



**From Iris J. Lundy, RN, BSN, Vice President of Health Equity, Sentara Health**



Welcome to the October edition. This month, we are covering health literacy in communications, mindfulness coaching for young athletes, diabetes and mental health awareness, and more.

Like SQCN and SACO, the Sentara Health Equity Department focuses on **measures such as breast cancer screening, early prostate cancer detection, A1C diabetes reduction, and child well-care visits.**

Health Equity is a community-facing department. Our goal is to partner with internal and external parties and organizations to improve the health of our communities. We currently work with faith leaders, academic administration—particularly at historically Black colleges or universities (HBCU)—and other area leaders to share the importance of healthcare screenings and other preventive measures. We develop tailored programs for consumers to promote education, awareness, and self-advocacy with their health.

**An area we have identified for SQCN and SACO practice assistance is child and adolescent well-care visits.** Only about 68% of parents and guardians schedule these important yearly visits. Some may not have a primary care team and are not sure where to go. Others may have difficulty taking time off work or getting transportation to the appointment.

**Practices, like yours, can help with the following:**

- Reach out to local schools and provide health education.
- Attend community days at schools and faith-based community events.
- Partner with the Virginia Department of Health.
- Ask questions about social drivers of health (SDOH) when speaking with patients.
- Contact the [Sentara Health Equity Department](#) to disperse information at events on your behalf.

**When consumers come into your practice, please keep these tips in mind** to make sure the information is understood:

- Recognize that we need to talk in everyday language and avoid acronyms.
- Make sure the information you shared has been understood. Ask, “explain to me what you understand about what we talked about.”
- Know that medical language may be difficult to those outside of the field, particularly if English isn’t their first language.
- Ask if there are any SDOH needs to make seeking care easier.

A little extra attention can go a long way when communicating with a consumer and building trust. Thank you for being a Health Equity partner.

### How Are We Doing?

We would love your feedback as we plan newsletter content for 2024. Please take this quick, 10-question survey. Tell us what you like, areas of improvement, and topics that will help you and your practice.

### [2024 Inside Population Health Survey](#)

#### **SQCN October 2023 Primary Care Meetings\***

- The Pediatric PCPC is on October 17 from 6-7:30 p.m. Dr. Laura Sass is presenting on pediatric HIV. Meeting link [here](#).
- The Adult PCPC meeting is on October 19 from 7-8 a.m. Dr. Margaret Baumgarten is presenting on Chronic Kidney Disease Management (with a focus on ACEis/ARBs). Meeting link [here](#).

## SQCN October 2023 Practice Managers Meeting\*

- The meeting is on October 25 from 12:15-1 p.m. Meeting link [here](#).

## SACO October 2023 Primary Care Leadership Meeting

- The monthly meeting is on October 20 at 7 a.m. Discussion will include quality performance priorities (flu shot, fall screen, depression screen) and shared saving performance.

## SACO Monthly Scorecard Lunch & Learn

Join us on **Thursday, October 19, from 12:30-1 p.m.**, to discuss some tips and tricks on navigating this SACO resource to help manage your practice and provider metrics/patient populations. The implementation of the monthly scorecard demonstrates the SACO commitment to improving health outcomes, reducing healthcare costs, and enhancing the patient experience. The scorecard is refreshed monthly with current attribution data for practices and providers.

Additionally, there is reporting on the relationship between provider/patient gaps in care along with the data and tools needed to address these gaps. Learn more from [our tip sheet](#).

Practice managers and champions, please look for a mailbox invite with a Microsoft Teams link and the SACO collaboration site for upcoming resources. Click to access the [SACO Monthly Practice Scorecards](#).

\*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

## SQCN Impact Scorecards

This [link](#) will take you to your monthly 2023 Adult and Pediatric Practice Impact Scorecard. Please be sure to check back monthly for your practice performance.

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 will be updated monthly so that you can track your practice's performance.

See the button below for more information about the Impact Scorecard and the SQCN distribution plan.

Please contact [SQCN@sentara.com](mailto:SQCN@sentara.com) if you have any questions.

Impact Scorecards SBAR

## HCC/Coding Tip : D/S/P Documentation

When it comes to documentation, D/S/P is much clearer than M.E.A.T. ((monitored, evaluated, assessed/addressed, and treated) documentation. It stands for Diagnosis/Status/Plan and includes the components that the Office of Inspector General (OIG) and CMS look for specifically when performing audits. Here are some tips.

**Avoid use of "history of..."** if condition is chronic or ongoing, as "history of" signifies to CMS that condition is resolved and no longer active (for example, "history of breast cancer").

**Clearly state that the condition is active** (for example, "patient with current conditions being evaluated today as follows: breast cancer, COPD, diastolic CHF, DM 2 with HTN, etc.").

Valid HCC D/S/P documentation requires 3 points:

**Diagnosis:** State the diagnosis to the highest level of specificity during a face-to-face visit. Providers diagnostic statement must be in their own words in the body of the note (HPI most often). Per RADV audit guidelines, re-populated EMR Dx descriptions alone with associated orders are not acceptable as supporting documentation:

- Include complications/manifestations.
- Utilize linking verbiage (due to, with, related to).

**Status:** State the status of the condition. For example, stable, worsening, exacerbation, newly diagnosed.

**Plan:** State how you are monitoring and plan to treat the patient's diagnosis. Include labs ordered to monitor progression, medications adjusted for better control, plans for future diagnostic tests, and follow up visits with primary care team or follow up visits with specialists.

## The Importance of Health Literacy

The mission of health literacy is two-fold: patient understanding healthcare communications and an organizational duty to make the information easy for patients to find, understand, and be able to use to make health-related decisions and actions.

When developing easy-to-understand healthcare communications, there are several online resources that can help simplify the process.

Watch this [2-minute video](#) from the U.S. Department of Health for an introduction.



Here are a few more helpful resources:

- [Health Literacy Online](#)
- [Checklist for Plain Language](#)
- [CDC on Health Literacy: Accurate, Accessible and Actionable Health Information for All](#)

In the consumer edition of this newsletter, we are also encouraging patients to take a greater interest in their healthcare treatment. This includes asking their provider questions like:

- Can you explain the diagnosis and what it means to me?
- Is there an alternative to the recommended procedure/test?
- What will this test tell us? How will it change the treatment plan?
- Is there a generic option for my medication?
- Are there expected side effects to the recommended treatment?

- What is the best way to contact you and your staff in case I have questions later?

## Pharmacy Highlights: Improving Medication Adherence with Health Literacy

One in five of the 3.8 billion prescriptions that are written each year are not filled. Additionally, roughly 50% of those filled out are taken erroneously.

It is estimated that pharmaceutical non-adherence **results in direct healthcare expenses of \$100 billion to \$300 billion each year**. Examples of patient medication non-adherence may include: Taking the wrong dosage, taking medications at the wrong time, forgetting to take them, or not getting refills at all, which is frequently inadvertent.

In the United States, 80 million adults lack the health literacy necessary to make wise decisions about their health. This may result in:

- Longer hospital stays
- Needless readmissions
- Inadequate care of chronic illnesses
- Increased mortality

Higher health literacy may mean lower annual health care costs. [Read more to learn how the Population Health Pharmacy Team can help your practice](#) increase health literacy within your patients.

Sources: [Agency for Healthcare Research and Quality](#)

Ostini R, Kairuz T. Investigating the association between health literacy and non-adherence. *Int J Clin Pharm*. 2014 Feb;36(1):36-44. doi: 10.1007/s11096-013-9895-4. Epub 2013 Dec 1. PMID: 24293337.

[Quality Innovation Network–Quality Improvement Organization](#)

## Breast Cancer Screening: New Recommendations

The United States Preventive Services Task Force (USPSTF) has a new draft recommendation on breast cancer screening: women with average risk should get a mammogram starting at age 40, and every other year after. (Breast surgeons suggest yearly.) The previous recommendation was to start at age 50.

The reason for the change is that more women are being diagnosed with breast cancer at a younger age. Secondly, it's estimated that African American women are 40% more likely to die from breast cancer than white women. This is likely due to racial inequities; more research is being done in this area.

USPSTF hopes to reduce the mortality rate by 20% with more women getting screened earlier. Be sure to have the breast cancer screening conversation with your eligible patients.

Source: [Breast Cancer Research Foundation](#)

### **Innovative Office: Dr. Joel Brenner of [CHKD Sports Medicine](#)**

The CHKD sports medicine program is one of the most innovative and forward-thinking youth programs in the area. Dr. Joel Brenner is the director of CHKD's sports concussion, dance medicine, and running programs. He is also a professor of pediatrics at Eastern Virginia Medical School (EVMS). He lectures locally, nationally, and internationally on topics including concussions and over-training in young athletes and sports specialization.

Most recently, Dr. Brenner developed the [Mindfulness Program](#) for young athletes. Mindfulness is often used by athletes and performing artists to help improve performance. Tools for both patients and providers include:

- **Breath exercises that can be done anywhere.**
- **Write down or talk about three good things that happen each day**—don't overlook small items like running into a friend, eating a good meal, etc.
- **Books** like "Mind Gym: An Athlete's Guide to Inner Excellence" by David Casstevens and Gary Mack and "The Mindful Runner: Finding Your Inner Focus" by Gary Dudney
- **Apps** like Healthy Minds Program, Ten Percent Happier Meditation (includes a podcast), and Waking Up: Meditation & Wisdom
- **Free educational courses** like the [Science of Happiness, offered by UC Berkeley](#)

"Keep mindfulness on your radar," says Dr. Brenner. "Talk about it with your athletes as another tool and think about possibly adding some mindfulness to your personal life. We know that if you are doing things

personally—whether it's physical activity or it's mindfulness—it can translate to how you are treating your patients too."

The [CHKD Mindfulness Program](#) incorporates telehealth to make appointments easier in both Virginia and North Carolina. No referral is necessary unless required by insurance.

## Care Corner: Diabetes and Distress

Having diabetes is difficult enough, but for some patients, it can also cause mental health distress. This may come out as worry, frustration, and even anger. If not taken care of, distress can lead to depression.

Ask your patient 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," they may need additional resources to help them cope. This [downloadable tip sheet](#) gives more information of the connection between diabetes and distress, including some easy ways to manage at home.

Remember that SQCN and SACO has a diabetes self-management program. Your patients can contact [SQCN@sentara.com](mailto:SQCN@sentara.com) or [SACO@sentara.com](mailto:SACO@sentara.com) to get started.

## Program Update: Pyx Health App

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.

### 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](mailto:SQCN@sentara.com) and SACO Member Services at 757-455-7040 or [SACO@sentara.com](mailto:SACO@sentara.com).

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

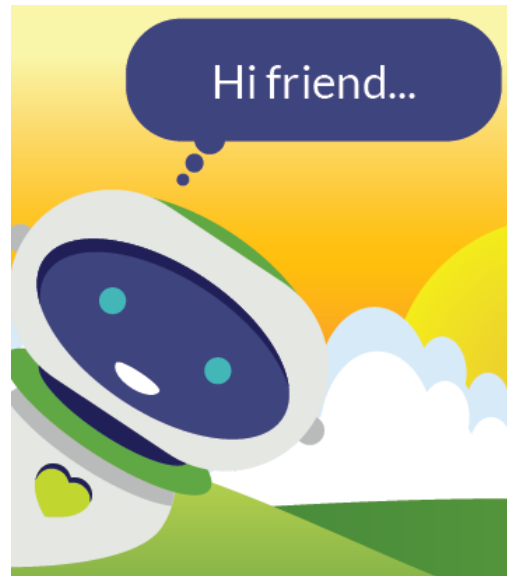




Pyx Health helps users 24/7, outside the care setting with:

- 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, use this [customizable tip sheet](#). Contact [SQC�@sentara.com](mailto:SQC�@sentara.com) or [SACO@sentara.com](mailto:SACO@sentara.com) with questions.



## The Art of Palliative Medicine Conference: Mastering Communication Skills for Serious Illness

- **Saturday, November 4, 2023, 7:00 AM - 12:35 PM**
- Sentara Brock Cancer Center, Norfolk, VA
- AMA PRA Category 1 Credits™ (4 hours), Non-Physician Attendance (4 hours), ABIM MOC Part 2 (4 hours)
- [Register here](#)

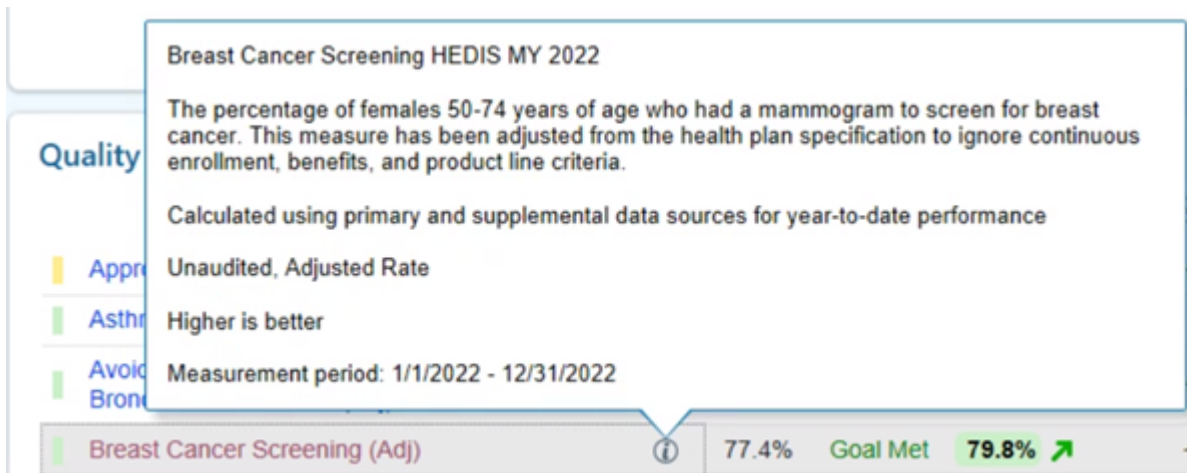
The conference complements our end-of-life care pilot program, "What Matters Most," as led by Dr. Marissa Galicia-Castillo of EVMS Palliative Medicine. End-of-life care planning is often uncomfortable for patients, families, and clinicians. It's an important population health goal to normalize these discussions and use our collective expertise to facilitate a "good life to the very end."

Read more about [our pilot and how to participate](#). If you have any additional questions, please contact [SQC�@sentara.com](mailto:SQC�@sentara.com).

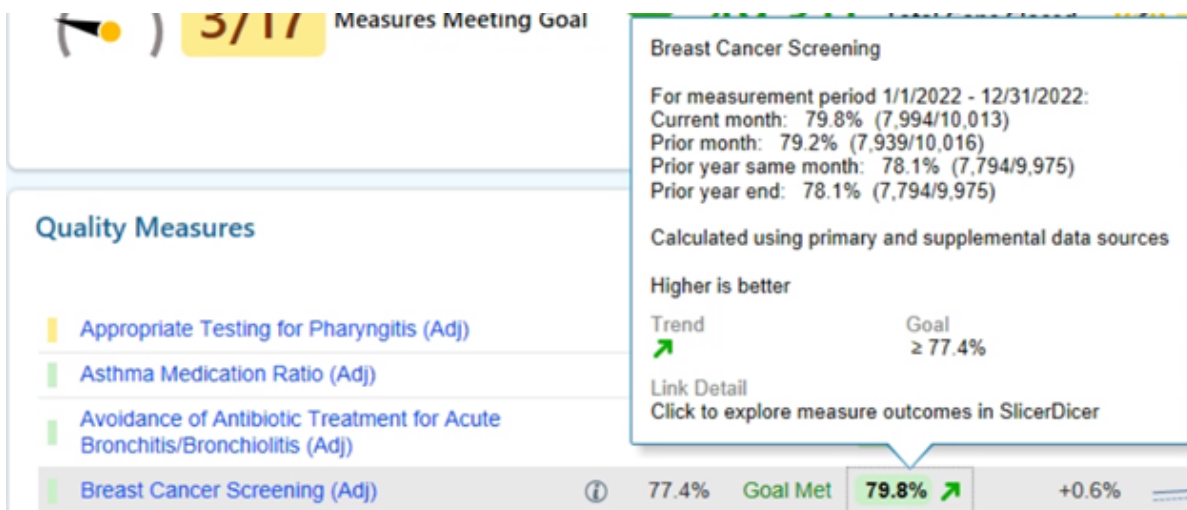
## Epic Healthy Planet and the Value-Based Program (VBP) Scorecard: October Tip

Did you know that you can hover the cursor over certain areas in the VBP

Scorecard for more information? For example, the “i” icon to the right of each quality measure will provide a more in-depth explanation of each measure.



Hovering over the measure over the score will provide the numerator and denominator, along with other time periods for the user to see a breakdown of their population.



Resources are available on the [MDO Office Provider Portal](#). For any questions, please contact Heather Lynn, SQCN Project Manager at [hnlynn@sentara.com](mailto:hnlynn@sentara.com).

### Questions About SQCN or SACO?

For Independent Practices, please contact the Population Health Team:

757-455-7330 | [SQCN@sentara.com](mailto:SQCN@sentara.com)

757-455-7040 | [SACO@sentara.com](mailto:SACO@sentara.com)

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

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