THE HEALTH CONNECTION

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High Option Healthy Pregnancies Healthy Babies® Program

When you're expecting a baby, you have a lot to look forward to. You also have a lot of decisions to make and probably a lot of questions to ask. That's why your APWU High Option offers a free program to help you throughout your pregnancy and in the days and weeks following your baby's birth. A healthier pregnancy for you and a healthier life for your baby can start today.



To enroll just call CareAllies 1-800-582-1314 Prompt 8.

Summer Pregnancy Tips for Safety and Comfort

Stay hydrated: In addition to the eight glasses of water you need daily throughout pregnancy, you have to think about replacing the water you lose sweating. You should drink so much water that your urine is light yellow (dark, concentrated urine is an indication that you're not getting enough fluids). Smoothies with a lot of ice and fruit and maybe even a little yogurt are easy and refreshing. And if you get tired of drinking, make popsicles. Just puree berries or melon (or a mix)—throw some mint leaves into the blender if you like—pour into popsicle molds, and freeze.

Plan your workout: Get your gentle hike in early in the morning or toward the end of the day, while temperatures are cooler.



On really hot days, don't exercise outside (in fact, when it's 90 or above, don't be outside for more than 20 minutes at a time, and only as needed). The increase in blood volume due to pregnancy is already asking your body to work harder. You don't want to challenge it further. A well-ventilated, well-cooled studio for prenatal yoga is a better choice on very hot days—or a clean, well-cooled gym. Wash hands after working out on shared equipment. In general, wash your hands more often than usual during pregnancy. Simple hand-washing, with regular soap (not antibacterial) is very effective in keeping germs at bay. Don't rush through: A good rule of thumb is to scrub for as long as it takes to sing happy birthday (so about a minute).

Summer Grilling May Raise Blood Pressure Risk



Many people switch from stove to grill in the warmer months. But a new study links regular consumption of grilled meat to an elevated risk of high blood pressure. A study presented at the American Heart Association's 2018 Epidemiology and Prevention — Lifestyle and Cardiometabolic Health Scientific Sessions looked at more than 100,000 people in three different studies who ate at least two servings of beef, poultry, or fish each week. They found that those who grilled their meat or broiled or roasted it at high temperatures more than 15 times each month had a 17% higher risk of high blood pressure than people who ate grilled, roasted, or broiled meat less than four times a month.

In addition, people who preferred their meat well done had a 15% greater risk of high blood pressure compared with those who preferred their meat cooked to lower internal temperatures. The blood pressure differences, researchers speculated, may be caused by exposure to chemicals that form when meat protein is exposed to high temperatures. It's important to note that the findings don't prove that the meat preparation methods directly caused the blood pressure risk or that your cooking method will affect your blood pressure. Even so, a dose of caution may be worthwhile if you're going to be grilling regularly.

How often should blood pressure be checked at home?
Measure your blood pressure twice daily. The first measurement should be in the morning before eating or taking any medications, and the second in the evening. Each time you measure, take two or three readings to make sure your results are accurate.

Learn more at https://www.health.harvard.edu/heart-health/summer-grilling-may-raise-blood-pressure-risk.

How to Support Someone You Know Who Is Misusing Opioids

People do not think it could happen to their family or friends. They think only other people misuse opioids—people on the news or people who are weak or bad. But people from all backgrounds can misuse opioids. They are not bad or weak. They are the people we know. They are our family members or friends. Opioid misuse has become a national crisis.

Recognizing opioid misuse
Not all opioid use is misuse. Some people safely use opioids their doctors prescribe to them. In some cases, legal opioids can help treat acute, or short-term, pain. People may use opioids after surgery or an accident.

How can you tell if someone is misusing opioids? There are many signs, including:

- Changes in how they look, act, and relate to other people
- Changes in physical or behavioral health
- Sneaking around or lying
- Missing work or school
- Poor work or school performance
- Problems with personal relationships
- Increased dangerous behavior
- Switching groups of friends
- Slurred speech or stumbling
- Empty prescription bottles
- Needle marks from use
- Taking opioid medicine after an injury or illness is healed

One example
Dot had knee surgery in May. She felt better by June. She and her friend Susan rode bikes, went out to lunch, and met friends for poker every Wednesday night. Then, Dot started acting strangely. She cancelled plans and did not answer the phone. Dot seemed confused on poker night. She mumbled and slurred her words. She picked a fight when Susan drove her home. Susan was surprised and worried. Dot's usually tidy house was a mess. There were dishes in the sink, clothes on the floor, and prescription bottles on the counters. Susan told Dot she was worried. Dot said she was fine. Her medicine for knee pain made her sleepy, she said. Susan remembered Dot's knee feeling better a couple weeks ago. Why was she still taking medicine? Susan realized Dot's medicine might be the root of the problem. She wanted to help, but what could she do?

What not to do if you suspect someone is misusing opioids

- Do not try to save them.
- Do not tell them to just stop and never use again.
- Do not yell or nag.
- Do not threaten them in any way.
- Do not force them to go to a support group or rehab.
- Do not argue with them about the misuse.

You cannot fix opioid misuse for someone else. It is not easy to stop misusing opioids. A person's body becomes used to opioids. Opioids change the way the brain handles pain and pleasure. After a while, the body needs the opioid to function. The person may need more and more opioids to feel good. This creates a cycle that is hard to break. Asking someone to simply stop is not fair. It is almost never possible. Professionals say opioid misuse should be treated like a chronic illness.

What kind of help can you give?

- Your role is to give kind support.
- Let the person know you care, and offer your support.
- Talk to them about your concerns.
- Let them share their thoughts and feelings. Do not assume you know how they feel.
- Let them know that they are not alone. Urge them to seek help. Encourage them to talk to a doctor about it, even if they do not think it is a problem. Offer to take them to a support group. Many religious and nonreligious groups offer substance misuse support.
- Help them find treatment choices. Different insurance plans cover different services. The insurance provider can give them information. There are many types of treatment programs. Offer to help them pick a place to start.
- Try to ease their mind about what opioid misuse treatment looks like. The most common image is of a cold-turkey detox—suddenly stopping the opioid and going through a withdrawal. Though detox followed by a 12-step program is still common, it is generally not the best method. This is also called "abstinence-only." "Abstinence-only" approaches may work for some but not all. Everyone who misuses opioids deserves to understand all treatment options including medication-assisted treatment (MAT). MAT is backed by science. There are MAT medicines that help people detox and not start using again. These medicines include:
  - Methadone—stops or reduces withdrawal symptoms and cravings
  - Buprenorphine (Butrans®, Subutex®, Belbuca®)—relieves cravings for opioids, produces less sedation and risk or respiratory depression compared with opioid painkillers
  - Naltrexone (Vivitrol®, Revia®, Depade®)—blocks the effects of opioids by blocking opioid receptors
- Help reduce stigma. There is a lot of negative judgment about substance misuse. Many people do not understand it. They believe things that are not true. Common stereotypes show people who misuse opioids as bad, lazy, or dangerous. This makes it hard to see the person instead of just the misuse. People may be prejudiced against these stereotypes. That leads to unfair treatment and unkind words or actions. It makes people who misuse opioids feel ashamed and depressed. This makes them avoid seeking help and makes it harder to stick with treatment.
- Be aware of your own beliefs and stereotypes. Avoid judging the person. Be kind and open-minded. Make it clear that you see the person, not just the misuse. Make your relationship with the person or your home a stigma-free zone. It may help to learn more about substance misuse. You can also speak to others in your life about this type of stigma.
- Help them look at the way their family uses or misuses substances such as alcohol or drugs. This includes pain medicine. Sometimes substance misuse runs in families. It is partly genetic—certain DNA handed down to each generation. It is also partly behavioral. Families may have habits or actions that make using alcohol or drugs risky. Looking for substance use or misuse patterns in families can help someone understand their own misuse.

Resources
Narconon
www.narconon.org
(800) 775-8750

Substance Abuse and Mental Health Services Administration
www.samhsa.gov
(877) 726-4727

By Beth Landau
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Managing Diabetes in the Heat

How to keep your cool during the hottest time of year



Did you know that people who have diabetes—both type 1 and type 2—feel the heat more than people who don't have diabetes? Some reasons why:

- Certain diabetes complications, such as damage to blood vessels and nerves, can affect your sweat glands so your body can't cool as effectively. That can lead to heat exhaustion and heat stroke, which is a medical emergency.
- People with diabetes get dehydrated (lose too much water from their bodies) more quickly. Not drinking enough liquids can raise blood sugar, and high blood sugar can make you urinate more, causing dehydration. Some commonly used medicines like diuretics ("water pills" to treat high blood pressure) can dehydrate you, too.
- High temperatures can change how your body uses insulin. You may need to test your blood sugar more often and adjust your insulin dose and what you eat and drink.

It's the Combination of Heat and the Humidity

Even when it doesn't seem very hot outside, the combination of heat and humidity (moisture in the air) can be dangerous. When sweat evaporates (dries) on your skin, it removes heat and cools you. It's harder to stay cool in high humidity because sweat can't evaporate as well. Whether you're working out or just hanging out, it's a good idea to check the heat index—a measurement that combines temperature and humidity. Take steps to stay cool (see sidebar) when it reaches 80°F in the shade with 40% humidity or above. Important to know: The heat index can be up to 15°F higher in full sunlight, so stick to the shade when the weather warms up. Physical activity is key to managing diabetes, but don't get active outdoors during the hottest part of the day or when the heat index is high. Get out early in the morning or in the evening when temperatures are lower, or go to an air-conditioned mall or gym to get active.

Your Blood Sugar Knows Best

Kids out of school, vacations, get-togethers, family reunions. The summer season can throw off your routine, and possibly your diabetes management plan. Check your blood sugar more often to make sure it's in your target range no matter what the summer brings. It's especially important to recognize what low blood sugar feels like and treat it as soon as possible.

Warm-Weather Wisdom:

- Drink plenty of water—even if you're not thirsty—so you don't get dehydrated.
- Avoid alcohol and drinks with caffeine, like coffee and energy or sports drinks. They can lead to water loss and spike your blood sugar levels.
- Check your blood sugar before, during, and after you're active. You may need to change how much insulin you use. Ask your doctor if you would like help in adjusting your dosage.
- Wear loose-fitting, lightweight, light-colored clothing.
- Wear sunscreen and a hat when you're outside. Sunburn can raise your blood sugar levels.
- Don't go barefoot, even on the beach or at the pool.
- Use your air conditioner or go to an air-conditioned building or mall to stay cool. In very high heat, a room fan won't cool you enough.

Too Hot to Handle

Know what else feels the heat? Diabetes medicines, supplies, and equipment.

- Don't store insulin or oral diabetes medicine in direct sunlight or in a hot car. Check package information about how high temperatures can affect insulin and other medicines.
- If you're traveling, keep insulin and other medicines in a cooler, but don't put insulin directly on ice or on a gel pack.
- Heat can damage your blood sugar monitor, insulin pump, and other diabetes equipment. Don't leave them in a hot car, by a pool, in direct sunlight, or on the beach. The same goes for supplies such as test strips.

But don't let the summer heat stop you from taking your diabetes medicine and supplies with you when you're out and about. You'll need to be able to test your blood sugar and take steps if it's too high or too low. Just make sure to protect your diabetes gear from the heat.

Learn more at https://www.cdc.gov/features/diabetesheattravel/index.html.

What Is A1C?

A1C is a measure of your average blood sugar (blood glucose) control for the past two to three months and is likely one of the tests your healthcare provider used to help diagnose you with type 2 diabetes. The A1C test measures the amount of glucose that enters red blood cells and links up with a protein called hemoglobin, which is proportional to the amount of glucose in the blood. The results are given as a percentage. The lower your A1C level, the better your blood sugar control has been over the past two to three months.

In addition to helping your healthcare provider diagnose type 2 diabetes, A1C tests can help manage your type 2 diabetes by:

- Confirming self-testing results or blood test results at the doctor's office
- Helping your doctor decide whether a treatment plan is working for you
- Showing you how healthy diet and exercise choices can make a difference in diabetes control

If your A1C is 6.5% or higher and you have been diagnosed with type 2 diabetes, your doctor may have prescribed one or more medications to help you lower your blood sugar.

What Should Your A1C Be?

For most adults with type 2 diabetes, an A1C goal of less than 7% may be appropriate. However, your healthcare provider may set a different goal for you based on your own personal needs and medical history. If you are unsure, ask your healthcare provider what your personal A1C goal should be.

Summer Allergy-Induced Asthma

Symptoms, Prevention, and Treatments

People who have summertime allergy-induced asthma often feel miserable at the time of year when they want to be outside the most. As the days of summer continue you're dealing with sneezing, wheezing, and coughing once again. Summer allergies can put a real crimp in your style.

Some allergy-induced asthma produces problems year round because it's triggered by substances found in the everyday living environment. Other people only deal with the symptoms at certain times of the year if they have triggers that are commonly found outdoors rather than indoors. And still, others have allergy/asthma symptoms year round but find they get much worse in the summertime when summer triggers are most present.



Symptoms of Summer Allergies and Asthma

Common symptoms of summer allergies and asthma can include:

- Sneezing
- Nasal stuffiness
- Runny nose
- Itchy, watery, burning eyes
- Itchy mouth or throat
- Wheezing
- Coughing
- Difficulty breathing
- Tight feeling in the chest

Kids with asthma and allergies may also have what is known as the allergic salute where they rub their noses upward because of itching and sport allergic shiners, which are dark circles under the eyes caused by nasal congestion. These are all just the typical symptoms of allergy-induced asthma. Nothing is different in the summer, except that if you are allergic to summer allergens, your symptoms may increase.

Grass Pollen: The Most Common Summer Allergen

The summer season can occur at different times in different parts of the United States and other countries, depending on climate and location. When grasses start to green and grow, though, chances are that summer allergy-induced asthma is about to begin. The most common summer allergens, or triggers, are grass pollens. Pollen is tiny egg-shaped male cells found in flowering plants. You may know pollen better as the tiny, powdery granules that plants use during the fertilization process. The size of a typical pollen spore is smaller in diameter than a human hair.

Common Grass Allergens

Many different kinds of grasses can produce pollen that triggers allergies and asthma symptoms. The most common grass allergens include:

- Bermuda grass
- Bluegrass
- Orchard grass
- Red Top grass
- Sweet Vernal grass
- Timothy grass

The grasses mentioned above may or may not all exist in your local area. If any of them do, though, and you are sensitive to their pollens, then you will have summer allergy/asthma symptoms.

Common Weed Allergens

Toward the end of summer, around mid-August in most of the United States, weed pollens begin to become a problem. They tend to be at their highest levels during late summer and fall. Some common weed allergens are:

- Ragweed
- Cockleweeds
- Pigweed
- Russian Thistle
- Sagebrush
- Tumbleweed

The type of pollen that triggers allergies is a lightweight airborne powder, so it's easily spread far and wide on windy days. When it's rainy, though, the rain washes the pollen spores away and pollen counts tend to be lower, which brings relief from symptoms.

What to Do When Symptoms Worsen

If you notice that your asthma and allergy symptoms crop up—or worsen—during the days of summer, there's a good chance that you have summer allergy-induced asthma. To find out for sure, make an appointment to see your doctor. Your doctor may decide to refer you to an allergist, who can do formal allergy testing to find out exactly what you may be allergic to.

The good news is there's no reason why you should have to put up with summer allergies and asthma symptoms. There are easy steps you can take to keep your symptoms at bay. A combination of preventive actions and medication are usually all it will take.

By Pat Bass, MD
Medically reviewed by a board-certified physician

Learn more at https://www.verywellhealth.com/summertime-allergy-induced-asthma-200558.

About Breast Cancer

The most common non-skin cancer among American women

What Causes Breast Cancer?
Breasts are made of a variety of different tissues, including ducts, lobes and lobules, and glands that produce milk and carry it to the nipple. The breasts also contain lymph nodes and fatty tissue. Cancer develops when cells in the breast mutate and grow out of control, forming a tumor. Most breast cancers—about 80 percent—are ductal carcinomas, which begin in milk ducts. About 10 percent of all breast cancers are lobular carcinomas, which develop in the lobes or glands that produce milk.

Factors that may increase a woman's risk for developing breast cancer include:

- Obesity
- Breast density
- Menstrual history
- A sedentary lifestyle
- Heavy drinking
- Previous medical treatments

Who Gets Breast Cancer?
The risk for developing breast cancer increases with age. According to the National Cancer Institute:

- The average age of a woman diagnosed with breast cancer is 62.
- The average age of a woman who dies from breast cancer is 68.
- Breast cancer is the most common cancer diagnosed in women between age 55 and 64.
- About 10 percent of breast cancers occur in women younger than 45.

Women with a family history of breast cancer may be at a higher risk for developing the disease. For example:

- Women whose mother, sister or daughter has or had breast cancer may have double the risk.
- Women who have inherited mutations in the BRCA1 or BRCA2 gene are at higher risk.

Breast cancer also occurs in men, but is very rare. Approximately 2,670 American men will learn they have breast cancer in 2019, the American Cancer Society estimates. Male breast cancer accounts for 1 percent of all breast cancer diagnoses.

Breast Cancer Symptoms
A lump, mass and change in the feel or position of the breast are among the most common symptoms of breast cancer. Other symptoms include:

- Swelling, redness or inflammation
- Changes in the nipple
- Nipple discharge
- Pain in the breast
- Itchy or irritated breasts
- Changes in color
- Peeling or flaky skin

Summer Checklist for a Healthy Child

The summer months offer a great opportunity to focus on your child's health and get a game plan together without the distraction of school-year activities. Pediatricians find it's a particularly good time for families to get a handle on check-ups and chronic conditions. As we continue through summer break, consider the following wellness and safety tips for your child:



Doctor Visits & Well-Child Checks
Summer is the best time of year for your child's annual well-child check. Not only is your schedule likely to be less busy this time of year; your pediatrician's schedule probably is, too. Plus, there are fewer sick kids in a pediatrician's office during the summer months, which means you're less likely to expose your child to viruses and illnesses on your visit.

Many schools have sports physicals during the fall, but it's preferable to have the checkup done by a pediatrician who can get a more holistic overview of your child's health. It's also important to use this time to focus on an action plan for managing any chronic disease, such as diabetes or asthma, your child may have. If your child is traveling outside of the country this summer for a mission trip, exchange program or family vacation, you should also use this time to make sure he or she is up to date on any vaccinations or antibiotic prophylactics he or she may need. You can find a list of requirements by visiting www.CDC.gov/travel.

Note: In-network preventive care is covered at 100%.

Well Child ✓-Up Schedule

- ☐ 2-5 days
- ☐ 2 weeks
- ☐ 2 months
- ☐ 4 months
- ☐ 6 months
- ☐ 9 months
- ☐ 12 months
- ☐ 15 months
- ☐ 18 months
- ☐ 24 months



Yearly from age 2 through 18

- ☐ 4 years
- ☐ 11 years
- ☐ 16 years

Immunization Schedule

- ☐ 0-5 Days-HepB
- ☐ 2 & 4 Months-Pediarix (DTaP, Polio, HepB), Pedvax (Hib), Prevnar 13, Rotarix
- ☐ 6 Months-Pediarix (DTaP, Polio, HepB), Prevnar 13
- ☐ 12 Months-HepA, Prevnar 13, Pedvax (Hib), MMR, Varicella
- ☐ 18 Months-DTaP, HepA
- ☐ 4 Years-DTaP, Polio, MMR, Varicella, HepA (if not completed), Prevnar 13 (Booster-if not given yet)
- ☐ 11 Years-Tdap, Meningitis, Gardasil (HPV), HepA (if not completed)
- ☐ 16 Years-Meningitis

Flu vaccine due yearly starting at 6 months old.

Statin Adherence Remains Low in Post-Myocardial Infarction (MI), High-Risk Patients

A study published January 8, 2019 in the Journal of the American Heart Association suggests patient adherence to statin therapy in the U.S. remains low, particularly among younger individuals, minorities and those recommended for high-intensity regimens.

Lead author Lisandro D. Colantonio, MD, PhD, and colleagues wrote that following persistent evidence that statins reduced the risk of coronary heart disease (CHD) in certain patients, the American College of Cardiology (ACC) and the American Heart Association (AHA) included the drugs in their 2013 recommendations for reducing atherosclerotic cardiovascular disease (ASCVD) risk in adults. The ACC and AHA encouraged patients with CHD to take statins, as well as those with dangerously high LDL cholesterol levels, diabetes or a high 10-year predicted risk of ASCVD.



"Adults who have low adherence or who discontinue statin therapy have an increased risk of CHD events compared with their counterparts with high adherence to statins," Colantonio, of the University of Alabama at Birmingham, and co-authors wrote. "Observational studies have suggested that a high proportion of adults initiating statins have low adherence or discontinue treatment." But most of those studies used data collected before 2005, the authors said, and the prevalence of statin therapy has increased significantly since then.

Colantonio et al. undertook a retrospective study of millions of statin users with commercial or government health insurance who initiated treatment between 2007 and 2014. The team tracked 201,573 patients who began using statins after an MI; 610,049 patients who had diabetes but no CHD; and more than 2.2 million who had neither CHD nor diabetes. Researchers assessed adherence according to patients' pharmacy fills in the year following their initiation of statin therapy.

In 2007 and 2014, respectively, 78.1 percent and 79.1 percent of patients in the post-MI cohort demonstrated persistence in taking their statins. Those same years 66.5 percent and 67.3 percent of diabetics, respectively, showed adherence, while 64.3 percent and 63.9 percent of those free from diabetes and CHD demonstrated adherence.

Between 2007 and 2014, Colantonio and colleagues said high adherence to statin therapy increased from 57.9 percent to 63.8 percent in the post-MI group and from 34.9 percent to 37.6 percent in the diabetes group, but there was no improvement in patients without CHD or diabetes.

In 2014, adherence was lowest among young patients, Black and Hispanic patients, and those initiating a high-intensity dosage. It was highest among men and patients who received cardiologist care after they began taking the drugs.

"Prior studies have suggested improvements in adherence to statin therapy following an MI over the past 25 years," the authors wrote. "Results from the current analysis highlight the need to improve persistence with and adherence to statin therapy if the CHD risk reduction benefits of statins demonstrated in clinical trials are to be translated into clinical practice."

Colantonio et al. said patients with a low adherence to statins were also likely to have a worse track record with taking their antihypertensives and other medications. Cost issues, cultural beliefs, fear of toxicity and apprehension about adverse side effects might also contribute to low persistence.

The authors wrote clinician-led interventions, like nurse-administered risk factor counseling, drug-regimen simplification, reminders and phone calls could help improve statin adherence across the country.

"Low persistence with and adherence to statin therapy constitute major concerns because they are associated with substantial residual risk for CHD events," they said. "Healthcare providers should monitor statin use following initiation of treatment and work with patients to identify barriers to taking this medication with high adherence."

January 8, 2019 | Anicka Slachta | Acute Coronary Syndrome

Learn more at https://www.cardiovascularbusiness.com/topics/acute-coronary-syndrome/statin-adherence-remains-low-us.

Tools and Tests Used for Diagnosing Cervical Cancer

Pap test
A Pap test is usually the first step in determining cervical health and is often performed as part of routine screening. Most women are advised to get a Pap test starting at age 21. Depending on your age and risk, your doctor may also suggest an additional test for infection of human papillomavirus (HPV), because prior infection with high-risk types of HPV has been linked to an increased risk of cervical cancer.



Pelvic exam
A doctor manually examines the vagina, cervix, uterus, fallopian tubes, ovaries and rectum for things like nodules or bumps, which may be explored in greater detail with imaging technology.

Colposcopy
A doctor uses a special microscope, called a colposcope, to examine the cervix. The colposcope is designed to provide an enlarged view of the areas, allowing your doctor to observe any abnormal tissue. If abnormal tissue is identified, the tissue is biopsied.

Biopsies
Two types of biopsies used to diagnose cervical cancer are the cone biopsy/LEEP and the sentinel lymph node biopsy:

- Cone biopsy/LEEP: When a Pap test's and colposcopy's results indicate cervical carcinoma, your doctor may perform a cone biopsy/LEEP to confirm the diagnosis. The doctor removes a cone-shaped piece of tissue from the cervix using a surgical scalpel. During a LEEP, an electrified wire loop is used to remove the tissue. The tissue is then sent to a pathologist.
- Sentinel lymph node biopsy: This test involves identifying, removing and examining the sentinel lymph node(s)—the first lymph node(s) to which cancer cells are most likely to spread from a primary tumor—to help determine if cancer has spread beyond the cervix. Removing only one or two lymph nodes also may avoid complications that can come with surgery to remove 10 to 30 lymph nodes.

Imaging tests
CT scan: A CT scan reveals a detailed, 3-D image of the cervix and abdomen. After a physical exam, a CT scan may be performed to locate a tumor before surgery. A CT scan may also be used to determine tumor size, what other organs might be affected and whether lymph nodes are enlarged.

PET/CT scan: Your doctor may order a PET/CT scan as part of the evaluation for cervical cancer. This advanced nuclear imaging technique combines positron emission tomography (PET) and computed tomography (CT) into one machine. A PET/CT scan reveals information about both the structure and function of cells and tissues in the body during a single imaging session. A PET/CT scan may detect the spread of cervical cancer to nearby lymph nodes and to other organs, such as the lungs or liver.

MRI: An MRI is used to determine whether cervical cancer involves the bladder, rectum or tissues next to the cervix. Sometimes this test is ordered instead of or in addition to a CT scan.

Lab tests
The main lab test for cervical cancer is advanced genomic testing of the tumor, which examines a tumor to look for DNA alterations driving the growth of cancer. By identifying the mutations that occur in a cancer cell's genome, we can better understand the tumor behavior, and we may be able to tailor your treatment based on these findings.

More information can be found at https://www.cancercenter.com/cancer-types/cervical-cancer/treatments.



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Primary Care Follow-Up Within Seven Days of Hospital Discharge Reduces Readmissions and Cost

New research published in the Journal of the American Medical Association suggests primary care follow-up within seven days of a hospitalization is associated with fewer Medicaid readmissions. In a single year, the U.S. population had a collective hospitalization bill of $381 billion. Readmittance rates added another $16 billion in healthcare costs annually. To address the skyrocketing costs and in an effort to improve the quality of care, the Center for Medicare & Medicaid Services Hospital Readmissions Reduction Program (HRRP) was developed. Though, there is still some debate as to whether hospital readmission rates have truly improved under the HRRP. The researchers, led by Dawn Wiest, PhD, of the Camden Coalition of Healthcare Providers, sought to determine the efficacy of their seven-day pledge program, which aims to avoid hospitalizations in the city of Camden, New Jersey, by “removing barriers to rapid primary care follow-up after patients are discharged from the hospital."

In this retrospective study, Wiest and colleagues assessed hospitals with more than 2,500 readmissions between January 1, 2014 and April 30, 2016. They linked payer claims from four separate healthcare systems to insurers’ lists of patients who were also patients of Camden-based primary care practices to determine hospital use before and after discharge. A total of 1,531 records were classified by timing of a primary care appointment post hospital discharge. Discharges followed by a primary care appointment within seven days of discharge were matched by propensity. The treatment cohort comprised of 450 discharged patients and the non-treatment cohort consisted of 1,081 patients. The seven-day pledge program had fewer 30- and 90-day readmissions compared with patients with less timely primary care follow-up or no follow-up at all. Specifically, the researchers found:

- Of the 450 hospitalizations in the treatment group, approximately 13 percent weren't followed by any readmission within 30 days versus 18 percent among matched referents.
- At 90 days post hospital discharge, 28 percent of hospitalizations in the treatment group weren't followed by any readmission, compared with 39 percent among matched referents.

Though these types of programs tend to be costly, the researchers found approximately $10,300 in savings can be achieved for every avoided hospitalization. Furthermore, the program would recover costs if 27 inpatient admissions were avoided per year by connecting 208 patients to primary care within seven days of hospital discharge. “Programs such as the seven-day pledge may be associated with a reduction in preventable hospital admissions through patient and practice engagement, providing incentives to patients to overcome barriers to keeping an appointment, and adequately reimbursing practices on top of regular reimbursement and value-based payments to prioritize appointments for recently discharged patients,” Wiest et al. concluded.

Learn more at https://www.healthexec.com/topics/care-delivery/primary-care-follow-7-days-discharge-reduces-readmissions.