Helping you make the most of your healthcare

Wanna DANCE?
Try ballroom for a great workout

› Stock your pantry to save $$$
› 6 ways friends and family affect your health
› Depression: What to look for

SPRING 2010

Blue Cross Blue Shield of Rhode Island
Your Plan for Life™
www.BCBSRI.com
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Discover six surprising ways that family and friends can affect your health.
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Depression is a serious illness that affects nearly 15 million American adults each year. Here’s what you need to know.
by Beth Adamo

25 The Pantry That Saved Dinner
Find out which ingredients to keep on hand for easy, inexpensive dinners. Plus, two recipes to get you started.
by Beth Adamo
This spring is bringing a lot of exciting changes to Choices. Here’s a preview:

• The New Healthcare — This section (pages 9 to 15) describes how BCBSRI is helping improve your health and your healthcare—and moderate long-term healthcare costs. We explain how we’re working with local doctors and hospitals to change how healthcare is delivered in Rhode Island.

• Health 101 — This section offers simple explanations of commonly misunderstood healthcare terms and concepts, such as how to interpret your cholesterol results (page 30).

• To Do — Meant to be cut out and saved, this section offers specific steps you can take to be healthier and get more from your healthcare. On page 31, you’ll find a form to take to your next doctor’s appointment.

• Partners in Health — This section features a BCBSRI member who has improved his or her health with help from a healthcare professional. Read Donna Grandy’s inspiring story on page 32.

One last change to Choices—we’ll be moving to three issues this year to save trees.

Judy O’Connell
Choice Magazine Editor

Eric S. Winer, M.D.
Hematology/Oncology (Leukemia, Lymphoma, and Myeloma), University Medicine Foundation Rhode Island Hospital, The Miriam Hospital Providence, Rhode Island

Blood cancers, including leukemia and lymphoma, are some of the most common types of cancer. Dr. Winer explains some recent advances in the field of leukemia treatment, specifically acute myelogenous leukemia (AML), the most common type of adult leukemia. These advances are helping leukemia patients to better handle treatment and improve their quality of life.

Q: How do you test for and diagnose leukemia?
A: If a person has symptoms of an illness, they may have a complete blood count done that shows abnormal cells not usually seen in a healthy person. But to confirm that a person has leukemia and what type of leukemia it is, there really just one major test, a bone marrow biopsy.

Q: What is the long-term prognosis for leukemia patients, and what do you tell them after diagnosis?
A: I really believe that the word leukemia shouldn’t carry the same fear that it did even 20 years ago. There is so much more optimism and hope today with the treatments that are available, and we are continuing to work towards improving response and survival rates. We see so many more success stories now, and patients can and do return to a productive life after treatment. Also, there is such a vast and excellent support network available, and many resources to turn to for information.

Q&A

Learn More
Read more of Dr. Winer’s interview online at choicesbcbsri.com

Includes information about:
• Childhood leukemia
• Chronic myelogenous leukemia
• Other resources
- The Leukemia & Lymphoma Society
- LLS.org
- The Leukemia & Lymphoma Association/U.S. National Institutes of Health
- Cancer.gov
- CancerNet – The National Cancer Institute/U.S. National Institutes of Health
- Cancer.org

Other resources
- The American Cancer Society
- Cancer.org

Advanced to go into remission—a stage where there is no evidence of disease, even on tests like another bone marrow biopsy. That is the goal, of course. In fact, the complete remission success rate for adults with AML is between 68 and 72 percent. Even with a complete remission, further treatment is still necessary and may involve either three or four more cycles of chemotherapy or a bone marrow transplant.

Q: What is the next step for leukemia patients after chemotherapy?
A: Well, hopefully, after the initial chemotherapy regimen, the leukemia will go into remission—a stage where there is no evidence of disease, even on tests like another bone marrow biopsy. That is the goal, of course. In fact, the complete remission success rate for adults with AML is between 68 and 72 percent. Even with a complete remission, further treatment is still necessary and may involve either three or four more cycles of chemotherapy or a bone marrow transplant.

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A Healthy Exchange

Accurate, real-time health information can save your life. That’s why enrolling in a health information exchange (HIE) is so important. This secure electronic network allows authorized medical professionals to access a patient’s up-to-date medical information.

An HIE is different from an electronic health records system, which doctors use to store their patients’ medical information electronically. Through an HIE, electronic health records are linked across the state. And even if your doctors don’t use electronic health records, they can still access the HIE from a computer. HIEs help healthcare providers deliver:

- **Superior care.** HIEs help reduce medical errors. That’s because the more a doctor knows about you, the safer, more appropriate care he or she can provide. An HIE is especially helpful when the doctor is not your primary care provider.

- **Faster care.** The speed of an HIE can be vitally important in an emergency situation.

- **Cost-effective care.** HIEs save healthcare providers time, increase efficiency, and reduce the duplication of medical tests.

To sign up for Rhode Island’s HIE, currentcare, visit currentcareRI.com, or call 1-888-858-4815. You should enroll if you are a Rhode Island resident or if you obtain the majority of your healthcare in the state. If you obtain healthcare in another state, contact your local Department of Health to ask if an HIE is available there.

### Hold the Smoke

If you’ve quit smoking, you may want to start exercising regularly. Several studies show that exercise—or any activity at all—is a great way to combat the urge to pick up a cigarette again. Next time you’re tempted, do something active instead...work in the garden, go for a walk, or head to the gym.

Regular exercise can:

- Reaffirm your commitment to healthier living.
- Lower stress levels and improve your mood and outlook.
- Help release chemicals in your brain that can fight nicotine cravings.

### Myth or Fact?

**Carrying a wallet in your back pocket can cause back pain.**

**Fact!** Your wallet can press on nerves and cause pain in your back, legs, and even neck.

### 3 Ways to Thaw

If you’ve ever thawed a turkey on the counter or used hot water to defrost chicken, you’ve put your health at risk. There are only three ways to safely defrost meat:

1. **In the refrigerator**
   - **When to cook meat:** For ground meat and poultry, you can wait one or two days, and for red meat, three to five days.

2. **In cold water**
   - **When to cook meat:** Immediately after thawing.

3. **In the microwave**
   - **When to cook meat:** Immediately after thawing.

### Census Information

- Helps determine how more than $400 billion in federal funds is allocated each year for critical community needs such as hospitals, schools, senior centers, and emergency services.
- Is used by companies and state and federal governments to decide where jobs and job programs are needed.

Here’s another great reason: It’s mandatory. So be sure to do your part by completing and returning your census form. For more information, visit 2010.census.gov.
Is all sugar created equal? Well, yes and no. The body uses all sugar the same way. However, sugar that’s added to food during processing or preparation—as opposed to sugar that occurs naturally in healthy foods like fruit and milk—typically boosts calories without adding much, if any, nutrition. Ready for some more sugar Q&As? Check out the quiz below.

1. The average American consumes about how much added sugar each day?
   a. 2 tsps.  
   b. 12 tsps.  
   c. 22 tsps.  
   d. 32 tsps.

2. Approximately, what is the maximum amount of added sugar per day recommended by the American Heart Association for most women and men?
   a. 1 tsp. for women, 1 tsp. for men  
   b. 6 tsps. for women, 9 tsps. for men  
   c. 12 tsps. for women, 18 tsps. for men  
   d. 18 tsps. for women, 24 tsps. for men

3. Where do Americans get the highest percentage of added sugar?
   a. Cakes, cookies, and pies  
   b. Candy  
   c. Dairy desserts and milk products  
   d. Fruit drinks  
   e. Regular soft drinks

4. About how much sugar is there in a 12-ounce can of regular cola?
   a. 11 grams  
   b. 23 grams  
   c. 38 grams  
   d. 52 grams

5. True or false? You can tell if a food or beverage has added sugar by looking at its nutrition facts label.
   a. True  
   b. False

6. True or false? If you don’t see the word “sugar” on the ingredients list for a food or beverage, you can be sure it has no added sugar.
   a. True  
   b. False

7. True or false? If you eat the whole can, you’ll eat 2 servings, and will need to multiply all the nutrition information below (for example, fat, calories, protein) by 2.
   a. True  
   b. False

8. One-third of the added sugar Americans consume comes from regular soft drinks.
   a. True  
   b. False

9. The actual amount estimated by the National Cancer Institute is 22.2 teaspoons, which converts to about 90 grams and 355 calories a day. (Note: One teaspoon of sugar equals about 4 grams and has 16 calories.)
   a. True  
   b. False

ANSWERS
1. c. The actual amount estimated by the National Cancer Institute is 22.2 teaspoons, which converts to about 90 grams and 355 calories a day. (Note: One teaspoon of sugar equals about 4 grams and has 16 calories.)
2. b. The American Heart Association issued the guidelines last year among concerns that too much added sugar in the diet could lead to possible weight gain and health problems. Keep in mind, these are general recommendations. For example, as your activity level goes up, so does the maximum. With added sugar, however, less is always best.
3. e. One-third of the added sugar Americans consume comes from regular soft drinks.
4. c. 38 grams equals more than nine teaspoons. Some sodas have even more. That’s why eliminating routine soda (along with other sweetened drinks) from your diet is one of the best ways to reduce your added sugar.
5. b. False. The amount of sugar listed on the nutrition facts label includes all sugar—natural and added. To determine if sugar has been added to a food or beverage, check its ingredients list. If sugar (or a sugar product) is listed as an ingredient, it’s been added.
6. b. False. Unfortunately, sugar hides behind a number of names on ingredients lists. Here are some to look for: Corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrate, glucose, high-fructose corn syrup, honey, lactose, maltose, malt syrup, molasses, and sucrose.

Read a Nutrition Label

Ninety-five percent of adults have read food labels at some point, and about 51 percent use food labels regularly to make food choices, according to a Wall Street Journal Online/Harris Interactive poll. But research suggests that many of us may not be reading them correctly. Here’s a look at a label.

Start with servings / This section explains what is considered a serving and how many servings are in the package. The serving size for this product is 1 cup, but there are 2 servings in the can. So if you eat the whole can, you’ll eat 2 servings, and will need to multiply all the nutrition information below (for example, fat, calories, protein) by 2.

Do a calorie count / Note the number of calories per serving (remember that’s per serving, not per package) and the number of calories from fat.

Limit these nutrients / Eating too much of these nutrients can be harmful to your health. Avoid any products with trans fats, and take in as little saturated fat, cholesterol, sodium, and sugar as possible. Most of us eat much more of these than we need.

Eat more of these nutrients / These nutrients are an important part of a healthy diet.

Easy Explanation of % Daily Values

On the nutrition label, % Daily Values are based on a 2,000-calorie diet. You may need more calories or fewer than that, and, as a result, more or less of the nutrients listed. Here is an easy guide for interpreting % Daily Values:

% Daily Value or less: Contains a low amount of the nutrient
This is good for nutrients you want to limit and not good for nutrients you want to eat more of.

20% Daily Value or more: Contains a high amount of the nutrient
This is good for nutrients you want to eat more of and not good for nutrients you want to limit.
CONGRATULATIONS TO OUR
2009 BLUE DISTINCTION CENTERS

Blue Cross & Blue Shield of Rhode Island is pleased to recognize the following Rhode Island hospitals that have been awarded a 2009 Blue Distinction Award in specialty care:

Bariatric Surgery: Rhode Island Hospital
Cardiac Care: Rhode Island Hospital and Miriam Hospital
Complex and Rare Cancers: Rhode Island Hospital and Miriam Hospital
Knee and Hip Replacement: Miriam Hospital, Rhode Island Hospital, South County Hospital, and Westerly Hospital
Spine Surgery: Miriam Hospital and Rhode Island Hospital

WHY BLUE DISTINCTION MATTERS
Blue Distinction is a designation given by Blue Cross and Blue Shield companies to healthcare facilities that have demonstrated expertise in delivering quality healthcare. These facilities have demonstrated better overall outcomes—such as fewer medical complications, fewer readmissions, and higher survival rates—in the delivery of specialty care.

Note: Designation as Blue Distinction Centers means these facilities’ overall experience and aggregate data met objective criteria established in collaboration with expert clinicians’ and leading professional organizations’ recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local Blue Cross and/or Blue Shield Plan.

In fact, this is key to helping control long-term healthcare costs. The health—and healthcare costs—of other BCBSRI members directly affect your healthcare costs. So when individuals are healthier, it helps moderate costs for you and the rest of our members.

That’s why we’re taking bold steps to change the healthcare delivery system in Rhode Island. We think the best opportunity to truly reform healthcare is on the local level where the care is delivered. By changing the way we work with local primary care physicians, we’re helping to shift the healthcare delivery system from one that focuses on “sick” care to one that focuses on “health” care. You’ll be at the center of this system. With our new approach, you can expect better, safer care, including more services to keep you healthy.
WHAT THIS MEANS FOR YOU

We’re changing to make a real difference in your healthcare. While it won’t happen overnight, here are just some of the improvements you’ll experience now and in the future:

COORDINATED CARE IF YOU HAVE A CHRONIC OR COMPLEX CONDITION

If you have multiple chronic health conditions, you will get the best, safest care when you have someone to help you oversee all the healthcare you receive. That’s why BCBSRI is partnering with local primary care physician groups to open patient-centered medical homes. This type of practice offers you an ongoing relationship with a primary care physician who leads a team of healthcare professionals in helping you take responsibility for improving your health. With this type of coordinated care, you may be able to avoid unnecessary doctor’s visits, repeat testing, conflicting combinations of medication, and other safety issues. (For more information about patient-centered medical homes, please see page 12.)

BCBSRI also is stepping up our own care coordination services for members with a chronic condition such as diabetes or heart disease. This care coordination offers an ongoing relationship with a healthcare professional who will work directly with you and your doctor on improving your health.

HOW IT WILL IMPROVE CARE

You’ll have customized one-on-one support to help you keep track of your healthcare, manage your condition, and live a healthier life. If you’re caring for a family member with health concerns, this added support will benefit you and your loved one.

HOW IT WILL SAVE MONEY

Coordinated care focuses on improving or maintaining health and reducing the risk of complications. This saves money on copayments and other out-of-pocket medical costs. It also helps moderate long-term healthcare costs for everyone.

ALIGNING FINANCIAL INCENTIVES WITH QUALITY CARE

In the current system, doctors are paid based on how many services they perform, not the quality of care they provide. BCBSRI is developing a pay-for-performance model of reimbursement that will reimburse doctors for their performance on certain care quality targets. For example, doctors who could show that their patients with diabetes got all their tests on time would get paid more than doctors whose patients fell behind on their tests.

HOW IT WILL IMPROVE CARE

Doctors are paid more when they help their patients better manage their health conditions, which helps reduce complications and improve health.

HOW IT WILL SAVE MONEY

It creates financial incentives for doctors to provide higher quality and more cost-effective care for our members.

INCREASED USE OF ELECTRONIC HEALTH RECORDS

Electronic health records (EHRs) keep your entire medical history in one secure location. BCBSRI is providing funding to doctors to support the purchase of EHR systems or to assist with the costs of the ones they currently use. All patient-centered medical homes supported by BCBSRI will be using EHRs.

HOW IT WILL IMPROVE CARE

EHRs prompt doctors about dangerous drug interactions and important tests and screenings. Doctors can even run reports to make sure their patients are receiving ordered tests and screenings. In addition, doctors can send prescriptions electronically to the pharmacy, saving time for their patients and cutting down on errors due to handwriting.

HOW IT WILL SAVE MONEY

EHRs reduce costs through fewer duplicate tests, reduced medical errors, and overall improved quality of care.

TOOLS AND DATA TO HELP YOU MAKE MORE INFORMED HEALTHCARE DECISIONS

When deciding on diagnosis and treatment, doctors need access to medical information based on the most proven science available. Medicine is always changing, so what worked best a few years ago might not be the best treatment today. If you were diagnosed with a medical condition such as heart disease, you’d want your doctor to talk with you about the treatment options that are shown to be most successful. This is called evidence-based medicine. To promote the use of evidence-based medicine, BCBSRI is providing tools to doctors and members. Those tools will be available later this year.

HOW IT WILL IMPROVE CARE

Basing diagnosis and treatment decisions on evidence-based medicine improves patient safety, prevents avoidable deaths, and improves overall care.

HOW IT WILL SAVE MONEY

In 2008, variations in care for diagnosing, treating, and managing diabetes alone accounted for about 46,000 avoidable deaths and up to $4.5 billion in avoidable hospital costs and lost worker productivity.

The Commonwealth Fund reported that the United States spends more than twice as much on each person for healthcare as most industrialized countries. But among those countries, we’re in last place for preventing deaths through the use of timely and effective care.

The average healthcare costs for someone with one or more chronic conditions is five times greater than for someone without any chronic conditions.
When your health is complicated, you may feel like you need a medical degree to understand your medications, blood tests, X-rays, MRIs, and other healthcare services. You may feel the same if someone you love is experiencing a serious illness—for example, if your spouse has heart disease or your mother suffered a stroke.

Either way, consider how valuable it would be to have a healthcare team who works with you—and talks to each other. A team that guides you in creating health goals and taking steps to reach them. Advises you when to see a specialist. Reminds you when you forget a screening. These are all elements of high-quality care—the kind you get at a patient-centered medical home (PCMH). Blue Cross & Blue Shield of Rhode Island (BCBSRI) is already working with primary care practices in Rhode Island to help deliver this kind of care to our members with complex health concerns.

In this setting, you really get to know your doctor. He or she leads a team of healthcare professionals—including a nurse care manager and, in some cases, a nutritionist, behavioral health provider, and/or other specialists—in helping you improve your health. Your team considers everything going on in your life affecting your health: your living situation, emotional well-being, and medical history.

When you have a healthcare team overseeing your care, you receive the time and attention you need to make positive changes in your health. Your nurse care manager may help you set goals for improving your health, such as changing your diet, and then arrange for you to see a nutritionist for advice on doing it.

HOW A PCMH BENEFITS YOU

The PCMH setting puts you in the center of the healthcare system and offers care across multiple levels.

YOUR PRIMARY DOCTOR KEEPS AN EYE ON THE BIG PICTURE.

Your care is led mainly by your primary care physician with support from your healthcare team. “Behind the scenes, in between patient visits, we provide care even when the patient isn’t physically here,” David Gorelick, M.D., says. He’s been leading Aquidneck Medical Associates’ transformation to a PCMH. “For patients who have diabetes, we’ll look at aspects of their care to see if they’re coming in for visits as they should, that they’re seeing their eye doctors and getting blood tests, and if they’re taking their medications. If they’re missing anything, we proactively reach out to them.” Any visits to other doctors are carefully coordinated to help ensure that nothing slips by.

YOUR NURSE CARE MANAGER WORKS WITH YOU ONE-ON-ONE.

Working with you to create a personalized care plan, your nurse care manager helps you set health goals and then take the steps to reach them (helping you stay motivated along the way). You and your nurse care manager also discuss any instructions from your doctor, go over your medicines, and review other aspects of your care. “Medical visits can be overwhelming for some people, especially when they’re experiencing various illnesses,” says Dr. Gorelick. “Patients may feel intimidated to call the doctor and say ‘I don’t understand what you told me.’ So it’s helpful to have another healthcare professional to be available to sit down with our patients and explain things.”

EVIDENCE-BASED MEDICINE AND ELECTRONIC HEALTH RECORDS HELP ENSURE YOUR HEALTH AND SAFETY.

With electronic health records, your healthcare team has access to data about the best treatments based on evidence-based medicine, where appropriate, for your condition. They can see what medicines you’re taking and whether you’ve missed any screenings or exams they’ll need to remind you about.

All of these advantages help you stay out of the hospital and may reduce your need for medications, procedures, and other services later on. Since these items cost money, you save when you don’t need them. Having a PCMH also removes some of the hassles of coordinating your own care. Best of all, it helps you live a healthier life. And that helps you continue doing the things you enjoy.

WHAT A PATIENT-CENTERED MEDICAL HOME IS

The Newport and Portsmouth practices of Aquidneck Medical Associates are the first PCMHs of about 10 across Rhode Island to open this year with the support of BCBSRI. When you walk into Aquidneck Medical Associates, it looks like any other doctor’s office. There’s someone behind a desk to greet you. There’s a waiting area with issues of your favorite magazine for you to read while you wait. But there’s more.

You’ll find a patient-centered medical home (PCMH). Blue Cross & Blue Shield of Rhode Island (BCBSRI) is already working with primary care practices in Rhode Island to help deliver this kind of care to our members with complex health concerns.

In this setting, you really get to know your doctor. He or she leads a team of healthcare professionals—including a nurse care manager and, in some cases, a nutritionist, behavioral health provider, and/or other specialists—in helping you improve your health. Your team considers everything going on in your life affecting your health: your living situation, emotional well-being, and medical history.

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WHAT BCBSRI IS DOING

We’re working hard to help our primary care physicians set up PCMHs across the state. To help improve quality of care, we’ve also developed a new pay-for-performance system that will include primary care physicians in BCBSRI-sponsored PCMHs.

By the end of 2010, we are striving to have about 8,500 of our members with complicated health concerns in a PCMH setting. We hope that down the road all of our members will be involved in a PCMH practice.
**PATIENT PROFILE**

**Name:** Jane Brown  
**Age:** 63  
**Occupation:** Retired high school math teacher  
**Hobbies:** Gardening, cooking, volunteering, playing with her five grandchildren  
**Health:** Jane has always struggled with her weight. She was diagnosed with type 2 diabetes 10 years ago, and also has elevated cholesterol.

Six months ago, Dr. Smith began transitioning his traditional primary care practice to a patient-centered medical home. The following example shows how care would’ve typically been delivered before the transition and how it is delivered now. In both examples, Jane has a high A1C test result. This blood test measures how well diabetes is being managed.

**BEFORE HAVING A PATIENT-CENTERED MEDICAL HOME**

In this example, Jane sees only her doctor and his medical assistant and doesn’t experience care that is as well coordinated as it could be.

- Jane arrives at her appointment, which was scheduled three months ago.
- Dr. Smith’s nurse care manager, Sheila, calls to tell Jane that her A1C test result is high. Sheila explains the test’s importance and asks Jane to keep a logbook of her blood sugar results for her next appointment, which is in two weeks.
- Jane mentions that she had her A1C test done several weeks before, but Dr. Smith doesn’t have the lab report. He asks his receptionist to call the lab and asks Jane if she’ll wait. She says OK.
- The medical assistant also reviews the flowchart for diabetes in the practice’s electronic health record system. It includes evidence-based medicine guidelines showing all tests recommended for patients with diabetes. She notes for Dr. Smith that Jane needs a urine microalbumin test.
- After looking over Jane’s logbook of blood sugar results, Dr. Smith suggests increasing Jane’s medication dose. Jane agrees, so he e-prescribes the new dose to her pharmacy.
- Dr. Smith’s nurse care manager, Sheila, calls to tell Jane that her A1C test result is high. Sheila explains the test’s importance and asks Jane to keep a logbook of her blood sugar results for her next appointment, which is in two weeks.
- After 20 minutes, Dr. Smith has the test results, which are high. He suggests increasing Jane’s medication dose and she agrees. He hands her a prescription.
- Dr. Smith asks Jane how high Jane’s at-home blood sugar tests have been, but Jane doesn’t remember the exact numbers.
- Dr. Smith talks to Jane about exercise. Jane says she hates walking outside alone. Dr. Smith mentions a community center in Jane’s area with exercise classes, and Jane is interested.
- Dr. Smith安排s for Jane’s follow-up visit in three months, and reminds her to see the nutritionist and Sheila before leaving.
- Sheila also offers to move up Jane’s appointment time so she can meet with a nutritionist after Dr. Smith. The nutritionist is on-site two mornings each week. Jane agrees.
- When Jane arrives, the medical assistant takes her vital signs and reviews her medicines.
- On Jane’s appointment date, the receptionist, medical assistant, and Dr. Smith meet to review the day’s appointments.
- Dr. Smith comes in and greets Jane. When he reviewed her electronic health record earlier, he saw the results of her eye exam sent by her ophthalmologist and her recent cholesterol screening. He shares those with her.
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Dear Dr. Hollmann,
I heard about the new guidelines for mammograms—that screening should start at age 50 instead of 40—and I’m worried about going those extra 10 years without a screening. Why is this change being made? I thought that having more screenings would be better.

The new mammogram guidelines you mention come from the U.S. Preventative Services Task Force (USPSTF), which is arguably the most respected authority on preventive medicine. The USPSTF makes a recommendation for or against a practice based upon available evidence or science. Following its most recent examination of the available data, the USPSTF determined that there’s very little benefit gained by starting screening at age 40 instead of at age 50, and that the risk of harm is greater for women in their 40s as compared to 1 in 42 in her 50s. It’s important to note that the USPSTF also says that the decision to start regular screening before age 50 should be an individual one. It should take into account your values regarding specific benefits and harms, as well as your family history and general health. When mammography screening is used, the USPSTF recommends that it be performed every two years. Getting a mammogram every year compared to every two years results in almost no better outcomes and poses greater risks.

The reason why there are new guidelines is because the USPSTF is doing exactly what should be done—evaluating the best and newest information using the best methods of analysis. These guidelines are for you and your doctor to use when deciding what’s right for you. The odds are very small that waiting would be an issue if you don’t have a higher-than-average risk for breast cancer. But, if you are not worried much about any harm and are concerned only with the small potential for benefit, you may wish to get the screening. Below is more information that may help as you talk about this decision with your doctor.

Looking at the facts
Overall, the primary benefit of mammography is clear: It reduces deaths. No controversy there. Mammograms have been a big reason why the death rate from breast cancer has gone down 2 to 3 percent every year for the last decade. The question is: At what age do the benefits of a mammogram outweigh the possible risks? Remember, breast cancer is much rarer in younger women than older women. Statistics help put this into perspective:

• One woman in 69 gets breast cancer in her 40s as compared to 1 in 42 in her 50s and 1 in 27 in her 60s.

• It’s estimated that 1,904 women must get annual mammograms throughout their 40s to prevent one death. In comparison, 1,339 women must be screened throughout their 50s to prevent one death, and 377 women must be screened throughout their 60s.

• Women in their 40s are 60 percent more likely to experience harm from mammograms than women in their 50s.

Considering the risks
Minor harm is actually common in mammography. Sometimes the results prompt another imaging study to be ordered (possibly increasing exposure to radiation) or a biopsy to be done unnecessarily (increasing the risk of infection or other complications). For women aged 40 to 49, false positive results on a mammogram are more common than among older women. On the other end of the spectrum, a mammogram can lead to treatment like a mastectomy for an abnormality that would never result in the patient’s death. This is because mammography detects a type of tumor that we are unsure will develop into a lethal cancer, but is often treated as if it will, to be cautious.

Then, there is also the economic trade-off that must be considered. All those mammograms that may help only a few, but possibly harm many, add to the cost of care and drain resources that could be used on care proven to be more effective. I hope this information helps as you and your doctor decide on mammogram screening. I’m glad you wrote in, because I think many women have the same questions and concerns as you.

Got a question? E-mail your health question to choices@bcbsri.org, or mail it to:

The Doctor’s In
c/o Choices
500 Exchange Street
Providence, RI 02903

The information provided through this column is intended solely for general information and should not be relied upon for any particular diagnosis, treatment, or care. Always consult with your doctor for appropriate examinations, treatment, testing, and care recommendations.

By Linda Formichelli
Discover six surprising ways that family and friends can affect your health.

You exercise, you snack on colorful fruits and veggies, and you visit your doctor for regular check-ups. But are you spending quality time with people you love—and people who love you?
New research is showing that healthy relationships may be able to do everything from helping you make thoughtful health choices to reducing the risk of stroke. On the flip side, having few or unhealthy relationships can have a negative effect on your heart health, mental health, and more. We spoke with researchers to find out how your social networks impact your health.

1. THE CONS OF CONFLICT
If plentiful and positive relationships can have a positive impact on our hearts, it makes sense—sadly—that few and negative relationships can have (what else?) a negative impact.

In one study, Jim Coyne, Ph.D., a researcher at the University of Pennsylvania, videotaped couples—one member of whom had congestive heart failure—as they discussed a problem. The researchers rated the tapes on a positive-negative scale, and contacted the patients for follow-up after four and eight years. “We found that we could predict the couples in which the patient was going to be deceased,” says Dr. Coyne. The group with low marital quality and less serious heart problems fared the worst, but the group with low marital quality and less serious heart problems fared almost as badly. This was especially evident in women; of the eight women with the lowest marital quality scores, seven died within two years of the initial assessment.

2. GIVING GERMS THE BOOT
A review of research by Jolanda Jetten, Ph.D., at the University of Queensland in Australia, showed that belonging to social networks helped patients recover faster after a stroke, ward off dementia in old age, and even avoid the common cold.

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3. TAKE HEART
Being well-connected can boost your heart health. In a study of 3,267 men and women that was published in the American Journal of Cardiology, Brown University researcher Eric Loucks, Ph.D., found that men with more social connections had lower levels of markers for inflammation in their blood. These markers are associated with the development of atherosclerosis, otherwise known as hardening of the arteries. So if your social calendar is skimpy, beefing it up can provide benefits. “The evidence suggests that those who are more connected to others have lower rates of mortality—that’s been shown over and over again,” says Dr. Loucks. “If people feel comfortable with the number of relationships they have, that’s great. But if they think they could use some more, there’s certainly some potential health benefit to increasing them.”

4. HELPING HANDS
When you’re sick, friends and family members do more than lend you a sympathetic ear—they can also help you serve as a second set of ears to listen to your doctor’s explanations and instructions. In a study of 1,651 women diagnosed with early-stage breast cancer, University of Michigan researcher Sarah Hawley, Ph.D., found that family and friends had an impact on the patient’s decision about what kind of surgery to have. “We know that three-quarters of women bring someone with them to these surgical appointments,” says Dr. Hawley. “We look at it as an opportunity because the surgeon is not explaining just to the patient what the treatments are like... there’s another person in the room who can help them to remember what was talked about.” Dr. Hawley recommends bringing a friend or family member with you to important medical appointments. “You’re going to want other people to help you think through the issues after you get all of the information about it,” she says.

5. THE HARSHEST CUT
Cut yourself while cooking? The wound may heal more slowly if you have a bad relationship with your spouse. In a recent research study published in the Archives of General Psychiatry, nurses attached a vacuum pump to couples’ arms to raise blisters. Then the couples were asked to discuss and try to resolve one or two marital issues. The breakup? Couples who demonstrated higher levels of hostile behaviors healed only 60 percent as quickly as the couples who showed low hostility.

6. FEELING YOUR WAY
In some cases, it’s not purely the number of social connections we have that impacts our health, but the way we feel about that number. Linda Waite, Ph.D., a researcher at the University of Chicago, co-authored a study that reviewed both how connected older people were and how lonely they felt—and found that feelings trumped reality. People who feel the most lonely are most likely to experience poor mental health, even if they have what others would consider a good social network.

In the study results, the subjects who were the most socially connected were three times as likely as the least connected people to report very good or excellent health, no matter how they felt about their social connections. But older adults who felt the least isolated were five times as likely to report very good or excellent health, no matter how many social connections they actually had. And subjects who felt most isolated reported 65 percent more depressive symptoms than those who felt least isolated, regardless of how connected they actually were. Dr. Waite isn’t sure why people with many connections might feel lonely, but she believes that some people may be genetically inclined to do so.

Positive Peer Pressure
We’ve all heard that friends influence kids’ health choices: Kids who fall in with the wrong crowd are more likely to drink, smoke, and engage in other not-so-healthy behaviors. But a study by researchers at the University of Bristol in England found that teens can also influence their peers to turn to healthier behaviors.

The researchers asked students in 30 schools to name the most influential kids in their school year, and then trained those kids as “peer supporters” to disseminate anti-smoking information. They called the program ASSIST. Twenty-nine schools that continued with their traditional anti-smoking programs served as the control group. The result: Students in schools where ASSIST was carried out were 25 percent less likely than students in the control schools to engage in regular smoking immediately after the intervention.
A bout nine years ago, Larry Johnson, DDS, decided he needed something new to relieve stress and keep fit. Recently widowed and tired of the same old exercises, he took a bold step and waltzed into the world of ballroom dancing. Once there, he found two new loves of his life.

Larry, who lives in North Smithfield, Rhode Island, and practices dentistry in Massachusetts and Connecticut, began his journey by taking some lessons at a studio in Worcester, Massachusetts. After a few months, the studio asked him if he’d like to take his dancing to a new level and try a competition in Newport, Rhode Island. Although a bit reluctant, he accepted the challenge—and won, finishing first in a tango and a swing dance. Not bad for someone in his mid-50s who had just taken up ballroom dancing only a few short months before. Still, the best was yet to come.

Finding a partner
Not long after the competition, Larry attended a dance in Cranston, Rhode Island. There he met an accomplished competitive dancer named Cheryl Calvano. He asked her out, and the two struck up a relationship that blossomed into a partnership both on and off the dance floor. The two were married six months to a year, he needed another activity to fill the void. So, one night, at the urging of a friend, he went to the Arthur Murray dance studio where she danced. He had a lot of fun that evening and stuck with it. Soon, his back started to get stronger.

“My doctor was actually surprised my back recovered so fast, and it probably was due to the dancing,” Marc says. Marc loved dancing so much that he turned it into a career. For over 20 years now, he’s been a ballroom instructor, and he competes as well. Currently, Marc teaches, coaches, and choreographs at the Arthur Murray studio in Johnston, Rhode Island. Two of the dancers he works with are Larry and Cheryl Johnson.

Making exercise fun
Larry, Cheryl, and Marc are wonderful examples of how taking up an enjoyable, entertaining activity like ballroom dancing can improve your health and well-being.

“It’s done so much for me mentally, socially, and physically,” Larry says. “Other exercise can sometimes be kind of boring—just running a track, walking, or exercising in a gym—while dancing is aerobic, you have music, you have camaraderie, you have competition. So you put the whole thing together and you’re getting physical fitness and exercise without even realizing you’re doing it.”

Ballroom dancing is filled with elements that can challenge your body and mind, such as continuous movement, intricate steps, spins, and dips. Marc says it can improve everything from your flexibility and balance to your cardiovascular fitness and strength.

“You dance a couple of nights a week, and you can definitely feel the difference in your shape, your stamina, and how well you can keep up,” he says. And, if that’s not enough, Marc says it can also keep you looking young.

“I have this woman I’ve been training since 1990. She’s 85, and let me tell you, she has so much energy and she looks amazing,” he says. “When people ask me how old she is, they say ‘no way.’”

“Dancing is something that you learn and enjoy for a lifetime,” Marc says. “It will keep you in shape for the rest of your life.”

Putting on Your Dancing Shoes

Ballroom dancing is a fun, lively way to enhance your body, mind, and spirit.

by Bill O’Connell
Depression is a serious illness that affects nearly 15 million American adults each year. Here’s what you need to know.

by Beth Adamo

We all experience changes in our mood—times when we feel sad, distracted, or just plain down in the dumps. Sometimes these feelings are a normal reaction to an upsetting event or situation, such as the death of a loved one or losing your job. Sometimes life’s daily stresses can cause you to feel anxious and troubled. And sometimes you feel bad for seemingly no reason at all. But are you depressed?

Defining depression
“Major depressive disorder is a significant medical problem that is amongst the most impairing of all medical conditions,” says Mark Zimmerman, M.D., Director of Outpatient Psychiatry at Rhode Island Hospital in Providence, Rhode Island. “It’s not just the normal mood swings. Rather, clinical [or major] depression is a persistent condition lasting a minimum of weeks that is associated with a collection of different symptoms.” These symptoms may include:

- Persistent sad, anxious, or empty mood
- Sleep problems such as insomnia, disturbed sleep, or oversleeping
- Disturbances in appetite, either increased or decreased
- Fatigue and feeling worn out
- Problems concentrating or focusing on the task at hand
- Feeling like a failure or worthless
- Pervasive and persistent guilt and self-blame about decisions or behaviors in the past
- Lack of pleasure or interest in things that were once enjoyed
- Desire to be dead or thoughts of suicide

An accurate diagnosis is key
To be treated effectively for depression, it’s absolutely essential that you get an accurate diagnosis. According to Dr. Zimmerman, a diagnosis of depression requires that these three elements are present:

1. Your symptoms are persistent, lasting throughout the day for a minimum of a few weeks.
2. You are experiencing at least five symptoms from the list, and they’re affecting other areas of your life, such as sleep, eating, interests, and concentration.
3. You aren’t able to function normally. “Diagnosis informs treatment and an incorrect diagnosis can result in prescribing medications that are not necessary, as well as failure to prescribe medication or therapy for unrecognized conditions,” he says. Because depression is often associated with physical problems like general aches and pains, trouble sleeping, or disturbances in appetite, a thorough evaluation needs to be done for possible causes, including psychological causes. “There’s a definite link between physical complaints and psychiatric issues that’s increasingly being recognized among primary care doctors,” says Dr. Zimmerman.

Causes of depression
Depression is a biopsychosocial condition, which means there’s a biological (genetic) component, a psychological (emotional) component, and a social (environmental) component—and they’re intertwined.

Studies show that depression tends to run in families, but there’s no specific test that can be done to check for it. In addition, people who are depressed have certain brain characteristics that are different from people who are not depressed. “How an individual interacts with the world, and their predisposition to think in a certain way also makes them vulnerable to being depressed,” says Dr. Zimmerman. For example, if you say “hello” to a coworker and he doesn’t respond, are you likely to think he just didn’t hear you and forget about it? Or are you more inclined to think he didn’t like you or he’s mad at you? “Someone who is depressed will more likely interpret things in a negative or self-critical way,” he says.

Getting help
Treatment for depression usually involves antidepressant medication and psychotherapy, or a combination of the two. Cognitive behavioral therapy—a type of psychotherapy—focuses on working through any negative outlooks that make a person vulnerable to depression. “Individuals with depression tend to withdraw, so a goal of cognitive behavioral therapy may be to get the person engaged and active again,” says Dr. Zimmerman. More and more, this approach involves helping people with depression live a healthy lifestyle by exercising, eating healthy foods, and avoiding substances that may worsen their mood.

People with serious medical conditions are also at increased risk for depression. “Medical illness is a stressful event, so it’s not surprising to see depressive symptoms in a person who has had a heart attack or has cancer,” says Dr. Zimmerman. “Increasing evidence shows that there is a therapeutic benefit to treating depression while treating a severe medical illness.”

If you’re experiencing symptoms of depression, don’t ignore them. Contact a mental health professional or your primary care doctor, or ask a friend or family member to help you get the professional help you need.

Get Up and Move
When you’re depressed, the last thing you want to do might be to exercise. But studies show that it’s an effective way to help cope with depression. In addition to releasing mood-boosting chemicals in the brain, physical activity helps you build confidence and self-esteem, improve sleep, reduce stress, get more social interaction, and do something that’s good for your body. It can be something as simple as walking in the yard or taking a walk around the block. Anything that gets you up and moving is a step in the right direction.

Depression Facts
Major depression:
- Affects nearly 15 million American adults each year.
- Is the leading cause of disability among people aged 15–44 in the United States.
- Can develop at any age, but the median age at onset is 32.

One in eight men and one in four women will experience depression in their lifetime.

Source: National Institute of Mental Health

23 choices SPRING 2010

22 choices SPRING 2010
The Pantry That Saved Dinner

FIND OUT WHICH INGREDIENTS TO KEEP ON HAND FOR EASY, INEXPENSIVE DINNERS. PLUS, TWO RECIPES TO GET YOU STARTED.

by BETH ADAMO

YOUR HEALTH MATTERS
THAT’S WHY WE’RE HERE.”

Access to quality care. Health and wellness education. Care management for chronic conditions like diabetes and asthma. These are just a few ways we’re working to improve your health and healthcare.

Sherri – enterprise risk management hometown: Providence

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

bcbsri.com
ON THE SHELF

Baking ingredients
- All-purpose flour
- Whole-wheat flour or white whole-wheat flour
- Sugar
- Brown sugar
- Baking powder
- Baking soda
- Corn meal
- Corn starch
- Oats
- Vanilla
- Beans (canned)
- Black
- Cannellini
- Chickpeas
- Kidney
- Pinto

IN THE FREEZER

Grains
- Brown rice
- Barley
- Bulgur
- Couscous
- Millet
- Quinoa

Legumes (dried)
- Lentils
- Split peas

Sauces and pastes
- Extra virgin olive oil
- Safflower or canola oil
- Sesame oil
- Balsamic vinegar
- Rice vinegar

Tomatoes
- Diced tomatoes
- Tomato paste

Bakery ingredients
- Dried herbs
- Dried fruits
- Fresh fruits

VEGETABLES

Broccoli
Carrots
Cauliflower
Green beans
Peas
Spinach
Fruits
- Blueberries
- Raspberries
- Strawberries

Pasta
- Assorted
- Spreads and dips
- Peanut butter
- Salsa

Dairy
- Cheese
- Butter

Poultry and Meat
- Chicken
- Ground beef
- Pork chops

IN THE REFRIGERATOR

Nuts
- Almonds
- Cashews
- Pecans
- Pine nuts
- Walnuts

Peanut butter
- Mayonnaise
- Salad dressing

Soup
- Chicken
- Manhattan
- Florentine

Croutons
- Tomato paste
- Stewed tomatoes

More Easy and Inexpensive Recipes
chances
at BCBSRI.com

Pantry Rice and Beans
Chicken Florentine Soup

PASTA WITH CHICKPEAS AND OLIVES

Servings: 6  Cost per serving: $1.16

From the Pantry:
- 1 15.5 oz. can chickpeas, no or low-sodium, drained and rinsed
- 1 28 oz. can stewed tomatoes, drained (reserve liquid) and diced
- 1 14.75 oz. can wild Alaskan salmon, drained
- 1 15.5 oz. can black olives, sliced in half

Nutrition facts per serving: 411 calories, 9 g total fat (1 g saturated fat), 31 g carbohydrates, 8 g dietary fiber, 570 mg sodium

Food photos by Chris Vaccaro

More Easy and Inexpensive Recipes

It’s the end of a long day and you hear the familiar question, “What’s for dinner?” The refrigerator is looking pretty bare and you’re out of ideas. It’s times like these when a well-stocked pantry can literally save the day. Your pantry includes items you keep on hand for making dinner a snap. Here are some basics to keep on hand for making dinner a snap.

RICE WITH CHICKPEAS

Servings: 6  Cost per serving: $1.50

From the Pantry:
- 1 13.25 oz. box whole-grain ziti/penne
- 2 Tbsp. extra-virgin olive oil
- 3 cloves garlic, minced
- ½ tsp. dried basil
- ¼ tsp. dried thyme
- ¼ tsp. dried oregano
- ¼ tsp. black pepper
- 1 28 oz. can stewed tomatoes, drained (reserve liquid) and diced

Nutrition facts per serving: 458 calories, 9 g total fat (1 g saturated fat), 31 g carbohydrates, 8 g dietary fiber, 543 mg sodium

Salmon Burgers with Oven Fries

Servings: 6  Cost per serving: $1.50

From the Pantry:
- 1 14.75 oz. can wild Alaskan salmon, drained
- 1 10 oz. can diced tomatoes
- 3 medium sweet potatoes

Nutrition facts per serving: 434 calories, 15 g total fat (2 g saturated fat), 31 g carbohydrates, 28 g protein, 8 g dietary fiber, 570 mg sodium
Protect Your Pearly Whites

A recent Academy of General Dentistry (AGD) poll reports that men are less likely to visit the dentist than women. AGD surveyed about 300 dentists and consumers, and nearly 45 percent of participants said that men “don’t see a need to go to the dentist” unless something’s wrong, and about 30 percent reported that men may not go because they’re “afraid or embarrassed.”

Here’s another sign that men lag behind women when it comes to oral care: The American Dental Association says that 86 percent of women brush their teeth twice or more a day, but only 66 percent of men do so.

Flossing daily, brushing with fluoride toothpaste, and visiting your dentist at least twice a year will help you fight off cavities and gum disease. It may also save your life, because dentists can detect oral cancer in its early stages.

How to Extend Your Life

If you’re looking for a reason to change your unhealthy habits, here it is.

An extensive Oxford University study, which tracked 19,000 male civil servants over nearly 40 years, concluded that a man’s life expectancy after age 50 gets 10 to 15 years shorter if he smokes, has high blood pressure, and has raised cholesterol levels.

Here’s what you can do to add years back to your life:

» Quit smoking.
» Exercise for 30 minutes on most days of the week.
» Eat a diet low in saturated fat and rich in fruits and vegetables.
» See your primary care physician regularly.

Weight vs. Health

According to a recent Associated Press survey, the average woman is likely to be more concerned about her weight and appearance than she is about eating right and staying active.

In fact, 25 percent of women said they would consider plastic surgery to improve their appearance, while only 8 percent said they eat the recommended daily servings of fruits and vegetables. In addition, the 1,000 adult women surveyed said that, on average, they didn’t reach the 2008 Physical Activity Guidelines for Americans’ suggestion of 150 minutes of exercise per week. (Eighty minutes was the median.)

While half of respondents weren’t happy with their weight, only a third were dissatisfied with their physical condition.

Such results suggest that a woman’s body image is more closely tied to her looks than her health. The fact is, however, that eating right, exercising regularly, and managing stress improves health, including blood pressure, cholesterol, and body mass index.

Older, Wiser, & Happier

It’s often thought that getting older means not being as happy as when you were younger because of a variety of factors, such as illness, loneliness, and loss of loved ones. But a University of Chicago study shows that with age comes happiness, and that your perception of life changes for the better as you get older. In general, it showed that our chances of being happy increase 5 percent with every 10 years of age. This may be for a variety of reasons. As we age, we may tend to:

» Handle challenges in our lives more effectively.
» Acclimate the positive and minimize the negative things in our lives.
» Change our goals or expectations, and accept and embrace our achievements more.

Also contributing to this trend is the explosion of social media and other electronic ways for older adults to remain connected with family and friends.

7 Reasons to Stay Strong

By age 65, many of us will lose 30 to 40 percent of our muscle mass. While some muscle loss is a result of aging, most is caused by not being physically active.

The good news is that you can reverse the effects of muscle loss by starting an exercise program that includes strength training. Examples of strength training include lifting weights or doing exercises using your own body weight (such as squats or wall push-ups). Talk to your doctor about an exercise program that’s appropriate for you. A strength training program can help:

1. Reduce the risk of falls.
2. Improve your heart health.
3. Maintain or achieve a healthy weight.
4. Sleep more deeply (and fall asleep faster).
5. Improve glucose control.
7. Improve your mood.

A Safer Lawn

If you rely on chemicals and pesticides to keep your lawn green and healthy, you could also be making your kids very sick. Lawn chemicals often stay at the surface of the grass where children play, and can easily be absorbed into the body through the skin.

Some lawn chemicals have been linked to cancer and asthma, and can cause damage to the brain, lungs, kidneys, nervous system, and liver. To help keep your kids safe and your grass green, try these tips:

» If you use chemicals, spot-treat problem areas rather than the whole lawn.
» Use non-toxic, non-synthetic, or plant-based materials whenever possible.
» Research non-chemical methods, such as composting and using natural, organic materials.
» Use a water on a schedule to discourage fungus and pests from killing your lawn, eliminating or reducing the need for chemical treatments.

A Dangerous Combination

You see it on the news all the time—accidents caused by drivers, often teens, sending text messages while driving. The numbers are alarming... nearly half of teens say they send text messages while driving. Although texting and driving is now illegal in some states, it continues to be a problem that closely rivals drunk driving.

Here’s what you can do:

» Set a good example and refrain from using cell phones and other devices when driving.
» Go for a “test drive” with your teen, where you drive an unfamiliar route with your teen as the passenger. Ask your child to simultaneously text and describe what he or she sees, and how he or she would respond. Afterwards, point out obvious potential hazards you saw, such as children playing or hidden driveways, to demonstrate how difficult it is to multitask when driving.

Pregnant? How to Wear a Seat Belt

Wearing a seat belt protects both you and your baby. The National Highway Traffic Safety Administration explains the right way to wear a seat belt when you’re pregnant:

» Place the lap belt across your hips/pelvis and below your belly.
» Place the shoulder belt across your chest (between your breasts) and away from your neck. Never place the shoulder belt behind your back or under your arm.

Weight vs. Health

According to a recent Associated Press survey, the average woman is likely to be more concerned about her weight and appearance than she is about eating right and staying active.

In fact, 25 percent of women said they would consider plastic surgery to improve their appearance, while only 8 percent said they eat the recommended daily servings of fruits and vegetables. In addition, the 1,000 adult women surveyed said that, on average, they didn’t reach the 2008 Physical Activity Guidelines for Americans’ suggestion of 150 minutes of exercise per week. (Eighty minutes was the median.)

While half of respondents weren’t happy with their weight, only a third were dissatisfied with their physical condition.

Such results suggest that a woman’s body image is more closely tied to her looks than her health. The fact is, however, that eating right, exercising regularly, and managing stress improves health, including blood pressure, cholesterol, and body mass index.

Older, Wiser, & Happier

It’s often thought that getting older means not being as happy as when you were younger because of a variety of factors, such as illness, loneliness, and loss of loved ones. But a University of Chicago study shows that with age comes happiness, and that your perception of life changes for the better as you get older. In general, it showed that our chances of being happy increase 5 percent with every 10 years of age. This may be for a variety of reasons. As we age, we may tend to:

» Handle challenges in our lives more effectively.
» Acclimate the positive and minimize the negative things in our lives.
» Change our goals or expectations, and accept and embrace our achievements more.

Also contributing to this trend is the explosion of social media and other electronic ways for older adults to remain connected with family and friends.

7 Reasons to Stay Strong

By age 65, many of us will lose 30 to 40 percent of our muscle mass. While some muscle loss is a result of aging, most is caused by not being physically active.

The good news is that you can reverse the effects of muscle loss by starting an exercise program that includes strength training. Examples of strength training include lifting weights or doing exercises using your own body weight (such as squats or wall push-ups). Talk to your doctor about an exercise program that’s appropriate for you. A strength training program can help:

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2. Improve your heart health.
3. Maintain or achieve a healthy weight.
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5. Improve glucose control.
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Cholesterol Tests

Have you just received your cholesterol test results? The explanation below will help you read them. A cholesterol test is a simple test that looks at the levels of cholesterol in the blood. Your doctor may ask you to have a cholesterol test as part of your routine care, or if he or she thinks you might be at risk for heart disease.

TOTAL CHOLESTEROL
The total amount of cholesterol in the blood, measured in milligrams per deciliter (mg/dL) of blood.
- Desirable: less than 200 mg/dL
- Borderline high: between 200 and 239 mg/dL
- High: 240 mg/dL or higher

HDL ("GOOD") CHOLESTEROL
HDL stands for high-density lipoproteins. HDL is considered the "good" (think, "H") for "healthy" cholesterol because it carries cholesterol to the liver for processing and protects against heart disease.
- Desirable: 60 mg/dL or higher
- Normal: between 40 and 59 mg/dL
- Undesirable: under 40 mg/dL

LDL ("BAD") CHOLESTEROL
LDL stands for low-density lipoproteins. LDL is considered the "bad" (think, "L") for "lousy" cholesterol because it carries cholesterol throughout the body and can cause heart disease.
- Desirable: less than 100 mg/dL
- Borderline: between 130 and 159 mg/dL
- High: 160 mg/dL or higher

TRIGLYCERIDES
Triglycerides are a type of fat in the bloodstrom and fat tissue. Like cholesterol, too much of them can narrow the arteries and lead to heart disease.
- Desirable: less than 150 mg/dL
- Borderline: between 150 and 199 mg/dL
- High: 200 mg/dL or higher

What is cholesterol?
Cholesterol is a waxy substance found in cell membranes and absorbed in the blood. If the blood contains too much cholesterol, some of it can build up in the heart's arteries. This can make it difficult for blood to reach the heart, which can cause heart disease.

What are the goals of treatment?
In general, the lower your cholesterol level, the better. However, the goals of treatment may vary depending on factors such as age, gender, family history, and overall health. Your doctor will discuss your specific goals with you.

How do I lower my cholesterol?
There are several ways to lower your cholesterol, including lifestyle changes and medications. Lifestyle changes may include eating a healthy diet, regular physical activity, and maintaining a healthy weight. Medications may include cholesterol-lowering drugs such as statins.

Get the Most From Your Doctor’s Visit

We all have questions and issues to talk to our doctors about—until we actually get in the examining room. That’s why it’s a good idea to fill out this form and bring it to your next doctor’s appointment.

WHAT TO BRING TO YOUR VISIT:

- A list of your questions and concerns, putting the most important first. If something has changed or developed since your last visit, let your doctor know.
- A list of any medicines or substances you are taking (prescriptions, over-the-counter drugs, herbal medicines/remedies/vitamins, supplements, and nutrition/diet aids)
  - Medication/substance ____________  Dose ____________  Frequency ____________
  - Medication/substance ____________  Dose ____________  Frequency ____________
  - Medication/substance ____________  Dose ____________  Frequency ____________

- A list of any healthcare providers you’ve seen since your last appointment.
  - Provider ____________  Phone number ____________
  - Provider ____________  Phone number ____________

- A list of any medical tests you’ve had since your last appointment.
  - Test ____________  Result ____________
  - Test ____________  Result ____________

- A family or friend to take notes or ask questions, if necessary.

Notes:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Cholesterol Tests

What to bring home from your visit

- Test results, if available
- Specific directions for taking any medicines prescribed
- Resources for more information about new and existing conditions
- Directions about what you’re supposed to do, if anything, before your next visit
- Answers to all of your questions
Cathy O’Horo,
BCBSRI Dietitian Care Coordinator

Cathy has a master’s degree in Public Health and has been a registered dietitian since 1994. A BCBSRI employee for eight years, Cathy says her favorite part of the job is helping people improve their overall quality of life by improving their eating habits and exercise routines. She says, “I get to know our members as individuals—their daily work and home routines, whether they have children—so we can set realistic goals. My ultimate goal is to not only improve the member’s health, but also impact the health of the whole family.”

If you have a chronic or complex health condition, one of our BCBSRI Care Coordinators may be able to help you improve your health. Call (401) 459-2273 or 1-800-637-3718, ext. 2273 for more information. This service is available at no cost through your health plan.

Donna Grundy
South Carolina

As a pharmacy technician at CVS, Donna Grundy has many customers who take medication for diabetes. “I’ve seen a lot of people have to increase their medication because they don’t change their diet and exercise habits,” she says. So when Donna was told that she had pre-diabetes last June, she decided to do all she could to turn her health around. She called Blue Cross & Blue Shield of Rhode Island (BCBSRI) and connected with Cathy O’Horo, a BCBSRI Dietitian Care Coordinator, to help her do it. Cathy sent Donna a kit with diabetes information and talked to Donna regularly over the phone to help her meet her health goals.

How did you improve your health?
“I cut out white flour and started eating whole grains and lots of fruits and vegetables. I also started walking and lifting two- or three-pound weights. I’ve lost over 50 pounds and my blood sugar is normal.”

How did your Care Coordinator help?
“Cathy explained where my blood sugar should be, what foods I should be eating, and how to keep logs of what I ate. She also talked to me about ways to reduce stress, which can affect blood sugar. Now I relax by doing crossword puzzles or going to the beach.”

How would you encourage others to make lifestyle changes?
“I’d say that if they really want to improve their health, they can do it. I feel a lot better now, and I don’t want to ever turn back.

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Get Covered.
Rest Easier.

A sudden injury or illness can lead to overwhelming medical bills. If you or someone you know is not eligible for a group health insurance plan, Medicare, or Medicaid, plans are available to purchase directly from us. With a plan from Blue Cross & Blue Shield of Rhode Island, you can rest easier knowing you’re protected.” We also have a number of programs to help you fit health coverage into your budget:

- **AccessBlue** – Helps qualifying individuals and families by paying a portion of their bill
- **Preferred Rate** – Discounted rates based on health status, age, and gender
- **Wellness Reward Program** – Rewards you for living a healthy lifestyle and meeting certain wellness requirements

Now is the time to apply for coverage starting as soon as July 1!

Apply between May 15 and June 15 for guaranteed coverage. Call 1-800-252-1219 or visit BCBSRI.com today to see all of our plan options.

Partners In Health

If you have a chronic or complex health condition, one of our BCBSRI Care Coordinators may be able to help you improve your health. Call (401) 459-2273 or 1-800-637-3718, ext. 2273 for more information. This service is available at no cost through your health plan.
“YOU’LL FEEL BETTER
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Our local presence means we’re uniquely able to improve your health
and healthcare. We know your doctors, hospitals, and pharmacies.
We know your neighborhood. We care because you’re not just our
members — you’re our neighbors, friends, and families, too.

Darrell – diversity program manager
hometown: East Providence

Blue Cross & Blue Shield of Rhode Island
is an independent licensee of the
Blue Cross and Blue Shield Association.