



MONTHLY NEWSLETTER

FITNESS FOCUS

LOWER YOUR RISK FOR DIABETES WITH EXERCISE

Physical activity can help lower your blood glucose, blood pressure, LDL cholesterol, and triglycerides. It lowers your risk for prediabetes, type 2 diabetes, heart disease, and stroke.

Exercise relieves stress and strengthens your heart, muscles and bones, as well as improves your blood circulation, tones your muscles, and keeps your body and joints flexible.

A complete physical activity routine includes four kinds of activities – continuous activity, aerobic exercise, strength training, and flexibility exercises.

Reducing the amount of time spent sitting or being still is important for everyone. Set your alarm to get up and stretch or walk around the house or office at least every 30 minutes throughout the day.

To get started, choose one or two things you'd like to try. Then set a realistic, achievable plan to make it happen. Keep a record of your progress – writing everything down may help keep you on target. It may also be helpful to develop a support system – meet with others who are also trying to be active, join an exercise group, or find a walking buddy. Then work together to reach your goals.

(These tips were taken from the ADA article - [Lower Your Risk](#))

June 2018

HEALTH TIP



IF SUGAR IS SO BAD FOR US< WHY IS THE SUGAR IN FRUIT OK?

We hear regularly from health organizations and experts that we should eat less sugar. But we're also told we should eat more fruit – two pieces of fruit per day is recommended, one orange and one apple for example.

All types of sugar will give us the same amount of calories, whether they are from fruit or soft drink. But the health risks of eating sugar are related to consuming too many "free sugars" in the diet, not from eating sugars that are naturally present in fruits or milk. Sugar in food and drinks comes in various forms. Sugar molecules are classified as monosaccharides (single sugar molecules such as glucose and fructose) and disaccharides (more complex structures such as sucrose and lactose). Whole fruit contains natural sugars, which are a mix of sucrose, fructose, and glucose. But fructose is only harmful in excess amounts, and not when it comes from fruit. It would be incredibly difficult to consume excessive amounts of fructose by eating whole fruits.

Unlike many foods that are high in free sugars, whole fruits are packed with lots of nutrients that help provide us with a balanced diet for good health. For starters, whole fruit is an excellent source of fiber. The fiber in fruit, which is often absent in many foods and drinks with free sugars, may also help to fill you up, which means you eat less overall at a meal. It's not clear exactly why this is, but it could be related to the volume of the food (especially compared with liquids) and the chewing involved.

The full article can be read here [The Epoch Times - Sugar Article](#).



DOCTOR'S NOTE

GOOD RELATIONSHIPS MATTER TO HEALTH

What makes us happy and healthy? According to the Harvard Study of Adult Development, the secret is not money, career success, fame, or power – but rather good relationships. The study tracked 749 participants from two groups of men over 75 years to determine what factors impacted health and happiness. One study group was made up of Harvard graduates and one of inner city residents. The researchers were surprised by the results. (Read about the [HARVARD STUDY](#) here.)

"The surprising finding is that our relationships and how happy we are in our relationships has a powerful influence on our health," said Robert Waldinger, director of the study, a psychiatrist at Massachusetts General Hospital and the Harvard Medical School. "Taking care of your body is important, but tending to your relationships is a form of self-care too. That, I think, is the revelation."

One of the trending topics of discussion in the service industries – including healthcare - is "transactional engagement" versus "relational engagement". Healthcare service that is purchased when used (fee-for-service) is a transactional engagement. The difficulty in medicine is that many times a patient would like to engage with a medical provider, but hesitates because of the cost associated with the visit - the "transaction". One of the advantages of direct primary care (DPC) is that it focuses on the relationship and not the transaction. Here at 307Health, we are happy to be able to tend to our relational engagements with our member patients instead of being distracted by fee-for-service transactions.

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PRACTICE NEWS

DEFINING OPTIMAL DIABETIC TREATMENT—THE HgA1C DEBATE

In our April newsletter, we talked about the concept of “medical reversal” and the change in national guidelines regarding the definition of hypertension. Although thoughts on the definition have waxed and waned over the last 14 years...the medical community did come out of the process with “national guidelines” for hypertension accepted by all major physician groups.

What happens when physician groups disagree on guidelines though? We cannot speak for those think tanks of physicians sitting around a table in Washington, DC, but we can tell you it makes for interesting discussions in the office.

A prime example is the treatment guidelines for Type 2 diabetes. For at least the last 20 years the guidelines have suggested optimal treatment for diabetes to be a Hemoglobin A1C (HgA1C) blood test in the 6.5 to 7.0% range. The American College of Physicians (who represent internal medicine doctors or “internists”) came out early this year stating that the optimal treatment range for diabetes is from 7.0 to 8.0%. They even went as far as saying that we should lighten the treatment for our patients who have a HgA1C < 7.0%. From a medical guidelines standpoint...this is a big deal!

Not so fast says the American Diabetes Association (ADA), along with many societies representing diabetes specialists. Citing different medical studies, the ADA believes in “individualizing” a patient’s treatment, but still with the goal of a HgA1C below 7%. The ADA website states “Multiple clinical trials confirm increased additional risk of complications among patients who are above an HgA1C of 7 percent.”



MEMBER SERVICES FOCUS

EDUCATIONAL RESOURCES ON PREDIABETES & DIABETES

The following free resources are published by the American College of Physicians and are linked to the ACP's patient resource online library here for your convenience. Paper copies are available in our office upon request.

Booklets

- Prediabetes (16 pp) - [Prediabetes - Your guide to reducing your risk of diabetes](#)
- Diabetes (60 pp) - [Living with Diabetes - An Everyday Guide for You](#)

Videos

- Overview - [PreDiabetes: An Overview](#) (4:03 minutes)
- Diet - [PreDiabetes and Proper Diet](#) (4:59 minutes)
- Activity - [PreDiabetes and Exercise](#) (4:38 minutes)
- Foot Inspection - [Diabetic Foot Inspection](#) (3:45 minutes)

Patient Fact Sheets and Summaries

- Food - [The Healthy Plate](#)
- Patient FACTS - [Type 2 Diabetes](#)
- Patient FACTS - [Oral Health and Diabetes](#)
- Patient INFO - [Things You Should Know About Diabetic Ketoacidosis \(DKA\)](#)

These ACP resources are intended to help educate our members who want to know more about prediabetes and diabetes. If you have questions or concerns, or suspect you may have either of these conditions, please contact your doctor.

**Legislative Update
Medicare MSA Plans**

**DEFINING and RE-DEFINING
THE MEDICARE MSA PLAN**

The following is a quote from the Medicare website:

“These plans are similar to Health Savings Account Plans available outside of Medicare. You can choose your health care services and providers.”

“**Medicare MSA Plans** combine a high-deductible insurance plan with a medical **savings account** that you can use to pay for your health care costs.”

Currently, the insurance industry controls how Medicare beneficiaries can use a Medicare Savings Account (MSA). If you haven’t heard of this option, it is probably because Medicare Advantage Plans are not common in Wyoming. These plans would be a good way to allow Medicare beneficiaries to pay for out-of-pocket health expenses, but currently you have to sign up with a Medicare Advantage Plan. The MSA option currently benefits insurance companies more than the Medicare beneficiary. The Medicare website explains it this way: “Medicare works with private insurance companies to offer you ways to get your health care coverage. These companies can choose to offer a consumer-directed Medicare Advantage Plan, called a Medicare MSA Plan.”

But change may be afoot - Medicare is currently considering the possibility of allowing Medicare beneficiaries to use the Medicare MSA vehicle to pay for the cost of a direct primary care membership. If this possibility interests you, please call the office to let us know and we will see if we can set up a meeting with one of our Wyoming legislators when they are in the area. In the meantime, click on the following link to a Forbes article that describes the Medicare MSA - - -

“Seniors Can Have An MSA .”