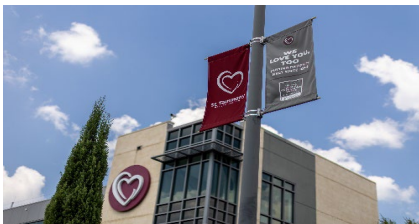




## Quarter 3 STQN Newsletter

### United in Good Health | The STQN Way



### Connecting and Strengthening our Community Bonds Through Epic Community Connect | *Are You Utilizing Epic?*

#### Community Connect

Extending **Epic** to the Community

#### Welcome!

To a team of over **4,500** physicians in over **80** locations, **35** hospitals, **2** freestanding EDs, **17** urgent cares, with over **2,000** independent medical providers

#### Software Package includes:

- Clinic/ambulatory module
- Practice management
- Patient portal
- Provider mobile app
- Virtual visit/telemedicine

#### Integration (included):

- Labcorp & Quest
- E-prescribing (via surescript)
- Evidence-based patient education

#### Integration (optional):

- Real-time eligibility
- Patient appt. text reminders

## A message from our chairman:

St. Tammany Quality Network was formed in 2013 by a handful of physicians that desired to start an organization centered around excellence in patient experience, clinical outcomes, and in the health of our community. Over the last 10 years, it has grown to more than 300 member physicians.

While we have expanded in size, we continue to maintain our dedication to close collaboration, which has ultimately led to our continued success.

Initially, STQN required membership dues which served both as an investment in our new entity and as a component in our operational budget.

Due to our success with shared saving plans and value-based contracting, the need for continued monetary support from our membership is not felt to be needed at this time. Starting in 2023, members will not be asked to pay dues. Annual reviews will be conducted to assess the feasibility of maintaining a dues-free membership with the goal of eliminating the need for reinstating dues in the future. The fruits of our labor are truly paying off.

STQN thanks each physician for their steadfast dedication to the health and vitality of our community.

Respectfully,

L Phillips Jenkins

Interested in Epic? Subsidies and cost savings may be available! Contact Craig Doyle at [cdoyle@stph.org](mailto:cdoyle@stph.org) or (985) 898-4058, for more information.

# The most recent recommendations for breast imaging for women:

## *Annual adoption of mammography screening guidelines*

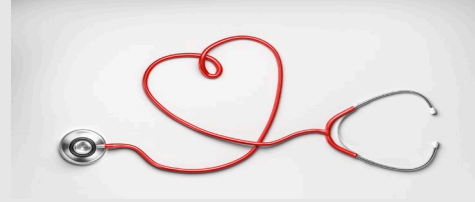


1. Lifetime risk of breast cancer >20%; known genetic mutation in the patient or a first degree relative.
  - Annual mammogram, starting at age 30 and annual MRI starting age 25 to 30.
2. Women exposed to a cumulative chest radiation dose of  $\geq 10\text{Gy}$  by age 30.
  - Annual mammography starting at age 25 or eight years after RT, whichever is later, and annual breast MRI beginning age 25-30.
3. Women diagnosed with breast cancer prior to age 50 or with a personal history of breast cancer and dense breasts.
  - Annual supplemental screening with breast MRI. Others with a personal history should strongly consider supplemental screening with MRI, especially if other risk factors are present.
4. For those who qualify for but cannot undergo breast MRI, annual supplemental screening breast ultrasound should be considered.
6. For women with dense breasts who desire supplemental screening, screening breast ultrasound or breast MRI is recommended.
7. For women ages 25 but <40: Clinical encounter every 1-3 years and breast health awareness education.
8. For women age 40 and older: annual clinical encounter, mammogram (consider tomosynthesis) and breast health awareness education.
9. All women should have a risk assessment by age 25, especially black women and women of Ashkenazi Jewish heritage.

*References: Asymptomatic Women at Average Risk (NCCN Breast Cancer Screening and Diagnosis Clinical Practice Guidelines Version 1.2022); ACR, 2023*

## Annual Wellness Visits | Encourage patients to get their preventive

- Annual wellness visits (AWV) are an important aspect of preventive healthcare.
- AWVs aim to promote overall well-being and to identify potential health issues early on.
- AWVs help identify and document previous diagnoses of Hierarchical Condition Categories (HCC) and contributes to risk scoring.
- Appropriately coding the AWV helps in tracking and analyzing the frequency and impact of preventive care measures, which can contribute to improving patient outcomes and population health management.



### AWV | Topics to Address:

- ✓ Patient history/family history
- ✓ Medication lists
- ✓ Depression screening
- ✓ Smoking status, drug use, alcohol use
- ✓ Cognitive and functional status
- ✓ Fall risk assessment
- ✓ Safety concerns
- ✓ Chronic diseases such as: HTN, CHF, DM, ESRD, COPD and vascular disease
- ✓ Advance directives
- ✓ BMI, vitals, head-to-toe exam, reflex checks, lab tests, immunizations, cancer preventive screenings



### Let us not forget about our young superstars!

#### Topics to address with pediatric patients:

- ✓ Patient history/family history
- ✓ Measurements/BMI review/vital signs
- ✓ Sensory screening/depression screenings
- ✓ Developmental/behavioral assessments/sexual activity
- ✓ Physical examinations/oral health/nutrition/exercise
- ✓ Procedures (i.e., newborn blood screening, H&H, lead screening, STI/HIV screening, cholesterol, immunizations)
- ✓ Anticipatory guidance to caregivers on growth and development of the child



# Unlocking the Power of Prevention: The Latest Vaccine Updates



## RSV:

- An adult RSV (Respiratory Syncytial Virus) vaccine is now available! A single dose is recommended for adults 60 years and older.
- The RSV vaccine works by targeting the prefusion F glycoprotein, which mediates viral fusion and host cell entry, to trigger an immune response against RSV infection.
- Patients who are immunocompromised, have CHF (Congestive Heart Failure) or COPD are at risk for more serious complications (bronchiolitis and pneumonia) from RSV.

## Menveo:

- The new Menveo (Meningococcal vaccine) is approved for patients 10 years to 55 years old.
- This covers the routine age-appropriate vaccinations recommended for patients 11 and older by CDC.
- Supply is limited for Menveo 2 vial presentation and is reserved for patients between 2 months and 10 years old with asplenia, HIV or persistent complement component deficiency.

## Pevnar 20:

- Pevnar20 is a pneumococcal conjugate vaccine, a one-time dose that replaces Pevnar13 and Pneumovax 23 in adults.
- A single dose of Pevnar20 is recommended for patients over 65 years old and those 18-64 years old with certain underlying medical conditions or risk factors.

## Influenza:

- Flu vaccines will be available this fall.
- Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications.
- High dose or adjuvanted flu vaccines are recommended for patients 65 and older.

## Dates to Remember:

**4Q STQN Performance Management Committee**  
Oct. 10 | 7:00 a.m.

**Public Health Update -  
Fall Medical Staff Meeting | Joseph Kanter, MD**  
Oct. 17 | 5:30 p.m. | The Southern Hotel

**Diabetes Update CME | Pavan Chava, DO**  
Oct. 19 | 5:30 p.m.

**Hormone Replacement Therapy CME | Katherine Williams, MD**  
Nov. 9 | 5:30 p.m.

**4Q STQN Finance & Operations Committee**  
Nov. 14 | 5:30 p.m.

**4Q STQN Board Meeting**  
Dec. 12 | 5:30 p.m.

**Lung Cancer Diagnosis and Care 2 CME | Ricardo Blanco, MD &  
Brian Pettiford, MD**  
Dec. 5 | 5:30 p.m. | STHS Board Room