

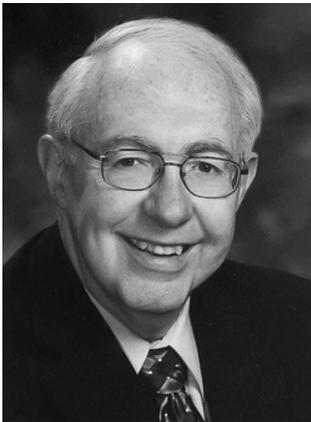


FALL/WINTER 2022

KACO Connections

Welcome note

James Redka, MD
Family Practice
Centers (FPC)



Welcome to autumn—a season of return to school for our grandchildren, football games, and Pennsylvania mountains decked out in an array of color as we anticipate winter. Your ACO providers continue to work together and focus on best practices and encourage you to engage in your care with your providers to work toward better, healthier outcomes.

In this issue we will address better lung health. Chronic obstructive pulmonary disease (COPD) ranks high in our data for physician office visits, emergency room and urgent care visits, as well as hospitalization and intensive care. More than 90% of this illness is caused by tobacco use in our patients.

Tobacco use is also a major cause of heart and vascular disease, osteoporosis, and lung and bladder cancer. If you are a smoker, find a way to stop. If you have a friend or relative who smokes or chews, help them to see the wisdom of quitting and offer them encouragement to do so.

For those of you who have kicked the nicotine habit, offer your insights and tips on what has helped.

This issue also offers you information related to upcoming surveys, vaccine guidance, important health reminders and a delicious recipe for a healthy dessert option.

Thank you,
James Redka, MD

Do you or someone you love smoke and want to quit smoking?

The National Cancer Institute (NCI) created Smokefree.gov to help you or someone you care about quit smoking. Smokefree.gov is part of the U.S. Department of Health and Human Services' efforts to reduce smoking rates in the United States.

Visit: www.smokefree.gov



Tobacco use: Can you stop?

By Dr. Redka

Everybody who smokes cigarettes sees the warning from the Surgeon General and has seen this since way back in the 1970s. Yes, your government does state this truth and bases its advice on actual data. If you smoke, you do so despite warnings on the package, the cost, the prohibition of lighting up in many public places, and our persistence to ask you to stop smoking.

In your annual health assessment as well as at many of your medical visits, your ACO health care team will ask you about smoking. If you are a smoker, they will further ask you about any plans you may have to stop and will offer services to help in the process. **Why do we do this?**

The short answer is that we as medical professionals experience over and over the harms that come to our patients through smoking. We see patients that we love and care for suffer from multiple illnesses and shortened lives. We also see some patients who manage to stop smoking regain much of their health and vitality. So, for us, the opportunity to help any of our patients seems well worth the effort.

We do know that quitting is difficult. None of our patients want to suffer the consequences they and their families and friends have from tobacco use. There are withdrawal symptoms as well as habit patterns to change. It takes strong desire and determination to make this change.

Now, we can offer some assistance, should you agree to work with us. No “slam dunk” or “it always works” techniques, but surely some help. You can also seek advice from the 1-800-QuitNow phone line counselors to supplement ours.

Medical therapy includes:

- Chantix (varenicline), a medication that blocks the euphoric effect of tobacco. Success rates for this are twice that of placebo. Folks have argued about the risk of anxiety and depression as well as difficult dreams. This may not be for everyone, but is the most effective of medications to help with stopping tobacco.
- Wellbutrin (bupropion) is a medication used to treat depression and anxiety. It is more effective than placebo and generally is well tolerated.
- Tobacco replacement therapy includes skin patches, gum, and lozenges that contain nicotine. These allow you to stop the habit of smoking (or chewing) while containing the withdrawal symptoms. After ridding yourself of the habit, you will need to taper off from this nicotine-containing product.
- Vaping is another method of replacing cigarettes. Some are successful in switching to these products and then tapering from the nicotine.
- Combining tobacco replacement with one of the other medications may improve the success of your attempt at quitting.
- Psychological techniques may be useful. Hypnosis works for some. Getting depression or anxiety better controlled is useful before attempting to stop tobacco use if you have those common problems. It has occurred to me that the 12-step methods used in AA or NA may be effective, but I have not seen any data to support this idea.

You may have some other methods that you believe are worth a try. Knowing yourself and how you make difficult decisions and stick with them is extremely important in making this hard and yet worthwhile change. Valuable life changes are nearly always challenging!



Share your smoking cessation tips with others

Are you a former smoker and/or tobacco user who has been able to quit for good? Would you be interested in sharing your success with others with this addiction? We would love to hear what has worked for you and share your tips with those who also struggle with tobacco use. Your tips can be included in upcoming newsletters. Your name or personal information will not be shared. Also, please feel free to share how your health has improved after you quit smoking. Email us at keystoneaco@keystoneaco.org if you are interested in sharing!

Importance of completing surveys



Each year, randomly selected Medicare beneficiaries receive a questionnaire in the mail called the “Medicare Provider Experience Survey.” If you receive one of these surveys, we would greatly appreciate if you would take the time to fill out the questionnaire. As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors, nurses, and other health care providers who you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and our responsibility is to ensure that you get high-quality care. One of the ways we can fulfill this responsibility is to find out directly from you about the care you are receiving under the Medicare program.

The accuracy of the results depends on getting answers from you and others selected for this survey. This is your opportunity to help us serve you better. Information you provide will be held in confidence by CMS and is protected by the Privacy Act. Your responses will **not** be shared with the health care provider named in the survey. Your help is voluntary, and your decision to participate or not to participate has no effect on your Medicare benefits. Thank you for your help with this important survey.

Chronic obstructive pulmonary disease (COPD)

What is COPD? Will I get it? If I do, will I be able to get the right medications? Do they work? How can I prevent this illness?

COPD is a chronic lung disease that makes it hard to breathe. If you have COPD, your airways (the branching tubes that carry air within the lungs) become narrow and scarred. You then feel out of breath, especially when you try to walk fast, lift and carry weight or climb. The “C,” standing for “chronic,” means this illness does not go away and can worsen over time. However, there are good treatments available that can help you live a full and successful life.

The most common cause of COPD is tobacco smoking, whether you are the smoker or you are exposed to someone who frequently smokes in your presence. Smoke from other sources, such as inhaling toxic gases, can also damage the lungs forever and cause COPD.

A few patients with COPD develop the disease from a genetically deficient enzyme occurring in the lung. There is a test to find this problem, often discovered due to a strong family history or from COPD starting much earlier in life than expected by the amount of tobacco or other smoke exposure. The course and treatment of this illness is much different than standard COPD.

In early stages of COPD, you may not notice any symptoms, or you may think the shortness of breath or coughing is due to something that will go away. You may think you just have a smoker’s cough and will be just fine when you succeed in quitting. Many of my patients insist they can quit smoking whenever they decide and wait way too long until there is

substantial permanent damage to the lung and hence develop long-term restrictions of health as well as a shorter life.

We medical providers suspect and then diagnose COPD by the combination of what you tell us, what we hear when we listen to your lung sounds, and by using tests that measure the speed of the air you exhale in a device called a spirometer. A chest X-ray is often done to check for other causes of your shortness of breath.

Your doctor will challenge you to stop smoking as soon as possible. You will need to make a firm commitment to do this, by whatever means are required. As tobacco contains chemicals that are addictive, stopping is quite a challenge for most smokers. Your doctor can offer you help in this process, but you will need to make a firm decision and be willing to work hard to succeed.

Medications are aimed at increasing the flow of air leaving your lungs and reducing the inflammation within the lungs when present. Bronchodilators include short-acting inhalers that give improvement within a few minutes, called “rescue” inhalers. In mild COPD, these may be the only medications needed.

If COPD is more advanced, you may need to take a bronchodilator that works all through the day and night. Adding an inhaled corticosteroid may help if you have inflammation that shows itself as sputum. Being consistent in taking these medications as well as quitting all smoking often keeps the illness stable for years.

An exacerbation of COPD often comes when you have a flare of allergy, viral or bacterial infection. Specific treatments may include antibiotics, systemic steroids, nebulized bronchodilators, or supplemental oxygen.

Chronic obstructive pulmonary disease (COPD), continued

Patients who have COPD do suffer more if they develop a viral or bacterial infection of the lungs. So, please do take all the pneumococcal, COVID, and influenza vaccines. Be extra careful in limiting your exposure to other viral illnesses. A good-quality mask use may help cut back on your risk when needing to be indoors or in public places.

Care of COPD is a team effort. Your primary care physician's office is a resource in coordinating care. Other resources can include home care nurses, respiratory therapists, pulmonary (lung) specialists, and durable medical goods suppliers.

Your immediate family or other care givers in the community can also help you keep your health on the right track. Emergency room care is generally the entry point for you if you become very severely ill—but attention to getting all the care needed in your home can surely decrease the need for this level of care.

We wish you success and a long life as you live with this difficult illness.

James Redka, MD
Family Practice Centers (FPC)

Vaccines are not just for kids – Adults need them, too

When we get sick from an infection, our immune system will remember how to fight it so we do not get that illness again or the severity will be much less. Vaccines are made with a form of the virus or bacteria that cannot make us sick. The vaccine allows our immune system to develop the memory to protect us without the risks associated from contracting the disease.

As adults, our immune systems have seen many infections and developed many memories. However, vaccines are still necessary to stay healthy. Why?

- The vaccine may not provide lifelong protection because the immune memory fades (examples: diphtheria, tetanus, and pertussis vaccines).
- The virus changes through time (called mutation), so the immune memory will not recognize it as well (example: influenza).
- The aging immune system becomes susceptible to diseases that were less of a threat at an earlier age (examples: shingles and pneumonia).

Talk to your doctor about what vaccines are recommended for you:

- Flu vaccine every year
- Td or Tdap every 10 years for protection against tetanus, diphtheria and pertussis
- Shingles vaccine
- Pneumococcal vaccine
- COVID-19 vaccine or booster

William Ehmann, RPh, PharmD, BC-ADM, CDCES
Ambulatory Care Clinical Pharmacist, Keystone ACO
Evangelical Medical Services

UNION COUNTY FOOD HUB

POP-UP PRODUCE STAND

FREE, LOCAL PRODUCE!

THURSDAYS, 4-6 PM AT THE MILLER CENTER COURTYARD (120 HARDWOOD DR, LEWISBURG, PA)

- NO REGISTRATION REQUIRED
- AVAILABLE MAY THROUGH OCTOBER

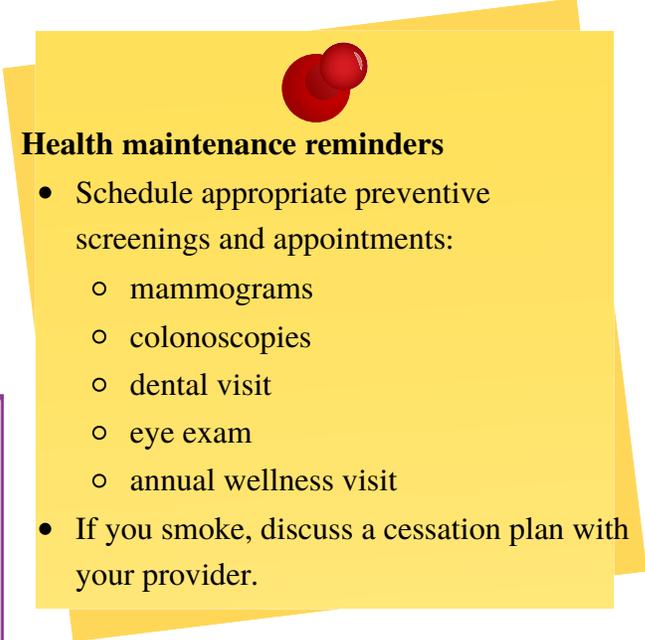
UNION COUNTY **foodhub**  Union-Snyder **COMMUNITY ACTION AGENCY**

QUESTIONS? CALL UNION-SNYDER CAA AT 570-374-0181

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).



Health maintenance reminders

- Schedule appropriate preventive screenings and appointments:
 - mammograms
 - colonoscopies
 - dental visit
 - eye exam
 - annual wellness visit
- If you smoke, discuss a cessation plan with your provider.

LIVING WITH PARKINSON'S?

HELP IS AVAILABLE.

EXERCISE	SINGERCISE
<p>A functional exercise program for people living with Parkinson's disease designed to help mitigate symptoms, improve one's mood, and rebuild functionality.</p>  <p>Instructor Olivia Conklin oconklin@gsvymca.org</p>	<p>A therapeutic singing program offered free of charge thanks to a grant from the Parkinson's Foundation that aims to improve speech, loudness, and respiratory control.</p>  <p>Instructor Alysha Suley info@bloomsburgmusictherapy.org</p>

Lewisburg YMCA at the Miller Center
120 Hardwood Drive | Lewisburg, PA
(570)556-4191 | millercenterlewisburg.com



Flu shots

Remember to get your influenza (flu) vaccine this fall. This is the best way to prevent or reduce the severity of flu symptoms if you do contract the virus. Plan to attend a flu shot clinic in your area or schedule with your primary care physician. Dates for flu shot availability will be announced. Watch for additional information in your community.

THE BEST DEFENSE IS PREVENTION!

Recipe courtesy of www.diabetesdpg.org by: Clarissa Rivera MS, RD, LD, CDE



Ingredients:

Filling:

- Non-stick cooking spray
- 2 cups frozen cranberries
- 3 cups Granny Smith apples, cored, peeled & diced
- 3 teaspoons Truvia Baking Blend®
- 1 teaspoon flour

Topping:

- 1 cup oats
- 1/4 cup all-purpose flour
- 2 teaspoons cinnamon
- 1/4 cup Truvia Baking Blend®
- 1/3 cup soft tub margarine

Directions:

1. Preheat oven to 375 degrees F. Coat 8" x 8" baking dish with non-stick cooking spray.
2. To prepare topping: In a medium-sized bowl, combine rolled oats, flour, margarine, cinnamon, and sugar substitute.
3. To prepare filling: In a large bowl, combine apple, cranberries, flour, and sugar substitute.
4. Place fruit mixture into prepared baking dish. Sprinkle oat mixture over the fruit mixture.
5. Bake for 45 minutes at 375 degrees F. Serve warm. Enjoy!

Nutritional facts

Servings per recipe: 9

Serving size: 1/2 cup

Calories: 120

Total fat: 3 g

Saturated fat: 0.5 g

Total carbohydrate: 21 g

Dietary fiber: 4 g

Protein: 2

Sodium: 50 mg

Tips:

Cranberries are considered a superfood, high in antioxidants, and consuming them may help to:

- lessen risk of urinary tract infections (UTIs)
- lower blood pressure
- improve eyesight
- protect against liver disease
- improve cardiovascular health
- reduce inflammation
- boost immunity

and so much more!

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