

The Doc--Talker

Vol. 3, Issue 1, January 2005

Our first 2005 newsletter *The Doc--Talker* is finally done! We periodically discuss common and interesting health problems, provide updates about **doctokr**[®], and direct you to useful resources. A new feature of the newsletter will be a column on keeping your medical costs down; this will become increasingly important in the consumer-driven health care marketplace. Our aim is to empower you to become an informed health care consumer. You are welcome to share this with your friends and family; with acknowledgment. If there are topics you would like us to cover in this newsletter, please contact Dr. Dappen at drdappen@doctokr.com.

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doctokr[®] News

NURSE-PRACTITIONER JOINS doctokr[®]

We are delighted to announce that Valerie Tinley, NP (nurse-practitioner) will be joining the **doctokr**[®] team in February, working at first one day a week and an occasional weekend. She has 30 years of experience in nursing that includes obstetrics, operating room and 12 years in breast cancer research. In 1997, she graduated with honors from George Mason/George Washington University Collaborative Program with a Masters of Science in Nursing/Family Nurse Practitioner. Since then, her work experience has been in urgent care, family practice, infectious disease, rheumatology, and health exams, particularly around women's health issues and pre-surgical screening of preoperative patients. She brings with her a wealth of health care knowledge and experience mixed with a caring attitude. She also shares the **doctokr**[®] attitude about innovating change in the health care system and is willing to commit time and effort to this end.

Mrs. Tinley will lend a much needed hand so that Dr. Dappen can occasionally focus on other aspects of the practice. She also will help provide more continuous office and home call capacity to the practice on the occasions when Dr. Dappen needs to be out of

town. For several months she will be working on Tuesdays, often with Dr. Dappen, co-managing calls and office visits while she learns the **doctokr**[®] computer and telecommunication system. She will function just like Dr. Dappen, answering phones and emails, calling in prescriptions, ordering labs or x-rays when appropriate, and seeing patients in the office or at their homes when necessary. For almost all medical problems she has the same skills and knowledge as a family physician. Like any competent physician, if there are doubts or questions she will either call Dr. Dappen for a back-up opinion or contact a specialist. All **doctokr**[®] members should know they are talking to a health care expert. You are also free to defer your care or decisions until speaking to Dr. Dappen, providing you can wait for a call back. Likewise, over time we are fully expecting that some people will prefer to talk with or see Mrs. Tinley. We are confident that the style, philosophy and quality of care will continue to feel the same, no matter who you are talking to at **doctokr**[®].

‘PLAN B’ RATES GOING UP- Join Plan A now!

The good news is that plan A rates for **doctokr**[®] services are remaining the same. In fact, for prolonged office visits, rates will decline significantly. But we are making three changes in our billing practices.

First, Plan B rates (paying as you go, with no prepaid account) are going to increase in two ways. Instead of being 25% higher than Plan A rates for some services, they will be 33% higher for all services, including supplies and procedures. Our reasoning is really simple. Part of the mission of **doctokr**[®] is to revolutionize health care delivery and put much of the control of care back into all members’ hands. One of these revolutions is around pricing the service and payment for the service. In any day more than 50% of our charges are under \$40.00. But the extra costs for **doctokr**[®] for providing Plan B service (that is, the traditional medical office system) are really high: the billing cost, the postage, the delay in collections, and the monthly meetings to decide what to do with late payers. That traditional model really does cost a lot more!

The second change is that, when Plan A members’ accounts fall below \$30 per person, your invoice will include an item for “Maintaining plan A,” of \$100 per person in the family account. For example, if your account for 3 people falls below \$90, we will invoice you for \$270 to top off your plan A account. As always, this is your money, fully refundable at any time with no penalty.

The third change is that you will be able to pay all of your bills, including renewal of Plan A accounts, through a secure, on-line service called PAYPAL. The weblink will be on your invoice, with instructions. It’s very simple, all you will need is your credit card. You will still be able to pay by check, cash, or calling Gail, if you prefer.

So for anyone not yet on plan A, feel free to call or email Gail Hale, our nurse manager, and talk about which payment program that works best for you. Our new pricing and website will become active as of February 8, 2005. Our new prices are posted at <http://www.doctokr.com/splash3.html>.

OUR WEBSITE GETTING A FACELIFT

doctokr[®] Website is getting a new look. It will also be easier to navigate, and a new bar has been added to make it easier to search. There will be new features: a place where you can leave a secure e-mail message for the doctor. There will a special page for medical web links. All the newsletters will be posted there for easy reference. In development are some 'flash' presentations that compare doctokr[®] with a traditional practice. This new site will be up-to-date on all of our doctokr[®] policies.

A GIFT IDEA FOR YOUR VALENTINE: A COUPON FROM doctokr[®]

Have you been nagging your husband (or wife) to go to the doctor? Has it been more than two years since his/her last physical? Why not cut out the coupon below and present it to your spouse or other stubborn loved one (s)? It offers a \$20 discount on the cost of a physical.

HAPPY VALENTINE'S DAY!

Give your loved ones the gift of your good health

\$20 OFF THE COST OF A doctokr[®] PHYSICAL EXAM
Just present this coupon to the doctor or nurse-practitioner

Valid through April 15, 2005

doctokr[®] in the News

doctokr[®] FEATURED IN REGIONAL MEDICAL BULLETINS

An article by Dr. Dappen—"A Glimpse of the Medical Primary Care Practice of the Future" was recently published in *The Medical Bulletin* editions in Northern Virginia, the Greater Washington/Montgomery County, and Greater Baltimore. The article was in the section on Cybermedicine, pages 3-4 (or 4-5), Volume 3, Number 10, October 31, 2004. It will soon be posted on our website.

"THE PRACTICE OF THE FUTURE"

The American Academy of Family Practice recently completed a 2-year collaborative project on "The Future of Family Medicine," and published a major report on the results. The project concluded that within 10-20 years, Family Medicine will no longer be a viable profession unless dramatic changes are made in the model of care delivery and reimbursement. Their description of the "practice of the future" looks just like doctokr[®]! A copy of the article can be found at http://www.annfammed.org/content/vol2/suppl_1/.

konundrum:

SMOKERS' DRAG: The Persistence of Smoking Addiction Among Youth

When it comes to health, smoking continues to be bad news. Smoking remains the leading preventable cause of death in the United States. Close to half a million people die annually, on average 20 years earlier than their normal life expectancy. Since women began to smoke in larger numbers back in the 1960's, lung cancer (not breast cancer) has become the number one cancer for women. Most smokers know it's unhealthy to smoke.

The paradox of continuing drug use despite overwhelming evidence of its harm defines addiction. Intelligence and success are not predictive of who will become addicted or who will shake an addiction.

The tobacco industry learned one important fact over 40 years ago: 90% of lifetime smokers are hooked before the age of 19. This has prompted broad and comprehensive: prevention efforts teaching of the perils of smoking at home, in public discussion and over the airwaves. Legal sanctions against youth smoking include increasing the price, removing vending machines, making selling to minors illegal, and restricting places where people are allowed to smoke. Unfortunately, these well-intentioned prevention efforts have not budged the rate of smoking among high school-age youth. For over 20 years, more than 25% of high school graduates have been regular smokers. For youth who drop out from high school, smoking rates exceed 80%.

Surveys among smoking high school students are interesting. The majority start by age 13. Most have a best friend who smokes and the association with smoking parents is very strong. Their use of alcohol and marijuana use is triple that of their non-smoking peers. Their grade point average is only half as good. Teenage pregnancy and use of “hard core” drugs like cocaine are far more common among smokers. This has led many addiction specialists to consider smoking a “gateway drug” that indicates a propensity to seek other drugs. Yet teenage smokers are highly aware that they are addicted to cigarettes, and most have tried to quit several times.

The real power of cigarettes remains under-appreciated. Nicotine is an extraordinary drug. By many measures nicotine is the most addictive drug known to man. The delivery of nicotine through inhaling of smoke means it gets into the brain faster than using intravenous drugs. It has the most diverse psychoactive effects of any drug, meaning it can achieve contentment, relaxation, hyper-alertness, concentration and focus, reduced anxiety, heightened or lowered mood intensity. The smoker can choose the effect, by varying the speed, amount and depth of inhalation. In other words nicotine can take you up and it can calm you down; it provides virtually instantaneous mood control. As a result of these powerful effects, fewer than 10% of regular smokers can limit their habit to fewer than 5 cigarettes a day. Smoking 2-4 cigarettes per day during adolescence imparts a 66% risk of becoming an addicted daily smoker within 2-3 years. Compulsive use and tolerance (meaning higher doses needed to achieve the same affect) rapidly develop. Withdrawal brings characteristic physical and emotional symptoms and cravings that most people find stronger than their free will.

New theories are developing. Adolescence is a messy time neurochemically. The rapidly changing “chemical soup” in the brain that affects mood subjects teenagers to strong, sustained and often negative, emotional feelings that include self-doubt, depression, feelings of inadequacy, sex drives and anxiety. Nicotine provides an effective “treatment” for many people suffering this emotional storm. The drive to self-medicate (conscious or sub-conscious) may explain the increased risk these same kids have of trying alternative “treatments” found in alcohol, marijuana or other illegal drugs, while others turn to prescription drugs like Ritalin, Adderall, Paxil and Prozac. Whether the

underlying emotional drives to smoke (or otherwise self-medicate) stem from nature versus nurture is not known and will continue to be debated. But our current understanding suggests that improved education and legal sanctions are unlikely to lower smoking below 25% among high school graduates.

The real challenge for parents and other adults working with youth may be to find alternative mechanisms to help these at-risk teenagers deal with the challenges associated with adolescent emotional and neurological stress. Smoking should be seen as a signal of emotional distress, not necessarily social defiance. Smoking itself is not a short-term danger to our youth. If adults can quit smoking at a later time, many will face minimal health risks as a result of their smoking history. The greater short-term danger is that youth will move into use of alcohol or other illegal drugs associated with greater social problems. Perhaps parents, while continuing to clearly educate about smoking risks, should rather focus their concerns on these other short-term associated risks. An area that requires more attention in the future will be to find ways for parents and community educators to help youth understand their emotional state and find healthy ways to manage emotional stress.

A survey of adolescent smoking patterns.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8770804&dopt=Abstract

Chapter 4 Cigarette Smoking. From Vital Health Statistics, Health Behaviors of Adults, US 199-2001 http://www.cdc.gov/nchs/data/series/sr_10/sr10_219.pdf

Medikal Tips

SALT AND HYPERTENSION

The evidence that low-salt diets reduce mortality is scant despite the strong beliefs that it should. Important points you should know about low-salt diets are:

1. About 15% of hypertensive patients are "salt-sensitive" and their blood pressure seems to decline significantly when on low-salt diets. If you are one of the minority of people for whom eating less salt really pushes your blood pressure down a lot, or makes you eat less food (and therefore lose weight) then you should consider following that pathway.

2. However, 85% of hypertensive people have little to no measurable change in their blood pressure when on low-salt diets. Of all people with hypertension, reduced salt intake leads to a reduction of only about 4 points (mmHg) in blood pressure.

3. Moreover, reduction in blood pressure is a "surrogate marker" for what is truly the important outcome measure: reduction of heart attacks, strokes and deaths. However, dozens of medical trials over the past 30 years have been unable to show consistent data that low-salt diets lead to fewer heart attacks, stroke, or deaths.

4. The major risk of low-salt diets is that they can distract people from doing things that are truly proven to be effective in reducing hypertension, such as weight loss, exercise, using medications and sleeping better. Thus, if after 4 weeks on a low-salt diet, your

blood pressure has not declined below 140/90, don't stall—call! Blood pressure control through other means will be essential.

5. The benefits of low-salt diets in healthy people without hypertension is unknown.

For more information, read:

Does a Low-Sodium Diet Reduce Blood Pressure?

<http://www.aafp.org/afp/20040115/fpin.html>

Medikal kost Tricks

PHARMACY CARD FOR REDUCING MEDICATION COSTS

For some, the price of medications is a pill too big to swallow. A lower-cost alternative can be found at <http://www.medlifesolutions.com/>. The [MedLifeRX](#) plan is a medication card purchased for a year at \$28.00 a month and functions like the benefits of an insurance card. Those with the card fill their prescriptions at the pharmacy paying a traditional co-pay. Almost all of the local pharmacies participate in the plan.

Anyone without insurance or with high-deductible health plans, who anticipate that their medication costs exceed \$500-600/year, should consider this plan. The website has an excellent tutorial to explain the system.

www Link of the Month

It's often hard for people without medical training to separate innovative medical care ideas from quackery. For those who want to read science-based assessments of alternative practices, rather than just anecdotal evidence, I recommend the following three websites:

1- James Randi Educational Foundation: <http://www.randi.org/>

The best lecturer, bar none, I have ever heard on medical scams perpetuated in modern times.

2-The National Coalition Against Health Fraud: <http://www.ncahf.org/>

The organization that gave me the deepest insight into health scams, the law and debunking health claims from science. The group is excessively biased towards conventional medicine, but is a consumer advocacy group that provides much useful information.

3-Quackwatch by Stephen Barrett, MD <http://www.quackwatch.org/>

One of the sites quoted most in the popular literature with many excellent articles.

Send comments, questions, or feedback to:

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