



# 2022 Best Practices Conference

*Adult – Family Practice & Internal Medicine*

## **Kidney Disease Evaluation (KED)**

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## Facts

- > Approximately 90% of those with early kidney disease don't know they have it
- > Approximately 1 in 3 adults with diabetes may have kidney disease or are at risk
- > Kidney Disease affects an estimated 37 million people in the U.S.



## KED Testing

Kidney Health Evaluation includes both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR)

- > At least one eGFR is required during the measurement period
- > At least one uACR is required during the measurement period
  - > The uACR is identified by the member having both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart

**The eGFR assesses kidney function while the uACR assesses kidney damage**

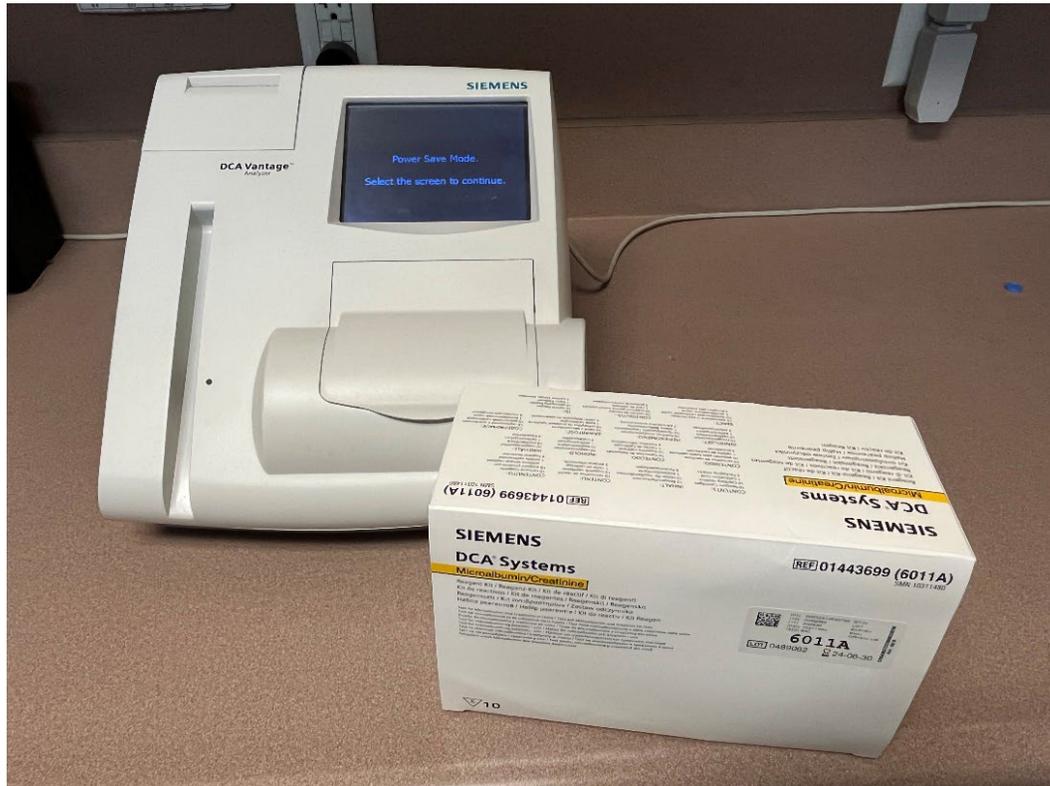
Results of the KED provides providers and patients with critical information they need to identify chronic kidney disease and develop a treatment plan which may include additional testing, lifestyle changes, medicine, treating the risk factors for diabetes or a referral to a nephrologist for further evaluation

**But once kidneys fail, treatment with dialysis or a kidney transplant is needed.**

# Exclusions from Testing

- > Evidence of ESRD or dialysis any time during the member's history
- > Members receiving palliative care or in hospice during the measurement year
- > Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness (see advanced illness guide).
- > Members 81 years of age and older as of December 31 of the measurement year with frailty
- > Members that did not have a diagnosis of diabetes and who had a diagnosis of polycystic ovarian syndrome, insulin resistance/dysmetabolic, gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year in any setting.

## Best Practice and Measure Tips



- > The uACR can be sent to the labs or there are in-house testing options that can be used to have results while seeing patients in office
- > Jordan Meadows uses Siemens DCA system Microalbumin/Creatinine
  - > [ref 01143699 (6011A)]
  - > Make sure the test is NOT semi-quantitative.
- > The CPT code: ACR 82043 & urine creatinine 82570.

## Best Practice and Measure Tips

Both eGFR and a uACR are required during the measurement year. We as a clinic routinely refer member with a diagnosis of diabetes for both eGFR and uACR.

- > Follow up with patients to discuss and educate on lab results
- > Educate on how diabetes can affect the kidneys and offer tips to your patients on preventing damage to their kidneys
- > Controlling their blood pressure, blood sugars, cholesterol, and lipid levels.
- > Take medications as prescribed that can protect kidney function (ACE inhibitors or ARBs)
- > Offer education on medications that could be harmful to the kidneys (NSAIDs such as naproxen or ibuprofen)
- > Develop or maintain healthy lifestyle habits (smoking cessation, exercise, and weight loss/maintain healthy weight)
- > Coordinate care with specialists such as an endocrinologist or nephrologist as needed. It is widely recommended that patients with stage IV CKD should see a nephrologist. Some patients may need to see nephrologist at CKD stage III under certain circumstances.

## Bibliography:

- > Stage 4 chronic kidney disease (CKD). American Kidney Fund. <http://www.kidneyfund.org/all-about-kidneys/stages-kidney-disease/stage-4-chronic-kidney-disease-ckd>. Published January 24, 2023. Accessed September 23, 2022.
- > Diabetic kidney disease. National Institute of Diabetes and Digestive and Kidney Diseases. <https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems/diabetic-kidney-disease>. Published February 2017. Accessed September 23, 2022.
- > Kidney disease: The basics. National Kidney Foundation. <https://www.kidney.org/news/newsroom/fsindex>. Published May 24, 2022. Accessed September 23, 2022.
- > Rollins T. Photo of Jordan Meadow's KED Machine. KED Machine. Tori Rollins; 2022.

# Cancer Screening



## Breast and Colorectal Cancer Screening: Tips and Tricks

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# Cancer Screening

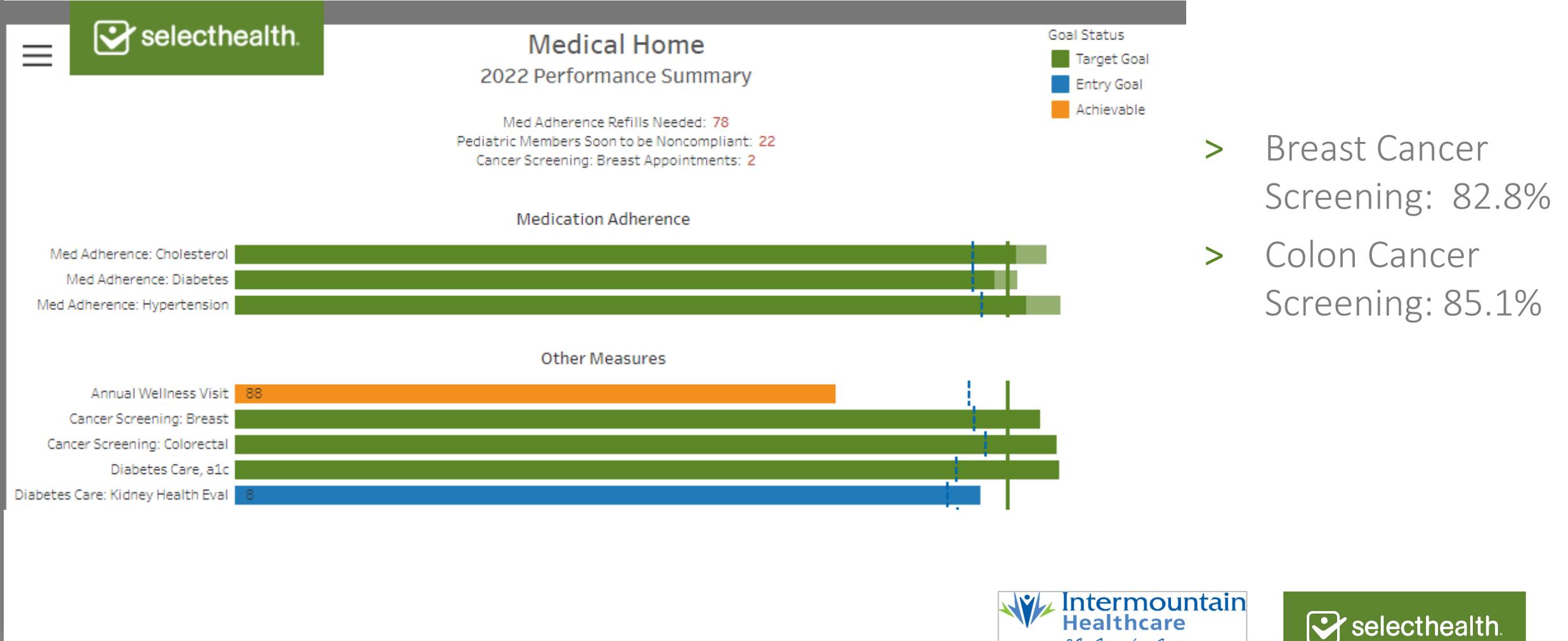
## Salt Lake Clinic Internal and Family Medicine

- > Practice of 20 Clinicians: 16 MD, 4 APP
- > Includes LGBTQ+ Primary Care Team
- > Team also composed of:
  - > Medical Assistants
  - > Care Coordinators
  - > RN Care Managers
  - > Patient Service Representatives
  - > Social Worker
  - > Clinical Pharmacist



# Cancer Screening

## Cancer Screening: Breast and Colon



# Cancer Screening

## Cancer Screening: Breast and Colorectal

- > Disclaimer—Individual Care Teams are drivers for these achievements
- > 5 Care teams were extraordinary with their rates:
  - > Dr. Hales, Jessica Griego, Shannon Hayworth
  - > Dr. Maxwell, Jeanette Thomas, Kylie Allen
  - > Dr. Parkin, Brooke McBride, Karli Burkhart
  - > Dr. Mitchell, Shay Carrell, Bethany Lantz
  - > Dr. Towner, Kylie Allen



\* Dr. Towner and Care Coordinators not Pictured

# Cancer Screening

## What Things Make a Difference with Cancer Screening?

### Planning

- Pre-visit planning with Care Team—Care Gaps
  - Team huddles occurring 1-4 times per week
- Scheduling AWW/PHR a years in advance

### Teamwork

- Coordination between care team and other departments—Imaging and Lab
- Empowering Team Members
  - Care Coordinators can order and facilitate FIT testing
  - Care Coordinators have access to scheduling mammograms themselves

### Resources

- FIT test kits available in department and in the lab
- Mammography available in our building—patients walk down and schedule after their visit
- Dr. Hales completes colonoscopies—though timeline isn't necessarily sooner patients can schedule on their way out

### Vigilance

- Reviewing screening needs frequently, not just AWW/PHR
- Putting in reminder and prompts
- Pro tip from Dr. Mitchell: “PCMD”
  - Pap/PSA
  - Colon Cancer Screening
  - Mammogram
  - Dexascan



# Experience Moment

**QUESTIONS?  
IDEAS?**

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# Adult - MH Updates

## Colon Cancer Screening (COL)

- > New for 2023:
  - Screening starts at **age 45**
- > Screening Options:
  - FOBT yearly
  - FIT-DNA every 3 years
  - Flexible sigmoidoscopy every 5 years
  - CT colonography every 5 years
  - Colonoscopy every 10 years



# Adult - MH Updates

*I'm back...*



## Diabetes Eye Exam (EED)

- > New for 2023:
  - Back as a paid measure
  
- > Screening Options:
  - Retinal or dilated eye exam by eye care professional
  - Yearly:
    - If retinopathy is present
  - Every 2 years:
    - If negative for retinopathy

# Attention Family Practice!

**NEW**

## Option for 2023:

- Participate in the pediatric measures

## Requirement:

- 20 attributing members

## Next steps:

- We will notify you if you qualify
- Let us know if you're interested

# THANK YOU!

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