



Modern medicine, old-fashioned care.

O M C
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THE Wellness REPORT

Fall 2014

Time of Transition...

Any change, even a change for the better, is always accompanied by drawbacks and discomforts.

— Author Unknown

We are so excited for the changes coming our way here at Sequim Medical Associates.

Dr. Hobbs will be joining us this month. We are confident he shares our philosophy regarding personalized patient care. In speaking with his former patients when calling to join his practice, they have consistently shared what a valued doctor he is, his patience and caring demeanor appreciated, and willingness to always actively listen. This is exactly what we had expected to hear and certainly confirms what we have witnessed as we began the transition process. We will be working diligently to make the transition into the day to day schedule as seamless as possible, for you the patients. Our staff will be working together with Dr. Hobbs to manage his day here as efficiently as possible.

In addition to welcoming Dr. Hobbs, we will be implementing electronic medical records. Although we will not be joining Olympic Medical Center in using EPIC, we have chosen a software that better fits a small, family practice such as ours. This will be a process and one that we anticipate will cause some discomfort, and initially, present some drawbacks. Again, our goal is to prevent our challenges from becoming a barrier to providing our best when caring for our patients.

We ask for your patience, as well as your feedback in the next coming months. Let us know when we exceed your expectations and when we fall short. You can email pam@sequimmed.com, telephone our business manager Pam Priest at (360) 582-2850, or drop us a note.



Sequim Medical Associates will be providing flu shots at your scheduled visit beginning October 1st. The vaccine loses its effectiveness after 6 months so getting too early is not advised. For your added convenience, we will also have a dedicated nurse available on Tuesdays and Thursdays for the month of October from 8:00 to 11:00 for administering the vaccine on a first come, first serve basis.

Did You Know...

- Durable med equipment not covered by insurance may be tax deductible with a written prescription from doctor. Ask your tax professional...
- Proper adjustment when using crutches or canes is essential to prevent further injury. Ask your doctor or durable medical equipment supplier...
- When sending in electronic payments thru your bank, be sure to include a memo, noting the patient's name and whether the payment is for the monthly fee or medical services. Any questions, ask Deck, our billing specialist...
- If you have Medicare, Medicare can automatically send your claims to your secondary payor if this is setup properly. First, contact Medicare at 800-633-4227 and ask if your account is set up to bill your secondary. If so, verify they have the correct secondary payor. If it is not set up, you will need to contact your secondary payor and request that automatic crossover be set up which can take up to 60 days to complete. Any questions, ask Deck, our billing specialist...
- Insurance cards need to be presented at each office visit to ensure accurate billing.

Tell us
how we're
doing...

24 HOURS A DAY, 7 DAYS A WEEK...

(360) 582-2850

www.sequimmed.com

OFFICE HOURS: MONDAY-FRIDAY 8:00 am to 4:30 pm
APPOINTMENTS: (360) 582-2850
AFTER HOURS: (360) 582-2850 or (888) 810-3116 (urgent care)
FAX: (360) 582-2851
EMAIL: pam@sequimmed.com
REFILLS: CALL YOUR PHARMACY
EMERGENCY: **DIAL 911**

AGING GRACEFULLY Getting old is not for sissies!

PRESENTER:

Britton Moss, PT, MPT, OCS, CSCS
with Sequim Physical Therapy Center

September 25, 2014 1:30 - 2:30 pm

Olympic Medical Park

Second Floor Conference Room

Reduce musculoskeletal and neuromuscular conditions of aging by:

- Understanding basic body mechanics
- Learning postural/movement habits and strategic exercises to minimize injury



Please call Casey at **582-2850** to sign up. Family & friends welcome...

Cover Your Coughs and Sneezes



Use a tissue to cover your sneezes and coughs.

Sneeze or cough into your sleeve if you do not have a tissue.



Clean your hands often.

When needed, wear a mask to protect yourself and others from germs.





New Guidelines for Prevention of Cardiovascular Disease

The Only Thing That's Constant is Change.

The American Heart Association and American College of Cardiology (AHA/ACC) issued new practice guidelines in November 2013 which are based on more rigorous, evidence-based data than prior guidelines which relied more heavily on expert opinion. Of course there are criticisms, and there always will be, because that is an essential part of the process. The field of medicine is reflective, always evolving, critically self-examining, and adapting as new information is learned and verified.

Maintaining a healthy diet, a healthy weight, regular exercise and avoiding smoking are the cornerstones of prevention and recommended for everyone. Getting adequate, quality sleep and limiting alcohol are important as well. Each one of these lifestyle issues warrants its own discussion, but this article will focus on treatment of high cholesterol levels.

In the past, the emphasis was on achieving specific LDL goals depending on an individual's risk factors including age, gender, high blood pressure, diabetes, family history of early ASCVD*, smoking status and HDL level. Fasting lipid panels were followed to see if a patient is at their goal and adjusting medication doses accordingly.

With the new guidelines, a patient's risk of ASCVD is determined using a risk calculator and then recommended to have high-, moderate-, low-intensity treatment with a statin medication. A follow-up fasting lipid profile can be checked to assess compliance but it is not used to adjust the dosing of medication which is based entirely on risk and the patient's tolerance of the medication. Other, nonstatin, cholesterol-lowering medications can be considered in individual cases but they have not been proven to prevent ASCVD.

High-intensity treatment is indicated for:

- Patients <= 75 yrs old with established ASCVD
- Patients with an LDL-C level >= 190 mg/dL
- Patients 40-75 yrs old with diabetes and >= 7.5% 10-year risk of a CV event

Atorvastatin (Lipitor) 40-80mg
Rosuvastatin (Crestor) 20 mg

Moderate-intensity treatment is indicated for:

- Patients 40-75 yrs old with diabetes and <= 7.5% 10-year risk of a CV event
- Patients who qualify for but cannot tolerate high-intensity therapy

Atorvastatin 10 mg
Rosuvastatin 10 mg
Simvastatin (Zocor) 20-40 mg
Pravastatin (Pravachol) 40 mg
Lovastatin (Mevacor) 40 mg

Low-intensity treatment is indicated for:

- Patients who qualify for but cannot tolerate moderate-intensity treatment
- Pravastatin 10-20 mg
Lovastatin 20 mg

For patients >75 yrs of age statins are recommended for patients with an LDL >= 190 mg/dL at the highest dose tolerated. Patients over 75 with established ASCVD should be assessed for potential benefits vs. risks of moderate- to high-intensity statin treatment.

Some patients get muscle aches with higher doses of statins, and some cannot tolerate any of them. Patients with low thyroid levels or vitamin D deficiency are more likely to get muscle aches with statins. Often times, muscle aches go away with just switching to a different statin or lowering the dose.

Criticisms of the new guidelines include the cutoff of 7.5%. This means that more adults would now qualify for statin treatment. The number needed to treat to prevent one ASCVD event over 10 years would be 67. Also, 7 out of 16 members of the guideline panel had financial ties to the pharmaceutical industry.

The choice of CV risk calculator is another issue. There is some concern that the new risk calculator has not been studied as much as some of the older ones, so some providers are using the ATPIII, Framingham, or Reynolds Risk Scores.

Aspirin 81 mg daily recommended for many – but again, that is another discussion that is individualized depending on age, gender, risk of bleeding, and risk of CVD and cancer.

*Atherosclerotic cardiovascular disease (ASCVD) includes heart attacks (myocardial infarction or MIs), strokes (cerebrovascular attacks or CVAs) and peripheral vascular disease.

Accessing MyChart in EPIC...

MyChart, powered by Providence Health and Services, offers you around the clock access to your health records at Olympic Medical Center, Swedish Hospital as well as Providence.

Here are the steps to obtain your username and password:

1. Go to www.mychartwa.providence.org/mychart
2. In the right hand column, click on "Request an activation code"
3. Another screen will appear...
Under "To sign up for an individual account"...click on "Access Request Form"
4. Complete the "Activation Code – Request" screen.

You will receive your activation code to your email address within 1-3 business days. Then follow the instructions provided with the code to obtain a username and password. If any questions, you can contact the MyChart Helpdesk at 1-877-569-7768.

Gingerly Chicken Noodle Soup (Mayo Clinic Recipe)

Serves 8

Ingredients

- 3 ounces dried soba noodles
- 1 tablespoon olive oil
- 1 large yellow onion, chopped
- 1 tablespoon peeled and minced fresh ginger
- 1 carrot, peeled and finely chopped
- 1 clove garlic, minced
- 4 cups chicken stock or broth
- 2 tablespoons reduced-sodium soy sauce
- 1 pound skinless, boneless chicken breasts, chopped
- 1 cup shelled edamame
- 1 cup plain soy milk (soya milk)
- 1/4 cup chopped fresh cilantro (fresh coriander)



Directions

Bring a saucepan 3/4 full of water to a boil, add the noodles and cook until just tender, about 5 minutes. Drain and set aside until needed.

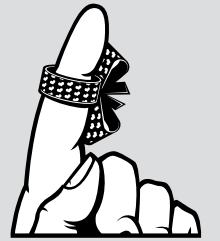
In a large saucepan, heat the olive oil over medium heat. Add the onion and saute until soft and translucent, about 4 minutes. Add the ginger and carrot and saute for 1 minute. Add the garlic and saute for 30 seconds; don't let the garlic brown. Add the stock and soy sauce and bring to a boil. Add the chicken and edamame and return to a boil. Reduce the heat to medium-low and simmer until the chicken is cooked and the edamame are tender, about 4 minutes. Add the soba noodles and soy milk and cook until heated through; don't let boil.

Remove pan from the heat and stir in the cilantro. Ladle soup into warmed individual bowls and serve immediately.

Nutritional analysis per serving

Total Carbs 11 g	Cholesterol 33 mg
Dietary Fiber 2 g	Protein 22 g
Sodium 267 mg	Monosaturated Fat 2 g
Saturated Fats 1 g	Calories 184
Total Fat 5 g	

Dr. Olsen recommends this informative and interactive website for learning about your body...www.getbodysmart.com/index.htm



Remember...

We're here to provide you quality healthcare. Part of our job is to educate and assist you with your healthcare needs. Use the numbers below to get in touch with the people who can answer your questions.

Office 582-2850

Office Fax 582-2851

After Hours
(Urgent Care) 582-2850
or 888-810-3116

Email:
pam@sequimmed.com
FOR NONURGENT NEEDS ONLY

Monthly Fee Questions,
Pam 582-2850

Insurance Billing Questions
Deck 582-2850

Referrals
Stacey 582-2850

Prescription Coverage
Becky 582-2850

Protime/Cholesterol/
Hemoglobin A1C
Mon & Wed 8-12, 1-4
Haley 582-2850

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