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Written by Dr. Andy Lazris

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Special points of interest:

- Using absolute risks/benefits we look at lung cancer screening, vaccination, and afib
- How can PPC help you enhance your health through special programs we offer
- Positive thinking and palliative care can improve your health
- Aggressive medical care in the elderly can be more harmful than beneficial.

PERSONAL PHYSICIAN CARE

6334 Cedar Lane, Suite 103
 Columbia, MD 21044
 Phone: 410-531-2355
 Fax: 410-531-7011
 Office@ppcmd.com
 alazris@ppcmd.com
 kjantac@ppcmd.com
 eshadis@ppcmd.com
 mklima@ppcmd.com
 pstone@ppcmd.com

MEDICARE PAYS FOR LUNG CANCER SCREENING. BUT IT IS A GOOD THING?

Lung cancer screening with CT scans can prevent some deaths, but at a big cost.

Nothing is more frightening to smokers and ex-smokers than lung cancer, so preventing it is a worthy goal. Now a study shows that yearly CT scans can cut down lung cancer deaths by 20%. Because of this, Medicare now pays for the test.

20% is a relative risk, which tells us very little. How many people actually avoid dying from lung cancer if they have yearly CT scans? The answer is that if 1000 people are

screened for 5 years, approximately 3 will avert lung cancer death. Put another way, 997/1000 people do not benefit.

If that were the end of the story, then perhaps screening would make sense. But it is not. CT screening is very inaccurate. After 5 years, about two-thirds of people will have an abnormal scan even though they do not have cancer. In fact, of all abnormal scans, only 5% of people have cancer. That means the odds are that you will have at least one abnormal scan, and there is a 95% chance that scan is

a false positive, and you have to live with the stress of not knowing if you have cancer or not. And you need more tests.

Some just get more CT scans, others get high radiation PET scans or even lung biopsies; both of these procedures carry risk. In fact, 6 out of 1000 screened people suffer major complications from procedures done to prove that they do not have cancer. They would have been better off being left alone!

So to screen or not to screen? Let's talk about it.

PNEUMONIA VACCINE: HOW OFTEN?

The CDC has just endorsed a new pneumonia vaccine for people over 65.

It has been standard of care to offer all people over 65 a pneumovax vaccine, something Medicare will pay for. While it is uncertain how often people should get the shot, it seems that once a lifetime is sufficient.

Now the CDC endorses a newer vaccine, PCV13, that it suggests people get in addition to pneumovax. Their information is based on a study, financed and controlled

by the vaccine's maker, Pfizer, that showed a decrease in pneumonia in those who received PCV13. It is felt



that receiving both vaccines may prevent more disease, although no evidence exists for that contention.

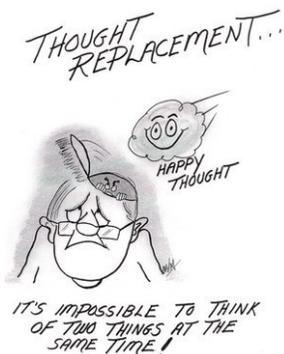
Just how many people benefit? Again, using absolute terms, the CDC estimates that if 10,000 people receive PCV13, 5 people may avoid pneumonia. There is no evidence that taking both vaccines changes that number, or taking either or both vaccines more than once decreases risk further. There is also no evidence that any lives will be saved.

Because of these unimpressive numbers, and little data about side effects, PPC does not offer PCV13. But perhaps a once a year pneumovax may help a bit. Then again, probably not.



Check out Dr. Lazris's blog about what's new in health care at curingmedicare.com

As you age, the hospital is the one place not to be!



MEDICARE CORNER: THE CCM PROGRAM AND WHY TO SIGN UP.

Medicare is changing, and in the pages of this newsletter we will highlight how some of the reforms being promulgated by Medicare and the Affordable Care Act (ACA) will have an impact on you. These reforms will likely effect all insurance carriers in the near future.

Currently Medicare pays with a fee-for-service model. This means that a doctor/NP is paid only when we physically see a patient. Filling out forms, having discussions, talking to family, arranging services; none of this is compensated, and typically those activities comprise a large portion of what we do. In fact,

until recently, we could not charge patients for those services, even if the patients wanted to pay.

As of next year, all that is changing. Payment for patient visits will be reduced, and we are now expected to charge for coordinating and managing care, especially



among our patients with many chronic illnesses such as high blood pressure, diabetes, dementia, heart disease, ar-

thritis. We will be compelled to charge for certain services that were previously free.

Medicare's new CCM (chronic care management) program, that we hope all our patients will sign up for, allows us to bill Medicare for those services instead of charging the patient directly. To initiate ccm billing you simply sign a permission slip that permits us to charge Medicare.

We are asking all of our patients to sign the consent form, which is on our website and at the office. There is not much else to it. If you have questions, let us know!

PALLIATIVE CARE: IS IT RIGHT FOR YOU?

What is palliative care? It is a term being tossed around more, and many people are frightened by it, equating it with acceptance of death.

Actually, palliative treatment is anything but that. Studies show that in elderly people and in many people with

chronic diseases like CHF and lung disease, palliative treatments help people feel better **and live longer** than do more aggressive treatments.

With palliation we no longer worry too much about numbers like bone density and cholesterol, we avoid too many tests

and procedures, and instead we focus on trying to improve the quality of life and preventing hospitalizations. We focus on comfort, dignity, and home treatment.

Palliative care does not mean we think it is time to give up. It actually means it is time to let you start living

THE POWER OF POSITIVE THINKING

One of the problems with Western medicine is that we promote a view of health that is negative. We label our patients with diseases, always look for problems, and flood the body with medicines and tests so we can find and fix abnormalities. In some cases such a strategy is helpful, but in far too many cases it leads to dangerous over-treatment, excessive illness, and stress.

Recent studies have shown that people who are more positive about their health actually may do better. Those who are less focused on the Western idea of finding and fixing everything and of labeling themselves with illness, and instead look within themselves to prevent and contend with illness, feel healthier, live longer, and are less disabled.

Positive thinking means that exercise, relaxation, socialization, acceptance of some disability is better than always relying on medicines and evasive solutions. Our body can heal itself, but when we flood it with negative emotions and too many pills we create chemicals that cause damage and hurt our immune system. Look within for the solution and don't fret so much. It works!

BENEFIT/RISK CORNER: THE USE OF COUMADIN IN AFIB.

In our recently published book, [Interpreting Health Benefits and Risks](#) (Springer, 2014, available at our library), Erik Rifkin and I break down tests and treatments into easily understood pictures that show actual risk and benefits. In this column, we will explore some of those medical interventions and our findings.

Too often in the press the efficacy of a pill or test will be described using relative risk terms: a test cuts the risk of cancer by 25%, a drug prevents heart attacks 40% of the time. In fact, those numbers have very little meaning

and often obscure what the intervention really does. On the first page we apply that to lung cancer screening. The use of Coumadin in atrial fibrillation is an illustrative example of why relative risks are so misleading.

Afib is a heart condition that can lead to stroke. Use of blood thinners such as Coumadin can drop stroke risk by 50%, something that has made its use standard of care. But 50% is a relative benefit. What is the actual benefit of Coumadin, and what is the risk?

In fact, if 1000 people with afib take Coumadin instead of

aspirin, only 6 of them will prevent a stroke in a year; 994 of them will not benefit. What is often not said is that of those 1000, 6 will bleed into their brains every year, something just as bad as a stroke, and 12 of them will have serious life-threatening bleeds. Newer blood thinners, such as Xaralto, confer similar risks and benefits, and have unique problems compared to Coumadin.

Never look at relative risk. When making an informed decision about an intervention, look at actual risk/benefit numbers. Just ask us and we will let you know.

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Borrow from our three DVD collections:

Medical Myths, Successful Aging, and Herbal Treatments. Just ask at the front desk.

HEALTH PROMOTION VISITS AT PPC.

At PPC we value keeping you healthy and happy, not just fixing your problems. Feel free to set up specific appointments to discuss an array of health prevention issues. We can have one time visits or ongoing counseling. Such programs include:

- **DIET COUNSELING:** We will design a diet specific to your medical conditions.
- **EXERCISE:** We will set up a custom program for you
- **BLADDER TRAINING:** Learn behavior training
- **SMOKING CESSATION**
- **ADVANCED DIRECTIVES**
- **BONE HEALTH:** We will talk about how to prevent bone loss
- **HEALTH SCREENING:** What is right for you?

Call the office to set up an appointment for any of these or other important issues.

DRUG CORNER: MULTIVITAMINS.

Multivitamins are some of the most profitable and widely used drugs on the market. Some have specific indications (anti-oxidants, elderly, energy, memory, ect), while most are more generic. But just how effective are they?

In fact, as with all supplements, you never know exactly what is in each bottle of multivitamins, as there are no

rigorous standards. Also, typically these mixes are mostly composed of vitamins and minerals you don't need, and do not have enough of the vitamins and minerals you actually need. Virtually the entire multivitamin is flushed out in your urine; the more money you pay for the vitamin, the more expensive your urine is.

Recent studies on multivitamins and anti-oxidants show them to have no value at all, prompting medical groups to implore people not to use them. Some people feel they are beneficial, but likely that is a placebo effect. Most are not harmful, but some of the ingredients do interact with drugs you may be taking, so be careful. Better to exercise and eat well, and toss out the vitamins.



Personal Physician Care



For refills or appointments email:
office@ppcmd.com

For billing issues email:
Billing@ppcmd.com

To reach the providers:
Dr. Lazris: alazris@ppcmd.com
Dr. Stone: pstone@ppcmd.com
Libby eshadis@ppcmd.com
Kathy: kjantac@ppcmd.com
Michelle: mklima@ppcmd.com

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To get prior issues of the PPC newsletter, either pick up a copy at the office, check our website, or shoot an email to the office and we can send you a copy via email.

**FOR LARGER
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OUR WEBSITE**

PPC'S PATIENT PORTAL: SIGN UP NOW!

We have a patient portal, and we encourage all of our patients, or their families, to sign up for it. What is a portal? It allows you to log onto your medical records and take a peak into your chart. To sign up, just ask our front desk, and they will give you a password. It is very important that all of our patients have an email in our record; that is how we communicate, and that is how the portal works. The advantages of the portal are:

- You can see your record, your labs, your tests, your specialist reports, your hospital records. That allows you to know what is going on, and to make sure everything is accurate.
- If you are at the hospital or in with another doctor, you can log onto your records to let them know about your health issues and medications.
- The portal allows us to communicate with you. Any snow-days, schedule changes, events we are sponsoring, drug recalls can all be sent to you via the portal. That is why it is so important that all of our patients, or families, sign up for this important tool.

THE BACK PAGE: WHY AGGRESSIVE CARE IN THE ELDERLY CAN LEAD THEM DOWN A VERY DANGEROUS ROAD

Aggressive medical care is dangerous to residents of long term care facilities, and most likely is harmful to all elderly people. Yet we as a culture believe that aggressive care is thorough care, that the hospital is where the sickest patients do best, and that strict management of diseases such as diabetes and hypertension leads to better outcome. That thinking could not be more wrong!

A 2012 study showed that frail elders sent to the emergency room were 2-4 times more likely to develop serious gastrointestinal or respiratory infections. The hospital is a breeding ground for deadly infection, and patients admitted to hospitals often get more sick than before they arrived. The hospital is also frequently the cause of drug errors, medical mismanagement, harmful overtreatment, and mental/physical decline, all of which can be deadly to the elderly. Many studies point to the very high rates of death and disability caused by hospital errors. Very

little positive can be accomplished in a hospital; not a single study of the elderly has shown any benefit from hospitalization for the vast majority of illnesses.

Excessive testing and treatment can be equally harmful. A recent study showed that elderly diabetics in nursing homes with poor diabetic control (A1C 8-9) did better and lived longer than those diabetics who had better control (A1C 7-8). Many studies have suggested that tight diabetic control in the elderly can lead to worse outcomes. Another recent study of heart attack and stroke victims showed that pushing systolic blood pressure below 120 led to a higher risk of subsequent heart attack and stroke. Low blood pressure and sugar in the elderly cause more falls, more fatigue, and more confusion without extending life.

Giving the elderly too many medicines can lead to worse outcome as well. Although it may seem sensible to treat high

blood pressure, high cholesterol, cardiac conditions, osteoporosis, dementia, etc, with a plethora of medicines, every study suggests otherwise. Overtreatment with medication in the elderly, despite the reasons for such treatment, leads to side effects with minimal to no benefit.

Experience and data suggest that the best Rx for frail elders is to be less aggressive in testing and treatment, to avoid sending people to the hospital for all but the most onerous conditions (such as a broken hip), and to instead work to increase exercise and socialization while decreasing the stress caused by excessive medical care.

“Thorough” testing and treatments that so many people and health professionals think is beneficial can be deleterious. In the elderly, less is more. Check my book [Curing Medicare](#) and many other books in our library to learn the reality of aggressive care.