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David Katzman, MD & Jennifer DeLaney, MD Internal Medicine Specialists



Dear Friends,

February has blessed us with many unseasonably warm and sunny days and with that has come the anticipation of spring! I hope everyone was able to seize the opportunity and get outside to do a little exercise!

Getting fit can be a challenge for all ages, and of course safety is our main concern! Dr. DeLaney has addressed some safety and balance issues with older adults in her article below and listed here is a great website from the National Institute on Aging. HealthinAging.org.

Working in a sedentary job can also pose physical and time challenges for fitting in exercise. If your job requires you to sit at a desk most of the day, remember these quick tips:

* **Every Hour**--Move for two minutes, incorporate movement throughout the day. Do a posture check, strengthen your back and core muscles with good posture.

* **Every day**--Do two minutes of deep breathing. Walk 10 minutes after each meal.

Scientifically, we know that just 10 minutes of movement can make a huge difference in energy, decision-making, clarity, creativity, and emotional well-being. Start small and ultimately aim for 30 minutes of fitness most days of the week. Pick something that you enjoy and that makes you feel good about yourself. Engaging in healthy behaviors is a better predictor of overall health than weight, so let go of the external pressure of the mirror or scale.

Don't forget another important aspect of self-care. Call and schedule your annual physical! This is a great time to discuss any concerns you have about your physical or emotional health and come up with an appropriate fitness plan for a healthier you!

I hope you have enjoyed the articles and information in our office newsletter. We love feedback so please send any suggestions, ideas, or topics you would like more information to Lauri@personalphysiciansstl.com.

Repeal of the ACA (Obamacare)--what does that mean for you?

Jennifer DeLaney, MD

The ACA (Affordable Care Act), usually known as "Obamacare" was a complex law with multiple provisions. The law has been under fire from the Trump administration and many Republican legislators in Congress. They have activated a budgetary process to repeal certain portions of the law. It is unclear which of those provisions will be repealed by Congress. Below are listed the provisions that are of the greatest concern to Dr. Katzman and me. It is important that you contact your [Senators](#) and [Representatives](#) about any concerns that you have about any potential changes that might be made to your coverage. Tom Price, the current Secretary of Health and Human Services and Paul Ryan, the Speaker of

the House, have proposed alternative plans to the ACA.

- * Paul Ryan proposes that people become eligible for Medicare at age 67 instead of 65, so all retirees will have to find individual plans if they retire before age 67.
- * The Congressional Budget office predicts that the Republicans proposed repeal of federal subsidies for impoverished people getting insurance through exchanges will lead to a drop of enrollment of healthy people. Insurance companies are doubling and tripling premiums and pulling out of the exchanges in anticipation of this change.
- * Pre-existing conditions-It is estimated that 52 million Americans under the age of 65 will be unable to obtain health insurance if the requirement that health plans must insure anyone who applies is repealed. The new Secretary of Health and Human Services, Tom Price, supports repealing the pre-existing condition protection.
- * Minimum coverage provisions- Prior to ACA, health plans were allowed to cover whatever they wanted-meaning they could choose not to cover pregnancy, cancer treatment, mental health, or other expensive care. Tom Price and Paul Ryan support repealing restrictions that require plans to cover most basic medical care.
- * Cost equity- Prior to ACA, insurers set fees as they saw fit, which meant that women paid 2-3 times the rate of men and that people over age 50 paid 5-10 times what younger people paid. Paul Ryan and Tom Price support repealing this cost equity measure.
- * The ACA capped total out of pocket costs. Tom Price and Paul Ryan support removing these caps.
- * The ACA prohibited a lifetime cap on benefits-Tom Price and Paul Ryan propose removing this prohibition which means if you have a high cost condition like cancer, lupus, or Crohn's disease that you may exhaust your medical coverage and be liable for the cost of all your medical care unless you are on disability and have Medicare.
- * The Republicans support repealing the requirement that insurers spend 80% of premiums they collect on health care. Before the ACA, insurers on average spent less than half of what they collected on health care. The rest of the money went to marketing, administration, and profits. Medicare spends less than 15% of premiums on administration, despite the fact that people over 65 have much higher health costs.
- * The ACA expanded Medicare benefits to close the prescription drug hole for Medicare patients. This may be repealed, meaning people on Medicare could be responsible for thousands of dollars of additional drug costs.
- * The ACA allowed young adults to stay on their parents plans up until age 26, this may no longer stay in place on Price's proposal but would stay in place on Ryan's.
- *The congressional budget office estimates that premiums for Medicare patients were reduced by \$700 a year by the ACA, if major provisions are repealed, expect your Medicare premiums to increase by up to a thousand dollars a year.
- * ACA required insurers to cover colonoscopies and mammograms without a deductible as preventative care. This will no longer be required.

Fall Prevention:

Jennifer DeLaney, MD

Falls are a major source of injury in people of all ages. In older people, falls often result in fracture, serious injury or even death. Falls become more frequent as people age, with 25% of adults over 65 having at least one fall in the last year.

Nearly 3 million visits to the ER are made a year in the US due to falls, and 800,000 people require admission to the hospital. Falls become more frequent due to deterioration in vision, balance, and strength. Neurologic conditions like stroke and Parkinson's can make people more likely to fall. In addition, many medications such as blood pressure pills, pain medications, sleeping pills, and drugs for anxiety, depression and irritable bowel make people more likely to fall.

How do you reduce your risk of falls?

- * Do not wear bifocals when walking, particularly on uneven surfaces, as the ground will be out of focus.
- * Ensure that you have sufficient lighting in the home.
- * Have cataracts removed if you have them.
- * Remove obstacles that you can trip on including throw rugs, coffee tables, pet beds etc.

- * Install grab bars in the bathroom, use a non-slip bath matt, and use handrails on stairs.
- * Exercise daily to improve muscle strength.
- * Work on balance with tai chi or gluteal muscle and abdominal muscle exercises.
- * Adding rhythm to your movement (dancing, or moving to the beat of music) substantially reduces falls over walking alone, as does adding any task that involves thought when you are moving.
- * Reduce use of sedatives, pain medicine, muscle relaxers.
- * Check that blood pressure is normal when you are standing as well as sitting.

Alcohol-when is it too much?

David Katzman, MD

Most of us enjoy having a drink. It allows one to relax and foster social interaction. Some limited clinical studies suggest that moderate consumption (1-2 drinks daily) leads to improved self-reported quality of life, and lower mortality rates compared to abstainers or heavy drinkers.

However, heavy alcohol consumption puts one at risk for health consequences. Cancers associated with alcohol use include breast, esophageal, head and neck, and liver; while moderate alcohol use is associated with improved cardiovascular health, excessive intake is associated with increased cardiac mortality and sudden death. Heavy alcohol use is also strongly associated with cirrhosis of the liver, pancreatitis, accidents and trauma, suicide, and violence. Finally, excessive alcohol use can lead to weight gain, poor sleep patterns and memory issues- especially in those with pre-existing memory issues.

So how much is too much? 30% of Americans use alcohol in an unhealthy manner.

Heavy drinking is considered to be more than 14 drinks per week or 4 drinks per occasion for men, and over 10 drinks per week or 3 drinks per occasion for women (standard drink: 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80 proof liquor). Other clues that might suggest you are drinking too much include suggestions by others that you should **C**ut down, others getting **A**nnoyed by your drinking, feeling **G**uilty about your drinking, or often having a morning **E**ye opener. (this is the **CAGE** questionnaire that we may ask you). In addition, other warning signs that alcohol use may be risky include legal problems (e.g. DWI), relationship problems, or physical injury of any kind.

Dr. DeLaney and I often ask you about alcohol consumption and studies suggest the amount of alcohol use is under-reported by patients to their physician. Since alcohol is readily available and socially encouraged it can be difficult to cut back. Dr. DeLaney and I can be helpful in assisting you in moderating your alcohol use or confidentially referring you to a professional if needed or desired.

Office News

Pharmacy/Drug Benefit Cards: PLEASE let us know if you have a pharmacy/drug benefit card in addition to your medical insurance card. Many insurance carriers contract their pharmacy benefits through a separate entity and we must have this correct information in order to refill and prescribe your medications in a timely and cost-effective manner for you.

Medicare opt-out contract mailed to Dr. Katzman's patients: If you have received the Medicare opt-out contract in the mail please sign and print your name listed under beneficiary or beneficiary's legal representative on page 2 of contract and send back in return envelope provided. Medicare requires that we update this contract every two years. We have agreed not to submit any claims to Medicare for our services provided and that you, the beneficiary agrees not to submit any claims for our services. You have the right to obtain Medicare-covered items and services from physicians and entities who have not opted out of Medicare.

Billing Concerns and Questions: Please continue to send in your invoice statement with your payment or reference your invoice number on your check. It is ok to pay more than one invoice on one check as long as they are from the

same doctor. Tonya can be reached via [e-mail](#) with any questions you may have and she is available to return calls on Wednesdays.

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