

Smart & Healthy

WINTER 2015

YOUR HEALTH ■

YOUR LIFE ■

YOUR TIME ■

Take a fresh *breath*

MANAGING A CHRONIC
OBSTRUCTIVE PULMONARY
DISEASE DIAGNOSIS

Go offline

BENEFITS OF TAKING
A BREAK FROM
ELECTRONIC DEVICES



Brought to you by

Banner Health Network

Dear Reader:



Welcome to *Smart & Healthy* magazine in 2015. For some of you, this is your first issue, while others have been part of our readership for a couple of years now!

You are receiving this magazine because you are a Medicare recipient and your physician participates with Banner Health Network and the Medicare Pioneer Accountable Care Organization. The

Pioneer program is an innovative new approach to keeping Medicare recipients well through highly coordinated care. You didn't have to sign-up, there is no cost to you, and it does not change your Medicare benefits in any way.

You will, however, get extra support from Banner Health nurses and others from our medical care team if you develop a serious new health condition, become chronically ill, are hospitalized for an extended period, or just need extra help getting back on your feet. You will also receive this healthy lifestyles magazine four times per year, receive invitations to healthy events, and get health reminders to keep you on track with your medical care.

We look forward to working with you and your doctor this year. It is a privilege to support you in achieving your best personal health. If you have questions about this program, we hope you will call us at 855-874-2400.

Wishing you a healthy year,

A handwritten signature in black ink that reads "Nishant Anand". The signature is written in a cursive, flowing style.

Nishant (Shaun) Anand, MD
Banner Health Network Medical Director



■ COVER STORY

8 Take a fresh breath

Almost 15 million Americans have been diagnosed with Chronic Obstructive Pulmonary Disease. Read one woman's story.

4 Linking sickness, depression

What are the warning signs and how to get treatment, support.

5 Ask the expert

What should be in your medicine cabinet?

6 Good sleep equals good health

Learn how to get your zzz's.

7 Break the connection

The importance of taking a break from your electronic devices.

12 What's an ACO?

Banner Health Network works behind the scenes to assure you get the care you need.

14 Getting back on your feet

New pilot program could be a benefit to you.

15 Puzzling?

Check out the *Smart & Healthy* crossword

16 Healthy living events and activities



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The link between

Chronic illness and depression: Warning signs, behavioral health treatment and support

By *Meghann Finn Sepulveda*

Research indicates that patients who live with chronic diseases such as asthma, arthritis, cardiovascular disease, cancer, and diabetes are susceptible to developing depression. Additionally, patients treated for depression are more vulnerable to the development of chronic illnesses.

Navaid Khan, M.D., a behavioral health expert at Banner Del E. Webb Medical Center in Sun City West, shares the signs, symptoms and treatment for patients battling depression and chronic diseases.

Depression during treatment

Depression is a common complication associated with illnesses that cause pain, fatigue or the inability to interact with others. There is a significant increase in depression when patients are hospitalized.

“We know that up to 15 percent of people experience depression due to medical problems,” said Khan, lead psychiatrist and medical director of the behavioral health department at Banner Del E. Webb. “However, as many as 36 percent of patients who are treated as inpatients have depression.”

Depression can occur as a biological symptom of a medical disease.



NEED HELP?

Where to turn

If you or someone you love is living with depression or another mental health disorder and need help.

SAGE

Inpatient Unit

(623) 524-4042

Banner

Del E. Webb Outpatient Services

(623) 524-4210

Banner

Behavioral Health (Valley-wide)

(602) 254-4357

For more information, visit BannerHealth.com.

“Patients with hormonal disorders, infections or tumors and diseases that affect the central nervous system can all lead to depression,” Khan said.

Depression is also a side effect of certain medications like chemotherapy, beta-blockers and those used to treat high blood pressure and control pain.

Depression can lead to illness

Those battling depression are also more likely to develop chronic illnesses.

“Research shows that there are a higher number of inflammatory markers in the blood that causes platelets to not activate properly, slowing the heart rate response,” Khan said. “The body can’t fight illness.”

Depression can be the first sign of dementia, before other more classic symptoms are present.

“Eighteen percent of people do not receive the proper treatment,” Khan said. “Patients need to talk to their doctor or speak to a counselor or social worker if they notice a change in pattern of activities in themselves or a loved one.”

Warning signs, symptoms

Common symptoms of depression include sleep disorders, feelings of sadness, worthlessness or hopelessness, loss of interest in daily activities, decrease in appetite, weight loss or weight gain of more than five percent, and suicidal thoughts or actions, among others.

“Triggers of depression include changes often experienced later in life, such as the loss of a family member or friend, or when coping with a serious medical illness,” Khan said.

It is important to seek help if one or more of these symptoms are present.

Treatment and support

At the SAGE (Support, Adaptation, Growth, Enrichment) inpatient behavioral health unit at Banner Del E. Webb, treatment is available for patients age 55 and older who may need simultaneous medical treatment.

“We care for patients living with depression with anti-depressant medication and cognitive therapy,” Khan said.

“We also have a treatment protocol to stimulate the brain during sleep, which is proven safe and highly effective in older adults.”

SAGE outpatient support groups meet twice weekly to improve coping skills in those recovering from depression. The program is designed to be interactive, giving patients the opportunity to connect with others experiencing similar challenges.

Taking stock for your health

Ask the Expert: Pharmacist Michael Young

Q: What should I stock in my medicine cabinet?

A: Your medicine cabinet is an important health resource, and it should be given proper attention. First, always store medications in a cool, dark and dry place. Depending on your home, a location other than the traditional medicine cabinet may be a better choice, since bathrooms often have high levels of heat and humidity that can affect the stability of medication.

Some basic medications and remedies to keep on hand include adhesive bandages and antiseptic for any minor cuts and scrapes; a thermometer; pain and fever reducers such as acetaminophen or ibuprofen; baby aspirin for individuals with heart problems; and antacid tablets for upset stomach. Talk with your pharmacist about how to personalize your medicine cabinet based on your needs. For example, certain pain relievers can interact with prescription medications and should be avoided. Your pharmacist can help determine what is best for you.

Outdated medications should be removed from your medicine cabinet, but never dispose of them using a sink or toilet unless the packaging recommends it. The U.S. Food and Drug Administration suggests returning expired medication to a community take-back program or throwing it away



in your household garbage by: (1) Removing it from the original container; (2) mixing it with used coffee grounds or something to make it less desirable to pets, children or others who might access your trash; and (3) placing it in a sealed container to prevent any leakage in the garbage bag. Any identifiers on prescription labels, such as name, address or prescription number, should be scratched out to protect your personal information.

Never share prescription medications, even with a spouse or loved ones. Prescription medications have been dispensed specifically for you, taking into account your health history and other medicines you use. Using someone else's medicine can cause significant harm to your health.

Michael Young is a pharmacist at Banner Family Pharmacies. For more information, call 602-747-5800 or go to BannerHealth.com/pharmacy.

Good sleep equals good health

Changing sleep patterns should be addressed

By Brian Sodoma

More than half of adults over age 65 complain of sleep problems, says Craig Rundbaken D.O., founder of the Respiratory and Valley Fever Clinic in Sun City West. Rundbaken sees his fair share of these complaints in his busy West Valley pulmonology practice. Sleep concerns can be easily overlooked, he says, until there's a very noticeable impact on daily living.

"Sleep is one of the pillars of health," he said. "Research is demonstrating that adequate sleep is more important than we ever knew. It supports your memory function, helps you maintain a healthy weight, and may even reduce your risk of diseases like diabetes and cancer."

As we age

With age, our Circadian Rhythm, the body's response system to light and darkness, changes. These shifts can diminish deep sleep, otherwise known as REM. It usually takes about 90 minutes to move through the sleep stages and settle into a REM state. As we age, that pace can climb to 120 minutes. About

20 to 25 percent of an entire night's rest *should* be REM sleep. "Good memory can be linked to good REM sleep," Rundbaken said.

Some assume they need less sleep as they age, but that's not true. "The magic number for health is still eight hours," the doctor noted.

Arthritis aches, menopause and prostate problems, as well as anxiety and depression, can interrupt sleep as well. Rundbaken also said anti-depressants can inhibit REM sleep while narcotic pain medication can worsen sleep disorder breathing and become a contributing factor to accidental overdose.

Chronic pain patients should be screened and tested for sleep apnea, especially if other risk factors like obesity, hypertension, and cardiac problems exist.

Snoring, apnea

For those battling apnea or chronic snoring, Rundbaken recommends a polysomnography, or sleep study, which can be done either in a sleep lab or at home.

Once sleep apnea is diagnosed, many undergo CPAP (Continuous Positive Airway Pressure) therapy, which uses a machine to provide a



SLEEP TIPS

Napping: Avoid a daytime nap if you can, or limit to less than 30 minutes before 4 p.m. "It can become a vicious cycle; you nap too much and it affects your sleep at night," Rundbaken said.

Fluids: Stop drinking fluids an hour before bedtime and avoid caffeine and alcohol at night.

Exercise: Getting enough natural daylight and exercise can also help sleep cycles.

Climate: Rundbaken recommends a cool, dark, quiet room without a computer in it. "Any work should be done outside of the bedroom. I even recommend no television in the bedroom," he added.

steady airflow through a mask or nosepiece into the nostrils. Rundbaken also said some dentists can create an oral appliance to help with mild to moderate sleep apnea cases.



Break the connection

The importance of taking a break from your electronic devices

By *Gremlyn Bradley-Waddell*

It seems like mostly younger folks get chastised for checking their cell phones and tuning out with their tablets, but the truth is that lots of seniors are just as addicted to their electronic toys.

“Older adults have really embraced technology,” said Daniel M. Pacheco, M.D., chief medical officer at Banner Behavioral Health Hospital in Scottsdale, who estimates that 60 to 70 percent of people ages 60 to 75 are handy with a smart phone, computer or some kind of mobile device. “I’m pretty impressed by the technology savvy in that generation.”

Stream of stimuli

That said, there is a downside to constantly being “connected,” he added. And like their younger counterparts, more mature individuals are just as apt to feel overwhelmed, stressed out or anxious from the stream of stimuli put forth by their digital devices. “Technology’s a great tool, but it also has its dark side,” Pacheco said. “It can absorb you and consume you.”

A grandfather, for instance, may feel the need to continually check his cell phone, in case his

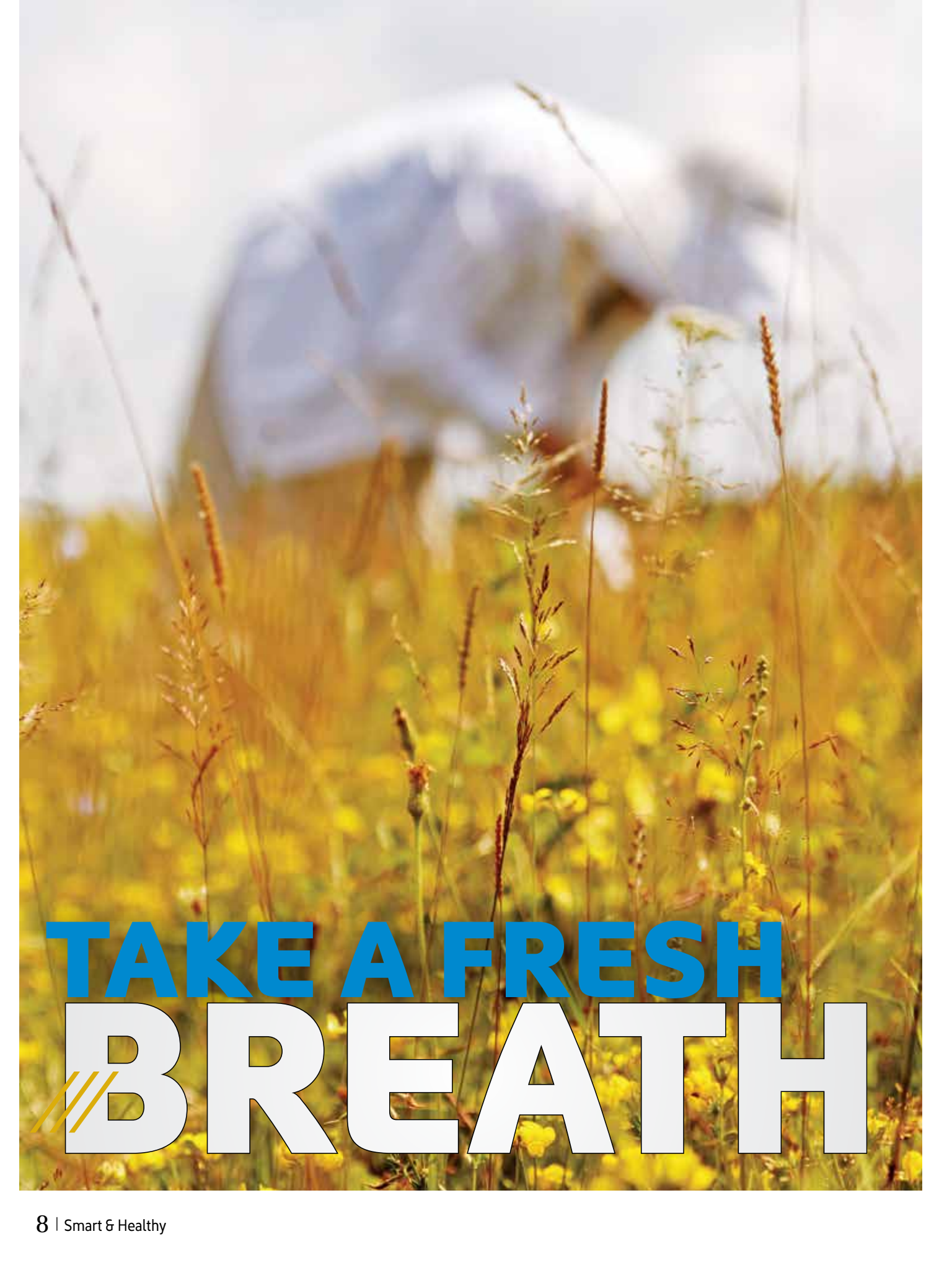
grandchildren send a text, which may be the only way they communicate with him. Over time, this behavior can be physically tiring and mentally taxing, but it’s something many people of all ages do because there’s an inherent, addictive-like quality.

Get back in control

“There’s a stimulus reward to this kind of behavior, because when a message comes across on your phone, there’s an immediate need to look at it,” Pacheco said. “We have this inability to delay gratification, to just turn off the phone, and that’s something with which I struggle myself.”

But when everyone’s paying attention to their devices, people in their presence get ignored and that can cause even more stress, Pacheco said. So, what’s the best way to tame today’s technological beasts? Start by controlling your devices, said Pacheco, who offers three tips:

- 1. Set a time limit or schedule to disconnect, then keep electronic devices out of sight.** “Put your phone on airplane mode so you can’t receive any messages, or set it in another room so you can withdraw from it and focus on whatever you’re doing.” Like most everything else in life, technology should be used in moderation. “The more you use it, and the more you’re on it, the more it can cause problems,” Pacheco said.
- 2. Do activities that make using devices difficult.** Exercising, taking a hike or writing in a journal are all good options that should keep you from feeling tempted to text, call or surf the Net.
- 3. Visit with friends and family in person.** Text messages, emails and other technologies have a way of separating us as much as they also can bring us together, he said. Take TV, for example. “Television once brought everyone together to watch the moon landing or The Beatles, but then there was a set in everyone’s room,” Pacheco said. Taking time to communicate with people in person can brighten your mood and improve relationships.



TAKE A FRESH
BREATH

LIFE AFTER A COPD DIAGNOSIS

By Elise Riley

Getting a COPD diagnosis doesn't have to be the end of the life you know. Just ask Rae Bolnick.

She was 89 years old when she found out her trouble breathing was something much more serious — chronic obstructive pulmonary disease (COPD), the third-leading cause of death in the nation.

"I remember my pulmonologist apologized to me," Bolnick said. "He said, 'I'm sorry to have to tell this to you.'"

But a COPD diagnosis didn't stop Bolnick. She moved from Chicago to Arizona, got treatment, and learned to live with COPD. Today at age 94, Bolnick is still active and living a full life — but is aware of her limitations.

Understanding COPD

COPD encompasses a group of lung diseases, such as emphysema and bronchitis.

"It varies from patient to patient," said Dr. Jaime Ibarrola, a pulmonologist in Mesa. "There's no cure, but there is treatment for it."

When someone has COPD,

they experience profound shortness of breath, a cough that produces mucus, and tightness in the chest.

COPD is chronic, which means it's always present — it doesn't go away for a period of time and then return. It is also progressive, which means that its symptoms will eventually get worse.

Tobacco exposure is the leading cause of COPD — it's estimated that tobacco is responsible for as much as 90 percent of COPD deaths. Bolnick smoked only briefly as a teenager — but her husband was an avid smoker.

"The important thing to

remember is that this is a preventable disease," Ibarrola said. "And the most common cause of it is smoking."

Living with COPD

Bolnick understood the severity of her diagnosis. She had watched her husband, a longtime smoker, live with emphysema and cling to an oxygen mask. She knew what was ahead of her.

"I go about my daily business and it doesn't stop me," she said. "I've always fought back, no matter what."

After her diagnosis, Bolnick moved from the cold winds in Chicago for the dry desert of



If you have chronic obstructive pulmonary disease, be sure to ask your doctor these questions:

- ✓ What triggers are likely to make breathing more difficult for me? Find out so you can be prepared, and perhaps avoid the worst triggers.
- ✓ What kind of exercise can I do? Find out how you can stay active and breathe more efficiently. You might be referred to pulmonary rehabilitation.
- ✓ What options do I have other than medication? Understand your complete treatment plan and what behavior modifications, such as quitting smoking, could assist in your treatment.



“I learned to breathe properly — I never knew there was a proper way to breathe before. I do the exercises religiously.”



the Valley. She found a local pulmonologist, and got educated.

“He urged me to stay active and he sent me to therapy,” she said.

“I learned to breathe properly — I never knew there was a proper way to breathe before. I do the exercises religiously.”

Inhalers are the most common form of treatment for COPD. They open the bronchiole tubes in the lungs and reduce inflammation with cortisone.

“The inhalers come in different groups,” Ibarrola said.

“The short-acting inhalers can be used for immediate relief if it’s a mild case. As the disease progresses, we turn to long-use inhalers.

Bolnick takes inhalers to reduce inflammation and is adamant about staying active. She swims two or three times a week and exercises every morning. She’s active in local community groups and completes her daily errands. She’s also aware of her triggers.

“The minute there’s any wind or if it’s chilly, I am slower and

have difficulty breathing,” Bolnick said. “Physically, it’s really hard. You walk slower, you’re trying to breathe. It’s consistently more challenging.”

Bolnick knows that her COPD is going to get worse. But, she says, there are many physical issues that could slow her down if she chooses.

“Yes, I have knees that are not 100 percent anymore,” she says. “And I have to watch my neck from two whiplashes. But none of that has stopped me; I’m in there fighting.”



BREATHING TECHNIQUES

If you're having trouble breathing, there are some techniques to help get more air in your lungs.

Pursed lips breathing is commonly recommended. In this technique, inhale through your nose for two seconds, then purse your lips and exhale two to three times more slowly than you breathed in. This technique can slow your rate of breathing and makes it easier on your body to breathe. It also helps you get rid of trapped air in your lungs because it keeps your airways open longer.

Belly breathing is another technique to help you use your diaphragm. People with COPD and other breathing issues often fail to use their diaphragms when they breathe — instead they rely on muscles in their back or neck. Gradually training your diaphragm to take on more of the work can make it easier to breathe.

To practice belly breathing, lie down on your back and relax your shoulders. Place one hand over your belly, and another over your chest. Inhale through your nose for a couple of seconds. Notice that as you breathe in, your belly moves outward. Concentrate on making your belly move, and not your chest. Use the pursed-lip technique to exhale, and lightly press on your belly as you exhale. Doing this puts pressure on your diaphragm to assist in breathing. You can work on belly breathing from your home, but you also can get special instruction from a physical therapist or a respiratory therapist. Talk to your pulmonologist to learn more.



Other lung diseases

COPD isn't the only reason why you might have trouble breathing. Thousands of people across the Valley struggle with air.

Regardless of the specific condition, many rules of thumb apply to breathing better. Experts recommend limiting time outdoors when pollution is high, keeping air filters indoors clean, and knowing what your triggers are (grass clippings, high pollen, etc.).

SEASONAL ALLERGIES are among the most widespread conditions — the stream of commercials for over-the-counter medications underscores the fact. When you live with allergies, you can experience itchy eyes, congestion, sore throat, headache, and runny nose and eyes. It's irritating, and often feels like a cold.

Seasonal allergies might be treatable through routine use of over-the-counter medications such as antihistamine, but immunology therapy can also help your body build up a resistance to the pollutants that make you feel sick.

ASTHMA is a serious but treatable disease that's common in the Valley. When someone who has asthma experiences an attack, their airways are constricted because they inhaled an irritant. These triggers could be dust, pollen, chemicals, pet hair, or a host of other irritants.

If you have asthma, it's important to know your personal triggers, avoid them, and take medication appropriately.



VALLEY FEVER is an infection that can last weeks or months that is common in the southwest United States. The Centers for Disease Control and Prevention estimates that as many as 20,000 people get valley fever every year, but many go undiagnosed. In rare cases, valley fever can spread past the lungs and cause much more serious conditions, including meningitis. The flu-like symptoms are caused by inhaling a fungus, *Coccidioides*, which lives in the soil.

Depending on the case, valley fever can be treated with prescription antifungal medications. If you're experiencing rash, joint pain, fever, cough and headache, see your doctor.

What is an ACO?

Banner Health Network works behind the scenes to assure you get the care you need

By Debra Gelbart

As a beneficiary of the Banner Health Network Pioneer Accountable Care Organization (ACO), you have access to highly coordinated medical care and other related services that you may not even be aware of.

Your doctor is part of Banner Health Network (BHN), which in 2012 became one of the first health systems in the country to be named a Pioneer Accountable Care Organization by the U.S. Department of Health and Human Services.

This initiative, operated by the Centers for Medicare & Medicaid Services (CMS) Innovation Center, encourages primary care doctors, specialists and hospitals to provide more efficient, better-coordinated care for people with Medicare. For example, if you see multiple doctors, technology used by providers in our network help them to communicate better with one another about your care. It also reduces repetitive testing because results can be shared.

Banner Health Network, the only Medicare Pioneer ACO in Arizona, has helped thousands



of Medicare beneficiaries in Maricopa County to live healthier, more productive lives. In 2015, Banner Health Network's ACO will assist more than 75,000 beneficiaries, including 33,000 beneficiaries who are new to the program.

A unique approach

What sets Banner Health Network apart from other ACOs? It's "our ability — through not only doctors, but also our trained, highly skilled case managers — to identify beneficiaries who are most in need of care and getting them the most appropriate care at the right time and the right place," said Judy Reddin, RN, the ACO's Senior Director of Medical Management. "We connect them with the programs and services that best

address their needs."

For example, when a patient is discharged from the hospital after surgery, a case manager often will check in with the patient for several weeks afterward, to make sure the patient's post-surgical needs are being met. Or, if someone can't get their blood sugar under control, a case manager may be assigned to help. The help offered may include making sure the patient

enrolls in a class that teaches diabetes care, nutritional counseling or a special plan of care.

Also, for patients whose conditions are potentially life-threatening — like severe congestive heart failure — there is a program called iCare. "This program allows us to remotely monitor patients who meet certain medical criteria while they are in the comfort of their own home," Horn said. At any time patients can immediately connect to medical personnel who can help, if they're experiencing a problem.

Special consideration

Here is another advantage of being part of a Pioneer ACO: under most circumstances, a Medicare beneficiary who needs care in

a skilled nursing facility after a fall or an illness must be hospitalized first for three days to be eligible for that skilled nursing care. A Pioneer ACO beneficiary receives a waiver for the three day hospitalization rule, Matt Horn, Program Director for Banner Health Network's Pioneer ACO explained. "The beneficiary can go to a skilled nursing facility immediately if it's medically appropriate," he said. *Learn more about this program and how it can reduce the cost of care for you on page 14.*

Banner Health Network's Pioneer ACO has saved millions of dollars while delivering high quality care to its beneficiaries. In 2012, through more efficient care and supporting patients during transitions in care, Banner Health Network saved more than \$19 million compared to the expenses projected by the federal Centers for Medicare & Medicaid Services. In 2013, BHN saved more than \$15 million over projected expenses. Though the numbers haven't yet been reported for 2014, the savings are again expected to be in the millions of dollars.

"But the top reasons for the ACO's existence is what's known as the Three-Part Aim — providing higher quality care at a lower cost to make sure the population we serve is healthier," Horn said.

Please visit

www.medicare.gov/acos.html
or call 1-800-MEDICARE
(1-800-633-4227 (TTY users should call 1-877-486-2048)) for general questions or additional information about Pioneer Accountable Care Organizations.

Questions & Answers

Understanding your goals and needs

A closer look at case management

By Stephanie Conner

When your health care needs change, it helps to have someone working with you who understands your health goals and how to access the services you need. That's where Banner Health Network's community case management services come in. Chris Molloy RN, BSN, CCM, Director of Ambulatory Case Management for Banner Health Network, answers some common questions about this service.

Q. What is community case management?

It's a collaborative process designed to make sure your health needs are met, and ultimately, that you can stay out of the hospital. This is a service we provide in the community, rather than in the hospital. Our nurses and social workers call on patients and do home visits when needed. We work to understand each patient's goals; then, we make sure patients have access to the medical care and resources they need to meet those goals. Our experienced staff understands the many care options available to you — not only medical services, but also non-profit community and social services. Working with your doctor, we can connect you to the care needed.

Q. Who can benefit from case management?

Beneficiaries that are part of the Pioneer ACO with any type of health care need could be referred for case management. You might have

experienced an acute illness or injury and just need some help in the short term. Or for people who have chronic diseases like chronic obstructive pulmonary disease or congestive heart failure, our case managers can work with you to make sure you get what you need to successfully manage your condition over time.

Q. How can you help me be healthier?

If you are facing a health concern like heart disease or diabetes, we can introduce you to an educator or get you into classes to help you feel empowered to better manage your health. During home visits, we can do safety assessments to reduce the risk of injury in your home. We also can review your medications with you to make sure you understand what you should be taking and when. We'll even go to doctor's appointments with patients in some cases. Ultimately, our goal is to make sure you can stay as healthy as possible and are educated about your medical condition(s).

Q. How do I get started?

If you feel you could benefit from this kind of assistance, talk to your primary care provider. Tell your doctor you've heard that Banner Health Network provides case management services, and ask for a referral.

Q. Is there any cost?

No. Case management is provided free of cost because your doctor works with Banner Health Network. It's a free, voluntary program, and there's no contract or obligation. We are here to help if you need us.

Skilled nursing pilot helps get you back to your life sooner

Because you are in Banner Health Network's ACO, you may qualify to participate in a new program

Banner Health Network is taking a more active role than ever to assure the care Medicare beneficiaries receive after their hospital stay leads to a meaningful recovery and return to one's life. One way we are doing this is through participating in a pilot program with the Centers for Medicare and Medicaid Services (CMS) called the Medicare 3-Day Waiver.

How the program works

Under normal circumstances, Medicare beneficiaries must be hospitalized for three full days before Medicare covers the cost of care in a skilled nursing facility. Many times, beneficiaries do not have a need to be hospitalized that long. However, sometimes, they could use extra help before they return to their place of residence.

After a new ruling by CMS, Medicare beneficiaries now have the ability to go to a nursing facility without an extended hospital stay. For this reason the program

is called the Medicare 3-Day Waiver Program. It waives the three day hospital stay requirement, but still provides Medicare supported skilled-nursing coverage during recovery.

Medicare-covered services at skilled nursing facilities include skilled nursing care, physical and occupational therapy, speech-language pathology services, medications and other benefits, like dietary counseling.

"Through this pilot, we're able to transition patients who truly need this level of service sooner," said Dr. Natalya Faynboym, Banner Health's chief medical officer of post-acute services. "It enhances patient outcomes. As a physician, it's truly rewarding to address these patient needs as soon as possible."

Who qualifies to participate

A growing list of skilled nursing facilities in our community is participating in the Medicare 3-Day Waiver program. Banner Health owns the skilled nursing facilities, but otherwise does not have a financial interest in participating organizations. We work with all the facilities to assure a high level of quality and communication on behalf of patients.

Only certain Medicare beneficiaries will qualify for this program.

To participate, beneficiaries must meet the qualifying criteria surrounding:

- 1) the beneficiary's medical condition
- 2) the beneficiary's Medicare coverage
- 3) Also the beneficiary must be in a Medicare Pioneer Accountable Care Organization (ACO), like the one provided by Banner Health Network. There is no cost associated with the Pioneer ACO. Beneficiaries are included because their physician(s) participate with Banner Health Network.

Participation in the 3-Day Waiver program is completely voluntary.

- Participation in this program does not affect the beneficiary's access to care or freedom to choose health care providers.

- Participation in this program does not change usual Medicare payments, deductibles or co-pays.

If you find yourself hospitalized this year and feel you could benefit from a program like this, be sure to ask your case manager or medical team for more information. Tell them you are a Pioneer!

by Frank A. Longo

TA-DA!

ACROSS

- 1 Laughing sound
- 5 Friends, in French
- 9 Black Sea port
- 15 Tick away
- 19 Univ. VIP
- 20 Not yet finalized, in law
- 21 Dorm-mate, e.g.
- 22 Yam, for one
- 23 Pulling a plug while at work?
- 26 Airport for Air France
- 27 "Old MacDonald" sequence
- 28 Part of NYC
- 29 Avoid booze
- 31 Rough amt.
- 32 Cat covering
- 34 Water balloon battles? — boredom (endure extreme tedium)
- 40 Frazier's longtime foe
- 42 Waikiki neckwear
- 43 "That's neither here — there"
- 44 Unaffected by killjoys?
- 49 Strips (off)
- 53 Vehicles like Santa's
- 54 Rowing tool
- 56 Jai — (fronton sport)
- 57 Put in words
- 59 Avenues: Abbr.
- 60 Ancient valley where female spouses lived?
- 65 Brick haulers
- 66 Part of a full house
- 68 "If — told you once ..."
- 69 Symphony writer Mahler
- 70 Bear, in León
- 71 Decide against divorce?
- 75 Suffix with hero
- 76 Entice
- 78 Letter after sigma
- 79 Legitimate
- 80 Electrolysis atoms
- 81 Basketballer Rodman is a suitor?
- 85 Mr., in India
- 86 Houston-to-Chicago dir.
- 87 TV's "How — Your Mother"
- 88 Water, in Paris
- 89 Heavy bases under statues
- 92 Firma or cotta lead-in
- 94 Finish doing the dishes prior to going shopping?
- 101 Hand-talking syst.
- 103 Scot's cap
- 104 Above, to bards
- 105 Muscat citizen
- 106 Circus beast after tipping?
- 112 Maple syrup source
- 114 Fashionable
- 115 Singer of the 1969 #1 hit "Dizzy"
- 116 Conger, e.g.
- 118 Utter impulsively

1	2	3	4		5	6	7	8		9	10	11	12	13	14		15	16	17	18	
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- 120 "—, James!"
- 121 Twenty cents in change?
- 127 Straight — arrow
- 128 Barcelona's country, to its natives
- 129 Smell — (be leery)
- 130 Dialogue bit
- 131 Pad for a bird
- 132 Gold-medal gymnast Mary Lou
- 133 Light hits
- 134 Playwright William
- 18 Elegance
- 24 Paris' — Tower
- 25 He defeated Mondale to become pres.
- 30 Like a rain forest's climate: Abbr.
- 31 Byrnes who was "Kookie"
- 33 New Jersey river
- 35 Letters after kays
- 36 Bottom-line
- 37 American spy org.
- 39 Windows or Linux, briefly
- 41 Goes by foot
- 45 Answer
- 46 Same: Prefix
- 47 "— did not!"
- 48 Final Hebrew letter
- 50 Great joy
- 51 Jack of fitness
- 52 Kitchen strainers
- 55 Kingly state
- 57 "I goofed ... big whoop!"
- 58 Prettifier
- 61 Mil. rank
- 62 Movie format
- 63 Dress up in
- 64 Prefix with mount
- 65 "Not so fast!"
- 67 Q followers
- 71 Half of MIV
- 72 Laughing sound
- 73 Hunger for
- 74 Ones getting wages
- 77 Snaring
- 80 As a recap
- 82 He's no gentleman
- 83 — Lady
- 84 Beach lotion abbr.
- 90 Observed
- 91 Hullabaloo
- 93 Pale-looking
- 95 Since Jan. 1
- 96 Taproom
- 97 Ostrich's kin
- 98 Persian Gulf country
- 99 Linking up
- 100 Pound sound
- 102 Pantry
- 106 Joel Coen's brother
- 107 Unfettered
- 108 Thompson and Watson
- 109 Cacophony
- 110 Entice
- 111 Beauty of film
- 113 Aids in crime
- 117 Old Italian money
- 119 Aptly named citrus fruit
- 122 Have a bite
- 123 "That's —" ("Ixnay")
- 124 East Indian flatbread
- 125 Hiking aid
- 126 By birth



calendar / Healthy Living Events



CLASSES AND SUPPORT GROUPS

Banner Health Network offers a variety of lifestyle management programs to provide participants skills and education to manage common chronic health conditions. The following classes are offered at Banner facilities Valley-wide. All classes are free; dates and times vary by location. Registration required; call 602-230-CARE (2273) or 480-684-5090 for more information or to register.

Living Well with Diabetes

Four-part series. Learn self-management skills including monitoring, medications, nutrition/meal planning, exercise and preventing complications.

Living Well with COPD

Two-part series. Learn about lung disease, better breathing skills, symptom management and preventing complications.

Living Well with Heart Disease

Three-part series. Learn heart-healthy tips, how to manage risk factors, how to identify warning signs of heart disease or stroke and what to do in an emergency.

Eat Healthy, Be Active

Series of four interactive workshops. Learn to attain and maintain a healthy weight, reduce risk of chronic disease and live a healthy, active lifestyle.

MORE SEMINARS AND CLASSES

Osteoporosis: how do you protect yourself?

WHEN: April 22, 9 a.m.

WHERE: Banner Del E. Webb,
14502 W. Meeker Blvd, Sun City West

REGISTER: 602-230-CARE (2273)

Staying me — maintaining a sense of self through dementia and Parkinson's disease

Experts from Banner Alzheimer's Institute and Banner Sun Health Research Institute will provide ideas and solutions to restore balance and maintain a sense of self during caregiving.

WHEN: March 13, 10:30 a.m.–noon

WHERE: Musical Instrument Museum,
4725 E. Mayo Blvd, Phoenix

REGISTER: 602-230-CARE (2273)

Don't let stroke define your life story

WHEN: March 24, 9 a.m.

WHERE: Banner Del E. Webb,
14502 W. Meeker Blvd, Sun City West

REGISTER: 602-230-CARE (2273)

Community memory screening

Experts from Banner Alzheimer's Institute and Banner Sun Health Research Institute offer free memory screening promoting early detection of memory problems and appropriate intervention. Screening takes 20 minutes; registration is required.

WHEN: April 3, 9 a.m.–12:30 p.m.

WHERE: Banner Sun Health
Research Institute,
10515 W. Santa Fe Dr., Building A, Sun City

REGISTER: 623-832-3248