

Spring 2006

# PARTNERS Together

**Medicare Part D:  
Your Questions Answered**

**Avoid the Hazards  
of Diabetes**

**Do You Know  
Enough about  
Colorectal Cancer?**

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**PARTNERS™**   
Medicare

## Welcome to **PARTNERS Together**, A Publication Focused on Your Health!

You may have noticed our new name—**PARTNERS Together**—and our new 24-page format. At **PARTNERS** National Health Plans of North Carolina, we're *partners* in your health, and we want to help you manage your health and well-being—*together*. We also want to keep you updated on **PARTNERS** benefits news. That's why we've updated your member publication.

In each issue of **PARTNERS Together**, we'll focus on important health topics facing our members. Check out our "Health Clips" section on pages 4 and 5 where you'll find news briefs and quick tips for a healthier lifestyle. The "Your **PARTNERS**" department on page 12 brings you the latest in benefits news, and the "Harvard Special Report" on page 22 offers late-breaking medical news from the respected Harvard Medical School. And don't forget the other valuable information contained in the pages of this publication.

We hope you enjoy this issue of **PARTNERS Together**. If you have a comment about any of the articles, or if there is something you would like to see in an upcoming issue, please write to us at:

### **PARTNERS Together**

P.O. Box 17509

Winston-Salem, NC 27116-7509

## Did You Know?

If you move to a nursing home or a long-term care facility, or if you stay in one of these facilities for more than 30 days, you should notify **PARTNERS** Customer Service, Monday through Friday, 8 a.m. to 8 p.m., at 1-888-310-4110. The hearing impaired can call the TTY/TTD number at 1-888-451-9957.

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## First Aid for Stroke

Getting medical treatment within the first two hours after a stroke occurs is crucial to a person's survival and recovery. If someone has any of the following stroke symptoms, call for emergency medical help immediately:

- Sudden weakness or numbness of the face, arm or leg on one side of the body
- Trouble speaking
- Inability to understand language
- Paralysis
- Loss of vision in one or both eyes
- Sudden, very severe headache

Until help arrives, do the following:

- Stay calm and reassure the person help is on the way.
- Put the person in a semi-reclining position, if possible.
- Loosen clothing around the person's neck and chest.
- Dab a cool cloth on the person's neck and face.

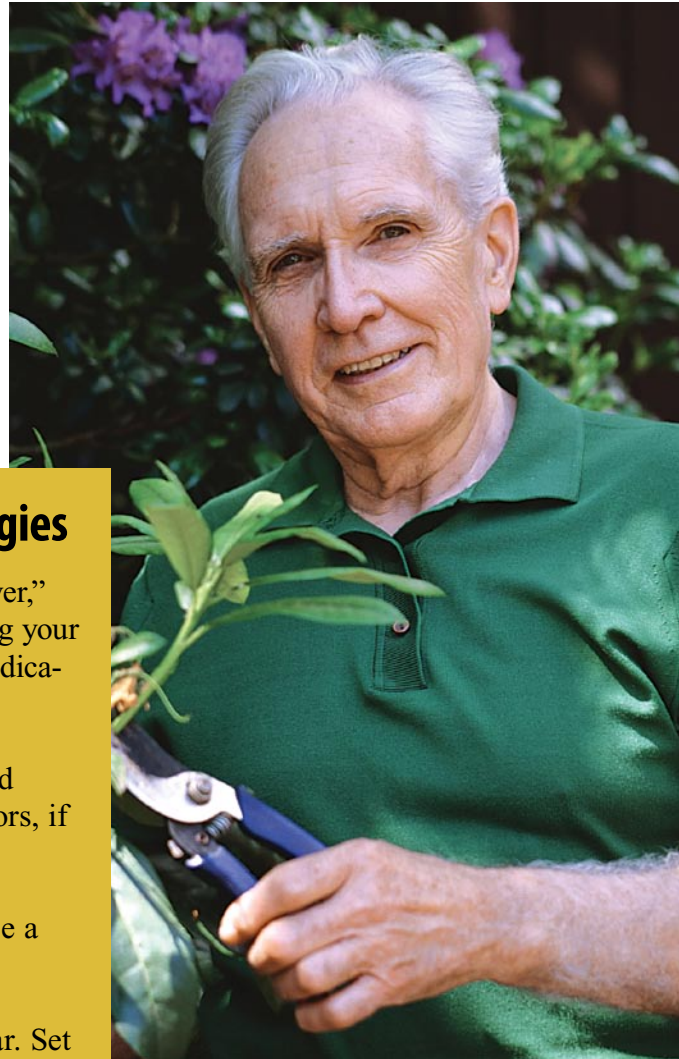
## Quick and Easy Low-Fat Breakfasts:

- Cold cereal with fruit and skim milk
- Plain low-fat yogurt topped with fresh fruit
- Toaster waffles topped with fruit
- Fresh-fruit smoothie
- Microwave-baked apple
- Toasted bagel topped with low-fat cream cheese and mashed fresh fruit
- Whole-wheat English muffin
- Instant oatmeal
- Low-fat muffins



## May Is Older Americans Month!

First started by President John F. Kennedy, this observance pays tribute to older Americans and focuses on issues important to Seniors. This year's theme is "Choices for Independence." To find out more about the events and history of Older Americans Month, visit the Administration on Aging at <http://aoa.gov/press/oam/oam-2006.asp> or call (202) 619-0724.



## A Checklist for Dealing with Seasonal Allergies

If you suffer from seasonal allergies, also known as "hay fever," you can take several steps to get relief. They include reducing your exposure, changing your personal-care routine and using medications wisely.

- Stay indoors as much as possible and keep windows and doors closed during peak pollen months. Exercise indoors, if possible. Never sleep near an open window.
- Use an air conditioner and replace the filter at least once a month.
- Keep the windows and vents closed when riding in a car. Set the airflow to "recirculating" or use the air conditioner.
- Hire someone to do your yard work. Mowing the lawn can cause an attack if you're allergic to the pollen of grains, trees, ragweed or mold.
- Learn the best times to be outside. Pollen counts are lowest during the hour or two after a hard rain. They're highest at 6 a.m. on sunny days with light winds.
- Wash your hair every day to remove pollen.
- Ask your doctor which over-the-counter or prescription medications are best for you. (Be sure to let your doctor know about any other medications you may be taking.)

*For further information, call the American Academy of Allergy, Asthma and Immunology at 1-800-822-ASMA.*

## Get a Good Night's Sleep

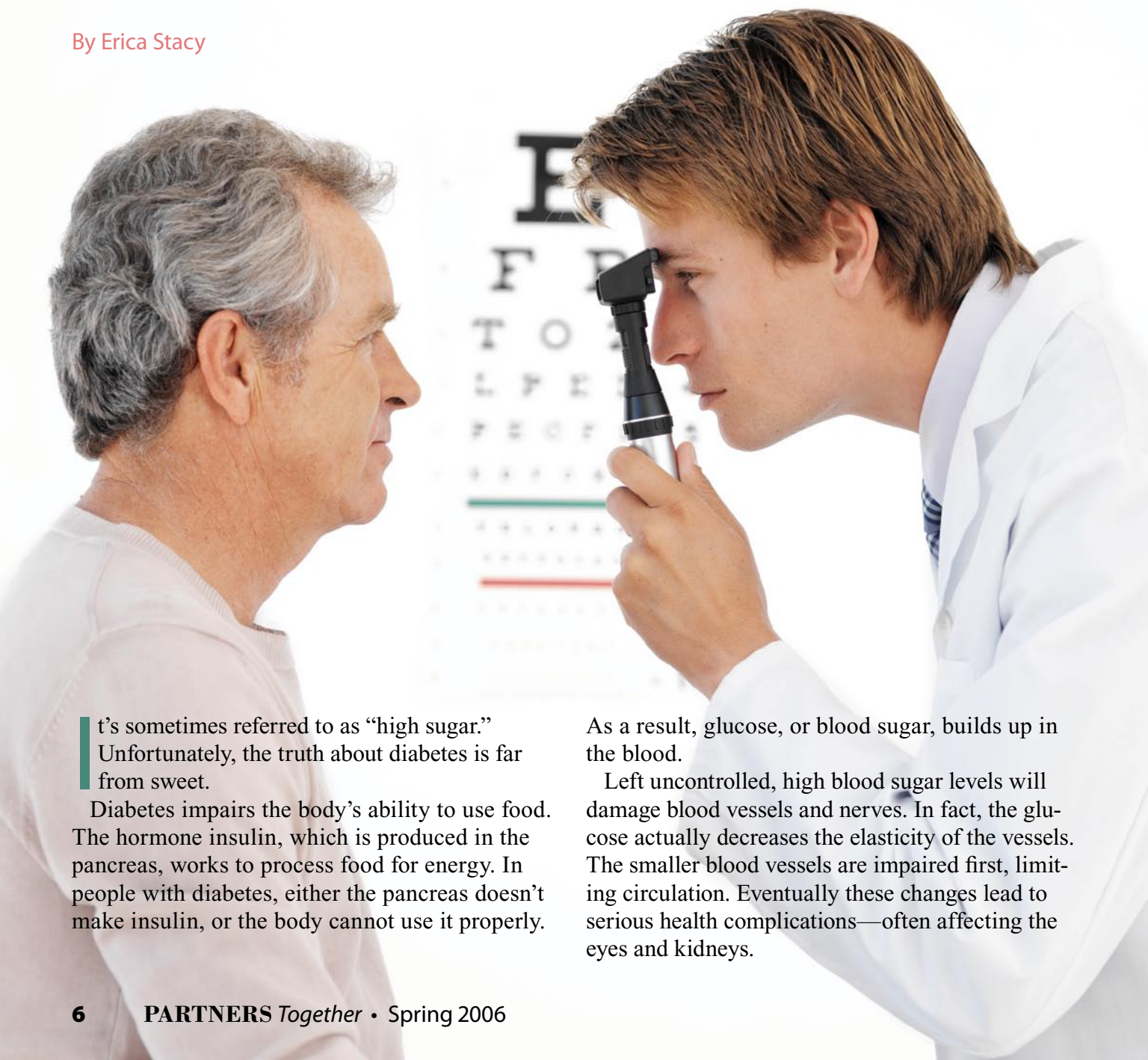
As you age, getting a good night's sleep can be difficult. To get the rest you need, exercise in the morning; avoid naps; limit caffeine, alcohol and nicotine consumption; and ask your doctor if any medications you take could be disrupting your sleep.

**Mayo Clinic  
Rochester, Minn.**

# Caution!

## Avoid the Hazards of Diabetes

By Erica Stacy



It's sometimes referred to as “high sugar.” Unfortunately, the truth about diabetes is far from sweet.

Diabetes impairs the body's ability to use food. The hormone insulin, which is produced in the pancreas, works to process food for energy. In people with diabetes, either the pancreas doesn't make insulin, or the body cannot use it properly.

As a result, glucose, or blood sugar, builds up in the blood.

Left uncontrolled, high blood sugar levels will damage blood vessels and nerves. In fact, the glucose actually decreases the elasticity of the vessels. The smaller blood vessels are impaired first, limiting circulation. Eventually these changes lead to serious health complications—often affecting the eyes and kidneys.

## Don't Lose Sight of Eye Complications

Diabetes causes eye problems and may eventually lead to blindness. A 2001 news release from the American Academy of Ophthalmology (AAO) notes that “diabetic eye disease is currently the leading cause of new cases of blindness among adults in the United States, accounting for about 8,000 cases annually.”

Diabetic eye disease refers to a group of eye problems that people with diabetes may face. These include glaucoma, cataracts and retinopathy. All can lead to severe vision loss and blindness.

**Glaucoma.** People with diabetes are 40 percent more likely to suffer from glaucoma according to statistics available through the American Diabetes Association (ADA). Glaucoma occurs when pressure builds up in the eye. In most cases, this pressure pinches the blood vessels that carry blood to the retina and optic nerve. Vision is gradually lost due to the resulting damage.

**Cataracts.** While it is true that many people without diabetes experience cataracts, those with the disease are 60 percent more likely to develop the condition. With cataracts, the clear lens of the eye becomes cloudy, blocking light and obstructing vision. In mild cases, sunglasses or glasses with glare control lenses are helpful. More severe cases may be corrected with surgery. Sometimes, however, the entire lens of the eye must be replaced.

**Retinopathy.** The retina is the part of the eye that is sensitive to light. The American Academy of Family Physicians (AAFP) warns that diabetes can damage and weaken the small blood vessels in the retina. This condition is known as retinopathy. In some people with diabetes, the blood vessels swell and leak fluid. In others, new, abnormal vessels grow on the surface of the retina. Retinopathy is the leading cause of blindness in American adults according to the National Eye Institute (NEI).

## Keep an Eye on Potential Problems

The best way to manage potential vision problems is to work hard to prevent them. Early detection and

treatment are essential to successfully avoiding eye disease. Experts associated with NEI advise diabetic patients to have an eye examination at least once each year. During the exam, the eyes should be dilated. Using special eye drops to dilate (or enlarge) the pupils enables an eye care professional to see more of the inside of the eye to check for signs of problems. “Without dilating the eye, it’s like looking inside a keyhole instead of an open door,” says George Blankenship, MD, 2001 AAO president and a retina specialist. “An eye MD can often see minute changes within the eye that might not be causing symptoms, but can eventually blossom into serious problems that are more difficult to treat.”

Once a problem has been detected, there are a variety of treatment options available to minimize vision loss. Laser surgery and drug therapies may be used to slow deterioration or repair the eye.

In addition to the annual comprehensive, dilated eye exam, the AAFP recommends seeking medical attention immediately for the following symptoms:

- blurred vision lasting more than two days
- sudden loss of vision in one or both eyes
- black spots, cobwebs or flashing lights in your vision
- redness in one or both eyes
- pain or pressure in an eye

## How Can Diabetes Hurt the Kidneys?

The National Institute of Health (NIH) indicates that diabetes is the most common cause of kidney failure accounting for more than 40 percent of all new cases. Kidney failure from diabetes happens so slowly that patients may not feel sick for many years. Typically, there are no symptoms until the organs have nearly stopped working. However, once the kidneys fail, individuals may experience nausea and chronic fatigue. The skin may turn yellow, and the hands and feet may swell from the fluid retention.

The kidneys are designed to act as filters to clean the blood. They eliminate waste and extra fluid. When they are healthy, the kidneys keep protein inside the body. However, high blood glucose levels damage the filters, and the kidneys do not

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do a good job of cleaning out the waste and fluids. Rather than being eliminated as urine, this waste accumulates in the blood.

To avoid kidney diseases, patients with diabetes should visit their physicians regularly. At these visits, the doctor should order a urine test. The test results will determine how well the kidneys are functioning. If the kidneys are impaired, there are several treatment options designed to slow the damage.

Medicines for use in lowering blood pressure, such as ACE inhibitors are often prescribed for kidney failure, as are diuretics. Beta blockers, calcium channel blockers and other blood pressure drugs may also be effective. Many people require multiple medications to reach optimal test results.

In acute cases, patients may require dialysis or an organ transplant.

Once a kidney has been damaged, it cannot be repaired. Therefore, stopping the problem before it begins is critical to staying healthy. Every patient who is diagnosed with diabetes should work closely with a medical provider. Together, they should establish healthy target numbers and monitoring guidelines for blood sugar and blood pressure. Any deviation from these targets should be reported and managed appropriately to reduce the risk of complications.

In addition, patients should see a doctor immediately if they suspect bladder or kidney infections. The National Kidney and Urologic Diseases Information Clearinghouse lists warning signs such as pain or burning on urination, frequent urge to void, urine that looks cloudy or reddish, fever or a shaky feeling, and pain in the back or on the side just below the ribs.

### **An Ounce of Prevention**

It's been said that the best defense is a good offense. That is especially true when it comes to diabetes. Understanding the signs and symptoms of the disease as well as its complications is an essential part of staying healthy.

"The first step in preventing complications is finding out if you have the disease," notes Jose Pulido, a professor of ophthalmology at the

University of Illinois at Chicago, and a spokesperson for the AAO. "It's important for all healthy adults over the age of 45 to have a blood sugar test once every three years to be screened for diabetes."

According to the ADA, more than 18 million Americans are diabetic. Unfortunately, an estimated 5.2 million are unaware that they have the disease.

Often, diabetes goes undetected because many of its symptoms seem harmless.

Some of these symptoms include:

- frequent urination
- excessive thirst and hunger
- dramatic weight loss
- irritability
- weakness and fatigue
- nausea and vomiting
- difficulty healing
- blurry vision
- tingling in the hands or feet

Although the cause of diabetes remains a mystery, researchers have uncovered effective methods for preventing its complications.

To prevent or delay diabetic complications, the AAFP recommends following a physician's instructions and keeping blood sugar as normal as possible.

In addition, individuals with diabetes should:

- Eat a variety of healthy foods—avoiding those that are high in fat and sugar. (If kidney problems are suspected, patients are often encouraged to reduce their protein intake by limiting meat, cheese, fish and egg consumption.)
- Maintain a healthy weight. Ask for medical advice on losing weight safely.
- Control blood pressure and cholesterol levels.
- Be physically active.
- Quit smoking.
- See a doctor regularly, even if you feel fine.
- Call a medical care provider right away if you experience any of the warning signs for complications. 🍏



# Advance Health Care Directive

**T**he painful and public debate over the final fate of a Florida woman illustrated a dismal fact in America: More than 70 percent of all Americans have yet to make a living will.

Terri Schiavo lived 15 years in a persistent vegetative state, much of it while her husband and her parents debated the outcome of her life. She died 13 days after her feeding tube was removed by court order, but the disputes between her surviving family members go on.

Most people would prefer to avoid ambiguity in such a situation. Creating an advance health care directive (a living will and health care power of attorney) can help you ensure your wishes are honored, regardless of the outcome.

## Advance Directives

The living will is one of two legal documents by which competent people instruct their family, physicians, friends, lawyers, clergy and others important in their lives about their wishes for medical care should they become unable to speak and decide for themselves. Guidelines for the development of living wills can vary from state to state.

The other critical document designates a health care power of attorney. The federal government requires all hospitals in the United States to provide information and counseling on both documents.

To obtain a copy of a legal advance health care or medical directive for North Carolina residents, contact the National Hospice and Palliative Care Organization. You can call their toll-free helpline at (800) 658-8898 for information on a state-specific advance directive.

Copies of advance health care directives should be on file at home, at your physician's office, with the person who has health care power of attorney and others in your immediate circle of family and friends.



## Health Care Power of Attorney

At one time it was believed having a written living will was enough. In today's world, that is no longer true. Everyone should designate someone to hold health care power of attorney, too. Health care power of attorney is not the same as traditional power of attorney over matters of estate. The person with health care power of attorney has no say over how your personal belongings or financial property are distributed. Health care power of attorney cannot be activated until the patient has become incapacitated.

Living will and health care power of attorney documents protect patients within their state and in emergency situations while traveling. However, since most states have different laws, everyone should amend their living will and health care power of attorney when they take up residence in another state.

## Appropriate Medical Care

Having an advance health care directive doesn't mean a reduction in medical care during a hospital stay. Health care workers will always take appro-

*(continued on page 23)*

# How to Cope with Chronic Illness

By Claire Sykes

The right attitude and the right care are keys to meeting the challenge of a health problem that won't go away.

**N**o one asks for it, yet it's tough to avoid. Eventually, you'll cross paths with chronic illness.

Maybe it's your mother's heart problem, a friend's cancer or your recent diagnosis of diabetes. Unlike the flu that you can treat and resolve, chronic diseases are unpredictable and ever-present. But they're also manageable—with the right medical attention, a healthy attitude and smart lifestyle choices. When you cope with your illness, you take charge of your life, changing it in ways you never thought possible.

As you struggle with the obstacles, difficult decisions and uncertainty of your illness, be sure to:

- **Express yourself.** “Anger, fear and depression are normal emotions,” says Sandra Haber, PhD, a private-practice psychologist in New York City. Feel them. Then let them loose in the pages of a journal and with people you trust.
- **Seek support.** Ask your doctor about a support group for your illness. “You’ll see that you’re not alone,” Dr. Haber says. You’ll also learn from those who cope effectively.
- **Stay connected.** Find and nurture relationships with responsive, loving family and friends. Talk openly with them about your illness and consider their suggestions.
- **Ask for help.** People like to give. When you let them, you give in return. Be specific about your needs, whether it’s an open ear, babysitting or financial help.
- **Remain active.** Exercise within your limits. Gym workouts, walking and yoga also can act to ease depression. Continue to do things that interest you.
- **Commune with yourself.** Seek solace in nature or a bubble bath. Meditate, or go to your place of worship. Explore your creativity with music, art or writing.
- **Emphasize achievements.** “Take pride in what you accomplish today,” says Vijai P. Sharma, PhD, director of the Behavioral Medicine Center in Cleveland, Tenn. Respect your limitations, and measure progress against your own capabilities, not others’.
- **Keep perspective.** “When symptoms flare up, remember ‘this too shall pass,’” Dr. Sharma says. Embrace the view that you are more than just your body, more than just your illness.
- **Be here now.** “Deal with the problems you face today, not those of yesterday or tomorrow,” Dr. Sharma says. “It doesn’t help to dwell on the past or worry about the future.”
- **Conquer yourself.** See yourself as a victor, not a victim, and your illness as a challenge, not a defeat. Enlist your strengths and positive attitude to overcome obstacles.
- **Prioritize.** Decide what’s important to you and act on it. Pace yourself during the day, choosing activities based on need and desire, not obligation. The dishes can wait.

View your illness as an opportunity to deal head-on with your life. Says Dr. Haber, “When you’re forced to face your own mortality, you often experience many benefits”—like the simple joy in appreciating every day you have. “You can also gain a

## Get the Best Care

Be an active part of your medical treatment. Here are some tips from Sandra Haber, PhD, Vijai P. Sharma, PhD, and other experts:

- Choose carefully. Find medical experts you can talk to easily, without feeling rushed.
- Don't delay. As soon as you're diagnosed, research and act on tests, medications and procedures.
- Become an expert. Read books, search the Internet and talk to others to learn all you can about your illness.

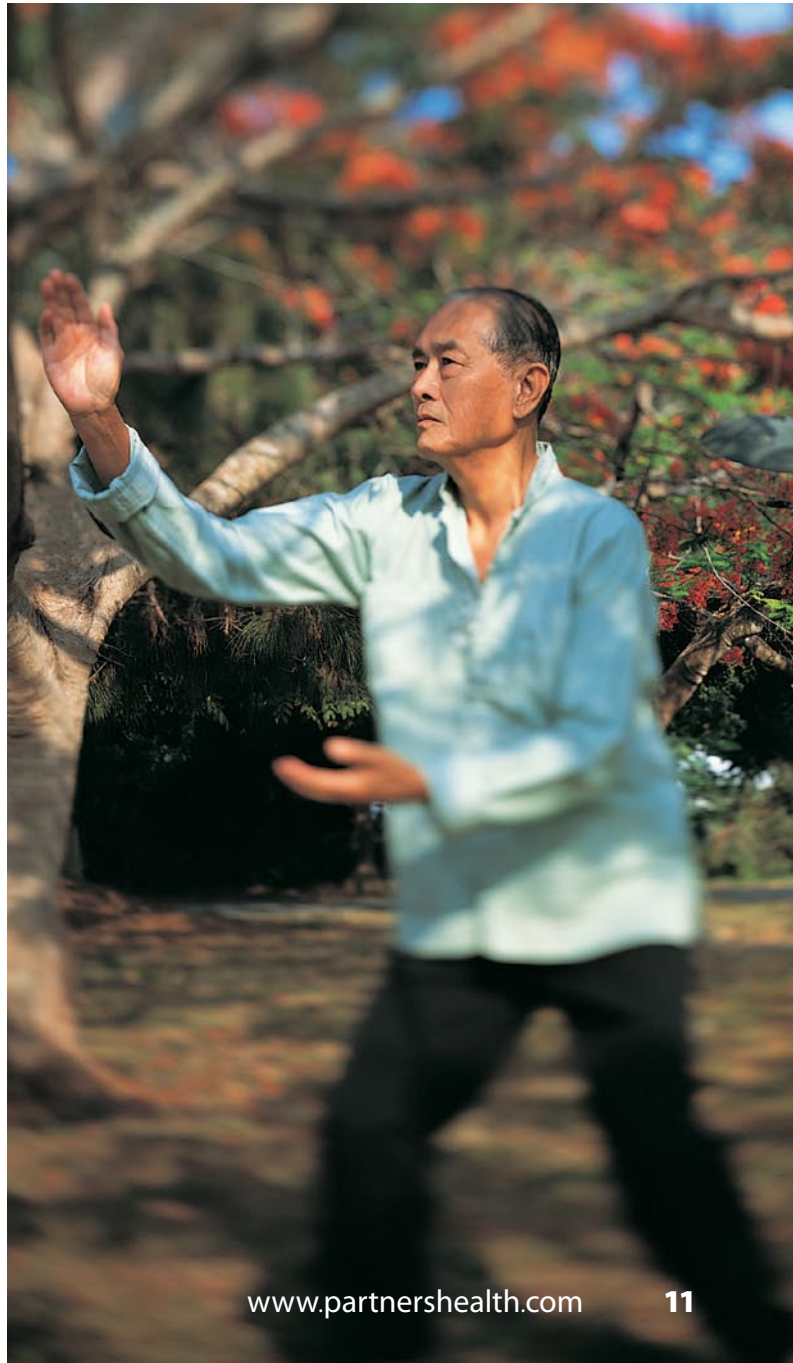
- Ask questions. Maintain an ongoing, prioritized list and take it with you to medical appointments.
- Team up. Partner with medical practitioners on treatment and goal setting, and follow the plan.
- Keep track. Document your symptoms, and log all interactions and procedures with medical staff.
- Be assertive. Speak up if your questions are left unanswered or you're not getting the treatment you need.

better sense of who you are," because you draw on aspects of yourself unknown to you before. With the lifestyle changes you must make, you become more health-conscious. Finally, chronic illness can weigh a lot, and it takes strength to carry it. Revel in the mental muscle power you can muster.

But don't wait for a doctor's diagnosis before you treat your life as if it's the only one you've got. Applying the coping strategies for chronic illness can enrich anyone's time on Earth. When you take care of your life, no matter what your health, your life takes care of you. 🍏

### Utilization Management Affirmation Action Statement

PARTNERS National Health Plans of North Carolina, Inc., and its associated delegates require practitioners, providers and staff who make utilization management related decisions to make those decisions solely based on appropriateness of care and service and existence of coverage. PARTNERS does not compensate or provide any other incentives to any practitioner or other individual conducting utilization management review to encourage denials. The Plan makes clear to all staff who make utilization management decisions that no compensation or incentives are in any way meant to encourage decisions which would result in barriers to care, service or underutilization of services.



# Medicare Part D:

## Your Questions Answered about Medicare Prescription Drug Coverage with PARTNERS

**T**here is an abundance of information in the marketplace about the new Medicare prescription drug program, often referred to as Medicare Part D. In an effort to help you better understand your options concerning Part D benefits, PARTNERS has put together a variety of frequently asked questions. Please feel free to contact our Customer Service department at 1-888-310-4110, Monday through Friday, 8 a.m. to 8 p.m., for more detailed information. TTY users should call 1-888-451-9957. You can also visit us at [www.partnershealth.com](http://www.partnershealth.com).

Generally, the information below applies to Medicare beneficiaries in non-employer group-sponsored Medicare prescription drug plans. Specifics for employer group plans may vary.

**Q. If I have the PARTNERS Medical Only Plan, can I choose a Part D plan with another company?**

**A.** No, because PARTNERS is a Medicare Advantage plan and enrolling in another Medicare-approved prescription drug plan will result in an automatic disenrollment from our plan by the Centers for Medicare & Medicaid Services (CMS). If you have prescription drug coverage through the Veterans Administration (VA) or an employer group that does not offer a Medicare Part D plan, then you can also be

enrolled in a Medicare Advantage plan such as the PARTNERS Medical-Only plan.

**Q. If I did not take Part D with PARTNERS, can I add it on later in the year?**

**A.** Yes. However, enrollment changes are limited to certain periods each year. You must elect or decline Part D coverage during the initial enrollment period. This period will end for Medicare Advantage plan members on May 15, 2006. If you enroll in a prescription drug plan after May 15, 2006, late enrollment penalties may apply. You cannot change plans again until the annual enrollment period that occurs between November 15 and December 31. Changes made during the annual enrollment period will be effective the first of the following year. Special enrollment periods may apply if you meet certain criteria, such as moving out of the service area.

**Q. Can I have a PARTNERS Part D plan and have a Part D plan with another company?**

**A.** No, because enrolling in a Part D plan through another company will cause your PARTNERS coverage (both medical and Part D) to be terminated by CMS. You can only enroll in one Part D plan at a time.

**Q. If I don't want to take Part D at all, will I be penalized?**

**A.** If you elect not to choose PARTNERS Part D

coverage and you do not have creditable prescription coverage (coverage that is at least as good as the standard Medicare plan), then you may be subject to a penalty if you choose to enroll in Part D after May 15, 2006. The late penalty equals 1 percent of the base premium amount for each month that enrollment is delayed. This penalty will apply for as long as you have Medicare prescription drug coverage.

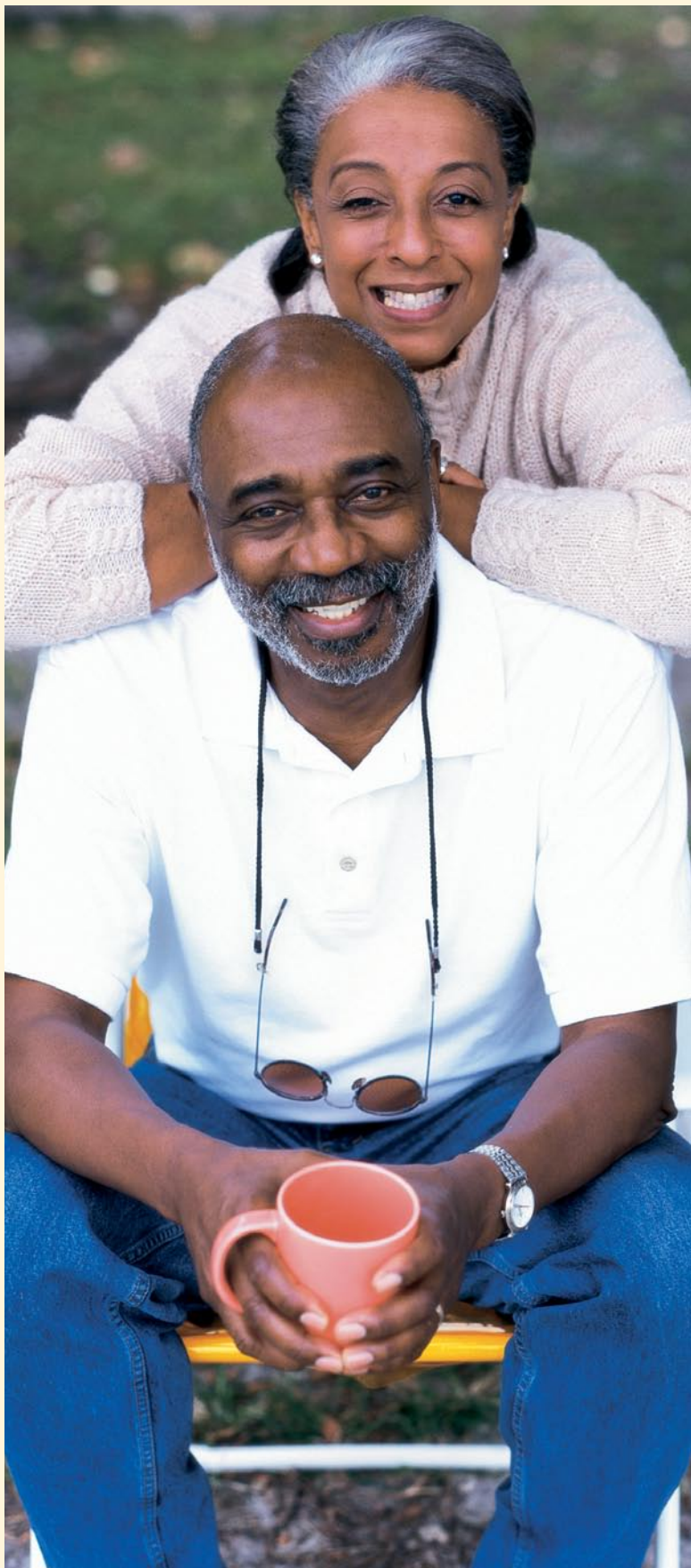
**Q. How much will my PARTNERS premium be if I qualify for federal assistance?**

**A.** If you received a letter from the Social Security Administration stating that you qualify for assistance with your prescription drug premiums and copayments, you will receive specific premium information from PARTNERS. The premium amount is dependent on the level of assistance awarded by Social Security. You may contact Customer Services to confirm the amount of your premium.

**Q. If I paid a higher premium than I should have through bank draft, how will I be reimbursed?**

**A.** Please bring this to our attention so we can credit your account. When the adjustment is made, a credit balance will be on your account to reduce the next month's premium — unless you have requested to have the credit balance refunded. If you are receiving additional assistance from Medicare to reduce your Part D monthly premium and your bank account was drafted for the full amount, we will issue a refund check directly to you.

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**Q. Where can I get a direct claim form?**

**A.** You can request a direct claim form by calling PARTNERS Customer Services at 1-888-310-4110 (TTY 1-888-451-9957). Representatives are available Monday through Friday from 8:00 a.m. until 8:00 p.m. to assist you.

**Q. How do I get syringes, needles and other diabetic injection supplies?**

**A.** If you have a PARTNERS plan that has Part D Coverage, you can purchase insulin, syringes, needles, alcohol swabs and gauze through the Medicare prescription drug benefit. These diabetic injectable supplies are available from the participating pharmacies listed in the Prescription Drug Pharmacy directory. When purchasing these supplies, you should present your PARTNERS Medicare Prescription Drug ID card to the provider. If you have Internet access, you can view the names of participating pharmacies online.

If you have the PARTNERS Medical-Only plan, diabetic injectable supplies are not a covered benefit.

**Q. I would like to get my prescriptions through the mail. Is this service available?**

**A.** Yes, PARTNERS contracts with Medco for mail-order service. Members may use Medco's order forms and envelopes to obtain new, refill and renewal prescriptions by mail. When ordering by mail, members receive their first prescriptions at home in seven to 11 days and refills in nine days or less. Faxed prescription orders are usually delivered within five to eight days. Refill prescriptions ordered through the Internet or by phone are usually delivered within three to five days. Standard shipping is free for members and expedited shipping is available for an additional fee. For more information, contact Medco at 1-800-711-0926.

**Please Note:** If you enroll in another Medicare managed care plan not offered by PARTNERS, you will be disenrolled from your PARTNERS plan when your enrollment in the new plan begins. As long as you are enrolled in PARTNERS you cannot purchase Medicare drug coverage from an entity other than PARTNERS and keep PARTNERS coverage. Enrollment in a Medicare drug plan not offered by PARTNERS will automatically disenroll you from your PARTNERS medical, and if applicable, drug coverage.



**Q. Are some drugs excluded from coverage under Part D?**

**A.** Yes, certain drugs are excluded from coverage by Federal law. Some examples of excluded drugs include benzodiazepines, barbiturates, drugs for weight loss or gain, and drugs for relief of colds. Vitamins are also excluded from coverage.

**Q. What changes affect when I can join or leave Medicare Part D plans?**

**A.** The government has established limits on when and how often you can change the way you get Medicare and what choices you can make when you make the change. This includes electing or changing Part D. Switching from one Medicare plan to another counts toward making a change, even if the plans are offered by the same company.

- 1. From November 15, 2005, through May 15, 2006**, anyone with Medicare will have opportunities to switch from one way of getting Medicare to another.
- 2. From January 1, 2006, until June 30, 2006**, anyone with Medicare has a chance to make a change in the way they get Medicare. With this chance, you may be limited in the type of plan you can join. For example, if you have Medicare Part D when making your change, you will only be able to join a Medicare Advantage plan or Medicare private fee-for-service plan that offers Medicare Part D, or you will have to go to Original Medicare and join a stand-alone Part D plan. If you do not have Medicare Part D when making this change, you will only be able to join a Medicare Advantage plan or private fee-for-service plan that does not offer the Medicare Part D, or go to Original Medicare.
- 3. From July 1, 2006, through November 14, 2006**, generally, you may not make any

other changes during this period unless you meet certain special exceptions, such as if you move out of the plan's service area or if you have Medicaid coverage.

- 4. From November 15, 2006, through December 31, 2006**, anyone with Medicare can switch from one way of getting Medicare to another for the following year. 🍏

## Notice of Privacy Practices

PARTNERS National Health Plans of North Carolina, Inc., is committed to protecting the privacy and confidentiality of our members' protected health information (PHI) in accordance with state and federal laws and regulations. We have developed and follow policies and procedures that govern the way that we may use and disclose your PHI. Our Notice of Privacy Practices describes our responsibilities to safeguard your PHI and your rights regarding the information that we maintain about you, including your right to: 1) inspect and obtain a copy of certain records containing your PHI; 2) make amendments to the records that we maintain about you; 3) request an accounting of certain disclosures of your PHI; 4) request restrictions or confidential communications; 5) file a privacy complaint with PARTNERS or the federal Department of Health and Human Services; and 6) to receive a copy of our privacy notice.

You may request a copy of this notice at any time by calling the Customer Service number on the back of your identification card or writing to us at P.O. Box 15709, Winston-Salem, NC 27116. You may also obtain a copy from our website, [www.partnershealth.com](http://www.partnershealth.com). For more information or questions about our privacy practices, please contact the Privacy Office at the address provided above.

# Living with Heart Failure

## Through Working in Partnership with Your Doctor, You Can Improve Your Quality of Life

**O**ur hearts are the vital muscular pumps in our chests. They beat continuously and rhythmically throughout our lives, sending blood to our lungs and the rest of our body. But the longer we live, the more likely it is that our hearts will not work as efficiently as they were designed to.

Heart failure is a condition in which the heart does not pump as much blood as it should throughout the body. There are an estimated 4.8 million Americans living with heart failure, according to the National Heart, Lung, and Blood Institute (NHLBI). In fact, heart failure is the most common diagnosis in hospital patients age 65 and older.

If you are a patient with heart failure, it is important to work closely with your physician in order to keep symptoms under control and lead a full, extended life. “The whole notion of patients being in partnership with their doctors is very important with regard to heart failure,” says Ken LaBresh, MD, a cardiologist and spokesperson for the American Heart Association. “Working together, they will be much more effective than if everything is left to just one of them.”

### What “Heart Failure” Means

There are two main categories of heart failure: systolic heart failure and diastolic heart failure. Within each category, symptoms and effects will differ from patient to patient.

- **Systolic heart failure** occurs when the heart has trouble contracting and cannot pump with enough force to push enough blood into circulation. Blood coming into the heart from the lungs

may back up and cause fluid to leak into the lungs, a condition known as pulmonary congestion. The most common cause of systolic heart failure is damage caused to the heart by a heart attack. “We are doing a much better job treating people who have heart attacks,” says Dr. LaBresh. “In the past, they would have died, whereas now, they are living with hearts that have been damaged.”

- **Diastolic heart failure** occurs when the heart cannot properly fill with blood because the muscle has become stiff and has difficulty relaxing. “High blood pressure can lead to diastolic heart failure because it imposes extra work on the heart,” says Dr. LaBresh. “The heart responds in the same way our muscles do if we lift weights—it becomes enlarged, and it also gets stiffer.” Diastolic heart failure is also a common, unrecognized condition in people with diabetes because diabetes can stiffen the heart muscle.

The symptoms that result from either systolic or diastolic heart failure are the same, according to George Sopko, a cardiologist with NHLBI. “Classically, what you get is shortness of breath (dyspnea) under exposure to stressful physical, psychological or environmental conditions,” he says. The shortness of breath is due to fluid build-up in the lungs. “The typical picture is the patient gets up at midnight and cannot breathe, has to sit up and feels better, then lays down, and then in a couple of hours again has to sit up,” he says.

Other symptoms of heart failure include: fatigue or easy tiring; edema (fluid accumulation in the feet, ankles and legs); persistent coughing, especially coughing that regularly produces mucus or





pink, blood-tinged sputum; and raspy breathing or wheezing. When heart failure leads to a backup of fluid into the lungs, it is referred to as “congestive heart failure” or CHF.

While there is no known cure for the most common forms of heart failure, treating the condition through medications and lifestyle changes can be quite successful in improving a patient’s quality of life.

### Know Your Medications

If you have heart failure, the most important thing you can do is understand your medications. Talk to your doctor about each one and find out what the particular medication is treating. In particular, ask your doctor about ACE (angiotensin converting enzyme) inhibitors and beta blockers, Dr. LaBresh advises.

“We understand that these two basic medications treat not only the symptoms, but also prevent progression of heart failure and reduce the likelihood that people will die of their heart failure,” he says.

- **ACE inhibitors:** When a person has heart failure, the kidneys do not receive enough blood. Kidneys are designed to maintain a salt and water balance, so they mistakenly respond to the lack of blood by hanging onto fluid and salt, which makes the condition worse. “ACE inhibitors interrupt that feedback, so the kidneys will not retain the fluid and salt even though they are not getting the blood flow they need,” explains Dr. LaBresh. “In addition, the medicines help relax the arteries, so that when the heart pumps blood, it can actually pump blood more easily because there’s less resistance to the blood leaving the heart.”
- **Beta blockers:** When a person’s heart fails, the heart overcompensates and believes it needs to pump faster and more vigorously, which actually causes more damage to the heart muscle. Beta blockers keep the heart from overcompensating, thus protecting the heart and increasing its function. “They protect the heart from getting into this vicious cycle,” Dr. Sopko says.

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Other medications that treat the symptoms of heart failure include:

- **Digitalis:** Increases the force of the heart's contractions and slows certain fast heart rhythms
- **Diuretics:** Decrease the body's retention of salt and water
- **Hydralazine:** Widens blood vessels to ease blood flow
- **Nitrates:** Relax muscle, widen blood vessels, and act to lower systolic blood pressure

## Be Proactive for Better Quality of Life

If you have CHF, you can help control it by working with your physician and taking the following proactive steps. "I tell my patients, 'if anything doesn't seem right, come in,'" says Dr. Sopko.

- **Take your medications regularly** and according to instruction, even if you are feeling well. "You may not have any symptoms because your physician has found just the right balance of medications," says Dr. LaBresh. "If you stop taking a diuretic, for instance, you may become symptomatic very quickly. And remember that beta blockers and ACE inhibitors are lifesaving medications that treat the underlying problem, not just the symptoms."
- Carry a list of the medications you're taking with you, including over-the-counter medications, prescribed medications, and herbal and vitamin supplements. Ask your doctor what to do if you miss a dose. Check your supply and order refills so that you don't run out. If you are finding it difficult to pay for your medications, there are programs that may help you. And if you have any questions about your medications, talk with your doctor, nurse or pharmacist.
- **See your physician regularly** and immediately inform him or her of any significant changes in your condition, such as intensified shortness of breath or swollen feet. "Let the physician know, so it can be checked out," says Dr. Sopko.
- **Control your salt intake** because too much salt causes swelling and shortness of breath. It is usually recommended to keep salt intake under 2,000mg per day; ask your doctor what he or she advises.

Processed and packaged foods contain high amounts of sodium. Read food labels for the amount of sodium in the serving size you eat, and keep track of your daily total. If you have dietary restrictions for several medical problems such as CHF, diabetes or coronary artery disease, ask your doctor to refer you to a registered dietitian.

- **Weigh yourself every day** to check for fluid weight gain, particularly if you have many symptoms. "If your weight goes up by about three pounds over the course of a week, check with your doctor," says Dr. LaBresh. Get into the habit of checking your weight first thing in the morning after urinating, before eating and wearing either nothing or the same amount of clothes each time. Write your weight down and take the information with you to your next doctor's appointment.
- **Note and report your symptoms to your doctor.** Get in the habit of checking daily to see if you have any of the following symptoms, or if they have worsened:
  - Shortness of breath during physical activity or even while lying in bed
  - Waking up short of breath
  - Swollen feet, legs and ankles
  - Sudden weight gain
  - Bloating
  - The need to urinate more often during the night
  - Fatigue or weakness
  - A dry, hacking cough
- **Do not stay sedentary—exercise under the guidance of your doctor.** "You have to be careful and make sure that the patient is on the appropriate medications to handle the exercise," says Dr. Sopko. People with CHF often feel tired and out of breath when they are active. However, mild activity is good for the heart most of the time. Consult your doctor for recommendations on the level of exercise that's advisable for you.
- **Get your flu and pneumonia prevention shots.** "If you do have symptoms of flu, don't wait to see a doctor, because it may be heart failure, or it may be flu, which can worsen heart failure," says Dr. Sopko. 🍏

# Seniors Have Special Dental Needs

Senior citizens, the fastest growing portion of the U.S. population, are keeping their teeth longer than prior generations and have special dental needs.

As the population ages, the dental needs of the individual over 65 become increasingly specialized: Each individual has different medical problems and takes different prescriptions, which can adversely interact with dental anesthesia. Dental patients, especially the elderly, need to keep their dentist informed of any changes or updates in their medical history to help prevent potentially harmful drug interactions or health conditions.

“Many medications cause a decrease in the saliva flow, which suppresses the normal buffering action of the saliva,” says Fred Margolis, DDS. “The resulting dry mouth condition can lead to dental decay, which can lead to tooth loss.

“Special mouth rinses can be prescribed to increase the saliva flow and reduce plaque buildup,” says Dr. Margolis.

Adult tooth loss is often a result of oral disease and not the aging process.

Regular dental visits are essential for senior citizens, even for the 44 percent of elderly adults who no longer have their teeth. Dentists can adjust uncomfortable dentures and screen for oral cancer: Each year more than 8,000 people die of oral and throat cancer, according to the Centers for Disease Control and Prevention (CDC).

In order to avoid oral diseases and maintain their natural teeth, seniors who do not have a regular dentist should select a dentist and schedule a consultation visit, advises Dr. Margolis. “Talk to the

dentist, make sure you feel comfortable. Explain your condition and concerns, and bring your medication list.” Homebound seniors can contact local dental societies regarding mobile dentistry programs.

Seniors planning to enter a nursing home should inquire about the dental consultant and their personal caregiver. Currently, 1.5 million seniors receive care in 16,700 nursing homes, and 50 percent to 77 percent of those nursing home residents experience total tooth loss.

Family members should play an active role in encouraging the oral health of homebound seniors or those in nursing homes by helping them schedule regular dental visits. 🍏

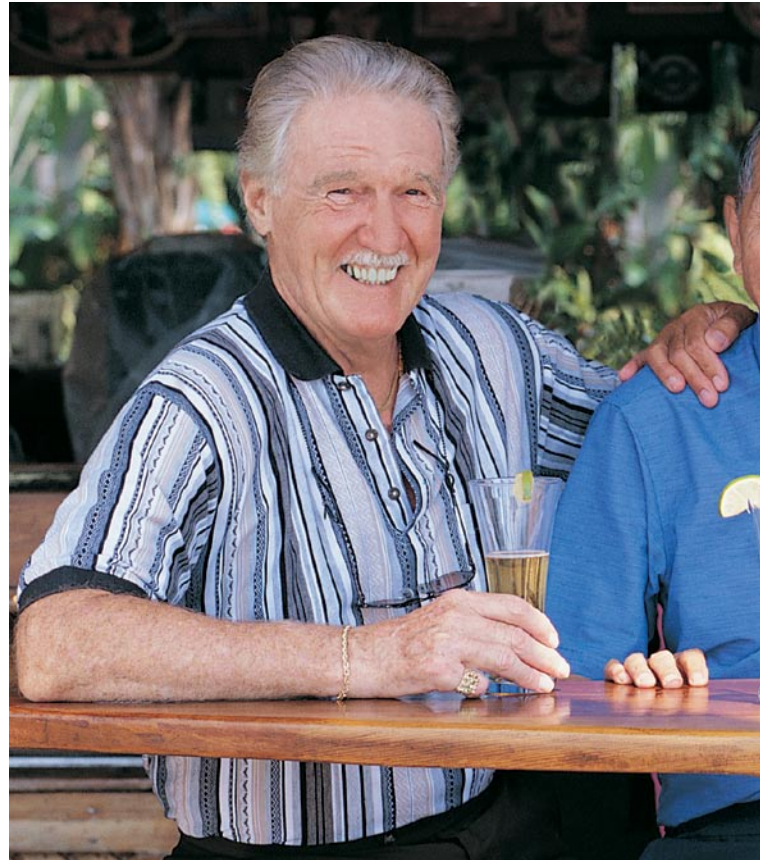


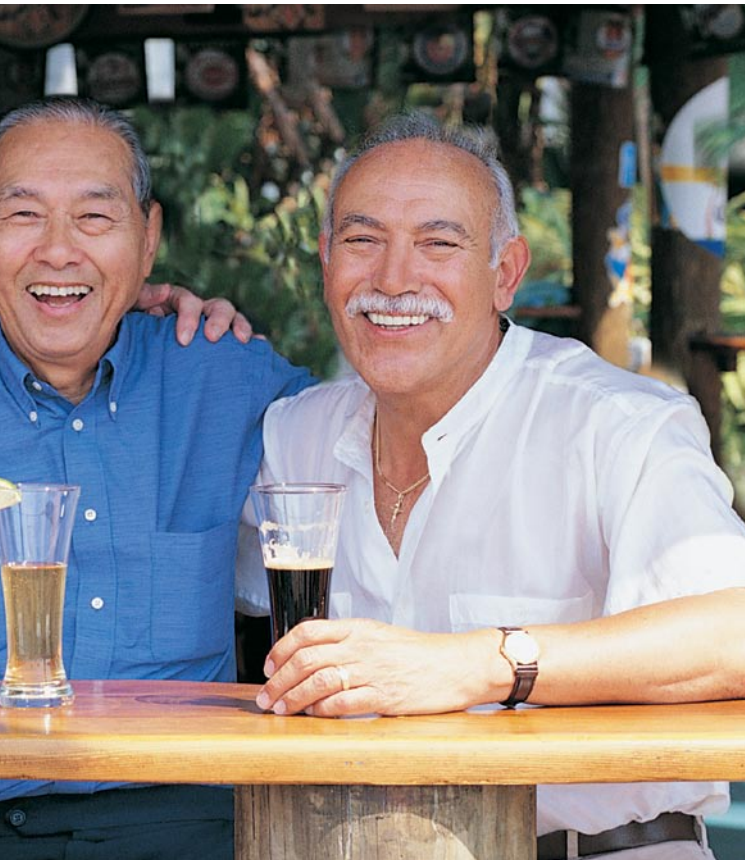
## Please Note:

Please refer to your 2006 Certificate of Coverage for information regarding dental benefits. The Centers for Medicare and Medicaid Service (CMS) and PARTNERS do not pay for routine dental care.

# Do You Know Enough about Colorectal Cancer?

1. Colorectal cancer occurs in which of the following areas?
  - a. colon
  - b. rectum
  - c. stomach
  - d. a and b
2. How many Americans die each year of colorectal cancer?
  - a. 16,000
  - b. 26,000
  - c. 56,000
  - d. 76,000
3. Which of the following increases the risk for colorectal cancer?
  - a. being a smoker
  - b. eating a high-meat diet
  - c. being sedentary
  - d. all of the above
4. Which age group has the highest risk for this cancer?
  - a. over 50
  - b. over 40
  - c. over 30
  - d. over 20
5. Which of the following is a symptom of this cancer?
  - a. a change in bowel habits
  - b. blood in the stool
  - c. chronic diarrhea or constipation
  - d. all of the above
6. Which of the following is a screening test for colorectal cancer?
  - a. fecal occult blood test
  - b. sigmoidoscopy or colonoscopy
  - c. stomach X-ray
  - d. a and b
7. Why is early detection important?
  - a. when it's found early, treatment is most effective
  - b. early detection can prevent the cancer by finding and removing polyps before they become cancerous
  - c. if cancer is present, earlier detection means a chance at a longer life
  - d. all of the above
8. What percent of colorectal cancers are found at the early, most treatable stage?
  - a. 57 percent
  - b. 37 percent
  - c. 17 percent
  - d. 7 percent





9. How is this cancer treated?
- a. chemotherapy
  - b. radiation therapy
  - c. surgery
  - d. all of the above
10. Which of the following is true?
- a. more than 90 percent of those diagnosed when the cancer is found only in the colon or rectum survive more than five years
  - b. once the cancer spreads to surrounding tissue, the five-year survival rate is 66 percent
  - c. when the cancer has spread to other parts of the body, only 8.5 percent of those diagnosed survive five years
  - d. all of the above

## Answers

**1. D — A and B.** Most colorectal cancers first develop as colorectal polyps, which are growths inside the colon or rectum that may later become cancerous.

**2. C — 56,000.** Colorectal cancer is the second-leading cancer killer among men and women combined, second only to lung cancer.

**3. D — ALL OF THE ABOVE.** Having a bowel disease, such as colitis or Crohn's disease, can increase your risk as well.

**4. A — OVER 50.**

**5. D — ALL OF THE ABOVE.** Other symptoms include narrower than normal stools, unexplained weight loss, feeling that the bowel doesn't empty completely and unexplained anemia. See your doctor for a diagnosis if you have these symptoms.

**6. D — A and B.** Ask your doctor how often and when you should have these tests.

**7. D — ALL OF THE ABOVE.**

**8. B — 37 PERCENT.** Another 37 percent are found after the cancer has spread to surrounding tissue, and 20 percent are found after the disease has spread to distant organs.

**9. D — ALL OF THE ABOVE.** Depending on the stage of the cancer, your doctor may recommend two or three types of treatment at the same time, or one after another. Your age, overall health and the stage of the cancer are factors to consider.

**10. D — ALL OF THE ABOVE.** Despite its high incidence, colorectal cancer is one of the most detectable and, if found early enough, most treatable forms of cancer. 🍏

*For more information, call the Colon Cancer Alliance at 877-422-2030 or visit [www.ccalliance.org](http://www.ccalliance.org).*

# Six Tips for Preventing Falls and Fractures

**1. Take a walk.** Exercise helps with balance and, if it's weight bearing, with bone strength and density. That weight can be your own body. Walking and running build up bone.

**2. Lower your stroke risk.** Strokes can lead to partial paralysis and visual impairment, both of which make a fall more likely. Paralysis and immobility obviously weaken a person's muscles, but bone strength drops off, too—first in the affected limb and then overall.

The risk factor for stroke that you have the most control over is high blood pressure. You can bring blood pressure down in many ways: lose weight, exercise, change your diet (include fruits, vegetables, low-fat dairy products, fewer than 1,500 milligrams of sodium daily), or best, do all three. If these changes don't help, your doctor might prescribe a beta-blocker, a diuretic or both.

**3. Start paying attention, gentlemen.**

Osteoporosis may be more common in women, but men seem to be catching up. A 60-year-old man has about a 25 percent chance of ever breaking a bone because of osteoporosis. By age 90, one in six men will have had a hip fracture.

**4. Keep your vitamin D intake high.** You need vitamin D to absorb calcium. Low levels can lead to muscle weakness. Your diet should include 400-800 IU daily (IU stands for International Units, a measurement of biological activity; 400 IU of vitamin D = 10 micrograms). Lately, studies sug-



gest that 800 IU might actually be better. In the United States, milk is fortified with vitamin D; a cup contains about 100 IU. Eggs and saltwater fish are other food sources. But many people need to take a supplement if they are going to consistently get enough of the vitamin—especially if 800 IU turns out to be closer to the advisable amount. A bottle of a hundred 400 IU vitamin D pills costs about \$5. Most multivitamin pills contain 400 IU of vitamin D.

**5. Fall-proof your home.** Most falls occur at home, so it isn't for lack of familiarity with their surroundings that people fall. In fact, they may become too familiar with their homes to notice obvious hazards. Here are six suggestions for changes to make in your home:

- Remove slippery throw rugs.
- Don't use high-gloss polishes on floors.
- Install nightlights.
- Use nonskid mats in the bathroom and kitchen.

- Don't pile things up on the staircase.
- Install handrails. They should be 34-38 inches above the floor, 1 1/4 inches in diameter and go beyond the bottom step. Most railings stop before the final step.

**6. Keep your calcium intake high.** There's currently some debate about if we're going overboard with our calcium consumption. Nonetheless, for now recommendations call for postmenopausal women to consume 1,200 milligrams daily, older men, at least 1,000 milligrams. Your body can't absorb more than 500 milligrams at a time, so spread your consumption over the day. High-calcium foods include calcium-fortified orange juice (1 cup = 300mg), milk (1 cup = 300mg) and spinach (1 cup, cooked = 245mg).

As for supplements, calcium carbonate (Caltrate, OS-CAL, Tums, other brands) contains more elemental calcium (the form of calcium you need) than calcium citrate (Citracal). But remember: You need to take calcium carbonate with a meal for it to be absorbed properly.

Remember that calcium:

- can be constipating
- binds with many other medications, so it shouldn't be taken with your other pills
- may increase your risk of kidney stones if taken between meals 🍏

*Excerpted from Harvard Health Letter and used with permission from Harvard Health Publications, [www.health.harvard.edu](http://www.health.harvard.edu).*

## On the Mend

Hip fracture patients heal faster and live longer than they used to because of advances in surgery, anesthesia and rehabilitation services.

Still, about 30 percent of the people who break a hip die within six months. Often they have many pre-existing illnesses, so it can be a combination of factors that causes death.

There are two basic types of hip fractures.

- **Femoral neck fractures** tend to happen in people age 70 or younger. If it's a relatively minor femoral neck fracture, it can be repaired with a pin. If it's more serious, the surgeon will probably replace the ball-like *femoral head* with an artificial head.
- **Intertrochanteric breaks** (pronounced inter-tro-can-TAR-ick) tend to occur in older people. They are repaired with pin- or screw-like devices that bring the bone on either side of the break back together.

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appropriate steps to manage care for the patient's benefit. Even in cases when the legal living will is in effect, hospital workers will still make every effort to ensure the patient is as comfortable as possible.

The advance health care directive also does not come into effect at the onset of an emergency like a traffic accident. When EMS personnel arrive on the scene, every effort is made to stabilize an accident victim until the patient arrives at the hospital, regardless of what a living will might dictate.

## Involve Friends and Family

A very important step in the creation of a health care directive is to involve your family and loved ones in the decision. Experts with the American Bar Association (ABA) ([www.abalawinfo.org](http://www.abalawinfo.org)) suggest taking advantage of certain triggers to start the discussion. When a friend passes away, take the time to relate that experience to your own desires, for example.

If family members resist, the ABA says it is OK to temporarily put off the discussion, but insist on a prearranged time in the near future for "the talk." If necessary, enlist the help of your doctor or clergy to help get the matter started. 🍏

## Mark Your Calendar!

PARTNERS is pleased to sponsor several upcoming events across North Carolina! We invite you to attend and bring a friend. Our representatives will be on hand at each one of these events. Please drop by our booth if you have any questions about your benefits.

- **Scam Jam & Senior Expo**

**April 19, 2006**

Scam Jam - 9:00 a.m. to 12:00 p.m.

Senior Expo - 12:00 p.m. to 4:00 p.m.

The Charlotte Merchandise Mart

2500 East Independence Blvd.

Charlotte, NC

- **Golden Jubilee**

**May 3, 2006**

9:00 a.m. to 3:00 p.m.

North Carolina State Fairgrounds

Jim Graham Building

Blue Ridge Rd. & Hillsborough St.

Raleigh, NC

- **Spring Fling Senior Health and Wellness Expo**

**May 10, 2006**

9:00 a.m. to 2:30 p.m.

Dixie Classic Fairgrounds

Education Building

Winston-Salem, NC

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