

HOUSE CALL

KelseyCare Advantage

July 2017

ANNUAL HEALTH RISK ASSESSMENT (PHYSICAL)

Why is it Important?

We've all heard the old adage, "An ounce of prevention is worth a pound of cure." With that in mind, your KelseyCare Advantage team reminds you to schedule your annual Health Risk Assessment/Physical today.

This is a **FREE** visit to identify your potential health risks and hopefully prevent or identify any serious illness such as cancer, depression, diabetes, or heart disease

According to the Centers for Disease Control and Prevention (CDC), routine medical exams are an effective way to find health problems before they develop. The CDC says that millions in the U.S. have not received recommended health screenings and that if every American received the right preventive care, it could save more than 100,000 lives each year.

"Far too many patients do not take advantage of annual physicals and medical screenings," said KelseyCare Advantage Medical Director Donnie

Aga, M.D. "Everyone is so busy these days that they don't always make their health a priority. Most of these screenings are quick and extremely valuable for preventing illness and potentially saving lives."

The most common medical screenings tests you should discuss with your doctor are diabetes, high blood pressure, breast cancer and colorectal cancer. In addition, you will want to discuss your mental health such as any depression or concerns about your memory.

Dr. Aga's biggest concern is that many people wait until they have symptoms before seeing their doctor.

"The best example that everyone can relate to is your car. Regular maintenance such as an oil change, tire rotation, and break inspection can prevent your vehicle down the road from becoming stranded and no longer repairable. Regular checkups work the same way!" said Dr. Aga.



Donnie Aga, MD, KelseyCare Advantage Medical Director

Dr. Aga recommends that you prepare for your Health Risk Assessment; make a list of your medications including any over the counter meds and supplements, learn about conditions that run in your family such as cancer, heart disease or dementia. Finally, write down any health issues that currently concern you. Call or schedule online to see your Kelsey-Seybold doctor today for your annual health Risk Assessment.

TAKING EYE CARE SERIOUS

Cornea Transplants: Seeing Things Clearly

A cornea transplant is where a healthy cornea replaces a damaged or diseased cornea. First successfully performed in 1905, today transplanted corneas not only last longer, but advancements also offer the patient better visual results with a faster recovery time.

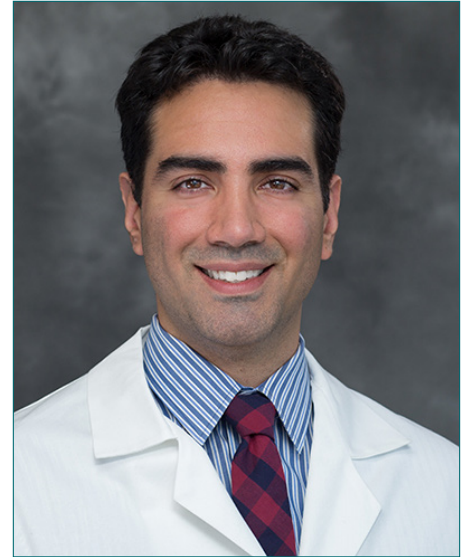
Should cornea damage lead to scarring or severe swelling, clear vision would be greatly reduced. Astigmatism occurs when the curvature of the cornea is irregular and also leads to diminished vision.

During the first half of the 20th century, the surgical procedure itself did not change much. The patient's entire cornea was removed and replaced with a full donor cornea. This procedure was known as penetrating keratoplasty (PKP). While often successful, the procedure did have drawbacks. Rejection was high, astigmatism from the suturing was often

a problem, and post-surgical infections were common. The idea of replacing only the damaged portions of the cornea is called lamellar keratoplasty. Surgical breakthroughs in the late 20th century are responsible for this procedure now being performed more frequently than penetrating keratoplasty.

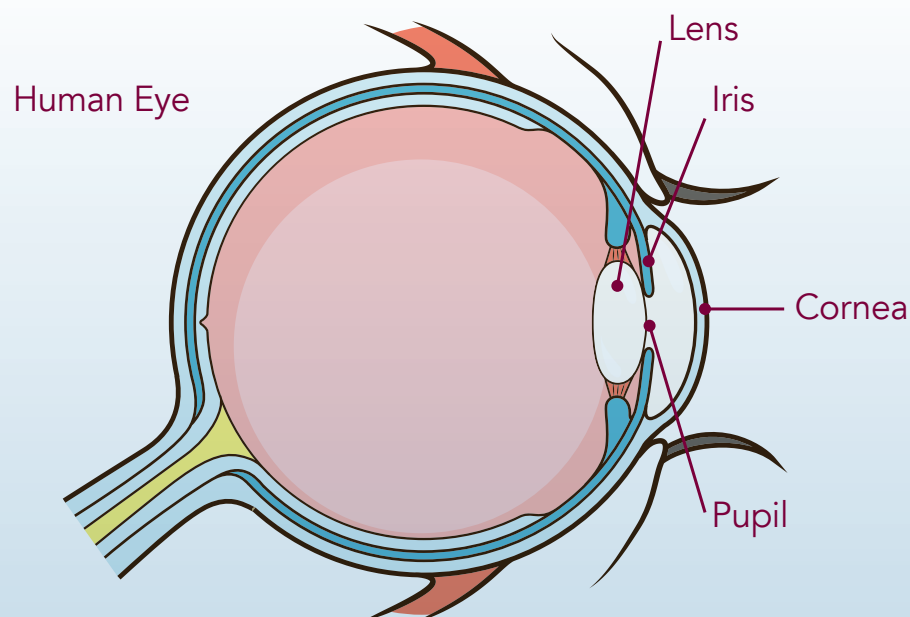
Other corneal surgery options are also available. For instance, treatment is now available to replace only the damaged cells in that layer that may reduce clarity.

An even newer technique, called descemet membrane endothelial keratoplasty (DMEK), has become more popular in recent years as a result of the superior clarity it provides. In this revolutionary procedure, only certain layers removed from the recipient cornea are replaced. While technically very challenging, visual recovery is often higher.



Neema Nayeb-Hashemi, MD
Ophthalmology

Kelsey-Seybold's Dr. Neema Nayeb-Hashemi is highly trained in corneal transplantation. We are excited to offer DMEK, the innovative surgery that will almost certainly become the standard of care for endothelial disease in the near future.



AGE-RELATED MACULAR DEGENERATION:

Stealing Your Vision and Independence

Imagine looking at your grandchild and one day not being able to make out the features of that sweet face? The center is blurry with blank spots, but the side –or peripheral– vision is normal. This is your world with age-related macular degeneration.

The retina is the part of the eye in the back that turns light into vision. The macula is the central part of the retina and allows us to see what's in front of us with high definition and in color. Age-related macular degeneration occurs with the deterioration of the macula and is the main cause of vision loss for people over 60 in the United States. This irreversible eye disease robs millions of Americans of clear vision. Reading, driving, recognizing faces and colors are often impossible when the disease reaches advanced stages.

Age older than 55 years is the most important risk factor for developing age-related macular degeneration. Other risk factors include:

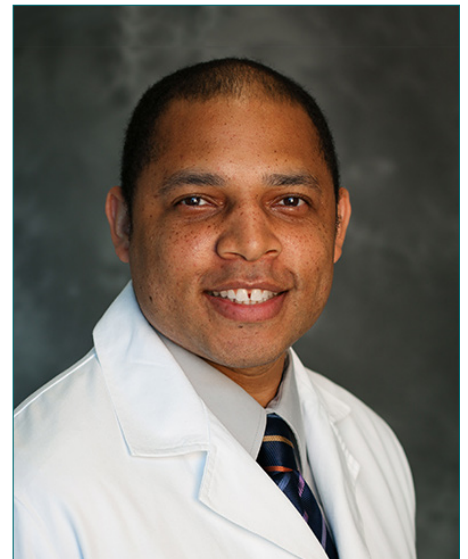
- Caucasian ethnicity
- Family History
- Smoking
- UV light exposure

There are two main forms of age-related macular degeneration: 'dry' and 'wet'. Dry is when the cells in the macula break down and occurs in 80% to 90% of macular degeneration cases. Wet occurs when fragile blood vessels grow

under the retina, leading to leakage and bleeding under the macula. This leakage causes dark spots and wavy lines.

Although not curable, treatments are available to slow progression. When detected early, dry macular degeneration may be treated with a nutritional program to support the cells in the macula. For eligible patients with wet macular degeneration, eye injection therapy has been shown to be successful in preserving existing vision and slowing down future vision loss.

To help reduce getting age-related macular degeneration: eat a healthy diet, stop smoking, exercise and wear sunglasses to protect your eyes – your windows to the world!



Joshua Udoetuk, MD
Ophthalmology



WHAT IS HOME HEALTH?

ARE YOU HOMEBOUND AND NEED A SKILLED MEDICAL SERVICE?

If so, it may be time to consider home health as an option for care. Home health care is usually more convenient and can be just as effective as the care you receive in a hospital or a skilled nursing facility with the added advantage of being in your own home. There are numerous studies done that show improved outcomes in patient recovering at home rather than at nursing facilities. However, home health care is only available with a doctor's order and for certain medical conditions.

Home health services typically include the following:

- Wound care for pressure sores or a surgical wound
- Patient and caregiver education
- Intravenous or nutrition therapy

- Certain therapeutic injections or infusions
- Physical Therapy, Occupational Therapy, Speech Therapy

The goal of home health care is to help you get better, regain your independence and become as self-sufficient as possible – all within the comfort of your home.

Once your doctor refers you for home health services, the home health agency will schedule an appointment to come to your home to talk to you about your medical needs and ask you some questions about your health.

The home health agency staff should talk to your doctor about your care and keep your doctor informed about your progress. It is important that home health staff follows the schedule of service as outlined by your physician.

Here are some examples of what the home health staff may do:

- Check what you are eating and drinking
- Check your blood pressure, temperature, heart rate, and breathing
- Check that you are taking your prescription and other drugs and any treatments correctly
- Ask if you are experiencing any pain
- Check your safety in the home
- Teach you about your care so you can take care of yourself
- Coordinate your care. This means they must communicate regularly with you, your doctor and anyone else who gives you care.

Home health is only for a medical condition that requires a licensed medical person to help you get better. Home health does not provide help with cooking, cleaning, housework or sitters.

KelseyCare Advantage is committed to your health and wellbeing each and every day, whether through care provided in the hospital, doctor's office or at home. If you have questions about the plan benefits for home health check with a Member Services representative at (713) 442-CARE (2273).

**Medicare has guidelines that say you must be homebound to receive home health care.*



AFFILIATE SPOTLIGHT

As a KelseyCare Advantage member, you have access to the providers in the Optum network for mental health services including Greater Houston Psychiatric Associates (GHPA). If your Kelsey-Seybold physician refers you to GHPA, please be aware that most, but not all, GHPA providers participate in Medicare.

When you schedule an appointment with GHPA, please identify yourself as a KelseyCare Advantage (Medicare Advantage) member.

The following GHPA offices are locations that have Medicare Participating Providers:

Loop Central

4888 Loop Central Drive,
Suite 510
Houston, TX 77081
713-346-1551

South Houston

11550 Fuqua Street,
Suite 560
Houston, TX 77034
281-922-7333

San Felipe

5151 San Felipe, Suite 1470
Houston, TX 77056
713-622-4499

The following GHPA locations do not have a Medicare Participating Provider and are unfortunately UNABLE to provide services to KelseyCare Advantage members:

West Houston

2901 Wilcrest Drive, Suite 520
Houston, TX 77042

Pearland

11233 Shadow Creek Parkway, Suite 200
Pearland, TX 77584

If you have questions, please call the main GHPA office at (713) 346-1555.

SELF-REQUESTED MAMMOGRAPHY'S

Kelsey-Seybold Clinic now accepts self-requested mammography appointments!

WHO QUALIFIES FOR SELF-REQUESTED MAMMOGRAMS?

If you are an established patient and have a Family Medicine, Internal Medicine or OB/GYN physician listed as your PCP of record in Kelsey-Seybold's Electronic Medical Record (EMR) System, you are able to self-request your mammogram without first seeing your doctor to receive the mammography order. This is a routine screening that only applies to routine annual screenings on patients with no diagnostic symptoms.

WHO DOES NOT QUALIFY FOR A SELF-REQUESTED MAMMOGRAM?

Some examples include, but are not limited to:

- Lump in the breast or armpit
- Nipple changes, such as discharge, inversion, retraction, and/or itching
- Skin changes, such as redness, dimpling or thickening
- Personal history of breast cancer occurred less than 5 years ago





DRUG RISKS

ZOLPIDEM ESZOPICLONE ZALEPLON

WHAT DO YOU NEED TO KNOW?

Zolpidem (Ambien), Eszopiclone (Lunesta), Zaleplon (Sonata) are considered high risk medications due to the risk of delirium, falls, and fractures in people over the age of 65. The American Geriatrics Society has recommended to avoid these drugs and use proper sleep hygiene and safer alternatives instead.

WHAT IS KNOWN ABOUT ZOLPIDEM, ESZOPICLONE AND ZALEPLON?

Studies referenced by the National Institute for Health and Care Excellence (NICE) suggests that long term treatment (>3 months

of use) with these drugs are associated with increased risk of dementia, motor vehicle accidents, falls, fractures and cognitive impairment.

WHAT ARE THE SAFER ALTERNATIVES?

- Melatonin –over the counter
- Rozerem
- Doxepin <6mg (use 10mg/ml oral solution or Silenor)
- Trazodone

WHEN WOULD ZOLPIDEM, ESZOPICLONE AND ZALEPLON BE APPROPRIATE?

After trying proper sleep hygiene and the safer alternatives,

these drugs may be considered appropriate therapy for management of severe insomnia in interfering with normal daily life. They should only be for short periods of time in the lowest dose possible.

WHAT SHOULD I DO NEXT?

Talk to your doctor about sleep habits or switching to a safer alternative.

QUICK TIPS FOR PROPER SLEEP HYGIENE

- Avoid naps during the day
- Avoid stimulants such as caffeine at least 3 hours before bed
- Avoid eating or exercising 3 hours before bed
- Create a bedtime routine by giving yourself time to wind down and relax about an hour before bed
- Create a quiet sleep environment by removing laptops, TV or any other distractions
- Create a comfortable sleep environment with comfortable pillows, right room temperatures and minimal light



ASK DENISE

Q. *How can I get enough of my medication to last me while I am on vacation?*

A. It is very important to always take your medications, even while on vacation or traveling. KelseyCare Advantage understands that there will be times when you may be traveling and not have access to pharmacies within our network to fill your medications. In times like this, you can request a 'vacation supply' by calling the health plan and informing them about your vacation/travel plans. The health plan will review your request and upon approval will provide coverage for enough medication to last you through your trip. If you need to request a vacation supply please call us at 1-866-589-5222, 24 hours a day, 7 days a week.

Q. *Are my medications covered from outside the country?*

A. Our plan cannot cover a drug purchased outside the United States and its territories.

Q. *Are vaccines used for prevention while traveling covered under my benefits?*

A. Our plan provides coverage for a number of Part D vaccines. Vaccines used for prevention while traveling are covered under your prescription benefits (Part D benefits). You will have a co-pay or coinsurance, depending on your drug coverage stage, for these vaccines.

Q. *If my doctor administers the vaccine they recommend for travel in the clinic, will there be a charge?*

A. Yes, even when the vaccine is administered in the doctor's office, you are still responsible for the co-pay or coinsurance associated with the vaccine. Vaccines for travel are covered under the Part D, prescription drug benefit and your cost-share will depend on your drug coverage stage you are in.

Q. *How can I find out what stage of coverage I am in for my prescription benefits?*

A. When you use your Part D prescription drug benefits, we will send you a summary report to help you understand and keep track of payments for your Part D prescription drugs. This summary report is called the Part D Explanation of Benefits (or the "Part D EOB").

The Part D Explanation of Benefits tells you the total amount you, or others on your behalf, have spent on your Part D prescription drugs and the total amount we have paid for each of your Part D prescription drugs during the month. It also helps you keep track of what drug coverage stage you are in.



Denise M. Jonathan,
Pharm. D., R.Ph.

DO YOU HAVE A QUESTION FOR DENISE?

With each quarterly newsletter, Denise answers questions that are submitted by KelseyCare Advantage members. If you have a general pharmacy or prescription question, please submit them to HouseCall@KelseyCareAdvantage.com.

Advice provided by Denise is for educational purposes only and does not constitute medical advice or a guaranty of treatment, outcome, or cure.

ENTERING A NEW ERA

After nearly four decades as a key member of the Kelsey-Seybold Clinic medical and executive team, Spencer Berthelsen, M.D., F.A.C.P., an Internal Medicine physician retired as the Chairman and Managing Director in March of 2017.

Kelsey-Seybold Clinic is excited to introduce Dr. Tony Lin as the new Chairman of the Board of Managers.

Dr. Lin graduated from Baylor College of Medicine in 1990 and finished his residency in Internal Medicine at Baylor College of Medicine-affiliated hospitals in 1993. He has now been an Internal Medicine physician at Kelsey-Seybold for the past 24 years. Prior to becoming Chairman, Dr. Lin served as Associate Medical

Director of Hospital Services at Kelsey-Seybold and as Chairman Designate. In 1996, Dr. Lin became a full-time Hospitalist, think of it as your “PCP in the hospital”. In both roles as an Internist and as a Hospital Medicine specialist, he had the privilege of caring for many patients in the KelseyCare Advantage plan. Dr. Lin said “he has seen the barriers and weaknesses in healthcare delivery and was able to help correct some of these problems and improve various processes as part of the leadership team at Kelsey-Seybold Clinic.”

“As the new Chairman of the Board of Managers at Kelsey-Seybold Clinic, I see the doctors, nurses and staff at Kelsey-Seybold continue to



Dr. Tony Lin
Chairman of the Board

strive for the Triple Arm of healthcare – **Quality, Experience and Value**. I look forward to leveraging new technologies and ideas to care for our patients more efficiently, while still focusing on the Physician-Patient relationship that is so central to good care.” – Dr. Tony Lin.

Important Plan Information