All rights reserved.