



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 ration (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

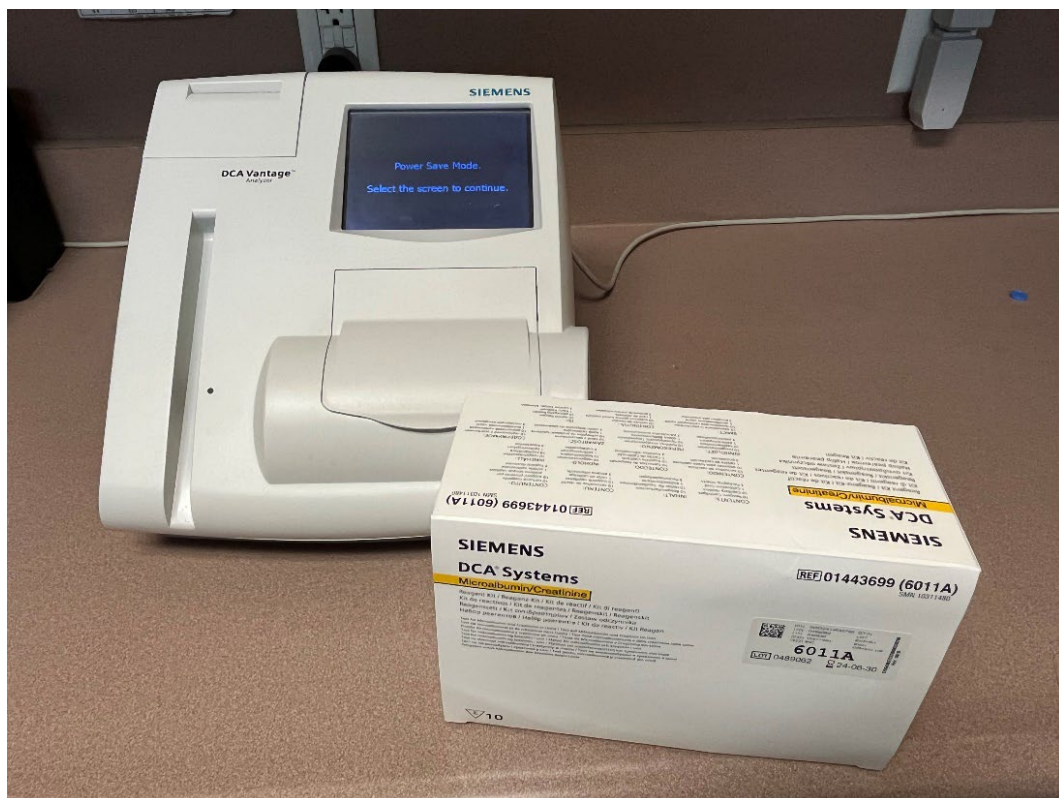
But once kidneys fail, treatment with dialysis or a kidney transplant is needed.



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

Jared Cowley, BSN, MBA
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Shannon Haworth, Castell

Cancer Screening

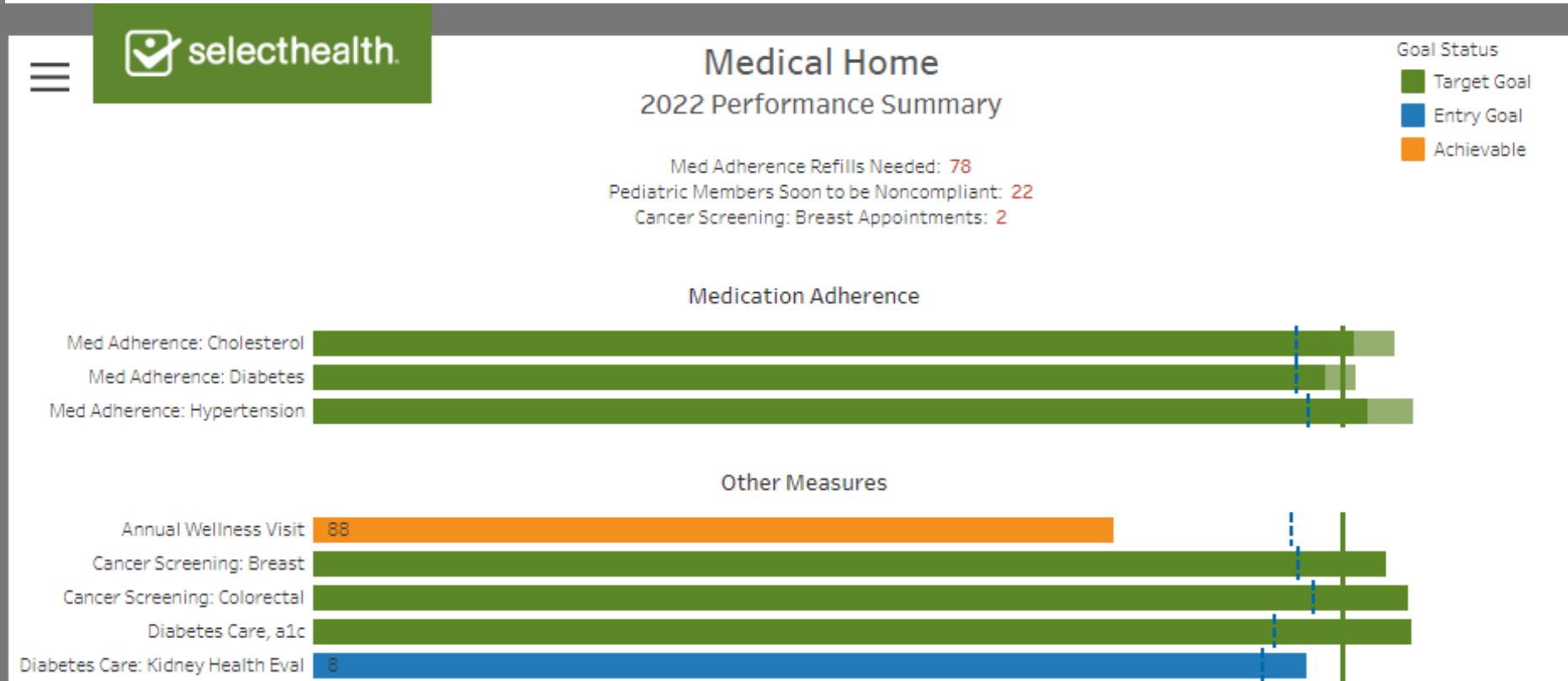
Salt Lake Clinic Internal and Family Medicine

- > 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



- > Breast Cancer Screening: 82.8%
- > Colon Cancer Screening: 85.1%

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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