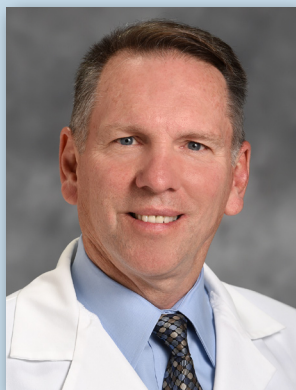


Your Henry Ford ACO News



A Message from your HFACO Chief Medical Officer



Bruce Muma, M.D.
HFACO Chief Medical Officer

Dear HFACO Beneficiary,

As a practicing internist, I would like to discuss an important disease which is often overlooked or undertreated. The disease we are talking about is hypertension and it is a leading cause of both cardiovascular disease and kidney failure in the U.S. Among people over the age of 60 the prevalence of hypertension exceeds 60% of the population. Unfortunately, up to 25% of those afflicted with hypertension are not aware of the disease and are at risk of complications which could have been prevented.

As is the case with many medical diseases, we rely on an expert panel of physicians for guidance regarding diagnosis, treatment and prevention. For hypertension, we have received a brand new guideline (from a joint panel of physicians from American College of Cardiologists and the American Heart Association). This guideline defines the new criteria for hypertension and recommends appropriate treatments. *These guidelines have reduced the threshold for treating hypertension from 140/90 to 130/80.*

Many people with hypertension do not take it seriously since it does not have symptoms or complications until its later stages. While it may be a common malady, its prevalence does not make it any less serious. If you have elevated blood pressure or hypertension, please discuss a strategy with your primary care physician to get it under control. This is particularly true if you also are diabetic, as this can accelerate the occurrence of cardiovascular complications.

In the meantime, it is smart for all adults to practice a healthy lifestyle that includes regular exercise; a diet filled with green leafy vegetables, whole grains, fruit (especially berries), nuts and seeds, fish and calcium; and limited alcoholic beverages and caffeine. If you smoke, try to quit (*see related articles on page 2*).

For more information you can go to the [American Heart Association website at www.heart.org](http://www.heart.org). If you don't know your blood pressure numbers, have it taken at your next doctor's visit. Many neighborhood grocery or drug stores have blood pressure machines as well. Let's make 2018 a year to get your numbers down!

Kind regards,

A handwritten signature of Bruce Muma, M.D., in dark ink.

Bruce Muma, M.D.
HFACO Chief Medical Officer, Interim President and Executive

SPRING/SUMMER 2018

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- *The Truth About Shingles*

Would you prefer receiving
this newsletter via email?
If so, please email your
name and email address to
hfaco@hfhs.org.

Why Quit Now?

You smoke cigarettes ... or cigars or a pipe. You've been doing it for years, if not decades. Friends have quit and they've told you how difficult it was.

So one might, for instance, ask themselves: "I'm 67 years old and I've been smoking for over 30 years. Why quit now and put myself through withdrawal? What good would it do? Quitting now likely won't help me avoid disease anyway."

But this is not true. It's always a good time to quit smoking. By quitting today you can immediately begin decreasing your odds of illness or disease caused by smoking and begin to improve your health. And also consider: the withdrawal symptoms are much easier to deal with than the multitude of health issues that can arise from continuing to smoke.

Consider the information below that lists the health benefits of quitting smoking, even in your 60s, 70s or beyond. By putting down the cigarettes, you:

- immediately begin lowering your risk of cancer, heart attack, stroke and lung disease
- improve your blood circulation
- reduce your risk of osteoporosis and vision problems
- likely add years to your life
- can breathe more easily and perhaps return to physical activities you once enjoyed
- set an example for your children, grandchildren and friends that it's never too late to make healthy choices
- save money that can be used for trips, dinners, tee times and other forms of entertainment.

By not quitting, the opposite of all of those benefits can be true. For instance, by not quitting you increase your risk of cancer, heart attack, stroke, lung disease, osteoporosis, etc. So why not take a stand for your health right now. Put down the cigarettes and start improving your health today.



Need Help Quitting?

Henry Ford Health System's *Freedom from Smoking* program is proven to help those who are committed to quitting smoking ... or those who are thinking about quitting.

Through this program you will gain awareness about your smoking habit, the triggers that make you want to smoke, lifestyle changes you can make and several ways to make quitting more successful. As part of this program you will also learn new ways to deal with stress, since smoking is often associated with "calming the nerves" or a way to deal with stressors. These methods include relaxation techniques, adding physical activity and how to plan for a smoke-free lifestyle.

In most cases, this program is covered by HAP insurance. If it is not covered by your health plan, there are payment plans available. To learn more about this effective smoking cessation (quitting) program, please call 800-436-7936.

Fuel Up for Summer

Remember the days when you could drink a big glass of water after a couple hours of doing yard work and it took care of your thirst? As you age this may not be enough. Instead, it is even more important to drink fluids regularly to avoid complications from dehydration. This means not waiting until you are thirsty.

Here are a few of the changes regarding hydration that occur as a person ages:

- The body loses its ability to “tell” you that it needs water or other fluids.
- Kidney function naturally begins to decrease, meaning it’s harder for the body to store necessary fluids.
- Medications such as those used to control blood pressure or depression can dehydrate you, meaning you need to increase your fluid intake just to maintain normal levels.
- You don’t want to keep getting up to get a glass of water or other liquids ... and you also don’t want to keep getting up to go to the bathroom!

By staying hydrated you can avoid many issues – some dangerous – from being dehydrated. These include: confusion, disorientation, a drop in blood pressure, headache, muscle cramping, fatigue, irritability, rapid breathing and convulsions. But all of these symptoms can be avoided if you make hydration a priority. Here are some tips on how to do this:



- Upon waking, drink a glass of water.
- Keep a bottle of water on-hand or fill a travel water bottle for the day.
- Whenever you are at the kitchen sink drink a half glass of water.
- Limit caffeinated drinks and alcohol as they can deplete your body of fluids.
- Eat juicy foods such as watermelon, oranges, grapefruit, cucumbers, lettuce and berries; this is a tasty way to boost your fluids.
- If you don’t like the taste of water, add orange or lemon slices, raspberries or kiwi to your glass to infuse it with flavor.
- Make a pitcher of decaffeinated sun tea and drink it throughout the day.

When you first start your hydration focus you may want to keep track of how much water or other fluids you are drinking. Aiming for between 40-64 ounces is a good goal if you are sedentary; drink more if you are physically active. Before long you will reach for water without even thinking about it. If you have questions regarding dehydration or if you feel that your best efforts still leave you with symptoms, please check with your doctor.

Smart Moves for Your Brain

The brain truly is a remarkable computer. It is the power center for nearly everything your body does – breathing, blinking, reading, smiling, walking and talking. Like any computer, time can make it less effective. But unlike a laptop, you cannot download an upgrade to improve efficiency.

But all is not lost! Even if you are already noticing differences in your ability to “compute” or “operate” at the level you did in your 30s or 40s, there are ways to boost your brain and turn back the clock. You might need this if you:

- have trouble remembering names, phone numbers, addresses or facts
- cannot pay attention for extended periods of time
- are not able to multi-task like you used to.

Why the heck does this happen? As we age, the brain starts to shrink, in part due to decreased blood flow. As a result, sections of the brain that handle learning and complex brain activities start to atrophy. Brain function is challenged also because the necessary communication between neurons in the brain lessens.



Here are some ideas on how to “upgrade” your brainpower every single day ... in enjoyable ways!

Get some screen time – We roll our eyes at the younger generations and how they are constantly on their phones. But truthfully, how much TV do you watch? TV is a passive activity and can accelerate your brain's decline. But getting on your computer to look up facts can boost your brain!

Every day think of three things you want to learn more about. Maybe it's how many Hawaiian islands there are and what they are called. Maybe it's little known facts about dogs and how they can learn. Whatever it is, enrich your brain through reading about it. Books, magazines and playing games are also great daily activities to keep your mind engaged. Studies show that people who engage in learning activities can reduce the likelihood of memory loss by up to 50%.

Move it – Exercising provides the brain with more blood volume and increase mitochondrial development. This health double whammy helps you think better and for longer periods of time. So go for a walk, go bowling, play tennis, attend that yoga class. Do something most days – for at least 30 minutes – to give your brain the boost it wants.

Serve up brain food – Focus on getting green leafy vegetables and omega-3s into your diet every day. Spinach, collard greens, kale, etc. slow cognitive decline in the brain. Omega-3 fatty acids – found in tuna, salmon, herring and halibut, walnuts, kiwi, soybeans, flaxseed oil and pumpkin seeds – also help chase away dementia.

The bottom line is that while aging is inevitable, you don't have to let your brain get old. Do what you can today and tomorrow to keep your brain in tip-top shape.



Opiate Addiction and You

What does today's drug addict look like? You may be surprised.

An addict can look like your neighbor. Your closest friend. Or you. This is the result of overuse of opiates for non-cancer pain management. This overuse is often the result of providers overprescribing opiates, meaning the patient is told to take too high a dose for too long of a time period.

Prescription opioid abuse nearly quadrupled between 1999 and 2013. The most commonly prescribed derivatives include: OxyContin, codeine, fentanyl, Vicodin, Percocet and Dilaudid. But there are many more versions of these. There are several reasons why this has become an epidemic.

- Pharmaceutical companies misrepresented the safety of OxyContin to providers when it hit the market in 2000.
- Patient pain level is now considered the "fifth vital sign." This means care providers must take steps to alleviate pain. Opiates tend to work quickly and with greater success.
- There is increased pressure in the world of healthcare to achieve high patient satisfaction scores. Patients who are in pain tend to score their provider lower; those who are not in pain usually rate their provider higher.

Here are some things to consider when consulting with your doctor about managing non-cancer related pain:

- Be specific about the type and location of your pain, and DO NOT overstate your level of pain.
- Let your doctor know if you have experienced addiction in the past (alcohol, cigarettes, etc.).
- Take any medication only as prescribed.
- Ask if alternative pain management such as acupuncture, meditation or yoga is possible for your situation.
- If your doctor prescribes an opiate, ask why and how long you will be taking the medication and if any non-opiate medications would accomplish similar results.

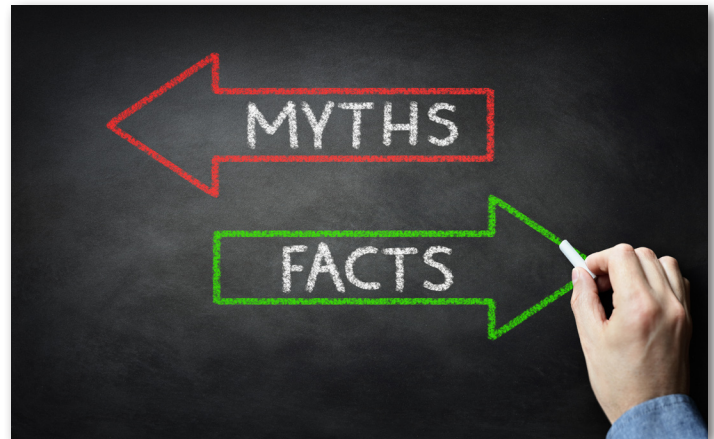
Henry Ford Health System, which oversees the Henry Ford Accountable Care Organization (HFAO), is taking aggressive action to turn this tide for its patients. Henry Ford – and subsequently the HFAO – has set a goal for a 40 percent reduction in the number of opioid prescriptions ordered by its providers. The focus is to reduce the total number of pills or patches prescribed for non-cancer patients by 40 percent.

"If you are currently taking an opiate for pain management, your provider may want to transition you to a non-addictive alternative," said Dr. Bruce Muma, Chief Medical Officer for the HFAO. "It is wise to be open to this. Also, if a provider wants to introduce an opiate to your pain management protocol, ask if there are alternatives. This is very important because of the highly addictive nature of opiates. Also, the body gets used to the dosage fairly quickly, requiring a stronger prescription to achieve the same pain management results. This is how addiction happens."

Reversing this trend is the responsibility of both the medical field and patients. Keep this in mind the next time you and your doctor discuss pain medication, its dosage and how long you are expected to take it.

Shingles: Truth vs. Myth

Maybe you've had a friend that suffered through a bout of shingles, or perhaps you've already been afflicted with this condition. As is the case with many ailments, there is often good information being passed along ... and also myths that are spread. Take a moment now to take this short quiz on shingles. Can you separate truth from myth?



1. If you have had chickenpox you are immune from getting shingles since the same virus causes both.
2. Advanced age is a top risk factor for getting shingles.
3. Shingles is contagious.
4. Shingles is usually confined to one side of the body
5. The most common symptoms are burning, tingling or numbness, feeling feverish, headache, upset stomach, fluid-filled blisters, mild to strong pain and skin sensitivity.
6. Some people get the hiccups from shingles.
7. Shingles lasts 3-5 months.
8. It is common to get shingles more than once.
9. Once the infection is cleared up, you remain free from symptoms.
10. It is important to keep any blisters clean as they can become infected.

Answers:

1. **MYTH.** Only those who have had a known case of chickenpox are at risk of getting shingles.
2. **TRUTH.** Nearly half of all shingles cases are in those age 60 and older; this is mainly due to the body's inability to fight off infection as you age.
3. **MYTH.** You cannot get shingles from someone, but you can contract chickenpox from someone with shingles if you've never had that illness.
4. **TRUTH.** The most common site is a band around one side of your waistline.
5. **TRUTH.** The typical cycle of the infection includes: itching, a rash, blisters, drying up of blisters and then the clearing up of any scabs.
6. **TRUTH.** Depending where the ailment attacks a person can get unique symptoms, including hiccups and even loss of sight.
7. **MYTH.** The cycle of a shingles infection typically lasts 3-5 weeks.
8. **MYTH.** The majority of people get shingles only once, but it is possible for a reoccurrence.
9. **MYTH.** Some people may get something called post-herpetic neuralgia (PHN), which is lingering pain and symptoms where the rash was.
10. **TRUTH.** Applying a cool, clean cloth to the blisters can help them dry up; taking an oatmeal bath can help soothe the pain. Contact your doctor immediately if you believe blisters are becoming infected.

To assist in avoiding getting shingles at all, ask your healthcare provider about receiving the shingles vaccine. It is highly recommended for anyone age 60 and older. The vaccine is recommended even if you've already had shingles and if you don't recall if you've had chickenpox.

If you are suffering from shingles and need additional help with the discomfort, you may want to explore Henry Ford's Pain Management specialty by going to <https://www.henryford.com/services/pain-management>, or by calling 877-226-0195.

Schedule Your Annual Wellness Visit Today

Because you are aligned to the Henry Ford Accountable Care Organization (HFACO) you will receive \$25 from Medicare just for getting an Annual Wellness Visit!

This is what Medicare refers to as a Coordinated Care Reward. An Annual Wellness Visit is different than an annual physical. It is a “conversation” appointment. You and your doctor will discuss your overall health, medications, symptoms of depression, etc.

Here is how you get your \$25 reward:

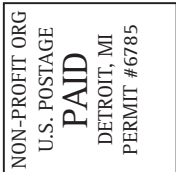
- Schedule an Annual Wellness Visit with your HFACO provider during 2018. *(If you received one in 2017, you must wait 366 days from then for your 2018 visit.)*
- After your appointment your provider will note in your chart that you had your Annual Wellness Visit; this information will be provided to Medicare.
- Within 3-6 months you will receive a \$25 check from Medicare. It takes this long for quarterly reports to be sent and for Medicare to verify you received your Annual Wellness Visit.



Your Health Checklist

Just like cleaning up around the house, springtime is a great time to look at how well you've been taking care of your health. To help you with this, clip out and use the Health Checklist below to keep track of what you have already done and might still need to do.

- ☐ Schedule your Annual Wellness Visit (see story above for details)
- ☐ Schedule your annual physical with your provider
- ☐ Schedule any health screenings you need
- ☐ Safely discard any old medications or those that you do not use anymore. Henry Ford pharmacies have special drop boxes for old medications.
- ☐ Replace the batteries in all of your smoke detectors
- ☐ Schedule an eye exam; (Henry Ford OptimEyes [800-393-2273] has locations throughout Southeast Michigan)
- ☐ Schedule teeth cleaning with your dentist
- ☐ Schedule a hearing test if you notice a change



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How to Be Your Own Advocate

Many people feel uncomfortable advocating for themselves with their doctor or other healthcare providers. But providers want to hear what you have to say, and they want to answer your questions. By self-advocating, your doctor can better give you what you need.

Here are some tips on how to advocate for yourself in any healthcare situation:

1. **Speak up.** If you disagree with a course of action recommended or need more questions answered, speak up. Maybe you need it explained in a different way or with different words. Don't stop asking questions until you feel satisfied that you completely understand.
2. **Bring someone with you.** Another set of eyes and ears can help you if you forget the information you were given during an appointment. An "objective" person in the room can also help by asking questions you perhaps wouldn't think of or are too uncomfortable to ask.
3. **Make a list.** Before your appointment, keep a running list of all of your questions so that you don't forget to ask.
4. **Speak up, Part II.** If you are in the hospital or ER in observation and feel that you are not getting the care you need, speak up. Ask for what you need – or ask that a friend or family member do it for you if you do not feel strong enough.
5. **Be that friend or family member.** If you know someone who needs help advocating for themselves, offer to tag along to their appointment. Stop in and see them in the hospital and talk with care staff to ensure all is being covered.

As talented and wise as many in the medical profession are, they are not mind-readers. So let them know what you need and do your part to make the most of every healthcare provider appointment or meeting.