

# Foresight Family Physicians Newsletter

FALL 2018

## FLU SHOTS FOR 2018-2019

Flu vaccines have been updated to better match circulating viruses [the B/Victoria component was changed and the influenza A(H3N2) component was updated]. For the 2018-2019 season, the nasal spray flu vaccine (live attenuated influenza vaccine or "LAIV") is again a recommended option for influenza vaccination of persons for whom it is otherwise appropriate. The nasal spray is approved for use in non-pregnant individuals, 2 years through 49 years of age. There is a precaution against the use of LAIV for people with certain underlying medical conditions. All LAIV will be quadrivalent (four-component).

Cell-grown flu vaccine will be quadrivalent. For this vaccine, the influenza A(H3N2) and both influenza B reference viruses will be cell-derived, and the influenza A (H1N1) will be egg-derived. All these reference viruses will be grown in cells to produce the components of Flucelvax.

The age recommendation for "Fluarix Quadrivalent" was changed from 3 years old and older to 6 months and older after the annual recommendations were published last season to be consistent with Food and Drug Administration (FDA)-approved labeling.

The age recommendation for Afluria Quadrivalent was changed from 18 years old and older to 5 years old and older after the annual recommendations were published last season to be consistent with Food and Drug Administration (FDA)-approved labeling.

### Why is a higher dose vaccine available for adults 65 and older?

Human immune defenses become weaker with age, which places older people at greater risk of severe illness from influenza. Also, ageing decreases the body's ability to have a good immune response after getting influenza vaccine. A higher dose of antigen in the vaccine is supposed to give older people a better immune response, and therefore, better protection against flu.

### When should I get vaccinated?

You should get a flu vaccine before flu begins spreading in your community. It takes about two weeks after vaccination for antibodies that protect against flu to develop in the body, so make plans to get vaccinated early in fall, before flu season begins. CDC recommends that people get a flu vaccine by the end of October. Getting vaccinated later, however, can still be beneficial and vaccination should continue to be offered throughout flu season, even into January or later. Children who need [two doses](#) of vaccine to be protected should start the vaccination process sooner, because the two doses must be given at least four weeks apart.

For more information, contact your physician or visit the Center for Disease Control website at [CDC.ORG](http://CDC.ORG)

### Shingles vaccine: Should I get it?

Shingles is a painful skin rash, often with blisters. Shingles is caused by the varicella zoster virus, the same virus that causes chickenpox. After you have chickenpox, the virus stays in your body and can cause shingles later in life. A shingles rash usually appears on one side of the face or body and heals within 2 to 4 weeks. Its main symptom is pain, which can be severe. For 1 person in 5, severe pain can continue even long after the rash has cleared up. Shingles is far more common in people 50 years of age and older, and the risk increases with age. It is also more common in people whose immune system is weakened because of a disease such as cancer, or by drugs such as steroids or chemotherapy. You can't catch shingles from another person. However, a person who has never had chickenpox (or chickenpox vaccine) could get chickenpox from someone with shingles.

**Shingles Vaccine:** Recombinant shingles vaccine was approved by FDA in 2017 for the prevention of shingles. Two doses, 2 to 6 months apart, are recommended for **adults 50 and older**. This vaccine is also recommended for people who have already gotten the live shingles vaccine (Zostavax). There is no live virus in this vaccine.

**Some people should not get this vaccine.** Tell your vaccine provider if you have severe, life-threatening allergies, are pregnant or breastfeeding, or are not feeling well. If you have a mild illness, such as a cold, you can probably get the vaccine today but if you are moderately to severely ill, you should probably wait until you recover. Ask your health care provider for guidance or if you want information about vaccine components.

**Risks of a vaccine reaction and other reactions.** After recombinant shingles vaccination, a person might experience pain, redness, soreness, or swelling at the site of the injection, headache, muscle aches, fever, shivering, fatigue. Some people get shoulder pain that can be more severe than routine soreness.

Ask your health care professional or health care provider to go over any additional risks or if you have any other concerns.

You can get additional information from [www.cdd.gov/vaccinesafety](http://www.cdd.gov/vaccinesafety)

### BETTER HEALTH CARE STARTS WITH YOUR PRIMARY CARE PHYSICIAN

Your primary care physician treats you with both your **medical** and **family history** in mind. Primary care is valuable to individuals in at least the five ways listed below:

1. It provides a place to which patients can bring a wide range of health problems for appropriate attention—a place in which patients can expect, in most instances, that their problems will be resolved without referral.
2. It guides patients through the health system, including appropriate referrals for services from other health professionals.
3. It facilitates an ongoing relationship between patients and clinicians and fosters participation by patients in decision-making about their health and their own care.
4. It provides opportunities for disease prevention and health promotion as well as early detection of problems.
5. It helps build bridges between personal health care services and patients' families and communities that can assist in meeting the health needs of the patient.

Primary care is essential to reaching the objectives that constitute value in health care: high quality care (including achieving desired outcomes), good patient satisfaction, and efficient use of resources.

**Present:**

*Foresight Staff Members:* Jennipher Allen, Karen Gale, and Janelle Kershner.

*Foresight Guests:* none

*Council Members:* Rhonda Ford, Pat Ford, Barb Murdock, Samantha Berryman, Peter Trosclair, David Farmer

**Absent:** Gladys Kelher, Mike Kelher, Michael Click, Joseph O'Connor

Lunch by Zoup

**Discussion:**

Jennipher welcomed everyone to today's meeting and we enjoyed our lunch from ZOUP!

She took some time to review a couple of items from our last meeting. We did discuss cognitive screening/rescreening with the providers. We are doing more screenings, mostly up to the discretion of the treating provider and what they feel is needed.

We are going to be moving forward with the AHCM project (Accountable Health Communities Model) and Jenn gave everyone copies of the questionnaire and refreshed everyone on what the goal of this project is. We will have tablets available for patients to use to complete this form, if they so desire. We asked the council for their input on whether they feel this should be done in the waiting area, in a room, with a care manager? For the most part they felt that if the patient was comfortable using the tablet, that doing the form in the waiting room was a good use of time. If we have BH or a care manager help complete the form, we would need to move the patient to a more HIPAA compliant area. Possibly the care managers, or BH team could alert the front staff to the patients that are coming that day, that they feel could adequately utilize the tablet to complete the form. The patient could choose to do the paper version of the form, then a staff member would need to put their answers into the AHCM site. This is still a work in progress and we will touch on this subject for an update at our next meeting.

The new "FIT" directions (for colorectal cancer screening) are completed and the council looked them over. They felt they were easy to understand and follow.

There is a new Medicare attribution process for patient. Karen spoke about what attribution means and why we need our Medicare patients to do this. Jennipher tried to do this with her Mom, and the website is a bit complicated. Barbara and David have graciously volunteered their time to sit with Jennipher and try and get onto the website and get them signed up. We will let you know how that goes!! Once we know how to do it, we can work on educating our patients.

The other area of patient education that we need to work on is what being a Primary Care Physician means. This stems from the problem arising of patients (Medicare and other insurances) are "self" referring to specialists. This action drives up costs and many times causes unnecessary testing to be performed. We asked the council's input/advise on how best to educate the patients. We talked about an article in the newsletter, putting it on the bulletin board and even jokingly (or not?) talked about making a short video. Jenn will check into the rules for public service announcements. This is not just a problem for Foresight Family Physicians, but for all primary care physicians.

We will be transitioning to the "Cloud" for our electronic health record at the end of September. This will mean that for a couple of days we will not have access to documenting in the medical records. Those days will be a skeleton crew and seeing acute issues only.

The Food Bank of the Rockies is holding 2 a week. Samantha will get the details to Jennipher, so they can be included in the next newsletter.

We concluded our meeting discussing ideas for the upcoming newsletter. Some of the topics:

Flu shot - 65 and older (?)	Shingles shot	Stay hydrated - list the symptoms of dehydration
Recipes	AARP talking points from Michael Click	Proper "cough" etiquette
The pros/cons on antibiotics		

**Agenda:**

Our next meeting will be: November 14, 2018

Advance directives - can they be done virtually

AHCM update

**Warm Spiced Cran-Pom Toddies**

Serves 10 (serving size: about 1 cup)

2 (3-inch) cinnamon sticks

1 (64-ounce) bottle cranberry-pomegranate juice drink

1 (1-inch) piece fresh ginger, peeled and cut into thin slices

1 3/4 cups gold rum (For a nonalcoholic version, omit the rum and replace the rum with apple juice)

3 tablespoons fresh lime juice

Sugar cane sticks or cinnamon sticks (optional)



Combine cinnamon sticks, juice drink, and ginger slices in a large Dutch oven, and bring to a simmer. Cover and cook over low heat 30 minutes. Discard cinnamon sticks and ginger slices. Stir in rum (or replace with apple juice) and lime juice; serve warm. Garnish with sugar cane sticks or cinnamon sticks, if desired.

Make-ahead tip: Steep juice mixture up to a week ahead; cool to room temperature, and refrigerate. Warm over medium-low heat, and add rum and lime juice shortly before serving.

**Nutritional Information**

Calories 171; Fat 0.0g; Protein 0.0g; Carbohydrate 19.6g; Fiber 0.0g; Cholesterol 0.0mg; Iron 0.0mg; Sodium 30mg; Calcium 30mg

**PARKING LOT FOOD GIVE AWAY AT CLIFTON CHRISTIAN CHURCH**

3241 F 1/4 Rd, Clifton. 9 a.m. to 11 a.m.

Bring bags or boxes with you. First come first serve; no proof of income or ID's required. Senior citizens can participate 6 times a years while non senior citizens can participate 3 times a year. Thanksgiving and Christmas give aways are exempt.

**Remaining days for 2018**

**October 27**

**November 17**

**December 22**

**THE GREAT AMERICAN SMOKEOUT**—The day that everyone who smokes is encouraged to quit.

**NOVEMBER 17, 2018**

For more information: [www.smokefree.gov/tools-tips/smokefreetxt](http://www.smokefree.gov/tools-tips/smokefreetxt) or [www.smokefree.gov/tools-tip/apps](http://www.smokefree.gov/tools-tip/apps) for your smartphone or

[www.cancer.org/smokeout](http://www.cancer.org/smokeout)

Make this year the one that you finally stop smoking—forever.