

Your Henry Ford ACO News



A Message from your HFACO Chief Medical Officer



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In this issue:

- What Exactly is a Primary Care Physician?
- Henry Ford's Diabetes
 Care Connection Q&A
- How to Get Your Veggies in the Winter
- Choosing Wisely®
 Update
- Community Paramedic Helps Patient in the ER
- Stay Fit Even in the Cold Weather

Dear HFACO Member,

As a practicing physician I am keenly aware of how small measures can help prevent serious injuries and even death. I am mostly talking about falls.

Falls are one of the greatest risks to anyone's health. This is particularly true when a fall results in a spinal or hip injury or fracture. Only one-quarter of those incurring either of these injuries are able to return home with the same level of functioning. Half either have to enter an assisted living facility or return home without their previous functioning level. And, sadly, one-quarter die from causes related to the injury. This is why a fall-risk assessment is part of your annual wellness visit. Here are some things you can do to reduce your risk of falling:

- **Strengthen your core muscles.** Yoga and Pilates are excellent ways to increase core strength. Doing a home workout that includes sit-ups, pushups, squats, lunges and planks is also effective. Be sure to check with your doctor before starting a new exercise program.
- Balance training. Improve your balance by practicing tai chi, an exercise often available at senior centers. At home practice standing on one foot – always with the aid of a chair or table nearby.
- Home safety. Make sure your home is well-lit, especially the path between your bedroom and
 the bathroom at night. Get rid of rugs that can flip up and trip you. Keep the floor clear of clutter.
 Small pets can be considered a fall risk as well so know where they are before you take a step.
- **Sidewalk safety.** When temperatures hover around freezing or below, black ice (ice that is invisible to the eye) can form on sidewalks, driveways and parking lots. Try to stick to pavement that has been salted or treated.
- **Eye check.** Make sure you are up to date with your eyeglass or contacts prescription. Be extra careful if you are adjusting to a prescription change (especially progressive lenses).
- **Hearing check.** Schedule an appointment with an audiologist if you are experiencing sudden hearing and balance changes.
- No narcotics or sedatives. These drugs have been shown to increase fall risk.

For more information on how to decrease your fall risk, please see the related article on your HFACO website at www.henryfordaco.com (under the For Beneficiaries and Patients tab).

Kind regards,



Bruce Muma, M.D.

HFACO Chief Medical Officer, Interim President and Executive

What Your Primary Care Physician Can Do For You

Staying – or getting – healthy is not a solitary mission. You have your primary care physician, often referred to as your PCP, on your side! Working together, you and your PCP can navigate the waters of prevention, screenings and any health issues that may arise.

Your PCP may be an internist or a family practice doctor. It's very important that you feel comfortable talking with your PCP about any health concerns or changes. This is because he or she is responsible for your comprehensive care. This means he or she addresses the care of your entire body. That said, your PCP does not replace any of the specialists you see. If you have a cardiologist, pulmonologist or any other specialist for specific health issues, it is important that you maintain



that relationship. Your specialist(s) will send all reports and updates to your PCP. This keeps your PCP in the loop so that he/she has a comprehensive look at your health at all times.

You can turn to your PCP for the following types of care:

- Your yearly physical/exam. This is an appointment where the physician will examine you and evaluate your overall health.
- Annual Wellness Visit. This is a conversation appointment. Your PCP can discuss medications you are on, fall risk, preventive measures, screening for depression, etc.
- Non-emergency health issues. Most PCPs can handle non-emergency health issues, such as: sinus infections, nagging pains, aches that appear suddenly, or minor injuries such as sprains, complications from the flu, headaches, etc. As your PCP can handle these types of minor health issues in the office, there's usually no need to go to a walk-in or urgent care clinic (or the ER) when experiencing these types of symptoms if your PCP is available.
- A recommendation to a specialist. Maybe you need to see an orthopedic specialist for joint pain, or a cardiologist for heart issues. Your PCP can recommend someone.
- **Guidance.** Your PCP's office can provide you with guidance on where to go for a higher level of care that they cannot handle in their office. This could include a specific walk-in or urgent care clinic, or an Emergency Room.

Thinking of your primary care physician as the "captain" of your health boat will help you understand how important this relationship is. With their vast knowledge they can guide you to smooth health waters. And if the waters get rough, they can steer you in the best direction possible.

The Survey Says...

In an effort to receive valuable feedback from patient participants of the Henry Ford Accountable Care Organization, Medicare will send out a survey to many of our members beginning in January of 2018. If you receive this survey from Medicare (it may also say it is from the Centers for Medicare and Medicaid Services, or CMS), we respectfully request that you complete it and return it to Medicare.

It is through this type of survey that Medicare can better understand how you are benefiting from Henry Ford Health System's participation in their ACO model. This information will also help Henry Ford and Medicare work together to create an even better care experience for you whenever you need medical help.

As of November of 2017 Henry Ford had not received the sample questions from Medicare, so we cannot provide you with examples. However, should you receive this survey and have any questions, please contact Medicare directly (as it is their survey) by calling 1-800-MEDICARE.



HFACO Physician Leader Talks Diabetes

The physician leader of the Henry Ford Diabetes Care Connection, Dr. Deloris Berrien-Jones, works directly with patients who are recently diagnosed with diabetes, in addition to those who have been living with this disorder for years. Dr. Berrien-Jones recently shared some of her thoughts on diabetes and the challenges faced by those most recently diagnosed.

Q. Exactly what is type 2 diabetes?

A. Type 2 diabetes is a disorder in which the pancreas does not make insulin or the body is resistant to the insulin produced. Type 1 and Type 2 are the major forms of diabetes. The result is glucose

toxicity, which over time can lead to the complications of diabetes such as blindness, atherosclerosis, nerve injury and a host of other vascular problems.

Q. Is this usually a difficult diagnosis for a person to come to terms with?

A. Yes, it can be hard for some patients to accept. There are still phobias and fears that exist about diabetes. Denial is the biggest barrier. This is where Henry Ford's Diabetes Care Connection can help, mainly with education. Education is the key to understanding and coping with diabetes. Once someone realizes that they can easily make lifestyle modifications, fear and denial drift away. It used to be that when you were diagnosed with diabetes you were put on a low-calorie diet, but not anymore. You still need fat and carbs in your diet. Our educators meet with each patient one-on-one to discuss this and create a strategy.

Q. What can a person do to immediately and positively impact this disorder?

A. Start with small changes. You don't have to change everything at once! It might be a series of small changes like losing 5-7% body weight, adding an exercise program or cutting down on food portion sizes. This can let you manage your diabetes just fine.

Q. How do you help patients struggling with the emotions of this diagnosis?

A. I tell them that their life is not over! People live with diabetes every day. They manage their condition by practicing good nutrition, exercise and, if necessary, they lose weight. Today we have 12 classes of medications to treat diabetes. That means more treatment options. We also screen for depression and "diabetes distress" – we address the barriers of coping. This is important since research suggests many people with chronic illnesses may suffer from depression. Our services include behavioral health experts – to help guide our patients through this transition time in their lives.

Q. Can a person with type 2 diabetes ever reverse their diagnosis?

A. Yes! Diabetes can be controlled, managed and, in a few cases, reversed – with bariatric surgery or effective/consistent lifestyle changes. Overall, lifestyle changes and medication are the mainstays of treatment. We have had many patients go from needing insulin shots to taking oral medicines (and vice versa). Like with most chronic diseases the focus is on "control" and prevention of complications. Of course, there are people who "fall off the wagon." When that happens we investigate to find out what their current barrier is. We also have lab tests that can assess "control" of diabetes. Monitoring this during regular checkups and giving the patient feedback is important in helping them understand their role in managing their diabetes. Then we work with them to help them overcome their barriers with self-management skills.

(continued on page 5)

The Lowdown on Fall and Winter Veggies

Say goodbye to fresh tomatoes, cucumbers and green beans off the vine. It's time for fall and winter veggies. While they may not be as "pretty" as summer veggies, cold weather vegetables pack a nutritious and delicious punch.

They key is to aim for a colorful plate. You can do this by incorporating some of these cold weather all-stars:

- sweet and new potatoes
- squash butternut, acorn, spaghetti, etc.

- carrots
- radishes



If you are a fan of salad, try incorporating fresh winter veggies such as kale, spinach, cauliflower or shaved brussels sprouts in your lettuce mix. You can also add chilled roasted butternut squash cubes for added texture and sweetness.

Eating what is considered to be "in season" is important because you generally get more nutritional value from produce picked near the peak of its ripeness. Slice up red pepper, tomatoes and cucumbers into your salad for a splash of summertime flavor.

Keep in mind that when choosing between frozen or canned veggies, always go for frozen. Frozen veggies are picked at their peak of ripeness (and nutrition) and are quickly frozen to retain those nutrients. The same may be said about canned veggies, but most contain unhealthy amounts of sodium. Adding frozen vegetables to a stir-fry, soup or veggie omelet is a quick and easy way to get lots of nutrition

Have fun with fall and winter vegetables. Try something new each week or a new way of preparing an old standby. It's a healthy plan for the winter months

Did You Get Your Annual Wellness Visit Yet?

Because you are a member of the Henry Ford Accountable Care Organization (HFACO), you can receive a \$25 check as a as a Coordinated Care Reward from Medicare. All you have to do is get your Annual Wellness Visit with your HFACO doctor. The deadline is December 31, 2017.

Why is Medicare doing this? The Annual Wellness Visit is a great chance for you to have a conversation with your provider to address specific health issues. The Annual Wellness Visit includes a fall-risk assessment and depression screening. Other conversations you will have during this visit include:

- Medications you are taking;
- Health tools you may need such as a cane or wheelchair;
- Your cognitive status (how well your mind is working); and
- Screening tests you should have in the next year.

Medicare reviews medical records every quarter. Because of this you may not receive your \$25 check for 3-6 months after your visit. Questions about your payment? Please call Medicare at 1-800-MEDICARE. That's 1-800-633-4227.

Diabetes (continued)

Q. How can someone reduce their risk?

A. After the age of 40 you should be screened annually for diabetes; then every three years if your numbers are normal. If you have prediabetes, you should be screened every six months. There are programs around the state to address prediabetes in addition to the nationally recognized Centers for Disease Control and Prevention's Diabetes Prevention Program. Other than that, eat a healthy diet, exercise regularly and work on losing weight if you carry extra pounds.

Q. How can someone help a friend who has diabetes?

A. Listen to them. Try to understand their barriers. Invite them over for dinner and serve lots of veggies and lean protein. Shop with them for food; help them make good food choices. Invite them to go on a walk with you or another type of physical activity. Bring them treats such as fresh fruit or prepared meals that are healthy, such as salads with salmon or grilled chicken. Let them see that eating healthy can be tasty and physical activity can be fun!

Are You Choosing Wisely?

Choosing Wisely® is a national health-related program. The goal is to question "typical" care and determine if it is the "best" care. The program also offers physicians ideas of how to avoid wasteful or unnecessary medical test, procedures and treatments.

All Henry Ford doctors know about Choosing Wisely and actively use this information in care plans. But it is also important that you know about these recommendations. Why? They may differ from what you are used to. If you know about them, you'll understand why your doctor is choosing these new practices. Here are a few of the most recent Choosing Wisely recommendations:

Vitamin D screening limited to high risk patients

In southeast Michigan we usually don't get enough vitamin D from sun exposure throughout the year. Because of this, physicians can assume that patients need a vitamin D supplement. Patients with a higher risk of vitamin D deficiency due to other health issues are still evaluated regularly through blood tests.

Screening for carotid artery stenosis (CAS) is unnecessary in adults without symptoms

The carotid arteries are two large blood vessels that feed oxygenated blood to the front part of your brain. This is the part of the brain that controls your thinking, speech, motor functions and even your personality. When you feel your pulse on the sides of your neck, you are feeling the carotid artery. Choosing Wisely states that carotid artery screening can lead to complications. So unless you have symptoms of carotid artery stenosis (a blockage of the artery), you likely won't be screened.

Avoid using nonsteroidal anti-inflammatory drugs (NSAIDS) if you have hypertension, heart failure or chronic kidney disease (CKD)

The four most commonly used NSAIDS are aspirin, ibuprofen (Advil and Motrin), Naproxen (Aleve) and Celecoxib (Celebrex). They also include various cyclo-oxygenase type 2 (COX-2) inhibitors. These drugs are used to help treat common or bothersome pain. But if you have hypertension, heart failure or CKD, these medications can elevate your blood pressure. They can also lessen the effectiveness of blood pressure medication, cause fluid retention and worsen kidney function. Talk with your doctor about other options such as acetaminophen (Tylenol) instead.

Community Paramedic Connects to Help Patient

Sometimes a health situation pops up and it seems the best option is to go to the Emergency Room (ER). This is usually because you are in a great deal of pain or you are scared by what you are feeling. Or maybe it's after hours and you cannot reach your primary care doctor.

As a member of the HFACO, you have special services available to you. This includes times when "emergency medicine" may not be what you need. For these times, we have our Emergency Disposition Support (EDS) program. The EDS program is currently at Henry Ford Hospital



(downtown), Henry Ford West Bloomfield and at the Fairlane Center. It will be at all Henry Ford ERs by the end of this year.

The EDS program provides a Navigator in the ER. The Navigator works with the ER physician to provide additional care options created for our HFACO patients. This includes the use of community paramedics. When ordered by the physician in charge, the paramedic can meet you in the ER. He or she will evaluate your needs and offer home visits if you do not need an emergency-level of care. This is another layer of personalized care for our HFACO patients. And it is offered at no cost to you!

Below is an example of how the EDS Navigator and a community paramedic worked to help one of our HFACO patients:

The patient was a 73-year-old woman who had back surgery in 2013. But she was experiencing chronic back pain. With the pain too much to handle and a horrible headache, she went to the ER at Henry Ford Hospital.

The ER physician examined the patient. Then he called the EDS Navigator - Aisha Davis - to discuss admitting the patient to a skilled nursing facility. Through investigating, Davis learned that the patient didn't qualify for physical or occupational therapy in such a facility. So she recommended other options. These included community paramedicine.

After getting the OK from the ER physician, Davis called in a community paramedic. The paramedic was at the ER within an hour to meet with the patient and discuss her situation. The team agreed that the patient could return home, but that the paramedic would conduct a home visit the next morning. While this went on, the Navigator scheduled an appointment for the patient with her primary care physician for three days later. The Navigator also provided home health care information to the patient as a suggestion to help care for her husband, who was dependent upon her.

After meeting with her primary care doctor and a neurologist, the patient underwent back surgery the next month.

"The paramedic made the patient feel more at ease about her concerns and treatment plan," Davis said. "I also received a call from her after all of her appointments thanking me for helping her. She was grateful for the empathy and professionalism we showed."

This is just one of the many special and additional services we provide to our HFACO patients. Our goal is to create a better health outcome and a greater patient experience for you – all at a lower cost.



Staying Fit in the Winter Chill

Staying active in late fall and winter months takes some effort and planning. It's time to get creative and stay open to possibilities as you chart your fitness path for the winter.

Get Outside

If you have a warm coat, a hat and gloves you can walk outside. This is especially important to do if the sun is out. During the winter many people do not get sufficient vitamin D from sun exposure. So get out there when it is shining! Breathe in the fresh air and give your lungs a break from the recycled heated inside air. Of course, take care if there is ice on the sidewalk or driveway. Often public sidewalks are sprinkled with salt to make walking safe.

You may also opt for other outdoor activities such as cross-country skiing or ice skating. If these activities are new to you check first with your primary care doctor to make sure you are healthy enough to participate – or if you first need some aerobic conditioning or strength training.

Go Inside

Explore indoor versions of your favorite activities – tennis, swimming, basketball, etc. Local fitness clubs, recreation centers and YMCAs have many of these options.

Perhaps you want to join a gym to do strength training and cardio workouts. See if you can get a free one-week trial to determine if you actually like it and will use it before signing a contract.

If you walk inside at local shopping malls, spice it up a bit. Instead of going to the same mall or building, see if a friend wants to drive to a mall or rec center in a different area.

If you have the resources, space and inclination, look into purchasing a few pieces of exercise equipment for your home. A stationary bike, treadmill, exercise ball and some free weights are some examples. Perhaps check out local estate sales for used equipment, which would make this more affordable.

Think "Different"

Bowling may not seem like a workout but it gets you moving ... while lifting a weight and lunging. It can also be done with friends to make it a great afternoon or night out.

If you have friends over for dinner, follow up the meal with a rousing game of charades or Pictionary – any game where you have to get up and move.

Explore other options, such as feather bowling, an indoor golf driving range, helping a friend move. Anything that gets you moving ... and makes you happy.

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GO TOwww.henryfordaco.com
for more information



Four Ways to Make the Holidays Joyful

This year is going to be different. The stresses you have felt over past holiday seasons will not surface this year! This is because you are going to take positive steps to squeeze the maximum enjoyment out of the season while doing what you can to minimize any stressors. Here are some tips on how to do this:

- 1. **Buy some time** If you are a gift buyer, start now. If the finances of buying gifts creates stress for you, commit to spending 50% less on each person. Thoughtfulness in a gift far outweighs cost. Think of smaller, less expensive options.
- 2. **Know yourself** If your planning creates more stress for you (panicking over to-do lists), then back off from this approach. Try to go with the flow a bit more. This involves accepting time limitations. If you are one to take a relaxed approach too far and end up getting stressed over all the demands that seem to pop up unexpectedly, then write down what you want to do, what is optional and what you really don't need or want to do.
- **3. "No thank you"** Practice saying these words. Then use them throughout the holidays for events you don't want to attend, foods you don't want to eat or anything else you truly don't want.
- **4. Remember** Keep the intent of the holiday season first and foremost in your mind and heart. When you do this, you create a wonderful energy inside of you that can help you skip over the stress and allow feelings of joy to surface instead.