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MEMBERMATTERS

PROVIDING HEALTH RELATED NEWS FOR HNE MEMBERS

Equitable Treatment

Everyone Should Have Access to Excellent Care

by Thomas Ebert, Vice President and Chief Medical Officer

The Institute of Medicine (IOM), a part of the National Academy of Sciences, has set six principles for improving U.S. health care. The IOM has said that patient care should be:

- Safe
- Timely
- Patient-focused
- Efficient
- Effective
- Equitable

Living up to these six principles is very important to us at HNE. To do this, we need your help. The last of the principles listed, which calls for patient care to be “equitable,” is hard to measure and achieve. Many health care policy experts and consumers have voiced concern about barriers to care based on race and ethnicity. In other words, for some racial and ethnic groups, access to care may be more difficult. There may be differences in treatment based on language or cultural differences, or related to subtle, or not-so-subtle, biases.

As a result, patients of different race and ethnic backgrounds may not be offered the same care or treatment choices.



HNE wants to do our part to eliminate any obstacles to fair and equitable treatment. When you contact HNE for any reason, one of our Associates may ask you to identify your race or ethnic background. If we do ask, please don't be offended. Without information about race and ethnic background,

we may not be able to identify possible issues. If we find barriers that affect the care or treatment our members receive, HNE will work with our physician community to address such issues.

Thank you for your help. As a community, we can try to break down any barriers which could stand in the way of excellent health care for every one of us. *

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OCTOBER 2007

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The Great American Smokeout

By Michael Gauvin, Health Promotions Manager

Every year, smokers across the nation take part in the American Cancer Society's *Great American Smokeout*. On the third Thursday of each November (this year on November 15th) nearly one-third of the nation's 57 million smokers could be smoking less, taking the day off from smoking, or quitting for good. The American Cancer Society's *Great American Smokeout* challenges people to stop using tobacco and raises awareness of the many effective ways to quit.

According to the American Cancer Society, more than 70 percent of smokers say they want to quit, but only 5 to 10 percent are successful on any given attempt. Quitting smoking can be extremely challenging, but there are ways you can increase your chances of success. If you need help quitting, here are some great ideas:

- **Consider the use of medications.** Research has shown that using a smoking cessation medication can drastically improve your chances of success.
- **Self-help materials.** Contact your local American Cancer Society to receive materials that can help you regardless of where you are in the process of quitting. Call 800.ACS.2345 or 800.227.2345.
- **Support programs.** The American Cancer Society also can tell you of any support programs that may be available in your area. Call 800.ACS.2345 for more details.
- **Telephone counseling programs.** You may be able to use a telephone counseling program, such as the American Cancer Society's Quitline® program in your area. You can receive quitting strategies and support over the phone, at times that are convenient for you.

"I've had a love/hate relationship with cigarettes for many years. When HNE became a smoke free workplace, it really

opened my eyes to the realization that smokers are becoming a dying breed. Pun intended. The days of smoking socially or in public places have been replaced with 'going underground' to sneak a smoke, and facing growing disdain from the increasing number of nonsmokers. HNE's action to ban smoking during working hours was the wake up call I needed. Though it is extremely difficult, and I have made many attempts, I am determined to take the steps necessary to finally free me from my captor—cigarettes." *—HNE associate*

If you currently are smoking or know a friend or loved one who has been battling this addiction, the *Great American Smokeout* is a perfect opportunity for you to take steps to reclaim your health or lend support. For more information on how you can quit or help someone else quit, check out our comprehensive resource list.

Western Massachusetts Smoking Cessation Resources

1. **Baystate Medical Center** (Pulmonary Rehabilitation Nursing) Smoking Freedom Program: 413.794.2255 or 413.794.7026
2. **American Lung Association** Freedom from Smoking: 413.737.3506
3. **American Cancer Society:** 800.ACS.2345
4. **Berkshire Breathing Room:** 413.499.2602
5. **Franklin Medical Center:** Tobacco Treatment Program: 413.773.2232
6. **Cooley Dickinson Hospital Education Department:** Smoking Cessation Program: 413.582.2400
7. **Trytostop.org:** 800.879.8678
8. **Quitnet.org:** 617.437.1500 ★

Smoking Cessation Links

- **SMOKEFREE.GOV** The National Cancer Institute's quit smoking site walks you through the quitting process, with free Web, telephone, and print resources, and provides instant messaging with a tobacco treatment specialist.
- **QUITSMOKINGSUPPORT.COM** Provides excellent free advice, support and encouragement for those who are trying to quit smoking.

- **ALAWMA.ORG** American Lung Association of Western Massachusetts.
- **NICOTINE-ANONYMOUS.ORG** Educates and teaches you step-by-step nicotine reduction techniques.
- **UNHOOKED.ORG** Helps people break the smoking habit. A monitored chat site, bulletin board, and links to other sites and resources that can help you break the habit.

- **FINDHELP.COM** Foundation for Innovations in Nicotine Dependence.
- **SURGEONGENERAL.GOV** Surgeon General's guidelines on treating tobacco use and dependency, including new findings about the latest drugs and counseling techniques. ★

Depression

This is part 2 of the HNE Behavioral Health Department's three-part series on depression. Part 1 was published in the May issue of MemberMatters. You also can get this information in a brochure, at hne.com or by calling HNE Member Services.

There are two main types of depression: major depressive disorder (more intense) and dysthymic disorder (chronic and less intense).

MAJOR DEPRESSIVE DISORDER (major depression)

People with major depression have five or more of the symptoms listed below. The symptoms occur nearly every day, and last all day, for at least 2 weeks. For some, this disorder recurs several times in their lives. Symptoms include:

- Loss of interest in things you used to enjoy
- Feeling sad, blue, down in the dumps
- Feeling worthless or guilty
- Increase or decrease in appetite or weight
- Thoughts of death or suicide
- Problems concentrating, thinking, remembering, or making decisions
- Difficulty sleeping or sleeping too much
- Loss of energy or feeling tired all the time

DYSTHYMIC DISORDER (dysthymia)

Dysthymia is a chronic, mild type of depression. The symptoms last for most of the day and occur more days than not for at least 2 years. Symptoms include:

- Poor appetite or overeating
- Insomnia or oversleeping
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness

People with dysthymia function with little or no impairment. Some people may not even be aware they are depressed. They are able to work and manage their lives, but often are irritable and complain of stress.

ARE THERE OTHER SYMPTOMS?

Physical or psychological symptoms also may be present with either type of depression. These may include headaches, generalized aches/pains, digestive problems, sexual problems, feeling pessimistic or hopeless, and being anxious or worried.

Depression can be treated. Talk to your doctor about feeling depressed. Be sure to give details of your symptoms so your provider can decide the best way to help you. The sooner you get help for your depression, the sooner you will feel better. *

In our next MemberMatters, we'll talk about the different types of treatment for depression.

HNE Provider Update

PCPs joining HNE

FAMILY PRACTICE

Marie E. Wong, MD
Brightwood Health Center
380 Plainfield Street
Springfield, MA 01199
413.794.4458

INTERNAL MEDICINE

Cary M. Dash, MD
Baystate Medical Practice South Hadley
Adult Medicine
470 Granby Road
South Hadley, MA 01075
413.533.3926

Hemant Gupta, MD
1193 Granby Road
Chicopee, MA 01020
413.593.5200

Ira Helfand, MD
Family Care Medical Center
1515 Allen Street
Springfield, MA 01118
413.783.9114

Jean M. Porwoll, MD
Hampden County Physician Associates
294 N. Main Street
East Longmeadow, MA 01028
413.525.3958

Ian D. Schein, MD
Northampton Internal Medicine
190 Nonotuck Street
Northampton, MA 01060
413.584.9511

M. Katherine Sheffield, MD
Deerfield Internal Medicine
235 Greenfield Road
South Deerfield, MA 01373
413.665.2099

PEDIATRICS

Sarah B. Abbruzzese, MD
140 High Street
Springfield, MA 01199
413.794.2515

Marc S. McDermott, MD
77 Hospital Avenue
North Adams, MA 01247
413.664.6410

Sushila Sheoran, MD
387 Columbus Avenue Ext
Pittsfield, MA 01201
413.443.9629

PCPs leaving HNE

Deborah H. Abell, MD
Kim B. Abell, MD
Vincent M. Biggs, MD
Michael B. Blackman, MD
Merrie B. Dodge, D.O.
Nusrat Kalloo, MD
Robin E. Powers, MD
Nedda Salehi, MD
Carolyn S. Tolley, MD
Sabrina H. Zubair, MD

No longer PCP with HNE

Philip J. Doherty, MD
Leigh D. Ford, MD
Mooideen K. Meeran, MD
Bernard T. Price, MD

Additional office address for PCP

Lisa A. Howard, MD
Family Care Medical Center
1515 Allen Street
Springfield, MA 01118
413.783.9114

Stephen A. Martin, MD
Desmond Callan Community Health Center
450 W. River Street
Orange, MA 01364
978.544.7800

Roberto Salva-Otero, MD
South Hadley Wellness Center
780 Chestnut Street
Springfield, MA 01107
413.532.9092

PCP change of address

Kevin G. Epstein, MD
Orchard Medical Associates
811 Worcester Street
Indian Orchard, MA 01151
413.439.0609

Jose M. Vinagre, MD
Orchard Medical Associates
811 Worcester Street
Indian Orchard, MA 01151
413.439.0609

HNE WANTS TO KEEP YOU HEALTHY! Find what interests you and take advantage of our educational and self-help programs. Preregistration is required for most classes. For more information visit www.hne.com and click on "Healthy Directions." You also can call us about class times, registration information, or to request materials at 413.787.4000 or 800.842.4464—use the extension listed next to the classes and resources below.

DISEASE MANAGEMENT CLASSES AND RESOURCES

- Disease Management Grocery Store Tours. Ext. 3451.
- Adult Asthma Education. Ext. 3553.
- Diabetes Education and Meal Planning Workshop. Ext. 3451.
- Smoking Cessation: HNE provides reimbursement of up to \$50 to attend a smoking cessation program for HNE members who have asthma, cardiovascular

diseases, diabetes, and/or who are pregnant. Ext. 3553.

HEALTH PROGRAMS CLASSES AND RESOURCES

- HNE's Virtual Asthma Class on DVD. Ext. 3553.
- HNE's Virtual Diabetes Class on DVD. Ext. 3451.
- Living Well Grocery Store Tours. Ext. 3031.
- HNE's Virtual Grocery Store Tour: Available on VHS-video or CD-ROM format and free of charge to HNE members. Ext. 3031. *

Get Ready to Quit

By now, most of us have heard about the dangers of smoking cigarettes. But look at what you've got to gain by quitting!

- ◆ **Reduced risk** of heart disease, high blood pressure, stroke, chronic obstructive pulmonary disease, emphysema, asthma, back pain, leukemia, cataracts, and cancers
- ◆ **Elimination of secondhand smoke** and its risks, which protects your family from lung cancer, heart disease, birth defects, sudden infant death syndrome, asthma, pneumonia, and bronchitis
- ◆ **Improved oral health** (e.g., bad breath, stained teeth, gum disease)
- ◆ **Less likelihood of having colds**, pneumonia, bronchitis, and allergies and increased ability to fight infection
- ◆ **Decreased wrinkling** and premature aging of the skin
- ◆ **Restored sense of taste and smell**
- ◆ **Less money spent on cigarettes**

As you prepare to quit, take some time to create a fresh, smoke-free environment:

- ◆ **Toss out** any remaining cigarettes, lighters, matches, and ashtrays from your home, car, and workstation.
- ◆ **Vacuum** your home and car to remove the cigarette smell.
- ◆ **Clean** your clothes to get rid of any cigarette smell.
- ◆ **Visit** the dentist and have your teeth cleaned to get rid of tobacco stains.

An important part of getting ready to quit is learning to identify your triggers—situations, environments, or feelings that you associate with smoking. Keep a record for 1 week, noting the time, place, who is with you, what you're doing, and your mood when you light up. Recognize and anticipate stumbling blocks, and then devise approaches for overcoming them. Then, either avoid triggering situations or replace a triggering behavior with a more positive behavior. For example, if you are accustomed to taking a smoke break with co-workers, consider going for a 5-minute walk instead.

Ask your friends to understand and support your decision to quit smoking. Better yet, ask them if they'd like to give up cigarettes, too! *



Wellness Coach

Monica S. Webb, PhD

Monica S. Webb, PhD is a senior scientist at the Center for Health and Behavior, College of Arts and Sciences, and assistant professor, Department of Psychology, at Syracuse University, Syracuse, NY.

IF YOU ARE TRYING TO QUIT SMOKING, you know how difficult it can be. But you don't have to go it alone. These ideas may help:

HAVE LOTS OF SUPPORT

Buddy up with a friend or family member who also is trying to quit, join a support group, or participate in a smoking cessation program. You'll find understanding from others who may also share your feelings of loss or anxiety as you go through the quitting process.

You may be able to locate research studies, clinical trials, or other services that provide cutting-edge methods to help you. Some of these services may be self-help based and personalized via phone or through mail consultations.

WORK WITH YOUR DOCTOR

Your doctor may recommend prescription or over-the-counter smoking-cessation aids (e.g., lozenges, inhalers, medications, nicotine patch or gum). It's been shown that the most successful approach to quitting smoking is to use FDA approved aids such as these, combined with a strong support system.

AIM FOR SUCCESS

It may be comforting to know that the average smoker tries at least six times before quitting for good. It's also not a good idea to attempt to quit smoking (and withdraw from nicotine) during times of personal crisis or stress. However, try to view each setback as a learning experience. Think about what happened: What were the circumstances? What were the triggers that prompted you to smoke again?

Withdrawal from nicotine takes 1 to 2 weeks, so making it to the milestone of being smoke-free for 2 weeks is critical. By then, you'll be coughing less, you'll have more energy, and food will taste better! Congratulate yourself for your success—but stay connected to your support system and don't discontinue your medication too soon. *

Men, Women, and Health

What Are Your Red Flags?

It's important to recognize that certain health conditions affect women more than men. Likewise, males are more likely to develop other diseases that are less common in females. In addition, everyone should have detailed records of his or her family health history. When working with your doctor to assess your risk for diseases, consider not only your family history, but also your gender. Check out the lists below. Do you know the signs for the listed conditions? Is your risk higher because of your family history?

May Be Inherited

Diabetes
Heart disease
Some mental illnesses
(e.g., schizophrenia)
Alzheimer's disease
Cystic fibrosis
Glaucoma
Macular degeneration
Sickle cell anemia
Alcoholism
Cancers (e.g., prostate, colorectal, breast, thyroid, ovarian)
Hemophilia
Muscular dystrophy
Hemochromatosis

More Likely in Women

Ovarian cancer
Uterine cancer
Cervical cancer
Breast cancer
Autoimmune disorders
Rheumatoid Arthritis
Lupus
Fibromyalgia
Irritable bowel syndrome
Other
Eating disorders
Depression
Migraine
Myopia (nearsighted)

More Likely in Men

Prostate cancer
Testicular cancer
Other cancers:
-Colorectal
-Kidney
-Bladder
-Pancreas
-Lung
Cardiovascular
Heart attack
Stroke
Other
Hearing loss
Accidents

Learn about your health risks

- ✓ Talk with your doctor about the health screenings that are appropriate for you, based on your age and gender. These screenings will uncover potential health risks or identify existing problems so they can be treated early.
- ✓ Participate in health risk assessments (HRA) and health screenings that may be available at your workplace or in your community. Check with your local hospital, health center, and the Medical or Human Resources departments at work.
- ✓ Take the time to have frank discussions with members of your family, including the older generations, about their health status and any additional information they may have about your family's health. If certain health problems seem to run in your family, share that information with your doctor. *

What About Integrative Medicine?

Integrative medicine is a blend of two valued approaches to health care. It combines conventional medicine with natural, alternative, complementary and herbal therapies. And at the center of this combination is a strong doctor-patient relationship.

While doctors specializing in integrative medicine use all the tools available to them in conventional medicine, they realize that healing must take into account the body, mind, spirit, emotional well-being, and all other aspects of a person's lifestyle. Craig Schneider, MD, is the Director of Integrative Medicine, Department of Family Medicine, at Maine Medical Center. Dr. Schneider explains: "We use conventional therapies, but we emphasize developing a trusting relationship with our patients. This opens the way for discussions that focus on more than just symptoms. We review lifestyle factors such as diet, activity, stress level,

and emotional health to develop the safest, simplest, most cost-effective interventions that might manage the condition—before, for example, starting medications. We want to empower patients to take steps to heal on their own, when possible."

Many therapies that were once considered "on the fringe" of accepted medical practice have been shown to be safe and effective for certain health conditions. In the past, however, patients often sought complementary and alternative therapies on their own, often without the knowledge or "blessing" of their personal physicians.

Dr. Schneider says, "Patients who wish to use these types of therapies often feel caught between their doctors and the other practitioners. As part of our training, doctors of integrative medicine



actually experience a variety of alternative and complementary therapies, such as acupuncture, massage, or other mind/body methods. Because we understand these methods, we can discuss them with our patients and refer them for the appropriate therapy, according to their needs and preferences." *

For more information: University of Arizona, www.integrativemedicine.arizona.edu

Helping at a Difficult Time

DECIDING WHAT TO SAY TO A FRIEND WHO HAS HAD A MISCARRIAGE CAN BE VERY DIFFICULT. It's natural for you to want to offer comfort and support. But to be helpful, you need to consider that reactions to such an event vary greatly depending on the situations and personal circumstances. For example, feelings of grief can deepen with successive miscarriages or if the loss occurred late in the pregnancy. Wendy Hovey, LCSW, CEAP, manager for EAP at Guthrie Health, Sayre, PA, suggests the following general guidelines:

DON'T TRIVIALIZE A MISCARRIAGE

It is a loss and may seem like the death of a dream to the parents. It may not make them feel better by trying to put it in perspective—"It's probably for the best," or "Don't worry, you can have more children." Statements like these may make the parents feel even more alone, hurt, and misunderstood.

ACKNOWLEDGE THE LOSS

Allow the parents to talk about the miscarriage—if they want to. You can open this discussion gently with "I'm so sorry" and such questions as "Do you feel like talking about it?" or "How is your husband/partner doing?"

SHOW THAT YOU CARE

Remember the simple things that are helpful at any stressful time: Send an appropriate greeting card (e.g., "Thinking of you.") or bring a simple meal to the family to show you care and are there to help. Offer "How are you doing?" or "Is there anything I can do?"—and then just listen. Remember that each person will have his or her own way of working through such a loss. *

► Your Lab Tests



It's important to be involved in decisions affecting your care. When you understand the common medical laboratory tests your doctor orders, you'll be more informed about making some of those decisions.

Q. My doctor recommended a lab test called "PSA." What is it?

A. PSA stands for **P**rostate **S**pecific **A**ntigen assay, which is a screening test for prostate cancer. The prostate specific antigen is produced by cells in a man's prostate gland.

Q. What does this test measure?

A. It measures the level of the antigen in a man's blood, which gives the doctor information about prostate health.

Q. What do the results mean?

A. High levels of the antigen may signal the presence of cancer cells. However, the levels also may be higher than normal if you have prostate conditions such as benign prostatic hypertrophy (BPH) or an infection of the prostate (prostatitis).

Q. Why do I need this test?

A. All men over age 50 should discuss the need for regular PSA testing. African American men and those with a family history of prostate cancer may want to consider screening at an earlier age.

Q. What if the test results are abnormal?

A. If your PSA level is borderline-high, other tests may be required. High levels that can't be explained by any other condition may require a biopsy to rule out cancer. *

What can I do for burns?

Burns are classified into three degrees according to their severity. Third-degree burns are the most serious:

- **First-degree:** Limited to the skin's surface, first-degree burns (such as a typical sun-burn) are red and painful. They usually do not require medical attention.
- **Second-degree:** Splitting or blistering of skin is evident, indicating that deeper skin layers have been damaged.
- **Third-degree:** Severe tissue damage is evident involving the skin, fatty tissue, nerves, and other tissues deep below the surface.

Indications of third-degree burns include swelling, skin that is charred or white, and limited pain because nerves have been damaged or destroyed.



Get Emergency Care Right Away If:

- Third-degree burns are evident.
- There are extensive second-degree burns or any second-degree burns on the face, hands, or feet.

Talk with Your Doctor If:

- Pain continues for more than 2 days.
- There are signs of infection: increasing pain, redness or tenderness; fever of 101 F or greater; the area becomes increasingly swollen.

If physician referral is not recommended at this time,

Try HomeCare™:



- Apply cold compresses or cool water to the burn area right away. Continue for 5-10 minutes or until the pain is reduced.
- **Beware:** Applying ice compress may further damage tissue.



- Acetaminophen, ibuprofen, or aspirin to reduce pain. Use as directed.
- Antibiotic creams have questionable value.
- Aloe may help soothe the pain and discomfort.



- Do not cover a burn with a gauze dressing or bandage unless the area is irritated by clothing or other objects.



- Drink plenty of water.



- Avoid breaking blisters. Do not remove skin.



- Avoid excessive sun exposure.
- Use sunscreen with a sun protection factor (SPF) of at least 15.
- Practice fire prevention. If possible, try to use the rear burners of your stove.
- Supervise children in the kitchen.

ATTENTION: *Important information about Albuterol Multidose Inhalers (MDIs)*

Albuterol MDIs have been available for many years. In March 2005, the FDA issued a ruling that albuterol inhalers using chlorofluorocarbons (CFCs) may no longer be produced or sold after December 2008. As a result, manufacturers of inhaled albuterol already have started producing inhalers with a hydrofluoroalkane (HFA) propellant. According to the FDA, the HFA inhalers are not “AB rated” to the CFC inhalers. This means that your pharmacist cannot just substitute one for the other.

Will I need a new prescription?

Yes. If you currently have a prescription for an albuterol CFC inhaler, you will need a new prescription for the albuterol HFA. The two inhalers cannot be substituted. Make sure you contact your doctor for a new prescription.

Is there a difference between the new inhalers and my old ones?

Although the effects of the two medications should be the same, there may be differences in the feel of the drug during

delivery. You also may notice a difference in taste. The new HFA inhalers also may have different inactive ingredients.

Will there be a difference in cost?

Yes. Albuterol CFC inhalers were available as a generic. Therefore, they were a tier 1 copayment. The new HFA inhalers are all brand inhalers. They will require a tier 2 or tier 3 copayment. The tier 2 inhaler for HNE is ProAir HFA.

Are other inhalers affected by this change?

No. This rule only affects albuterol inhalers that use CFCs. It does not affect other currently marketed asthma CFC inhalers. Other inhalers will be evaluated separately. The FDA will determine when other inhalers no longer meet the “essential use” requirement of the Clean Air Act. ✱



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How can we help you?

For information on your plan:

- Call Member Services at 413.787.4004 or 800.310.2835
- Visit us in person at: One Monarch Place, Springfield, MA

For questions or comments on *MemberMatters*:

- Contact Joe Kane, jkane@hne.com, 413.787.4000, ext. 3229

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