

JOHN A. SCHMIDT JR., MD

INTERNAL MEDICINE

MEANINGFUL MEDICINE IN YOUR MEDICAL HOME



October/2014

Issue: 33



In This Issue

[It's All About Transitions](#)

[Medicare Open Enrollment](#)

[Prescription Drug Coverage \(Part D\)](#)

[Healthcare.gov is Back](#)

[Breast Cancer Awareness Month](#)

[Turn Back, Don't Bounce Back](#)

[Follow My Health Patient Portal](#)

[The Left Ventricle](#)

October. It's all about Transitions!

The leaves begin to fall and many of us begin to reflect wistfully on our mortality/immortality. Mortality because life inevitably takes its toll. Immortality, because many of us believe that life on earth is the entrée to something sublimely better. This dichotomy came crashing home when I received a phone call from my dad last weekend that his lone surviving brother and my dearest uncle had suddenly died. I wept inconsolably because my uncle, a Jesuit priest, had played such an important role in my life. It was difficult to imagine life without him. Then I realized the excellent way in which he had led his life. Generous, patient, and humble, he was called home to a better life, the life he had longed and prepared for.

My uncle was all about life. He married us, baptized our four children and our first grandchild at Old St. Joseph's - a most glorious day! He made Jesus present in our midst!

My uncle left a legacy of love. To wit, our youngest daughter was engaged within two days of his funeral (to a wonderful guy!) Eileen Monesson, the publisher of this newsletter, is on route to Florida to care for her soon-to-be-born first grandchild! My uncle is alive in them in ways that his mortal life did not permit!

Enjoy the fall colors and know that they foreshadow the ending and beginning of life!

For those of you who find the above morose, I suggest you reflect on the quotation by John Donne in his famous poem, No Man is an Island: "Ask not for whom the bell tolls; it tolls for thee!" This means we are all connected. When one suffers, we all suffer. When one rejoices, we all rejoice. That's what my dear uncle said.

John A. Schmidt, MD
Internist



John A. Schmidt Jr., MD
Internist

is one of the leading Internists in Monmouth County offering [Medical Home Services](#).



"How strange that the nature of life is change, yet the nature of human beings is to resist change. And how ironic that the difficult times we fear might ruin us are the very ones that can break us open and help us blossom into who we were meant to be."

- Elizabeth Lesser

Medicare Open Enrollment Period Runs from October 15-December 7

As reported at [Medicare.gov](https://www.medicare.gov), your best on line resource for all things having to do with Medicare coverage, this is the period to: change from [Original Medicare](#) to a [Medicare Advantage Plan](#), change from a Medicare Advantage Plan back to Original Medicare, switch from one Medicare Advantage Plan to another Medicare Advantage Plan, switch from a Medicare Advantage Plan to a Medicare Advantage Plan that offers a prescription drug plan ([part D](#)), join a Medicare Prescription Drug Plan, switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan, or drop your Medicare prescription drug coverage completely.

Remember, you must first sign up for Medicare [parts A](#) and [B](#) beginning three months before the month of your 65th birthday. This is best done on-line at [Medicare.gov](https://www.medicare.gov). Medicare Advantage Plans are from insurance companies. They generally cost less than Original ("traditional") Medicare but the networks are more restrictive and the coverage is often less generous. So...Buyers Beware. Do your homework and be a smart shopper. Hospitals and doctors, myself included, prefer Original Medicare and, better yet, Original Medicare backed up by a Medicare supplemental ([Medigap](#)) policy to cover costs that Original Medicare does not cover.

On the Topic of Prescription Drug Coverage (Part D)

Many of my patients are constantly denied coverage for common drugs, even generic drugs, because their [part D](#) plan does not include a particular drug in its [formulary](#). Valerie and I spend countless hours filling out appeals which are generally denied, wasting valuable time and frustrating you, your pharmacist, and your doctor! Please, please, please discuss your current medication list with your current insurer or use the [Medicare Plan Finder](#) available at [Medicare.gov](https://www.medicare.gov) to find out if your medications are covered and what they will cost you. All of my prescriptions allow for generic substitution but there is currently no automatic mechanism for substituting one medication of the same class to match your insurer's formulary. Yes, the insurance companies send us their formularies and occasionally my software will warn me when a drug isn't covered. But the formularies change frequently and the software does not differentiate on the basis of [tier](#), which can mean a big difference in your out-of-pocket costs. Oh, did I mention that you should review your medication list with your part D provider? And watch out for [donut-holes](#), politely referred to as "coverage gaps"!!!

Healthcare.gov Is Back!

The [Marketplace](#), as it is commonly called, reopens on November 15 and will remain open until February 15. But don't wait! Visit the site now to see if you might qualify for one of these lower cost, non-Medicare plans or should apply for [Medicaid](#). The Marketplace call center is now open 24-7 and can be reached at 1-800-318-2596.



October is [Breast Cancer Awareness Month](#)

Breast cancer can be cured if caught early. Early detection is your best defense. Though controversy exists following the publication of the [Canadian National Breast Screening Study](#) in the British Medical Journal in February, the [National Cancer Institute](#) and the [United States Preventive Services Task Force](#) still contend that Screening Digital Mammography, every two years in women of average risk beginning at age 40, is still the best early detection tool. The specificity and accuracy of the test generally improves after menopause as breast density decreases. Women should ask the radiologist to notify them if their breasts are dense because breast density confers increased risk for breast cancer. The value of other screening techniques including other imaging modalities, [Clinical Breast Examination](#) and [Self Breast Examination](#), is less clear.

Remember that the incidence of breast cancer, like most cancers, increases with age. In fact, as pointed out by the [NCI](#), the strongest risk factor for breast cancer is age! At age 70, a woman has a 1 in 26 chance of being diagnosed with breast cancer and women diagnosed at an advanced age are more likely to die of the disease. Other facts: Approximately, 12.3 percent of women will be diagnosed with breast cancer at some point during their lifetime, based on 2009-2011 data. In 2011, there were an estimated 2,899,726 women living with breast cancer in the United States! The five year survival rate for all age groups is 89.2%. The five year survival rate for localized breast cancer is 98.5%! The median age at diagnosis is 61 and the median age among those dying of breast cancer is 68.



Turn Back, Don't Bounce Back!

Turn back your clock to end Daylight Saving Time but don't "bounce back" to the hospital after discharge! As reported by [Kaiser Health News](#) on October 2, 2,610 U.S. hospitals (and 98 percent of New Jersey hospitals!) will be docked up to three percent of all Medicare reimbursements beginning October 1, 2014, amounting to \$428 million in penalties nationwide. Why? Because Medicare believes that these hospitals readmitted too many patients within thirty days of discharge for certain conditions including elective hip and knee replacements, heart failure, heart attack, and pneumonia. Some of the hospitals penalized are among the nation's finest including [Tufts New England Medical Center](#), [Pennsylvania Hospital](#) in Philadelphia, [Beth Israel Hospital](#) in Manhattan and some satellite hospitals of the [Mayo Clinic](#) based in Rochester, MN, and [Geisinger Health System](#) in Pennsylvania. Most of these hospitals serve a disproportionately high number of indigent patients. Take home? The financial viability of these great institutions is critical and we all have to work together to make sure patients have the follow up care they need to fully recover at home. I remind all of my patients that they must be seen in the office within five working days after discharge with medicine bottles in hand (Not the list, mind you, the bottles!)! Timely communication and follow-up can avoid most bounce backs!

Follow My Health Patient Portal is here: Please Enroll Today!

Speaking of communication, my Follow My Health™ [Patient Portal](#) is fully operational and accessible through my website (www.schmidtmd.com). If you have not already set up an account, please call Valerie ASAP.

As reported by [NPR](#) on October 23, the Millennials are rapidly making voice and voice mail obsolete. Why? It takes too long and there is no thread. Text messaging, on the other hand, is fast, concise and creates a thread. This explains the popularity of Twitter, Facebook messaging, etc. I cannot use these media to communicate patient test results because they are not secure and to do so would be a [HIPAA](#) violation. Follow My Health™, on the other hand, provides an encrypted texting feature that is secure and HIPAA compliant. A free smart phone app tells patients when they have a message from their doctor. I will increasingly use this feature to communicate test results to my patients. Those who do not sign up may experience delays.



The Left Ventricle: The Most Important Muscle in Your Body!

The left ventricle of your heart pumps blood to your entire body; it is a superb muscle that squeezes life-sustaining blood into you about 100,000 times every day! As such, it needs to be stretched and exercised to perform well. As published in the September issue of the [Journal of the American College of Cardiology](#), those who exercised vigorously for thirty minutes four to five days a week had left ventricles resembling those of competitive athletes. Casual exercisers and sedentary individuals had stiff, non-compliant ventricles requiring much higher filling pressures. This research may explain why the left atrium, the thin-walled chamber responsible for filling the left ventricle, becomes distended and dilated in sedentary individuals, increasing the risk of [atrial fibrillation](#), a common condition among older Americans. The heart tries to contend with increased filling pressures by making more BNP ([Brain Natriuretic Peptide](#), a misnomer), a test result you may have noticed in your lab report. [Hypertension](#) also makes the left ventricle stiff and less distensible. Take home: bring out the athlete in you by exercising vigorously for thirty minutes four to five times a week to help your left ventricle relax and distend at lower filling pressures. BNP will decrease and you will feel the difference!

Autumn is a wonderful time to reflect on the gift of life. Valerie and I wish you happy reflections as you kick up the leaves on your daily jog!

John A. Schmidt Jr., MD

Meaningful Medicine in Your Medical Home

709 Seventh Avenue

Belmar, NJ 07719

www.SchmidtMD.com

Phone: 732-282-8166 • Fax: 732-280-0147

E-Mail: JohnSchmidt@SchmidtMD.com

Disclaimer: The articles in Healthy Living are for general information only and are not medical advice. Discuss all medical concerns and treatment options with your physician.

