



## Inside Population Health Preventive Care



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Welcome to the June edition. We are highlighting the importance of the Annual Wellness Visit in our “Meet the Measures” section and Innovative Office feature on AWW best practices from the Associates in Primary Care. Other topics include how to help patients reduce their dementia risk, understanding migraine in children, and tips for medication safety.

For men’s health month, our HCC coding tip covers prostate cancer (whether “active” or “history of”), and we have additional information about the importance of prostate screenings for those at risk.

As the new associate medical director for SQCN Medicaid patients, I will work with our SQCN network of providers, and our health plan partners, to improve the quality of care we can give to our Medicaid patients and make it

easier for our clinicians to provide it. I will address the opportunities and challenges of social needs and barriers our patients are facing, and how our SQCN network can be successful in addressing these.

My focus will include the areas of pregnancy care, respiratory disease, diabetes, well child care, care transitions, and behavioral health, where opportunities for improvement are significant. Since these areas are important for all of our patients, I will be collaborating with other SQCN teams to create seamless support and effective initiatives across our population, making it easier for you to provide the high standard of care you desire.

Perhaps most importantly, I'm looking forward to engaging my colleagues to better understand challenges you may be facing, but also the ways your team is succeeding in providing care, and where you see opportunities for enhancing quality and cost-effectiveness. In my previous leadership of statewide quality collaboratives, I have been consistently impressed by the many great ideas that front line clinicians and their teams can provide. I hope this can help our SQCN network to more effectively collaborate across disciplines and provide the necessary tools every step of the way.

We are ultimately a team of great clinicians, for whom excellent patient care is a driving passion. I intend to help us learn together and support each of you in that goal.

Happy summer!

## Meet the Measures: Annual Wellness Visit

Medicare Annual Wellness Visits (AWVs) were added to the "Welcome to Medicare" initial preventive visit in 2011, as a result of the Patient Protection and Affordable Care Act. These important yearly preventive visits allow for providers to develop, in partnership with their patients, a coordinated care plan to address health risks, prevention and screening, functional deficits, and advanced care planning. AWVs are meant to be team-based visits, and have been shown to increase preventive services, reduce healthcare costs, and improve performance on quality measures.

**Other ways to help your patients while improving your quality score:**

- Develop a high functioning team to support AWV workflows. Focus your team and practice on scheduling AWVs in the first quarter of the year, as this helps set the plan for your patient's care and will help your metric performance throughout the year.
- Educate providers to maximize appropriate “add on” billing for preventive and E&M services performed.
- Use the AWV as an opportunity to update the patient problem list with the most specific ICD-10 diagnoses to better reflect the complexity of your exam.
- Remind patients they are eligible for free AWVs (unless other services are performed).
- Ask patients to complete the health risk assessment (HRA) ahead of the visit.
- After the initial visit, consider nurse-led AWVs. (The initial visit must be conducted by the PCP and is an in-person visit.)

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, AWV resources, or care management needs.

AWV Code	Oversight/Delivery of Care	Timing
G0402 (IPPE) Initial Preventive Physical Exam	Performed by a physician or APP.	First 12 months of starting Medicare Part B.
G0438 Initial AWV	Performed by a physician, APP, or licensed clinical staff directed by a physician (direct supervision).	First AWV after the first 12 months of starting Medicare Part B, must wait 12 calendar months if previous IPPE.
G0439 Subsequent AWV	Performed by a physician, APP, or licensed clinical staff directed by a physician (direct supervision).	AWVs done after the “Initial AWV.” Must wait 12 calendar months from previous AWV.

MEDICARE ANNUAL WELLNESS VISITS

### Upcoming Meetings

- The **Pediatric PCPC** meeting is June 18 from 6-7

### Impact Scorecards

Avoidable ED visits (rate per 1,000) remain as our utilization

p.m. [Link.](#)

- The **SACO Primary Care Leadership** meeting is on June 21 from 7-8 a.m.
- The **Practice Managers** meeting is June 26 from 12:15-1 p.m. [Link.](#)

2024 SCHEDULE

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: When to use "active" or "history of" in prostate cancer

Here are some definitions to describe the purpose of treatment:

- **Curative:** To treat cancer.
- **Palliative:** To relieve symptoms and reduce suffering caused by cancer without effecting a cure. It also may be given when there is evidence of metastatic or recurrent/metastatic disease.
- **Preventive or Prophylactic:** To keep cancer from reoccurring in a person who has already been treated for cancer. Or to keep cancer from occurring in a person who has never had cancer but is at increased risk for developing it due to family history or other factors.

**Active cancer is coded as current if the documentation clearly states there is active treatment (Curative).**

When "NED" (no evidence of disease) or "history of" terms are used to describe the current state of the cancer a biological adjuvant drug would be considered prophylactic treatment. The cancer would then be considered "history of" and be coded with a Z-code (**Prophylactic-Not HCC**).

Documentation examples:

- "Prostate CA being Tx with Lupron per Onc." Shows active cancer, use "active" code.
- "Prostate CA, NED, still on Lupron, monitored Q6 months by Onc." History of cancer, use Z code.

MORE PROSTATE CANCER HCC CODING INFORMATION

## Prostate Screening: Questions for your patients

"James," a 40-year-old Black male, was finding it difficult to concentrate at work. He was more tired than usual and believed that his energy levels were low due to his increased workload and his sleep interruption at night. He recently began a lifestyle change focusing on exercising, eating more nutrient dense foods, and consciously drinking more water. With the increase in water, he found himself waking up throughout the night to urinate.

He also believed his focus was impacted as he was caring for his mother who was undergoing treatments for breast cancer. As weeks went by, the frequency in waking up throughout the night did not decrease even though he stopped consuming liquids earlier during the evening to avoid the disruption.

According to the American Cancer Society, Black men and men with a first-degree relative who was diagnosed with prostate cancer before age 65, should start screening for prostate cancer at age 40. A blood test known as the PSA test can be used as a first line screening tool.

However, patients assigned male at birth can also opt to have a DRE (digital rectal exam). During early detection health fairs, Sentara nurses or physicians are on hand to provide information to each patient informing them of risk factors and benefits of prostate cancer testing to promote shared decision making in their health screenings.

Questions to discuss for shared decision making:

- Is the patient at high-risk for prostate cancer?
- What can the patient do to lower the risk for prostate cancer?
- What are the risks and benefits of prostate cancer screening and treatment?
- Are there any warning signs or symptoms of prostate cancer to look out for?
- If the results of the screening test show that a prostate cancer diagnosis, what are options for diagnosis and treatment?

Here are some additional resources to help your patients:

[Prostate Cancer Screening: Questions for the Doctor](#)

[American Cancer Society: About Prostate Cancer](#)

[NIH: Role of BRCA1 and BRCA2 in prostate cancer](#)



## Lower dementia risk

Encourage your patient to reduce their risk of dementia by:

- Controlling blood pressure
- Sleeping and eating well
- Keeping active and connecting with others

Find more CDC information [here](#).

## Headaches and kids

Tension headache is the most common and can affect kids like:

- Those with a family history
- Older teens
- Girls after puberty

Find more from the [National Library of Medicine](#).



## Diabetes and medications

Diabetes is a condition that may require medications. It's important that your patients take them as directed. Download [this tip sheet](#) for helpful information to share with your patients. Contact us for patient [no-cost diabetes self-management services](#).

## Pharmacy Highlights: Proper storage and safe disposal of medications

Every medication has a specific way that it needs to be stored to remain effective and safe for patient use. Please remember to discuss the following with your patients.

**What is the best way to store prescription and non-prescription medicine safely?**

- Ensure all their medications are out of reach of children and pets.

- If any medications are controlled substances like opioids, benzodiazepines, etc., make sure they are locked away and secure.
- Ensure all medications are properly packaged/sealed in their original containers to prevent errors when it is time to take their medications.
- Remove any expired medications from the home to avoid taking medications that may be unsafe or ineffective.

### **What is the best way to dispose of prescription medicine safely?**

Encourage them to find a [drug take-back program](#) for safe and environmentally friendly disposal. These days occur periodically throughout the year. Some DEA disposal sites are also available at certain permanent sites like pharmacies and/or hospitals.

If there are no special disposal instructions, they can safely dispose of the medication in the household trash by following these four steps:

- Mix the medicine with an inedible substance like dirt, cat litter, or used coffee grounds.
- Place the mixture in a container, such as a sealed plastic bag or puncture proof container.
- Throw the container in the household trash.

For prescription bottles with labels, scratch out all the personal information on the prescription label to make it unreadable. Then, dispose or recycle the empty medication bottle. [Download this tip sheet](#) to share medication safety tips with your patients.

Source: [Safe Disposal of Medicines](#)

[CONTACT OUR POPULATION HEALTH PHARMACY TEAM](#)





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