Greetings!

As we approach the holidays ---- don’t fret about what you can discuss around the dinner table. We all know that discussions about politics usually do not go well in family gatherings, so……

How about using this time to share some meaningful, and maybe life-saving, discussions on health care issues? We all know that everyone likes to talk about their health – good or bad – so why not as a person, family, or provider share your knowledge with loved ones. Arm yourself with the facts and have an impact – and perhaps save a life from harm or death.

What are some of the hard hitting health facts about health care you can share……..how about…..
- Chronic Kidney Disease Leading to Dialysis,
- Opioid Emergency,
- Sepsis, and
- Two Pneumonia Vaccines.

Let's get you ready to have those holiday conversations that can have an impact….and some info on a Midwest Culture of Health Conference and how you can help your local veterans.

Three reminders at Thanksgiving and holiday time…..
- Remind yourself and others to get a seasonal flu vaccine – it takes time for the vaccine to be fully effective and many at risk people get the flu following family and community gatherings. While you may not be in the at-risk population, a loved one or neighbor could be at risk and you don’t want to be the source of spread of the flu AND if you have a loved one or are in the at risk population, you want to make sure you reduce the risk of flu by getting a flu vaccine. According to the Centers for Disease Control and Prevention (CDC), seasonal flu related deaths vary by season in the U.S. with 2011-2012 with an estimated 12,000 deaths and 2012-2013 with an estimated 56,000 deaths. Between 71 percent and 85 percent of seasonal flu-related deaths have occurred in people 65 years and older and between 54 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.
- Remember those in your community – near and far - that have suffered so much through hurricanes and fires this year and also those that are alone in our un-affected storm and fire communities – it would be great to remember them with a nice meal and words of comfort and support – now and going forward.
- And the holidays serve as a reminder to us to thank all of you! Thank you for your willingness to always put the patients and their families first and to include the voice of the person, patient, and family in your healthcare designs and co-production. For
Chronic Kidney Disease (CKD)

Chronic Kidney Disease Leading to Dialysis

CDC estimates that 14% of our population has chronic kidney disease (CH=KD) and only 4% of the population know they are suffering from chronic kidney disease. Chronic Kidney disease can be caused primarily by diabetes, hypertension, prolonged opioid usage, heredity, and other conditions which affect and harm the kidneys.

There are 5 stages of CKD of which the fifth level or stage means you are in end state renal disease and are in need of dialysis. Dialysis usage has dramatically increased over the years and has turned away from being an "older person’s disease" to being more common to those under 65 years old. More than 50% of the patients on dialysis are under the age of 65 and blacks represent a higher disproportionate share of patients on dialysis.

As you gather this Thanksgiving or over the holidays for a family meal – why not ask your family and friends if they know their CKD level. If they are diabetic or have hypertension, urge them to know their CKD level and get updates routinely.

In many health care gatherings, I try and take the pulse of the audience and ask them if they know their CKD level….hardly anyone raises their hand – this is also true when I talk to clinicians.

The reason your CKD score is important is that you can alter your score from going to another stage by dietary changes, increased exercise, and medication changes (patients with hereditary kidney disease typically are routinely seeing their physician).
What are the five stages of CKD?
- Stage 1 with normal
- Stage 2 Mild CKD
- Stage 3A and 3B Moderate CKD
- Stage 4 Severe CKD
- Stage 5 End Stage CKD

How is a CKD stage determined?
People with CKD may not feel ill or notice any symptoms. The only way to find out for sure if you have CKD is through specific blood and urine tests. These tests include measurement of both the creatinine level in the blood and protein in the urine.

A more technical explanation according to the National Kidney Foundation is "a CKD Stage is determined by Glomerular filtration rate (GFR) as the best measure of kidney function. The GFR is the number used to figure out a person’s stage of kidney disease. A math formula using the person's age, race, gender and their serum creatinine is used to calculate a GFR. A doctor will order a blood test to measure the serum creatinine level. Creatinine is a waste product that comes from muscle activity. When kidneys are working well they remove creatinine from the blood. As kidney function slows, blood levels of creatinine rise."

Why doesn't a physician tell me my score?
Often times the results of a blood and urine tests are not calculated by the lab doing the blood and urine tests. If you are interested in knowing your CKD level or stage, ask your physician to provide you with the score. Most often a physician will request the CKD score if you have diabetes, hypertension, family history of kidney disease, or have one of the other risk factors identified by the CDC. If you don't get a CKD score, ask your doctor to get you your CKD score.

AHRQ Acute Renal Failure Hospitalizations, 2005-2014
The Agency for Healthcare Research and Quality published a new Statistical Brief on November 14 highlighting the increase in acute renal failure hospitalizations.
Key findings include:
- "In 2014, hospital stays with a principal diagnosis of acute renal failure accounted for 1.4 percent of all hospitalizations; 10.5 percent of all hospitalizations had an all-listed diagnosis of acute renal failure.
- The rate of inpatient stays with a secondary diagnosis of acute renal failure increased nearly threefold from 2005 to 2014 (from 350.2 to 1,011.5 stays per 100,000 population).
- Between 2005 and 2014, the rate of stays with a principal diagnosis of acute renal failure increased the most among patients aged 18-44 and 45-64 years, as well as among those living in the lowest income areas. Patients living in the South and Midwest had the highest rate of stays for acute renal failure in 2005 and 2014.
- Overall, the average cost of hospital stays involving acute renal failure was nearly double the cost of stays without renal failure."
One of the best short videos on Opioid Pain Killers or Pain Relievers prepared by the CDC for all persons! 

Share

According to the National Institute on Drug Abuse, Prescription opioid use is a risk factor for heroin use. Of those entering heroin treatment, 75 percent in the 2000's reported that their first opioid was a prescription drug (Cicero et al., 2014).

Examining national-level general population heroin data (including those in and not in treatment), nearly 80 percent of heroin users reported using prescription opioids prior to heroin (Jones, 2013; Muhuri et al., 2013).

As you may be aware, President Trump declared the Opioid Crisis a Public Health Emergency. On November 21, the President’s Council of Economic Advisers released "The Underestimated Cost of the Opioid Crisis" highlighting over 33,000 deaths in 2015 from opioids with an estimated economic cost of the opioid epidemic at $504 billion in 2015.

While clinicians are working to manage and reduce opioid usage and their prescribing of opioids, consumers, patients, and families need to be aware of the dangers of opioid usage. Any time a physician or other clinician offers or prescribes an opioid for pain relief, patients and families should ask questions, such as:

- Do I really need that opioid drug? Why?
- Are there alternatives to relieve the pain other than the opioid?
- If I take the opioid, what is the timeline for eliminating the opioid?
- Is there a danger in becoming addicted to the prescription opioid?

Study published by CDC suggests that it is a very short period of time in which a patient can become dependent upon opioid prescription. "Awareness among prescribers, pharmacists, and persons...
managing pharmacy benefits that authorization of a second opioid prescription doubles the risk for opioid use 1 year later might deter overprescribing of opioids. Knowledge that the risks for chronic opioid use increase with each additional day supplied might help clinicians evaluate their initial opioid prescribing decisions and potentially reduce the risk for long-term opioid use. Discussions with patients about the long-term use of opioids to manage pain should occur early in the opioid prescribing process.” Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:265–269.

If a clinician cannot provide answers to these questions, seek a second opinion from another clinician. Per the Centers for Disease Control and Prevention “Opioid prescribing continues to fuel the epidemic. Today, nearly half of all U.S. opioid overdose deaths involve a prescription opioid. In 2015, more than 15,000 people died from overdoses involving prescription opioids.”

**Drug Treatment**
For anyone or family member that needs assistance, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) operates a national helpline, 1-800-662-HELP (4357), is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. For more information on SAMHSA’s support, go to https://findtreatment.samhsa.gov/

**AHRQ State Opioid Drill Down Information**
The Agency for Healthcare Research and Quality (AHRQ) has provided state level information for opioid hospitalizations and emergency department visits compared to national data on their HCUP FastStats web site. One can drill down the data to segment analysis in aggregate by age, sex, community level income, patient geographic location, and payer (Medicare, Medicaid, commercial, and uninsured). Payer information is available by count while all other information is available at a rate per 100,000 population. Trend data is available from 2007 through 2014 and for most states through 2015.

When reviewing the trend lines, it is important to be aware of the vertical axis legend as the rates per 100,000 change to fit the graph as one can see the variations in the graph below.

**Physician Opioid Prescribing Patterns for Medicare Fee for Service Patients in 2013 and 2014**
The Centers for Medicare and Medicaid Services (CMS) has publicly released information on physician prescribing patterns including number of prescriptions and the number and percent of prescriptions that were opioids. While the viewing of data is a little bit more complicated to access as it does require some basic query capabilities, it certainly is helpful in understanding some of the prescribing opioid and other drug patterns. The information can be accessed here.

Below is a table showing the Opioid overdose deaths by age that occurred in 2015 highlighting the breadth of ages that are affected by opioid abuse.

![Opioid-involved Overdose Deaths by Age in 2015](image-url)
Many people have heard of sepsis, but rarely do they know that 1) it is triggered by an infection and 2) people do not need to die of sepsis if detected early.

The important issue to stress with sepsis is early detection and treatment is critical to survival. Time to treatment does make a difference which is why CDC and the Sepsis Alliance urge anyone with these symptoms to act quickly. How

Sepsis is basically a series of very adverse symptoms following a known or unknown infection. Known infections, can include flu or pneumonia, MRSA, C-diff, and other types of infections.

Key Statistics
A CDC evaluation found 7 in 10 patients with sepsis had recently used healthcare services or had chronic diseases requiring frequent medical care.

In adults, these common infections can lead to sepsis:
Lung infection such as pneumonia (35%)
Kidney or urinary tract infection (25%)
Gut, stomach, or intestine infection (11%)
Skin infection (11%)

- More than 1.5 million people get sepsis each year in the U.S
- About 250,000 Americans die from sepsis each year
- One in three patients who die in a hospital have sepsis

Sepsis Treatment
According to the CDC, people with sepsis are treated in the hospital. Research shows that rapid, effective sepsis treatment, which includes giving antibiotics, maintaining blood flow to organs, and treating the source of infection, can save lives.

Doctors treat sepsis with antibiotics as soon as possible. Many patients receive oxygen and intravenous (IV) fluids to maintain blood flow and oxygen to organs. Other types of treatment, such as assisting breathing with a machine or kidney dialysis, may be necessary. Sometimes surgery is required to remove tissue damaged by the infection.

For additional information on sepsis, the CDC and Sepsis Alliance are very helpful resources for patients, families, and providers.

PNEUMONIA VACCINES
In addition to urging your family and friends to get the seasonal flu shot, for those that are 65 and older, the pneumonia shots are essential to living a longer and healthier life.
The Centers for Disease Control and Prevention estimates that in the United States about 1 million people have to seek care in a hospital due to pneumonia. About 50,000 people die from the disease each year in the United States. Most of the people affected by pneumonia in the United States are adults.

Certain people are more likely to get pneumonia:
- Adults 65 years or older
- Children younger than 5 years old
- People who have chronic medical conditions (like asthma, diabetes, or heart disease)
- People who smoke cigarettes

**CDC Recommendations**

CDC recommends 2 pneumococcal vaccines for adults 65 years or older:

- Get a dose of the pneumococcal conjugate vaccine (PCV13) first. Then get a dose of the pneumococcal polysaccharide vaccine (PPSV23) at least 1 year later.
- If you’ve already received PPSV23, get PCV13 at least 1 year after receipt of the most recent PPSV23 dose.
- If you’ve already received a dose of PCV13 at a younger age, CDC does not recommend another dose.

**Midwest Forum on Hospitals, Health Systems and Population Health**

*Partnerships to Build a Culture of Health*

Public health institutes and organizations in Illinois, Michigan, Indiana, and Wisconsin have joined together to host a three-day conference in Chicago - November 29 through December 1 - on public health issues of major concern. For additional information, please click [here](#)
REMEMBERING OUR VETERANS

Project Patient Care staff are always out and about volunteering their service to others. Pat Merryweather was recently volunteering at the Chicago Stand Down Day for Veterans. For the past 6 years, Pat has joined with another Rotarian and veteran to collect and provide clean, gently used winter coats for an average of 700 homeless veterans. The Chicago Stand Down Event event is usually held at the Humboldt Park Armory around Veterans Day with over 700 homeless veterans participating each year. Stand Down Days are typically linked to local Veteran Administration organizations and include dozens of wrap around service providers from government, not-for-profit, and veteran organizations. While the number of homeless veterans have been reduced over the past 8 years, there are always new veterans – young and old in age – that have become homeless.

While we are giving thanks and appreciation to so many veterans, it is important to remember that some veterans may bring the war home with them ----- and some may find the war comes homes with them years later ……..See Chicago Tribune article…..

Stand Down Days are held throughout the year in many communities across the United States. To get involved in a local Stand Down Day, go to Stand Down Day.

We Love to Hear From You!

We are always happy to hear from you - please feel free to contact us at any time.
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Thank you
gratitude can transform common days into thanksgiving, turn routine jobs into joy, and change ordinary opportunities into blessings.

~William Arthur Ward~