Issue 20 October 2022

Health Home Herald

Breast Cancer Awareness

By Zoey Hogan, Project Coordinator, with the Washington State Department of Health

October is Breast Cancer Awareness Month! You've probably seen the pink ribbons around, but did you know that there are ways to **reduce** your risk of breast cancer?

Regular mammograms (an X-ray of the breast tissue) are the best way to detect breast cancer early. If caught early, many people go on to live long and healthy lives.

Mammograms can sometimes detect breast cancer up to three years before it can be felt during a self-exam. Most major health insurance plans cover mammograms *for free*. If you or a loved one has limited or no insurance coverage, or are low-income, the Breast, Cervical and Colon Health Program at the Washington State Department of Health can help you find out if you qualify for free screenings.

Besides regular screening mammograms, there are other ways to reduce your risk for developing breast cancer. Regular exercise, maintaining a healthy weight, and not drinking alcohol are all ways you can reduce the chances of developing breast cancer. Other ways to reduce your risk are available from the Centers for Disease Control and Prevention.

When should I get screened for breast cancer?

If you are age 40-49, ask your doctor when you should begin screenings. If you are 50 or over, check with your doctor to see how often you should be screened. Your doctor will consider all your risk factors and family history to determine the best schedule for you.

Did you know?

Transgender women over 50 who have undergone HRT (hormone replacement therapy) for 5-10 years should talk with their doctor about screenings. Here's more information about breast cancer screening for transgender women. Transgender men who have not had a bilateral mastectomy should follow the screening guidelines for cisgender (non-transgender) women.

If you have a family history of breast or ovarian cancer, you should speak with your doctor about your risk, regardless of your sex or gender identity.

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Breast Cancer Awareness
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You might require earlier or more frequent screenings due to an increased risk. (Approximately 11% of breast cancer cases are detected in people under 45—learn more about the risk factors for younger people.)

During Breast Cancer Awareness Month, make time to learn more about your personal risk of developing breast cancer—knowing is half the battle! You can also use your license plate to support loved ones who are living with breast cancer and encourage others to get screened. Plates display the iconic pink ribbon and include the tagline "early detection saves lives." Breast cancer license plates are available for purchase at the Department of Licensing. A portion of fees will support free breast cancer

Fast Facts

The average lifespan is about 5 years longer for women than men in the U.S., and about 7 years longer worldwide. Harvard Health Blog (6/22/20)

Heart Disease is the Leading Cause of Death for U.S. Men. Henry Community Health (11/25/22)

Webinar Trainings

Join us for free monthly webinar trainings designed for Health Home Care Coordinators and allied staff. Webinars are typically held from 9:00 a.m. to 10:30 a.m. the second Thursday of each month.

For invitations including registration information please visit the DSHS Health Home website at **Washington** Health Home Program – Training Invitations | DSHS

Check often for any updates to topics and registration links.

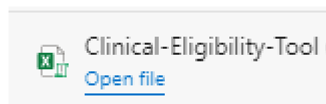
Upcoming topics

Date	Topic
Oct 13	Dementia
Nov 10	Hospice
Dec -	No Training this month only
Jan 2023 12	Care Coordination

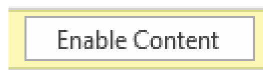
Updated Clinical Eligibility Tool

The Clinical Eligibility Tool (CET) has been updated. You can now enter ICD10 Diagnosis Codes (ICD10) and National Drug Codes (NDC) from a client's clinical documentation and have them automatically entered into the CET. There are a couple things that you will need to know:

- You must download the tool to make it work. Go to Health Home resources and open the Clinical Eligibility Tool . You will need to select "Download file". When the download is completed select "open file" and save it into your hard drive.

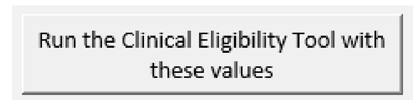


- Click on "Enable Editing."



Note —The CET will not work until you have saved your copy and clicked on "Enable Editing."

- Start by entering the clients Gender, age and ProviderOne ID.
- Next, move to the second tab. "Dx and Rx Code Lookup". Enter the clients ICD10 and NDC codes as directed. When the codes are entered correctly the "Risk Group" and "Description" or "Generic Name" columns will populate.
- Once the 2nd tab has been completed, select "Run the Clinical Eligibiity Tool with these values" and return to tab 1.



- You should now finalize the CET.

(New instruction sheets will be available on the Website soon)

Spotlight on Resources

New Eyes for the Needy Program.

New Eyes is a 501(c)(3) not for profit organization founded in 1932 to improve the vision of those in financial need. New Eyes purchases new prescription eyeglasses for adults and children that cannot afford glasses on their own. New Eyes changes lives through clear vision so that children can succeed in school, adults can find employment, and seniors can live safely and independently.

Eyeglasses can be very expensive, and most clients are not aware of this resource. As a Care Coordinator, you can help your client receive a free pair of glasses through this fantastic program. Eligibility guidelines are on their website along with the ordering process. New Eyes does not pay for eye exams, but Medicare/Medicaid will. Once your client has a new prescription along with the pupillary distance, you can help your client by applying for the assistance online and receive a voucher. You and your client can then go online and pick out a pair of glasses and cash in the voucher. Most clients receive their new glasses within two to three weeks.

Please visit: New Eyes for the Needy (new-eyes.org) for more information.

Submit your story, resource, or ideas to the Care Coordinator Corner via our newsletter in-box at healthhomenewsletter@dshs.wa.gov

New Eyes for the Needy Story

By Eve Moss, Care Coordinator
CCO - Compass Health
HH Lead - CHPW

I began working with a 46-year-old client in May of 2021. After building rapport and trust with her, she became comfortable enough to seek help in finding a detox facility and enroll into an intensive outpatient program for alcohol use. Since seeking treatment for alcoholism in December 2021 and remaining sober, she has regained self-confidence and is highly motivated to address health concerns. I was able to assist the client in finding an optometrist so she could get an eye exam. Once she had the eye exam, we picked out a pair of new eyeglasses through New Eyes for The Needy program. She was so happy to get new glasses and to be able to see better! One of the best practices I have used with this client is motivational interviewing and allowing the client to problem-solve with more independence. I have provided the client with the appropriate resources, and she takes the initiative to utilize them. This client benefits not only from health coaching and goal setting, but also by being given the time and space to be heard and validated while she copes with multiple health issues.

Participant Portrait

By Tatiana Kondratyuk, Care Coordinator

Lead & CCO: NWRC

I began working at NWRC in May of 2022 and quickly realized that our clients desperately needed our services to maintain their dignity and independence. One of those moments of validation of our services was when I met with Jose Flores.

When I arrived, Mr. Flores was smiling but reserved about sharing his health concerns. Visibly, I could tell he was struggling with his health. Mr. Flores speaks Spanish, and his daughter translates during home visits. As we began to peel layers of getting to know each other, I realized that my client and his family felt that they were not being heard by his physician. Mr. Flores had requested more information about his health concerns such as sudden weight loss, vomiting, fluid retention and weakness but was given a brief response - The cirrhosis of the liver is the cause to his previous drinking habits. There was no further follow-up scheduled or additional exploration of how to address these symptoms.

After observing the concerns of the family and pain with not having clear answers, my heart ached for them. Within the next several days, I began to connect with his primary physician: inquiring about follow-up testing and monitoring. I accompanied him to his medical appointment and advocated for his health and emotional frustrations for not having any follow-up interventions. His physician understood our requests and submitted referrals to a CT scan, endoscopy, colonoscopy, hepatology, and pulmonology. We were able to establish routine appointments for paracentesis, which significantly helped Mr. Flores with vomiting, pain and gave him the ability to eat meals without feeling sick and preventing further weight loss. As his Care Coordinator, I kept calling his physician to make sure the referrals had been submitted, appointments had been scheduled and that my client was being seen. My client's medication list was re-evaluated and adjusted to his conditions. We were able to switch pharmacies to have the medications delivered and dispensed into medi-sets which was such a relief for the family and my client. Due to his physical weakness, he struggled to go outside and walk around his yard. He had several falls, and the family was concerned for his safety. We called his primary physician and had a prescription for a four-wheel walker with a seat sent to NORCO. Mr. Flores had the walker within 2 days and was enjoying once again going outside. Mr. Flores finally feels like he has a voice and is being heard by his physician. His family cannot thank NWRC enough for interceding for their dad and giving him the ability to live independently.

Care Coordinator Corner

By Laurie Holmes –
Care Coordinator
Community Choice – CCO
Coordinated Care – Lead

Matt is a 51-year-old man who enrolled in Health Homes in August 2021. He had recently lost his housing, was unable to work due to severe COPD, and was in the process of getting his remaining seven teeth extracted, one at a time, to get dentures. His initial goals were to obtain dentures, find housing, get a portable oxygen concentrator, apply for food stamps, and cash assistance. Matt is articulate and motivated to solve problems in his life and was already working to apply for SSI when we met.

Matt moved into a friend's camper located in an isolated mountain area far from the main road, where he lived with his two large dogs and no electricity except for limited use of a generator. He was unable to use his oxygen continuously as prescribed by his doctor. With my assistance and support he was able to obtain food stamps, cash assistance and get on a free cell phone plan. With his income at $197 per month I assisted Matt to problem-solve his barriers and discussed and referred him to every available local resource.

Matt encountered a new difficulty when his drivers license was suspended for unpaid fines. I worked to find transportation options so that he could get groceries, medication, supplies, and attend appointments. He also had difficulty getting oxygen delivered to his location. I provided information for Matt on how to regain his driver's license and assisted him to get his medical records from the local hospital for his SSI case.

Matt was able to regain his drivers license in two months but then experienced another hardship when his truck got stuck in the snow. He was able to walk to his camper but due to his COPD couldn't carry his supplies with him. I reached out to area snowmobile clubs and the next day, two gentlemen came with a tractor, brought him his supplies, and plowed his road. His truck, however, remained stuck and again there were many calls to find help to get client the supplies he needed. I reached out to the local fire district and two volunteers came with an all-terrain snow vehicle to bring his supplies. During this time Matt agreed to begin counseling through Telehealth. He also found low-income housing that was available in a small nearby town. I helped him to investigate this lead, and then find financial resources for the application fee and first month rent.

Matt moved into his new apartment in March. I worked to resolve an issue and unnecessary expense from the PUD. Matt self-advocated and found donations of furniture. I assisted Matt to get a doctor's letter for emotional support animals and Matt was able to keep his dogs with him. This past winter was a long, difficult journey for him and the Health Home program was an essential support system through it all.

No-Shave November, Movember, Word Search Puzzle

Look for the 22 words listed below. The words can be diagonally, horizontally, forwards, or backwards.

Look for a sentence with the unused letters.

T	D	H	E	G	H	T	L	A	E	H	S	N	E	M
D	I	S	E	A	S	E	E	O	A	L	O	N	F	O
T	A	M	O	V	E	R	P	M	B	E	D	O	R	U
R	G	A	D	L	U	D	R	A	E	B	E	S	S	S
E	N	O	E	C	K	N	O	O	W	N	P	H	A	T
A	O	F	T	S	R	S	S	E	N	E	R	A	W	A
T	S	U	E	V	E	N	T	G	N	O	E	V	S	C
M	I	N	C	S	B	H	A	N	A	V	S	E	R	H
E	S	D	T	E	M	N	T	I	O	V	S	E	A	E
N	M	R	I	B	E	E	E	N	A	R	I	I	C	S
T	T	A	O	O	V	C	H	E	A	N	O	N	S	G
E	T	I	N	V	O	L	V	E	M	E	N	T	O	H
E	F	S	C	A	N	C	E	R	A	C	E	U	M	O
T	N	E	V	E	R	P	F	C	M	E	N	S	A	H
C	H	A	R	I	T	I	E	S	E	A	L	T	H	L

WORD LIST

ANNUAL
AWARENESS
BEARD
CANCER
CHARITIES
CURE
DEPRESSION
DETECTION
DIAGNOSIS
DISEASE
EVENT
FUNDRAISE
INVOLVEMENT
MEN'S HEALTH
MOSCARS
MOUSTACHE
NO SHAVE
NOVEMBER
PREVENT
PROSTATE
SCREENING
TREATMENT

Answers to the word search puzzle may be found on the DSHS Health Home website under "Newsletters"