



Inside Population Health Colon & Kidney



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Welcome to the March edition of *Inside Population Health*. This month, we are focusing on colon cancer, kidney health, and endometriosis awareness. We are also looking at diabetes and eating right, as well as nutritional needs for our pediatric community. Measures of the month are [colorectal cancer screening](#) and [kidney health evaluation for patients with diabetes](#).

As a doctor in women's health, these are all topics that may come up throughout a patient's lifespan. Many of the screening tools are seen as uncomfortable or inconvenient. When patients are hesitant, a simple question to ask is: If you had it, would you want it to be treated? This question creates an opportunity for the patient to reflect on whether or not they actually want to know this information and gives the clinician an opportunity to partner with their patient to achieve the patient's goal which ultimately builds trust.

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer is the most common and most preventable cause of cancer death each year. This makes early detection even more important. Screening guidelines have respectively lowered the age to begin at 45 for all patients, or earlier if there are risk factors. Please see Dr. Keith Berger's Innovative Office information below for more best practices on patient communication and screening efforts.

Chronic kidney disease may be hard to diagnosis in the early stages. In addition to leading to other health problems like heart disease, poor kidney health can reduce female fertility and increase preeclampsia risk in pregnant women. There are newer medications that can delay chronic kidney disease progression if started early.

Endometriosis can be difficult to find through traditional ultrasound unless it is an endometrioma. Because of this, many women have a hard time getting a diagnosis. New GnRH analogs are helpful in 80% of people and may replace the traditional leuprolide and danazol. These recent medication improvements have provided relieve to many more patients with endometriosis, especially if surgery is not their optimal management.

It's important to stress a healthy, balanced diet to our patients with diabetes. The CDC offers [meal plans for both our patients who have diabetes and/or chronic kidney disease](#). For our pediatric patients, [CHKD has the Healthy You for Life program for children](#) 3-18 with a BMI greater than the 85th percentile.

Thank you for all you do to keep our patients healthy. Have a great month!

2024 SACO Beneficiary Notice and Poster

It's that time of year. **Please make sure your SACO practice(s) are compliant by putting the CMS beneficiary poster in your reception area.** Also, have several letters available for interested patients. We mailed copies to our independents. For Sentara practices, access the materials on Wavenet site under Support Services/Print Services and put "SACO" in the search.

SENTARA PRINT SERVICES LINK

Upcoming Meetings

- The **Adult PCRC meeting** is March 12 from 6-7:30 p.m. [Link.](#)
- The **SACO Primary Care Leadership** meeting is cancelled this month and will resume on April 19 from 7-8 a.m.
- The **Pediatric PCPC** meeting is March 19 from 6-7:30 p.m. [Link.](#)
- The **Practice Managers** meeting is March 27 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

HCC Coding Tip: Kidney Disease and Renal Manifestations

Proper documentation is so important when it comes to patient care. Please see the information below to help you achieve quality measures as well.

Chronic kidney disease (CKD) is characterized by (GFR) < 60 for > 3 months, evidence of kidney damage such as albuminuria, or abnormal kidney structure detected by imaging. Code first any causal condition:

- Hypertensive CKD: (I12,I13)
- Diabetic Kidney Disease: (E11.22 plus Stage of CKD)
- Diabetic with Microalbuminuria: (E11.29/R80.9)

- CKD Stage 3a: (GFR 45-59) (N18.31)
- CKD Stage 3b: (GFR 30-44) (N18.32)
- CKD Stage 4: (GFR 15-29) (N18.4)
- CKD Stage 5: (GFR < 15) (N18.5)
- ESRD: (GFR < 15, on dialysis) (N18.6)

Your practice can also add Dialysis Status (Z99.2) and Hyperparathyroidism of renal origin (N25.81).

Pharmacy Highlights: Renal Dosing

Renal dosing refers to adjustments in the dosage or frequency of a medication for patients with impaired kidney function. Medications that are renally eliminated may need to be dose adjusted in patients with renal impairment to avoid toxicity. Renal dosing recommendations are often based on a patient's estimated creatinine clearance (CrCl), but some medications may have recommendations based on the estimated glomerular filtration rate (eGFR) of the patient.

Classes of medications which may require renal dosing adjustments include antihyperglycemics (e.g. metformin), antimicrobials (e.g. carbapenems, cephalosporins, penicillins, quinolones, etc.) antihypertensives (e.g. ACE/ARBs, beta blockers, diuretics), and analgesics (e.g. morphine, codeine, NSAIDs). Certain medications may be contraindicated for use based on the severity of a patient's renal impairment. Resources to guide renal dosing for patients with impaired kidney function include FDA-approved package insert information, drug information resources (Lexicomp, Micromedex, guidelines, etc.), and renal dosing protocols specific to your institution.

Sources: Munar M.Y., & Singh H. (2007). Drug Dosing Adjustments in Patients with Chronic Kidney Disease. *Am Fam Physician*, 75(10):1487-1496

Kidney Disease: Improving Global Outcomes (KDIGO) Diabetes Work Group (2022). KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. *Kidney international*, 102(5S), S1–S127. <https://doi.org/10.1016/j.kint.2022.06.008>

Roy, P. J., Weltman, M., Dember, L. M., Liebschutz, J., Jhamb, M., & HOPE Consortium (2020). Pain management in patients with chronic kidney disease and end-stage kidney disease.

[Current opinion in nephrology and hypertension, 29\(6\), 671–680](#)

CONTACT POPULATION HEALTH PHARMACY SUPPORT

Care Corner: ESKD

Care management services:

- Dialysis and transplant service coordination, including transportation.
- Treatment education for transplant, home therapies, palliative, and hospice.
- Home DME coordination.



Innovative Office: Virginia Colonoscopy & Center for Health and Cancer Prevention, LLC

This practice sees not only local patients, but many who travel from outside of the surrounding area and even outside of the state.

Referrals are sourced directly through patients, other physicians, and consistently positive Google reviews. Virginia Colonoscopy believes that those results are a function of putting excellent patient communication—and the

importance of listening—first.

Here are some of their best practices that have worked for scheduling colonoscopies and more:

- **Find out where the patient is coming from and how they really see things.** Often, a negative can be turned into a positive.
- **If they're visibly anxious, ask: What is this concern about?** It could be an incorrect perception or wrongful information.
- Reminder that it is not just about a colonoscopy or other preventive screening. **What patients really want is peace of mind and longevity.** Colon cancer is very preventable with what is now a 10-minute procedure. Choosing to get a colonoscopy can save a life, literally.
- **Note the many recent advancements in any type of screening.** For example, newer anesthetics result in safer, painless procedures. Sometimes that is a patient concern.
- **Give people a little more than they expect.** Exceeding expectations is a great way to build trust and patients will enthusiastically promote your practice. Virginia Colonoscopy will at times give patients a weekend call with results. The office also gives out personal cell numbers. While patients rarely call, they really appreciate that they can.
- **Finally, think of every person on your staff as a leader.** Leadership is critical to success and applicable everywhere in every aspect of the office. It is everybody's job.

[VISIT VIRGINIA COLONOSCOPY HERE](#)

Colon Cancer: Questions to Ask Your Patients

Colorectal cancer is the fourth deadliest form of cancer that affects both male and female adults. It's also the more preventable. That's why screening is so important.

Questions to ask your patients:

- What screening test(s) do you feel most comfortable with?
- Do you need any help with the preparation?
- Do you have any questions about the test itself?

- Do you have any barriers to care? Like transportation or someone with you?
- Do you have a primary care team to share the results with?

SCREEN FOR LIFE: COLORECTAL CANCER ACTION CAMPAIGN

Diabetes and Nutrition

Meal planning is important for all your patients, especially those with diabetes. If you have a patient who might benefit from diabetes self-management services, please contact our [Population Health Care Management team](#).



Children and Nutrition

Your pediatric patients can benefit from healthy eating as well. The USDA MyPlate website has created a series of interactive games and activities to help children learn about nutrition in a fun and meaningful way. Click on the button below.

[USDA MYPLATE NUTRITION INFORMATION FOR KIDS](#)

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