



Inside Population Health Pain Management



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Welcome to *Inside Population Health*. September is pain management month, with [low back pain](#) being one of the most common causes of pain. Read on for the impact of low back pain on our population and how to care for our patients (or ourselves). We cover low back imaging in our “Meet the Measures” section and pain management in the pharmacy highlights.

The HCC coding tips include information in observance of blood cancer and sepsis awareness months. We discuss healthy aging with a fall prevention tip sheet to share with your patients, as well as prostate and ovarian cancer resources. See our “Innovative Office” section for telehealth best practices from Sentara Internal Medicine Physicians at Port Warwick, as well as childhood weight, “good” cholesterol, and diabetes management.

Low back pain is the leading cause of years lived in disability, globally. Not only does this have a significant impact on economic burden across nations

and severely limit individual quality of life, but experts estimate that two-fifths of this burden is due to modifiable risk factors. **In the U.S. alone, there are an estimated 44.6 million people with low back pain.** Lifetime prevalence of low back pain is estimated to be 88.4%, and according to the National Institute of Health Survey by the Centers for Disease Control and Prevention (CDC), 39% of adults had significant low back pain for more than one day within the last three months.

The estimated direct cost (including doctor's visits, treatments, surgeries) of back pain is \$50 billion per year, and the indirect cost from lost productivity can exceed \$100 billion annually.

If you or your patient find yourself with a new onset of low back pain, know that it is a very common condition and is often self-limiting with early conservative management. This includes rest, avoiding activities that may exacerbate pain such as heavy lifting, bending, or turning, and using anti-inflammatory medications like NSAIDs, taken as directed for 2-3 weeks. For people who have pain that persists beyond this window, early access to a trained physical therapist for 6-8 weeks will often alleviate the pain and eliminate the need for more invasive imaging.

Finally, for pain that persists more than 8 weeks or is associated with more severe symptoms such as radiating pain down the leg, weakness of a leg or foot, difficulties walking, or loss of bowel or bladder function, an imaging work up is indicated with possible referral to a spine surgeon. Along with you, our SQCN and SACO network colleagues, this comprehensive approach to low back pain allows for a broad range of treatment options to help our patients and the bottom line.

Let's continue to work together to improve the health of our community every day. Have a great month!



Patient Spotlight: Dorothy "Dottie" Southall turns 106

Dottie was born in Whaleyville, Virginia, a neighborhood in Suffolk, in 1918, two years before women gained the right to vote and two months before the end of World War I. She lived on her own in a high-rise apartment building until she was 103 years old; still managing her own bills and finances.

After an emergency room visit for a fall, she was referred to the Sentara Population Health team by her physician, Dr. Charlene Robertson, an independent provider within the network. Karen Spencer, Integrated Care Manager, Population Health, assisted Dottie and her family with care coordination, care navigation, education on community resources and available levels of care (long term care, private duty, Medicaid personal care, assisted living, and PACE).

Read more about [her incredible story here](#). Click to find local news coverage on her birthday celebration from [10 On Your Side](#) and [13News Now](#).

If you have a patient who may benefit in no-cost care management services, [contact us](#).

Upcoming Meetings

- The **Adult PCPC meeting** is cancelled in September. The next one is October 17 from 7-8 a.m. [Link](#).
- The **Pediatric PCPC** meeting is September 17 from 6-7 p.m. [Link](#).
- The **SACO Primary Care Leadership** meeting is September 20 from 7-8 a.m.
- The **Practice Managers** is September 25 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

Meet the Measures: Low back imaging

Low back pain imaging should not be done within the first six weeks of onset unless there are red flags. These may include:

- trauma
- spinal tenderness
- fever
- severe to progressive neurological deficits
- a suspected underlying condition like osteomyelitis

Most patients with disc herniations and other radicular symptoms will experience relief within several weeks. Here are some best practices when it comes to talking with patients.

- **Give concise recommendations.** Most patients will want to hear about their diagnosis and options. Explain that based on the patient's history and physical examination an x-ray is not needed.
- **Ask questions to understand where the patient is coming from.** These may include:
 - "Do have any questions for me?"
 - "Is there anything that concerns you?"
- **Be clear you are on the side of the patient.** Help them feel understood, supported, and that they are a partner in their custom health plan.

And finally, give an agreed upon treatment plan and timeframe for the next appointment. Assure them that if any new symptoms develop (like leg weakness, numbness, or new pain) to call your office right away.

Your practice and our network have roles in this strategy and can work in concert to provide the right care, at the right time, in the right place. Please [contact us](#) for help with patient education, SDOH resources, or care management needs.

Source: [AAFP/Imaging for Low Back Pain](#)

Pharmacy Highlights: Pain Management

Pain is a complex phenomenon influenced by multiple factors including biological, psychological, and social factors. Pain can lead to impaired physical functioning, poor mental health, reduced quality of life, and contribute to substantial morbidity.

Acute pain is a bodily response to harmful stimuli that can become pathologic. It is usually sudden in onset and caused by injury, trauma, or medical treatments such as surgery. Acute pain usually lasts less than one

month. **Subacute pain** lasts for 1-3 months. If acute or subacute pain is unresolved it can evolve into chronic pain.

Chronic pain lasts for more than 3 months and can be caused by an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown. According to the CDC, one in five US adults had chronic pain in 2019.

Click the link below to learn more about pain management and how to better help your patients.

PAIN MANAGEMENT FOR YOUR PATIENTS

HCC Coding Tips: Solid vs. blood cancers

Cancer is coded as "active" if the patient is undergoing chemo, radiation, or surgical intervention. It is also coded "active" if the patient is on a SERM (i.e., Tamoxifen for breast cancer) or elected to live with cancer untreated.

Code as "history of" (no HCC) once the cancer is resolved and the patient is no longer on any form of treatment. Please note that blood (liquid) cancers are coded as "in remission" or continue to code as "active" if no "in remission" code exists.

Active cancers:

- code the primary site
- use secondary code for metastatic sites
- document current treatment
- if on adjuvant treatment (i.e., breast cancer on Arimidex), still consider and code as "active"

Resolved cancers:

- indicates that the cancer has been cured and/or treatment no longer warranted

- becomes "history of" except for blood cancers:
 - leukemia, lymphoma, multiple myeloma
 - "in remission" once treatment is completed
 - holds HCC weight
 - keep lymphoma as active diagnosis as not all lymphomas have applicable readmission status codes

Sepsis

Sepsis is acute when criteria are actively met, during hospitalization. It becomes "history of" when resolved, after hospitalization. The causative agent of sepsis may hold risk (i.e., specified pneumonias).



Prostate cancer

The National Cancer Institute's SEER Program estimates the following for 2024 U.S. prostate cancer rates in men:

- 299,010 will be diagnosed
- 35,250 will die from it

More info can be [found here](#).

Ovarian cancer

The American Cancer Society estimates the following for 2024 U.S. ovarian cancer rates:

- 19,680 will be diagnosed
- 12,740 will die from it

Share info with your patients about [testing for prevention](#).



Healthy aging

A fall can instantly change your patient's mobility, independence, and confidence. The results from a fall can decrease quality of life and contribute to social isolation. There are many ways to alter a home, diet, and daily habits to help prevent a fall. Share [the following tips](#) with your patients.

Innovative Office: Telehealth and communications

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. The [Sentara Internal Medicine Physicians at Port Warwick](#) excel in patient communications. Here are some best practices.

Telehealth tips for the medical assistant:

- Confirm the patient is in the state of Virginia.
- Start the rooming process early to give more time for those patients who are new to telehealth.

- Be very familiar with the app and the website.
 - Where to click is not always intuitive for older adults or vision-impaired patients.
 - Tell the patient to allow microphone and camera access (ahead of the call).
 - Let patients know the volume is commonly low initially but will likely improve.
 - Remind patients they should be able to see their full face in the video.
- Make sure patients know where their text messages are located on their phone. This can be a common issue with the elderly.
- Tell the patient if the provider is running late and let them come back on if that is better for their schedule.
- Write the platform (either MyChart or Doximity) on the schedule along with the desired phone number. This way the provider doesn't have to spend time guessing or looking it up in the chart.

If the patient has persistent issues with MyChart during the visit, the provider can always try switching to Doximity. This retains more revenue versus reverting to an audio-only encounter. Read on for more specific tips for MyChart, after-visit summaries, and patient communications.

MORE TIPS FOR PATIENT COMMUNICATIONS



Kids and weight

Being overweight or obese are common problems for kids and teens in the United States. Among young people ages 2 to 19 years, about 16.1% are overweight and 19.7% have obesity. These rates increase with age. [Here are resources](#) to share with parents/guardians.

Cholesterol education

Some patients may worry that all cholesterol is bad. Cholesterol awareness month is the time to remind your patients that some types of cholesterol are needed for good health and to perform certain tasks within the body. Find more myths and facts at the CDC website [here](#).



Diabetes and appetite

Remind your patients that meal planning is one of the best ways to manage diabetes. Here is a tip sheet to share on how to use [The Plate Method](#).

[Contact us](#) if your patient may benefit from the no-cost diabetes self-management program.



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