

OCTOBER: AWARENESS

HEALTH MONTH

PROVIDENCE MEDICAL CENTER

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and

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Providence Medical Center
Personnel Department

500 17th Avenue

Seattle, WA. 98122

Jobline: 320-2020



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"STRENGTHEN & TONE" WEDNESDAY, OCTOBER 21

Would you like to increase your endurance and strength for the daily activities that you enjoy? Would you like to enhance your flexibility and decrease joint stiffness? If so, Strengthen & Tone is for you. This one-hour activity session will teach you exercises that you can do to enhance your overall strength and flexibility. You will learn exercises to do in a chair as well as stretches on the floor. Strengthen & Tone is taught by certified instructors who will teach you how to exercise safely and effectively.

Wednesday, October 21, 1992

10 am to 11 am or 12:30 pm to 1:30 pm

Mother Joseph Conference Rooms A & B

Call Providence Health Resources at 320-2299 to reserve your space.

Class is limited to 50 participants.

WE HAVE ONE SPECIALTY. PEOPLE.



UW Medical Centers Personnel is the gateway to allied healthcare opportunities at both the University of Washington Medical Center and Harborview Medical Center. Two exceptional facilities providing critical services to Seattle and the Northwest region. Which makes finding exceptional healthcare people our specialty.

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For more information about our vast array of opportunities, please call our Job Line at (206) 685-GTWY or (800) 685-GTWY. We are located at 325 Ninth Avenue, Seattle, WA. Affirmative Action and Equal Opportunity Employer.



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Health Promotion in the Black Community: Scaling the Barriers

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OCTOBER
30-31

Sponsored by
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Washington State Association of
Black Professionals in Health Care

Department of Medical Education

University Targets Community-Wide Hypertension Care

Using hypertension as its "test disease," the University of Washington in Seattle has taken a leading role in establishing and teaching community-wide practice standards for the effective and efficient management of chronic conditions. The study model established in the hypertension project by the University's Health of the Public Program hinges on collaboration with major provider groups to collect data, assess variations in practice, and implement site-specific interventions to improve the management of hypertension and encourage preventive care. Having completed its statewide analysis of care for hypertension, the University is following up with a similar report on obstetrical care and maternal and perinatal outcomes.

The Health of the Public Program has two goals: a research and development effort to systematically study the care provided to hypertensive patients, and a revision of the medical school's curriculum and ambulatory training of house staff to improve preventive practices. "The overall intent of the program was to help academic medical centers respond to the changing demographics and economics of the health care environment by moving their training and research programs out into the community," said Jonathan Showstack, MPH, codirector of the Health of the Public Program and associate professor of health policy at the University of California's School of Medicine in San Francisco.

Consortium Focuses on Resources, Outcomes

In 1987, the University of Washington convened a consortium consisting of its academic medical center, an affiliated teaching hospital, Pacific Medical Center; the two largest private-sector health maintenance organizations (HMOs) in Washington, Group Health Cooperative of Puget Sound and HealthPlus; the Health Care Purchasers Association; the State Employees Benefits Board; and the Washington Affiliate of the American Heart Association. "The managed care organizations were eager to participate because of the opportunity to collect data about resource use and outcomes of care and to find out how they compare to others," said James P. LoGerfo, MD, MPH, director of the program at the University of Washington and medical director of Harborview Medical Center in Seattle.

The consortium collected and analyzed 1 year of baseline data to describe existing variation in hypertension care across the chosen sites. This information was derived from billing and claims data, medical records review, computerized laboratory and pharmacy data, and patient surveys. LoGerfo explained that data for approximately 1800 patients were analyzed to examine outcomes assessed by physiological measures such as control of blood pressure, functional status measures, and satisfaction. For resource use, the project looked at the number of patient visits and patterns of drug use.

Need for Step-Down Therapy

As for the findings, data regarding diastolic blood pressure showed that some patients were being "overcontrolled" for hypertension. The clinics that participated in the program "had never seen data like this," LoGerfo said, and it made them realize that many of their patients who were on multiple-drug regimens are good candidates for step-down therapy.

Study participants were also struck by the prevalence of obesity, especially among women patients. The degree of hyperlipidemia observed was also higher than had been expected. And it was shown that patients were given advice on lifestyle changes during only 30% of all hypertension-related visits. These findings led to the conclusion that risk-factor modification might be a "fruitful" area for intervention.

After the data collection and analysis had been completed, detailed reports were given to the participating provider groups, and meetings were held with representatives of each site in late 1990 and early 1991. It was decided that each site would incorporate into its planned intervention the following five approaches for altering physician behavior: education, feedback, administrative changes, incentives/penalties, and participation.

Prevention to become Part of Medical Curriculum

Also as a result of the project's findings, the University of Washington is restructuring its curriculum so that the basic concepts of disease prevention are incorporated into all 4 years of medical school. "Not only will students learn in lecture that smoking is bad," LoGerfo explained, "they will have to counsel at least one patient in smoking cessation during their family medicine rotation."

The Health of the Public Program, which is in its final years of funding from the Pew Charitable Trusts and the Rockefeller Foundation, is now directing much of its focus to improving data collection. The program has developed a prototypical, PC-based, ambulatory clinical information system to track routinely the costs as well as the physiologic and functional outcomes for such chronic illnesses as hypertension, diabetes, chronic obstructive pulmonary disease, back pain, obesity, and depression.

Cynthia L. Pollock

HOSPICE OF SEATTLE PROVIDENCE HOMECARE SISTERS OF PROVIDENCE

Providence Homecare is seeking new volunteers to become members of a team of professionals who provide supportive care to those who are homebound due to age, disability or illness. The fall training session will take place at Providence Medical Center on 3 half day Saturdays - October 24, 31, and November 7, 1992, as well as one Tuesday evening, October 27, 1992. Parking is provided. For an application, job description or more information, please call Lena Maria Brucia at 320-4848 ext. 1131, no later than Monday, October 19, 1992.

Reduce Your Hospital Bill

Having trouble paying your hospital bill? A new provision of the Washington Administrative Code now requires all Washington State hospitals, including those serving the African American community to reduce your bill based on your income.

"You can reduce your bill from as little as 10% to as much as the entire amount," said Keith Gormezano, a Patient Collections Representative at University and Harborview Medical Centers in Seattle. "Think of how much rent, clothing, food, prescription drugs, or childcare that could pay for."

"But you can only get this discount," he noted, "if you ask for it. Sadly, most hospitals, including mine, for example, don't inform patients about their financial rights, give them a copy of any sliding scale charity guidelines (a public document) when they register and on any bills, follow up statements, or collection letters thereafter. I guess they don't want to obey this law or reduce qualified patient's bills as they say they will do in the financial services agreement that most patients sign."

From reading WAC 246-453, Gormezano, a University of Puget Sound Law School Alumnus explained how an African-American community family making less than 200% of the federal poverty guidelines or \$1135 a month for a family of 1, \$1532 for 2, \$1928 for 3, \$2325 for 4, \$2722 for 5, \$3318 for 6, \$3515 for 7, \$3912 for 8, \$4308 for 9, and \$4705 a month for 10, is eligible for a partial or total reduction of their bill. This is after insurance has paid, rejected charges, or even if the patient had no insurance. "I know many single parents, seniors, laid-off Boeing employees, students, and college graduates, some of whom reside in the African-American community who are eligible," he said. "Even I have been eligible while employed in this position."

Hospitals effected by this new reputation include Swedish (notorious), he stated "for dumping patients with no insurance (read indigent) on Harborview's doorstep", University, Harborview, Providence, Northwest, Virginia Mason, Stevens, Overlake, Fairfax, Evergreen, Valley, and Children's ("very good charity care") to name a few.

"To start the ball rolling, I encourage everyone in the African-American community with an account at Harborview or University on request a reduction by calling their somewhat friendly Collections Department at 543-4540 from 10-4 Monday to Friday or by dropping a postcard with your request and the account number on it to P.O. Box 95459, Seattle, WA. 98145."

For everyone else in the African-American community unless you call or write the applicable financial services departments listed on your bill, you won't save money. You could even be assigned to a collection agency for not paying your bill. Write down who you talked to and when and always keep copies of any correspondence you send.

UNIVERSITY OF WASHINGTON HEALTH BEAT HEALTH SCIENCES NEWS AND INFORMATION

Peter Breyse, Associate Professor Emeritus of Environmental Health, Univ of Wash, says toxic chemicals can give the same symptoms as a cold, sore throat, and chronic headache. People spend 65 to 90 percent of their time indoors. What is brought inside the home may affect health more than the outside air. Homes are built air tight, not allowing sufficient air flow to dilute chemicals. It is crucial to eliminate indoor toxic substances. Other symptoms: Prolonged stress, causing personality changes; allergy reactions, causing cardiovascular and heart problems; eye, nose and throat irritations; chronic headache; nausea, and short-term memory. Fungus and molds cause similar symptoms. There are many ways to eliminate some of these problems. If in doubt ask merchants about the materials you purchase. Ask for data sheets that list ingredients, and harmful affects, and safety rules. For more information call (206) 543-3620.

THEN: "The water was everywhere. Then our house fell apart. It was a miracle my son survived. So many died in the storm."

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