



COMMUNITY HEALTH PARTNERSHIP FOCUS

FALL 2008

HEALTH NEWS & INFORMATION FOR OUR MEMBERS

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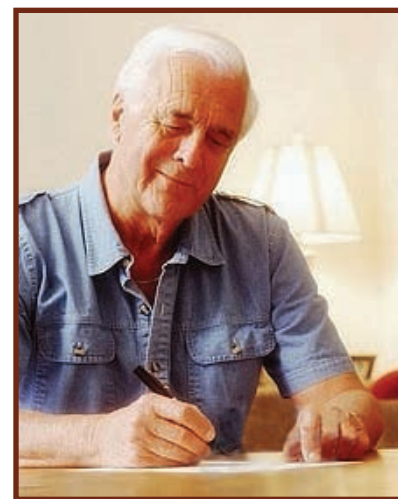
Advance Directives

What are they and why are they important to you?

Have you given serious thought as to what kind of medical care you would want if you were too ill or hurt to express your wishes? In recent years, much discussion has occurred in the media and in medical facilities about "Advance Directives."

An Advance Directive is simply a legal document that you can complete to tell your family and your doctor what you would like to have done if you ever reach a point where you cannot speak for yourself. It is appropriate for everyone to consider completing an Advance Directive since accidents may happen to anyone of any age.

There are several selections to an Advance Directive. You may designate the person whom you would like to be the decision maker for you should you become incapacitated. You may also decide whom you would like to be able to have access to your health records. If you would be willing to go to a Nursing Home or to a Community Based Residential Facility (CBRF) for reasons other than respite care, you can indicate that in this document. see **Advance Directives on Page 2**



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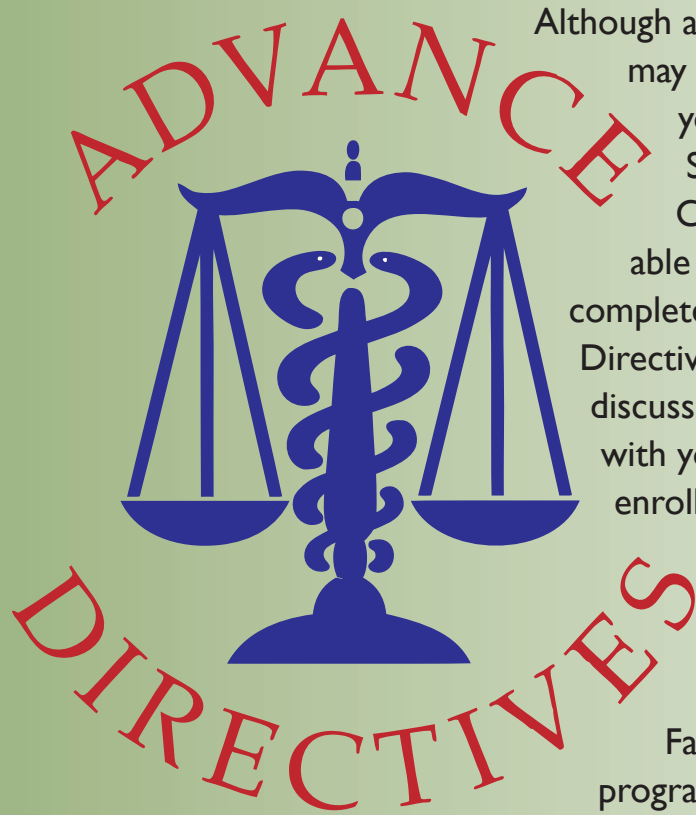
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Advance Directives

continued from page 1

An Advance Directive allows you to indicate your decision regarding the use of CPR and mechanical ventilation as well as Do Not Resuscitate (DNR) designations. It also makes it known whether you would want to have tube feedings in the event you cannot swallow food or liquids. Finally, there is a section on the form where you can indicate if you want to donate any organs.



Although all these decisions may sound complex, your CHP Social Service Coordinator is able to help you complete an Advance Directive. They will discuss this information with you when you first enroll with either the Community Health Partnership or Community Family Care programs and again when they are completing the six-month and annual reviews with you. Remember... if you have questions, the best person to talk to at CHP is your Social Service Coordinator.

If you have not communicated your wishes about CPR and/or mechanical ventilation and your breathing or heart stops, your doctor and family may face difficult decisions. In an emergency situation, CPR will probably be started. After CPR is started, you may be placed on a ventilator (breathing machine) if you are unable to breathe on your own, even if you do not want to be placed on a ventilator. If you have not communicated your wishes, your doctor and family may have a difficult time deciding how aggressively to continue your medical care. Also, it may be very difficult for your family to determine when to remove the ventilator.

What is a “Do Not Resuscitate”(DNR) Designation?

People who do not want to be brought back to life if their heart or breathing stops can request to have a “Do Not Resuscitate” (DNR) designation in writing. This request only means that they will have:

- no artificial breathing provided if breathing stops
- no chest compression if the heart stops

Many individuals are concerned that a DNR designation will change the type of overall care they receive. It is important to be sure that family members and the Power of Attorney for Health Care know whether a person wants other types of care withheld, like antibiotics or feeding tubes, since a DNR order does not address those issues.

Your doctor will help you understand the risks and benefits of aggressive medical care and a DNR designation. Talk to your doctor and your family about CPR and mechanical ventilation as well as DNR designations. Then put your wishes and plans in writing through an advance directive.

The ABCs of CPR

Cardiopulmonary resuscitation (CPR) is an important life saving first aid skill, practiced throughout the world. It is the only known effective method of keeping someone who has suffered cardiac arrest alive long enough for additional treatment to be delivered (usually defibrillation and intravenous cardiac drugs).

CPR is a process of providing air (oxygen) to the lungs, and then mimicking the pumping action of the heart to push the oxygen to the remainder of the body. Think in terms of ABCs...

- A**irway – Some type of device is placed in the mouth to keep the tongue out of the way, so that air can be moved in to the lungs.
- B**reathing – Another individual forces air into the victim’s mouth either by mouth-to-mouth or from a bag attached to a mask.
- C**irculation – The breast bone of the person trying to be revived is pressed firmly by the rescuer to squeeze blood out of the heart and the chest and out to the body.

Recommendations for CPR and DNR Discussions

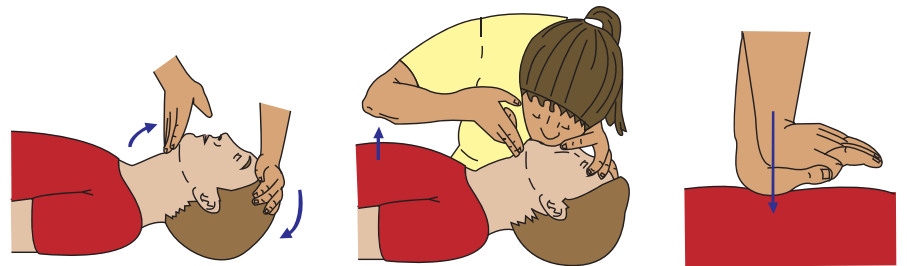
As a key consideration of the Interdisciplinary Team approach at CHP, you, as a CHP member, are encouraged to have discussions regarding CPR and DNR designations with your family members and care team. These end-of-life discussions should include:

- an understanding by you that you need to make a DNR decision (by default, you will be resuscitated).
- a review of the CPR process, risks, benefits, and potential outcomes.
- a knowledge of where to find local emergency services and how to access them.
- an understanding and assurance that all appropriate care will be given regardless of the DNR decision (unless you have specified otherwise), including:
 - comfort cares (including pain management)
 - antibiotics
 - fluids and intravenous treatments
 - feeding tubes
 - hospitalization

When talking about these concerns with family, friends, and your team, think about the following:

- What are your expectations for the future?
- What do you need to be well?
- What fears and worries do you have regarding the future?
- What additional information do you need to make a decision? (e.g. illnesses, DNR, feeding tubes, etc.)

Discussions about end-of-life care should not just deal with CPR and “Do Not Resuscitate” designation. You should not hesitate to talk openly about your values, your concerns about pain control, desires related to place of residence, your views on artificial nutrition and hydration, and other medical treatments. Remember, you have the right to choose treatments for yourself. You also have the right to refuse treatment, including CPR.



Taking Care of Ourselves Through Mental Wellness

What exactly is mental wellness? It has been described as the ability to use one’s capabilities, function in society, and meet the demands of everyday life. It has also been described as the ability to maintain balance, have the capacity to cope, to be able to be productive or find meaning in one’s life, and the flexibility to meet life’s challenges. Whatever your definition, it is something we all strive toward.

According to Dr. Rod Sterling, a prominent Seattle psychiatrist, the following qualities need to be developed to work toward mental wellness:



1. Self-Appreciation - the ability to assess both our strengths and weaknesses and to appreciate our unique and individual contributions.

2. Resilience - the ability to deal with, recover from, overcome or “bounce forward” from hardship, misfortune, change, or shock. This includes optimism, perspective, meaning, and humor.

3. Affiliation - the ability to allow ourselves to get close to other people and negotiate give-and-take alliances and friendships and build mutually supportive social networks.

4. Negotiation - the ability to see that we may not have all the answers and to allow ourselves to learn from others, from experience, and alter our beliefs based on new data.

5. Mental and Physical Exercise - exercising our brain and our body.

We can promote mental wellness through taking care of our bodies (physical activity, good nutrition, adequate sleep and rest) and also by taking care of our minds and spirits. This may be different for everyone based on their personal needs, desires, and likes/dislikes, but things such as creative outlets (art, music, crafts), meaningful relationships (family, friends, peers), healthy leisure (sports, books, outdoors), spiritual or church activities, involvement in causes, or volunteer activities all can contribute to mental wellness. There are times when professional help such as counseling or medication may be a part of maintaining wellness as well.

CHP remains committed to providing support and resources to members to help them achieve both physical and mental wellness. Please contact your team if you’d like additional information or if you’d like to talk about enhancing your mental well-being. 3

COPING WITH "THE FLU BUG"

Your fever's up, your appetite's down, and you can't get out of bed. Perhaps you are being visited by the FLU BUG! Returning every fall and winter, seasonal influenza (a.k.a. Mr. Flu Bug) likes to affect people with his major illness symptoms and potential life-threatening complications like bronchitis and pneumonia.

Seasonal influenza is a viral infection that attacks the respiratory system, including your nose, throat, bronchial tubes, and lungs. Although it's commonly called the flu, influenza is not the same as the stomach viruses that cause diarrhea and vomiting.

Anyone can get the flu, but older adults, people with weakened immune systems, and those with chronic illnesses are especially vulnerable. If you're at high risk of flu, your first line of defense is an annual flu shot. Although the shot doesn't offer 100 percent protection, it can reduce your chance of infection and help prevent serious complications if you do get sick.

Flu viruses travel through the air in droplets when someone with the infection coughs, sneezes or talks. You can inhale the droplets directly, or you can pick up the germs from an object, such as a telephone or food utensil, and then transfer them to your eyes, nose, or mouth.

The flu is caused by three types (strains) of viruses — influenza A, B, and C. Type A is responsible for the deadly influenza pandemics (worldwide epidemics) that strike every 10 to 40 years. Type B can lead to smaller, more localized outbreaks. Either types A or B can cause the flu that circulates almost every winter. Type C has never been connected with a large epidemic.

Type C is a fairly stable virus, but types A and B are constantly changing with new strains appearing regularly. Once you've had the flu, you develop antibodies to the virus that caused it, but those antibodies won't protect you from new strains. That's why doctors recommend getting a flu shot every year.

Self-Care

If you do come down with the flu, these measures may help ease your symptoms:

Drink plenty of liquids. Choose water, juice, and warm soups to prevent dehydration. Drink enough so that your urine is clear or pale yellow.

Rest up. Get more sleep to help your immune system fight infection.

Try chicken soup. It's not just good for your soul — it really can help relieve flu symptoms by breaking up congestion.

Consider pain relievers. Use an over-the-counter pain reliever such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin, others) cautiously, as needed. Remember, pain relievers may make you more comfortable, but they won't make your symptoms go away any faster and may have side effects. Ibuprofen may cause stomach pain, bleeding, and ulcers. If taken for a long period or in higher than recommended doses, acetaminophen can be toxic to your liver.

Is It a Cold or the Flu?

Symptoms	Cold	Flu
Fever	Rare	Usually: High (100°F to 102°F; occasionally higher, especially in young children); lasts 3-4 days
Headache	Rare	Common
General Aches, Pains	Slight	Usual; often severe
Fatigue, Weakness	Sometimes	Usual; can last up to 2-3 weeks
Extreme Exhaustion	Never	Usual; at the beginning of the illness
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to Moderate; hacking cough	Common; can become severe

Flu Prevention

These steps can help you stay healthy, even at the height of flu season:

Get an annual flu vaccination. The best time to be vaccinated is October or November. This allows your body time to develop antibodies to the flu virus before peak flu season, which in the Northern Hemisphere is usually December through March. Keep in mind that the flu vaccine doesn't offer complete protection, especially for older adults, but it can reduce the risk and severity of illness. In any given year, the flu shot may be 70 percent to 90 percent effective in young, otherwise healthy people but is far less effective in older adults. Health experts still recommend vaccinations for people over 50 because the flu shot may reduce the risk of flu-related complications, hospitalizations, and deaths. You can get the flu vaccine from your doctor, at public health centers, and many pharmacies. In some areas, flu vaccines are also available at senior or community centers and at supermarkets. Don't hesitate to talk to your care team about how you can best obtain the vaccine.

Wash your hands. Thorough and frequent hand washing is the best way to prevent many common infections. Scrub your hands vigorously for at least 15 seconds, rinse well, and turn off the faucet with a paper towel. Or use an alcohol-based hand gel containing at least 60 percent alcohol.

Be polite and considerate of others. Cover your mouth and nose when you cough or sneeze.

Eat right, sleep tight. A poor diet and poor sleep both lower your immunity and make you more vulnerable to infections. A balanced diet that emphasizes fresh fruits and vegetables, whole grains, and small amounts of lean protein works best for most people. On the other hand, the amount of sleep needed for a healthy immune system varies from person to person. In general, adults seem to do best on seven to eight hours of sleep a night.

Avoid crowds during flu season. Flu spreads easily wherever people congregate — in schools, office buildings, auditoriums, malls, etc. By avoiding crowds whenever possible during peak flu season, you reduce your chances of infection.

When To Seek Medical Advice

It is not unusual for many individuals suffering from the flu to have severe symptoms for a day or so. However, if something seems out of the ordinary and the condition is persistent, a physician should be consulted. Because other complications can set in during a bout with the flu, it is important for a person to be on the lookout for problems.

- You shouldn't hesitate to contact your physician if something seems wrong. An exam, X-rays, and blood tests can aid a doctor in helping to determine if anything really serious is taking place.
- Taking antiviral drugs within the first 48 hours after you first notice symptoms may reduce the length of your illness by a day or two and help prevent more serious problems.
- Seek immediate medical care if you have signs and symptoms of pneumonia. These include a severe cough that brings up phlegm, a high fever, and a sharp pain when you breathe deeply. If you have bacterial pneumonia, you'll need treatment with antibiotics.



Important 2009 Member Materials

Very soon, **Partnership** members will receive an envelope from CHP containing the 2009 Annual Notice of Change (ANOC) Letter, the 2009 Summary of Benefits, and 2009 Formulary. The ANOC letter provides a brief summary of the Partnership Program changes for 2009. The Summary of Benefits explains some of the features for the Partnership Program but does not give complete details on the services we cover. Complete details of covered services are available in the 2009 Evidence of Coverage. The Formulary contains a list of covered drugs selected by CHP and a team of health care professionals. These drugs are the prescription therapies believed to be a necessary part of a quality treatment program.

In December, **Partnership** members will be sent the 2009 Evidence of Coverage (EOC)/Member Handbook, Low Income Subsidy (LIS) Rider, 2009 Provider Directory and 2009 Pharmacy Directory. The EOC is a booklet that gives details about Medicare and Wisconsin Medicaid health and long-term care services and prescription drug coverage. The Provider Directory contains our network of contracted doctors, clinics, hospitals and other providers that offer health care services. The Pharmacy Directory lists our network of contracted pharmacies plus some basic information about how to fill prescriptions.

In December, **Community Family Care** members will receive an envelope containing the 2009 Member Handbook and 2009 Provider Directory. The Member Handbook gives details about Family Care benefits. The Provider Directory contains our network of contracted long-term care providers who provide services.

Please keep these documents in a convenient place so you can refer to them anytime you have questions about your plan. Remember you can contact your Team or Customer Service regarding any questions or concerns you have about the information contained in these documents.

Quality Improvement at CHP *Sharing Knowledge and Best Practices to Achieve Desired Outcomes*

The Quality Improvement (QI) Program at Community Health Partnership, Inc. is designed to support efforts to uphold the mission and values of CHP and to improve performance of clinical and ancillary department activities, which will ultimately improve member care and service. It is the purpose of the Quality Improvement Program to provide systematic, objective, and ongoing monitoring and evaluation of data related to member care and to identify areas that need improvement.

Goals of the CHP Quality Improvement Program

- Assure that quality improvement is woven into the very fabric of Community Health Partnership, Inc. by organizational support of quality as an integral cultural component
- Foster respect for all persons and embracing cultural, age, ethnic, and religious differences among members and staff
- Provide feedback regarding achievement of program goals and new quality initiatives to interdisciplinary teams, contracted providers, and Board of Directors
- Encourage three performance components of quality improvement: a) awareness, b) measurement, and c) improvement
- Monitor member satisfaction and incorporating member feedback into program planning and development
- Monitor and evaluate quality and appropriateness of member care, including availing ourselves of opportunities to improve member care and resolve identified problems
- Oversee sub-contractor performance including compliance with member rights and service provision requirements
- Maintain compliance with all State and Federal standards
- Define an annual Quality Improvement Plan based on findings from quality improvement activities and studies
- Collect and report data reflecting performance for:
 - a) measures of health, b) social service outcomes, and
 - c) member satisfaction.

News from QI

Recently the Quality Improvement Department at CHP made some changes to its department structure and has added some familiar CHP faces and names to both existing and new positions.



Laura Persons is CHP's new Grievance & Appeals Coordinator. Laura is a Licensed Practical Nurse and has worked at CHP for nearly four years in our Intake Department.

Laura Persons As the CHP Grievance & Appeals Coordinator, Laura is the point of contact for submitting a grievance or appeal for Community Health Partnership, a program of Partnership Health Plan, Inc. or Community Family Care. She is available to provide members with additional information about their rights to appeal a decision and can explain external Grievance and Appeals options.

The Grievance and Appeals Coordinator at CHP also:

- sets up the Grievance or Appeal Hearing date and time at a location that is convenient for the member.
- gathers documentation on the item or service being grieved or appealed and distributes the documentation to the member, Grievance and Appeal Committee members, and the team representative invited to the Grievance or Appeal Hearing.
- explains the Grievance and Appeals Hearing process to the member prior to the Committee meeting.
- contacts the member with the Hearing resolution by telephone, if possible, and always by letter.
- informs the team of the outcome of the Grievance and Appeal Hearing.
- maintains the confidentiality of Grievance and Appeal Hearing information for all except those who have a need to know the results.

At CHP our members are always encouraged to work with their Care Management Team first on any Grievance or Appeal concern. For any assistance with a Grievance or Appeal, please contact Laura at 715-838-2900 or toll free at 800-842-1814.

Tashai (TJ) Atkins was recently named CHP's new Member Rights Advocate. TJ joins the QI department following her position as a Social Services Coordinator in the Intake Department. The CHP Member Rights Advocate provides support for all members in understanding their rights and responsibilities as they relate to Community Health Partnership, a program of Partnership Health Plan, Inc., or Community Family Care.



TJ Atkins

The Member Rights Advocate helps members by:

- acting as a liaison between the member and the team to try to resolve member issues or concerns that may arise.
- informing members about Grievance and Appeals procedures available to them.
- explaining available options for the member to express their opinions and concerns.
- assisting the member to fill out any necessary paperwork for filing a Grievance or Appeal.
- attending any Grievance or Appeals Hearing with the member upon request from the member.
- reviewing the member's electronic medical record to gather information to help resolve the Grievance or Appeal.

For any assistance with Member Advocacy issues or concerns, members can contact TJ at 715-838-2900 or toll free at 800-842-1814.

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TAKING CONTROL OF YOUR MEDICATIONS

Community Health Partnership, Inc. wants to be sure that the medications you take are effective and safe. To accomplish this goal, it is important that your medication record is accurate and up to date. CHP believes that our members can only receive the full benefit of their treatments if they know how to take control of their medicines.

Medicines can only work if they are taken correctly.

You can assist us in our efforts by taking control of your medications. Here's how:

- Bring all your medications, including herbals, in their original containers when you visit your physician or health care provider. Ask for renewals during these visits.
- Have all your medication available and show them to your care team during a home visit. This includes the medications that need to be refrigerated.
- Ask your physician or your care team to review your medications during these visits. Feel free to ask questions about your medications from our staff.

How to Boost Your Brainpower

Do you sometimes feel as if your brain is running on empty? Here's how to keep it in shape so you can pump up your problem-solving abilities, fight forgetfulness, and think more clearly and creatively.

Focus your attention. *To help remember "where":* If you tend to misplace your car keys, for example, say to yourself, "I'm placing the keys on the shelf by the hallway mirror." *To help remember "when":* Note the weather, the day's headline news, or what you're wearing at the time of performing a task or visiting with a friend or relative.

Use it or lose it. Research suggests that as you age, you can reverse a decline in thinking abilities by becoming more mentally active. *Smart moves:* Take on a new hobby, play games like checkers, and do puzzles like crosswords, sudoku, etc.

Keep fit. Evidence shows that people in their 70s and 80s who stay healthy can expand their brainpower—and easily match the mental abilities of a 30-year old. *Helpful Hint:* Keep physically active, manage stress, and maintain a positive attitude.

More mental muscle builders: Read more; eat more fruits and vegetables; use rhymes and acronyms to help remember facts and names.

- Know the names of the medications you are taking, how to take your medications, and what they are being used for. An example would be Acetaminophen 325mg is taken at noon for low back pain.
- Take all your prescriptions for new or refilled medications directly to the pharmacy. You can also ask that these prescriptions be faxed or phoned in to your pharmacy provider. These prescriptions will be entered into your record and be available to you when needed.
- Call your pharmacy, not your provider, for renewals of your medications.
- If your prescription is expired or out of refills requiring an authorization by your provider, call your pharmacy ahead of time. Three days in advance is best.

What about side effects? Medicines can improve our lives and in some cases even save lives. But sometimes medications can come with unwanted side effects.

Some side effects are rare. Others are more common. Side effects are usually noticed when starting a new medicine. Often there are simple steps that can be taken to manage the minor side effects. This allows the person to continue taking the medicine so they can get the full benefit from their medication.

When starting a new medicine, it is important to know:

- What are the possible side effects?
- What can you do to manage the minor side effects?
- What are the early warning signs of symptoms of side effects that could be serious and prompt you to call your health care provider?

Talk to your health care provider and care team about the possible side effects of a medication. If side effects occur, remember to tell your health care provider, pharmacist, or care team about them.

FOCUS is a quarterly publication of Community Health Partnership, Inc. (CHP). It is intended to provide health information and highlight matters and concerns related to CHP's services. Information provided is not intended to be medical advice, a tool for self-diagnosis, or a substitute for care by a health care professional.

Comments and suggestions can be submitted to: Community Health Partnership, Inc. - Marketing & Communications, 2240 EastRidge Center, Eau Claire, WI 54701 or 715-838-2900, toll free 1-800-842-1814

FOCUS is also available on Community Health Partnership's Web site: www.communityhealthpartnership.com.

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