

Welcome Note – Richard Martin, MD FAAFP – CMO Keystone ACO

Welcome to the fall 2020 edition of KACO Connections. As we continue our journey through 2020 and the unusual healthcare circumstances of COVID, we'd like to remind you to stay safe, wear a mask, wash your hands frequently and distance yourself from others.



In this edition, we cover several interesting topics including a reminder to obtain your flu and pneumonia vaccines, which is particularly important in this age of COVID.

Dr. Flansbaum has also provided some guidelines for what to expect upon discharge if you happen to be admitted to a hospital in the near future. There are several choices after discharge including returning home, using home health services, being admitted to a skilled nursing facility for a short time of rehabilitation and convalescence, or being admitted to an inpatient rehabilitation hospital if you've suffered a severe neurologic event such as a stroke or major trauma.

We continue our nutritional themes of healthy meal planning, as it relates to diabetes, and Dr. Jamison of Geisinger's endocrinology department provides a summary of care for diabetes.

As October is breast cancer awareness month, Dr. Leeming provides reminder of guidelines of screening for breast cancer and Dr. Redka from Family Practice Centers has provided a nice summary of the pros and cons of screening for prostate cancer. Gentlemen, be sure to read this as the recommendations are not crystal clear.

There are several important reminders including the opportunity to have your free annual wellness visit as well as the importance more than ever of a flu shot this fall.

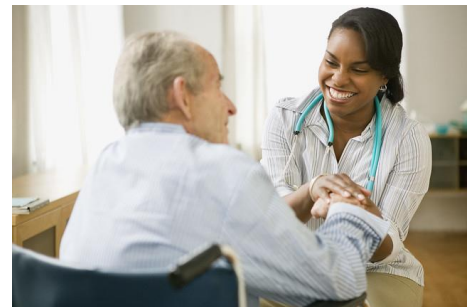
Enjoy your reading and remember to stay safe!

After-hospital care options explained

About 25% of Medicare patients will be admitted to the hospital this year. About half of those patients will also need help in the home or another facility after discharge. Put another way, one in eight persons will also need skilled nursing or rehabilitation help after an inpatient stay.

During a hospital visit, illnesses causing hospitalization can cause a feeling of weakness, decrease in appetite, trouble sleeping, etc. As much as staff work to protect and provide the best patient care, illness and chronic health conditions such as heart failure or diabetes, may overpower the ability of the body to continue at its healthiest. Some of these illnesses will require care outside of the hospital for treatments including intravenous (IV) medications, wound care treatments, physical and occupational therapy and lab work.

Teams specializing in discharge needs will review your situation before you leave the hospital and decide the level of service you may need. The person who will help plan for your return home or to care facility, is the case manager. These staff are registered nurses (RN) or social workers who can provide information about your costs, insurance coverage, key contacts, phone numbers, and what to expect after you leave the hospital. There are three major types of after-hospital care.



The first is home healthcare. If you can tend to most of your needs on your own or with the help of friends or family, your hospital team will arrange to have physical therapy and nursing services available in your own home, if safety allows. Staff will record your health status and work with your doctor through your recovery period.

If you need a level of care you cannot receive in the home, the second option is a short-term stay, usually 2-3 weeks, in a skilled nursing facility (SNF). These units are located within nursing homes, and they offer a wide range of therapy and nursing service to strengthen your body, help you improve your level of function, and include most nursing service you might expect in a hospital, but not as intense.

Finally, if you require more nursing and medical supervision, or several hours of rehabilitation daily, a stay in an inpatient rehabilitation facility or (IRF) might be required. The need for an IRF is less common, because an SNF will usually provide all that is necessary. So hopefully you or your loved ones will not require a hospital stay. But know your care team is here to help you with your discharge care plan.

Healthy seasonal eating tips for those with diabetes

The beginning of a new season is a great time to consider making healthier food choices. If you have diabetes, you may wonder what fall foods you can enjoy while still managing your blood sugars. As temperatures drop, we turn our attention to warm comfort foods. Here are a few suggestions.



- Replace summer garden salads with vegetable soups. Soups are a smart way to boost fiber and antioxidant intake. Adding legumes such as beans, lentils and split peas adds protein which, in turn, make the soup a more filling and nutritious meal.

- Use spaghetti squash instead of traditional pasta. To prepare, simply slice the squash in half, scoop out the seeds, and bake. Once tender, use fork to remove the flesh of the squash in strands, and you have a low carb “pasta” ready to go.



- Apples are in season! Grab a fresh apple for a quick snack. For a delicious fall treat that won't spike blood sugars, toss cubed apples with cinnamon and one tablespoon of oil, then bake until tender. Serve warm with a dollop of Greek yogurt.

Enjoy the tastes of fall!

Kim Segiel, RDN, LDN – Clinical Dietitian II
Geisinger Wyoming Valley Medical Center

Oatmeal Banana Pancakes

Recipe submitted by Fresh Food Farmacy patient, Lois.



Ingredients:

- 1 ½ cups fat free (skim) milk
- ½ cup quick oats
- 1 cup flour
- 2 teaspoons baking powder
- 1 egg, lightly beaten
- 2 teaspoons canola oil
- 1 large banana, mashed
- Nonstick cooking spray
- ½ cup sugar-free preserves

Directions:

1. Combine milk and oats in a large bowl, let stand 10 minutes.
2. Sift flour and baking powder into medium bowl. Stir flour mixture, egg, and oil into oat mixture until moistened; stir in banana.
3. Spray large griddle or skillet with cooking spray, heat over medium heat. Pour ¼ cup of batter 2 inches apart into griddle, cook 2-3 minutes or until tops bubble and bottom is golden brown. Turn over, cook 1-2 minutes or until golden brown.
4. Microwave preserves in small bowl on high for 1 minute or until heated through.
5. Place 3 pancakes on plate, top with 2 tablespoons preserves. Makes about 18 pancakes.

Nutrition Facts

6 servings per container

Serving size 3 pancakes with 2
tbsp preserves

Amount Per Serving

Calories 200

% Daily Value*

Total Fat 3g	4%
Saturated Fat 1g	5%
<i>Trans</i> Fat 0g	
Sodium 200mg	9%
Total Carbohydrate 38g	14%
Dietary Fiber 2g	7%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Protein 7g	14%

Not a significant source of cholesterol, vitamin D, calcium, iron, and potassium

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Managing diabetes

Diabetes can be a challenging disease. Currently, around 1.1 million Pennsylvanians have diabetes, and many more have the disease, but do not know it. Symptoms of diabetes often go unrecognized until after disease has developed. Thankfully, some of the best means to treat diabetes can also help prevent it.

First and foremost, take time to care for yourself. In these troubling times, we are often worrying more about our families and others than ourselves. Be your own best advocate for your health. Try to eat a modest well-rounded diet, (over the latest fad trend – less is often more) and get 30 minutes or so of exercise daily. Exercise is the best medicine for many conditions, including mental health, and is essential for the health of most body systems, and even weight loss of only 5 to 10 pounds can prevent diabetes 50% of the time.

If you already have diabetes, remain positive and talk with your providers. Your provider can



help align resources and treatments to your individual goals and needs. Everyone faces challenges, it is how you bounce back from them that determines success. Keep your eye on long term goals, the ABC's of diabetes (A: a1c less than 7%, B: blood pressure (BP) less than 140/90 mmHg, and C: LDL cholesterol less than 100), and work with your care team

on achieving them.

Best advice from an endocrinologist:

- Take your medication and test your glucose as prescribed
- Keep accurate records
- Be prepared for your visits with specific questions about your issues or concerns
- Develop a disease management strategy with your provider which focuses on achievable goals specific to your needs

Brian Jameson, DO

Endocrinology – Geisinger Wilkes-Barre

Questions about screening for prostate cancer

Keystone ACO providers consistently urge beneficiaries to improve their health through many screening tests as well as tracking their progress with known diseases. We believe this gives our patients the best opportunity to live long and healthy lives and allows us to direct the healthcare resources we have to help the most people.

It's unclear whether to recommend widespread screening for prostate cancer based on the best available evidence. Sharing the following information should prepare you to discuss and decide whether to do a screening. Here are questions you should consider.

1. **What proportion of men die directly from prostate cancer?** – One in forty
2. **When should I consider screening?** – Men age 55 to 69 should consider screening. Those with higher than average risk may choose to be screened earlier.
3. **Which men have higher risk?** – African Americans have about twice the risk. Family genetics can increase risk as well.
4. **What is the goal of prostate cancer screening?** – To find and treat early cases which can be cured.
5. **Are there any reliable symptoms of prostate cancer?** – No, not in the early stages. Men often have slowness of urination or urinate more often or at night, but these symptoms are generally due to non-cancerous growth of the prostate gland or to other factors associated with aging.
6. **What is the first step in screening?** – A simple blood test [PSA] to determine if you are at risk. Most insurance plans will pay for an initial screening blood test as well as one each 2 or 3 years. A rectal exam is often added but is not as useful as the blood test.
7. **What are the next steps?** – If your test is “normal,” it means you probably don't have the disease, so the only question is how often the test should be repeated. If your test is suspicious, your doctor should discuss pros and cons of having a prostate biopsy, which causes some pain and can have some complications. The biopsy will tell your doctors the severity of risk or prognosis.
8. **Next steps if the biopsy is positive?** – If tests show that the disease is contained in the prostate, you will be offered surgery or radiation therapy. If you choose to not have these procedures, most would agree to repeat testing on a regular basis.



9. **What are the benefits of curative therapy?** –

Without treatment, prostate cancer grows over decades, usually spreading to adjacent tissue in your pelvis, hips and spine. Occasionally it grows more rapidly or spreads to distant organs; being cured prevents this from occurring.



10. **What are the risks of surgery?** – In addition to the immediate anesthetic, bleeding or infection risk, one in five men have permanent urinary leaking and 2/3 will have failure of erections. Some will have episodes of urinary blockage or rectal pain. The newer laser-robotic assistive surgery has improved the healing time and minimized the long-term risks to some degree.
11. **What are the risks of radiation therapy?** – One in six have problems with their rectum, while one in two have failure of erections. Some have bleeding from the rectum or urinary bladder years after the treatment.
12. **What happens if I choose not to be screened?** – Most men will remain symptom free until they reach their mid-seventies or later. If symptoms do occur, there are medications that slow the growth as well as medications that are effective for pain control. Most men in this situation go on to die of other illnesses.
13. **What do the experts recommend?** – The USPSTF, [which analyzes population data from many illnesses] recommends:
- Men age 55-69 should discuss with their PCP or other health care team whether to have screening. There is insufficient evidence to favor or to discourage screening in this group.
 - Men over the age of 70 should not have screening done as there is substantial evidence that tests or treatments cause more harm than good in this population.

James Redka, MD
Family Practice Center



Breast cancer screening

Breast cancer screening through mammography is the single best way to detect breast cancer, and together with improved treatment, has led to a steady decline in deaths from breast cancer over the last 30 years.

Screening tests are useful when they are both sensitive and specific. Sensitivity is the ability to give a positive result when someone has the disease, and specificity is the ability to give a negative result when someone doesn't have it. There must be a benefit to detecting the disease early or screening is not helpful.

Mammograms have changed from when they were first developed in the 1930s. Digital images were introduced in 2000 and breast tomosynthesis (3D-mammograms) were introduced in 2011. Each refinement has improved the ability of the study to detect breast cancer — improving both the sensitivity and specificity of the test.

Guidelines for mammographic screening have also changed over time. Recent guidelines recommend that women consider their own personal risk factors when making decisions about when to start getting mammograms and how frequently to get them. For women of average risk (e.g. those without a family history of breast cancer), the American Cancer Society suggests that women begin screening at 45 and continue with annual mammograms until age 55. After 55, many women can safely transition to mammograms every other year. Some women should start screening earlier depending on their risk factors and others will continue with annual screening well after age 55. It's important to know your risks and to discuss them with your doctor to come up with the screening program that is best for you.

Rosemary Leeming, MD
Geisinger Medical Center



The Importance of pneumococcal vaccine and influenza vaccine this fall

With COVID-19 here, it's even more important this year for you and all your family to get their influenza (flu) vaccine.

Also, if you're over age 65 or have other chronic health conditions such as diabetes, heart disease, asthma, COPD, chronic liver disease or cigarette smoking, you should make sure you have had pneumococcal vaccine. Pneumococcal vaccine is often referred to as a "pneumonia vaccine," but that's not quite accurate, as it does not reduce the risk of pneumonia, but the risk of life-threatening pneumonia and widespread infection from one particularly dangerous organism called pneumococcus. Recommended pneumococcal vaccines are either Prevnar-13 and

Pneumovax-23 or just Pneumovax-23. These do not need to be repeated yearly like the influenza vaccine.

While annual vaccines are important, this year they are more important than ever. While there isn't a vaccine for COVID-19, the risk of having COVID-19 infection and influenza or pneumococcal infection together would significantly increase the chance of

death or long-term complications, so preventing these other infections in you and preventing them from going through the community is important

The other reason for all community members regardless of their age or health conditions to get influenza vaccine this year, and for all children to get up to date on all their vaccines including influenza, is to reduce the total number of preventable respiratory illnesses. This will reduce the number of other illnesses and allow resources to focus on COVID testing, treatment and prevention. For example, if we have a large flu outbreak in addition to a COVID outbreak, they are likely to overwhelm our healthcare system, as we saw in New York City earlier in the year. Also, influenza and COVID share many of the same symptoms so there is no way to determine the cause other than testing. We believe that all patients with respiratory or flu-like symptoms this year will need to get COVID testing at least once. We have already seen how COVID testing has gotten backlogged multiple times over the past few months when there were not enough testing materials to meet the demand. If we have large outbreaks of non-COVID respiratory illnesses this year, we are again likely to run into increased testing delay, affecting our ability to rapidly diagnose and quarantine COVID cases. So, this fall make sure that you get your flu shot and are up to date on all your vaccines and encourage all your family members to do the same.



Even though a vaccine for COVID-19 has yet to be approved, there are many other things we can do to keep our community safe. Get your vaccines, wear your mask, wash your hands, avoid crowds and social distance. Stay safe and healthy.

James Cruse, MD
Medical Director of Wayne Memorial Community Health Centers



Health reminders

Annual wellness visits – As a Medicare beneficiary, you're eligible for a free annual wellness visit. These visits can help detect disease early so you and your doctor can take steps to keep you healthy, and possibly prevent symptoms from ever occurring. You may have received a phone call or a note in the mail from your provider recommending you schedule this very important visit. If you have not yet done so, please contact your primary care doctor to schedule your annual wellness visit.

Flu shots – Remember to get your flu shot this fall. The best defense is prevention! Contact your primary care doctor's office to schedule your flu shot or attend a flu shot clinic within your community.



Resources

To contact Medicare

For additional information on accountable care organizations, contact Medicare at 1-800-Medicare, (1-800-633-4227) and ask for the Medicare ACO Department.

TTY users should call 1-877-486-2048. You may also visit [medicare.gov/acos.html](https://www.medicare.gov/acos.html).

Physician Groups

- Advanced Inpatient Medicine Wayne PC
- AOP Inc.
- Capital Anesthesia LLC
- Caring Community Health Center
- Digestive Disease Institute Inc.
- Enteron Inc.
- Evangelical Medical Services (Lewisburg and surrounding communities)
- Family Practice Center PC
- Geisinger Clinic
- Geisinger HM – Joint Venture LLC
- Geisinger Jersey Shore Foundation Inc., Jersey Shore
- Geisinger Lewistown Hospital Family Health Associates
- Jackson Siegelbaum Gastroenterology Ltd.
- Lycoming Internal Medicine, INC
- Medical Arts Allergy PC
- Pennsylvania Gastroenterology Consultants PC
- Spirit Physicians Services Inc.
- The Wright Center Medical Group (Scranton & surrounding communities)
- Ultra Care Urgent & Family Care
- Urology of Central Pennsylvania Inc.
- Valley ENT Sinus and Allergy
- Wayne Memorial Community Health Centers
- West Shore Endoscopy Center LLC

Participating Hospitals

- Evangelical Community Hospital, Lewisburg
- Geisinger Bloomsburg Hospital, Bloomsburg
- Geisinger Community Medical Center, Scranton
- Geisinger Holy Spirit, Camp Hill
- Geisinger Jersey Shore Hospital, Jersey Shore
- Geisinger Lewistown Hospital
- Geisinger Medical Center, Danville
- Geisinger Wyoming Valley Medical Center, Wilkes Barre
- Wayne Memorial Hospital, Honesdale

Visit our website for more information on Keystone ACO and to see previous KACO Connections issues.

KeystoneACO.org

Is there a specific topic you would like to see addressed in future newsletters? You can email your suggestions to:

KeystoneACO@KeystoneACO.org

Keystone Accountable Care Organization, LLC
100 North Academy Avenue
Danville, PA 17822
Mail Code 30-55
Phone: 570-271-6403
Fax: 570-214-1314
E-mail: KeystoneACO@KeystoneACO.org
Website: KeystoneACO.org



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