



## MONTHLY NEWSLETTER

### **FITNESS FOCUS** **SCREENING** **MAMMOGRAPHY**

We live in a unique time that gives patients and doctors more fact-based options for proactive health management than ever before in history. We are becoming more and more equipped to “control the controllables”.

One tool in our personal health empowerment tool box is regular health screenings followed in accordance with guidelines put forth by organizations whose mission includes giving evidence-based screening guidance. That said, it is probably no surprise to learn that sometimes those guidelines may not perfectly align among organizations.

Breast cancer mammography screening is no exception to this variability among professional recommendations, as one can see here in this chart published by the Centers for Disease Control - **Breast Cancer Screening Guidelines**. That said, it is important to note that regardless of timing and frequency, mammography screening is recommended by every organization listed.

Why? Good question. Mammography is the most effective way to identify breast cancer early before symptoms become visible to the person. Early identification enables early intervention and improves health outcomes at a lower overall cost to the person and the system. All are important outcomes. Read **HERE** to learn more and then make a screening plan with your doctor.

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October 2021

### HEALTH TIP



#### **BREAST CANCER - SCREENINGS, SYMPTOMS & RISKS**

##### **How Common is Breast Cancer?**

Other than skin cancer, breast cancer is the most common cancer among American women according to the CDC. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.

##### **What Are the Screenings?**

Regular self exams. **HERE** is a good reference article on home self-exams. Mammograms every one or two years depending on history. **(MORE HERE)**

##### **What Are the Symptoms?**

There are different symptoms of breast cancer, and some people have no symptoms at all. Symptoms can include—

- Any change in the size or the shape of the breast.
- Pain in any area of the breast.
- Nipple discharge other than breast milk (including blood).
- A new lump in the breast or underarm.

##### **What Are the Risk Factors?**

Some factors that affect your chance of getting breast cancer include being a woman and being over 50 years of age (**More Here**), or having changes in your BRCA 1 or BRCA 2 genes (**MORE HERE**). Talk with your doctor and make a screening plan.



### DOCTOR'S NOTE

#### **THE UNIVITED GUEST - WHEN ILLNESS VISITS THE FAMILY**

By Karrie Tracy (guest writer)

Breast cancer awareness month always reminds me of my own cancer experience. In the first semester of my high school junior year at age 17 a cancerous tumor called sarcoma was found in my right thigh. It was my family's “uninvited guest” who changed us then and left its mark on each of my family members in unique ways.

Deemed an aggressive cancer by my medical team, the team was also aggressive with the sarcoma and now – 40 years later – I look back with gratitude for their swift action and my parents' supportive responsiveness. But my year of cancer was not easy for me or my childhood family of six – mom, dad, and four daughters – and my grandparents. The physical, psychological, emotional, and relational effects were life-changing and all of us were affected – some for the better, some for the worse.

But my family is not unique. The uninvited guest “illness” visits families everyday, forcing a shift from the old to a new “normal” and leaving them changed forever. Here are some verb words I have learned that can help individuals and families persevere.

- **Listen** – to each other, to the doctors, and – especially – to the patient.
- **Plan** – Make your plans, but don't plan the results. Control the controllables.
- **Be Alert** – Watch for and name displaced anger in yourself and in others.
- **Wait** – The tincture of time is a great healer.
- **Grace** – Extend grace to each other as you each adjust to the new normal.
- **Love** – Intentionally make time to do things you enjoy together when possible.

**BETTER ACCESS = BETTER CARE.**

**PRACTICE NEWS**



**NEW FACES AMONG US – WELCOME T.C. and NANCY!**

This Fall, 307Health is pleased to welcome two new faces to our team! Please join us in giving a high five of greeting to Timothy Carpenter (T.C.) and Nancy West.

**Timothy** – T.C. comes to 307Health with a strong background in inventory management. New to the Big Horn Basin and to the healthcare industry, T.C. will be helping our doctors keep the clinical supply inventory in tip-top working order. This work area at 307Health includes all the clinical supplies used to run a busy medical clinic, as well managing the medication inventory used to supply our customers with prescription medications. T.C. Is being trained for this position by Tanja who will continue with 307health in a consulting role once training is complete. T.C. enjoys being a part of his church worship team and cooking for his new bride.

**Nancy** – Nancy comes to 307Health with a patient-care background and a strong interest in learning the administrative side of healthcare. She will be a forward-facing team member who will often be found answering the phones, greeting people at the front desk, and helping with routine tasks and projects that are part of the administrative territory. If you call the office with a question, Nancy is most likely the person with whom you will first talk. Nancy enjoys fitness classes, hunting, and hiking in the Wyoming outdoors.

**FLU SHOTS ARE NOW AVAILABLE**

If you have not already scheduled your flu shot and are looking to get this important vaccine this year, give us a call! Flu shot pricing is the same as last year - \$25/shot and will bill to your account just like any other medicine. We are again offering flu shot clinic days this month. Please note - if you receive Medicare benefits, the cost of the flu-shot is paid by your insurance if you get the shot through a pharmacy or medical center rather than 307Health.



**MEMBER SERVICES FOCUS**

**TEXTING FOR SOMEONE ELSE? PLEASE IDENTIFY YOURSELF**

Many of our members have a “care partner” - a spouse, parent, or adult child – who helps manage their health. When you text or email the doctor on their behalf, please identify yourself (regardless of device) at the start of each text, i.e. “From Karrie – Joe has...” In addition, please send a separate message for each person. “One person = one message” allows us to properly document the conversation.

**NEW ADULTS MUST COMPLETE PRIVACY FORM**

Members turning 18 years old need to review their contact information and privacy preferences on record within 30-days of their birthday. Upon their 18<sup>th</sup> birthday, a Privacy Notice form will be emailed to the address on record. This form must be completed and signed by the new adult. A follow-up mailing will be sent 2 weeks later if a response has not been received. Following the 18<sup>th</sup> birthday, records of members with no updated Privacy form will default to “NO Unsecure Communications”. This means the Physician Access text and email feature will be disabled on their account.

We are trying to reach out to members ages 18-24 who have yet to complete this form. If you turned 18 in the past six years, please check with us as soon as possible to confirm your settings are current. A review is currently underway of all our records and may result in the loss of text and email access to your physician if we do not have this form on file for you.

**CONTACT INFORMATION & PRIVACY FORM REVIEW**

Our default practice of assuming members will update us when their contact information changes (phone numbers, mailing address, emergency contacts, etc.) is getting a little help this year. When you come into the office, we will ask you to review your contact information and preferences we have on file. Thank you for your help and patience with us in this review and update process.

**COVID INFORMATION  
And RESOURCES**

**WHAT TO DO IF YOU HAVE  
COVID-19 AND ARE NOT  
SICK ENOUGH TO BE IN  
THE HOSPITAL (Part 1)**

By Aaron Billin, M.D.

Park County Health Officer

Reprinted Facebook Post 10/04/2021

Of all those who are infected with COVID-19, about 80% will ride it out at home and do just fine. About 20% will develop worsening disease that will require further medical care. Whether you are in the 80% or 20% is largely determined during the early phase at home, and is dependent on the strength of your immune system (as influenced by your age and other medical conditions). This post is about how to maximize your chances of staying in the 80%, and not having a bad outcome.

When you are first diagnosed with COVID-19:

**Step 1.** Stay home and don't share it with anyone else.

**Step 2.** Get a fingertip pulse oximeter (as affordable as \$20), and check your oxygen level several times daily. Like blood pressure, you should check it after sitting at rest for 5 minutes and on a finger that has no nail polish. If your oxygen level is 95% or better, this is normal. If it is 90-94%, this should be watched closely. If it is consistently less than 90%, you need to go to the ER to be evaluated. You should always go to the ER if you are having difficulty breathing. However, it is common for those with COVID-19 to have low oxygen and not feel that they are having any trouble breathing (silent hypoxia). This is the reason for the pulse oximeter.

**Step 3.** Consult with your healthcare provider (by phone, or in person when you are diagnosed) to see if you are a candidate for the monoclonal antibody infusions.

(...to be continued in Nov. Newsletter)