

Widdowson Family Has Long Tradition of Service

One glance at the memorabilia in Doug Widdowson's office and you'll know why USFHP patients feel comfortable: These are powerful symbols. A photo hangs of Widdowson, MSgt, USAF ret., standing among the flight surgeons and paramedics of his Aeromedical Team. There's one of his dad with his F-94C aircraft; and another of his son, Senior Airman Tanner Widdowson, Loadmaster on the C-17 Globemaster III.

"Most of our USFHP patients are proud of their service and like to talk about it," says Widdowson. As practice administrator for Johns Hopkins Community Physicians at Hager Park in Hagerstown, Md., he keeps a trained eye on the daily administration and operations of the office, while his easygoing, open manner invites confidence from those he helps. "You like to share that bond of being military; I love to hear our patients' stories and I've met some great people," he says.

Widdowson's own military experience includes 20 years of managerial and supervisory positions in



Doug Widdowson

both Munitions Systems (bullets to bombs) and Aeromedical services. He was also an Aerospace Medicine paramedic and superintendent of two large USAF Hospitals at Plattsburgh and McGuire Air Force Bases.

While serving, he received the Air Force Meritorious Service medal with one oak leaf cluster, the Air Force Commendation Medal with two oak leaf clusters and the Air Force Achievement Medal with one oak leaf cluster.

"In our family, it's always been very important for us to serve," says Widdowson.

His five uncles survived World War II; wife Helen's father attended Valley Forge Military Academy in preparation for service.

His son Tanner, who is still in the Air Force, has put in over 1,000 hours of flying time, mostly in combat zones. Tanner's aircraft was targeted by rocket fire in Baghdad. The rocket's warhead did not detonate but the motor exploded, injuring a crew member who has since recovered.

"What happened to my son and his crew is just one incident," says Widdowson. "There are many families whose members are in danger



SSgt Fred Widdowson

When Counting Sheep Doesn't Help Sleep Disorders Common in United States



It's 2 a.m. You're tossing and turning, and wondering how you'll ever get to sleep. According to the National Sleep Foundation, you are not alone: Some 50 to 70 million Americans suffer from chronic sleep disorders.

The lack of sleep not only impacts their daily functioning. It can affect their health by increasing the risk of heart attack, obesity, hypertension, stroke, and, especially among adolescents, anxiety, behavioral problems, alcohol use and attempted suicide. Nearly 20 percent of serious car accidents are caused by sleepy—and alcohol-free—drivers.

No matter how you look at it, sleep loss just isn't good for you.

"Americans need sleep and the biggest reason they don't get enough is because they won't or can't sleep," says Charlene Gamaldo, M.D., assistant director of the Johns Hopkins Sleep Disorders Center. "For adults to function at their best emotionally, cognitively and physically, they should sleep between 7.5 to 8.5 hours a night."

There are about 30 types of insomnia, the most common sleep disorder. It is characterized by:

- difficulty falling asleep
- difficulty staying asleep
- and difficulty functioning during the day.

In the daytime, people with insomnia understand-

ably feel sleepy or cranky and have a hard time staying alert, recalling things or processing thoughts.

To complicate matters, sleep deprivation sometimes accompanies other medical conditions, especially those that involve the nervous system, such as chronic pain due to back problems or arthritis.

"Any significant pain condition will disrupt the quality of a person's sleep," says Gamaldo, who is also an assistant professor in neurology (disorders of the nervous system) and pulmonology (diseases of the lung and respiratory system) at the School of Medicine.

You may have heard about another kind of sleep disorder: obstructive sleep apnea. Persons with this condition stop breathing completely for at least 10 seconds and then usually snore, gasp or choke. This usually happens without their waking, so many are completely unaware they have the condition. During the day, the afflicted may or may not experience sleepiness and difficulty concentrating; in fact, it's often the patient's partner who notices something is wrong.

But this disorder is not trivial. Sleep apnea is a risk factor for stroke, heart disease or high cholesterol, and it can only be diagnosed definitively by a study conducted at a sleep clinic.

"For adults to function at their best emotionally, cognitively and physically, they should sleep between 7.5 to 8.5 hours a night." – Charlene Gamaldo

If you suspect you might have a sleep disorder, discuss the problem with your primary care physician, who, if needed, can direct you to a sleep specialist to diagnose the problem.

"There's no need to think you must live with a sleep problem because of your age or medical condition," says Gamaldo. "In the majority of cases, these conditions can be treated so that they disappear or, at least, are sufficiently treated to allow an overall improvement in quality of life." Bottom line? "We can often help, so in most cases, there's no reason to suffer." ■

You've never heard of shingles?

One hint: You don't want to get it.

Shingles is a skin condition that can cause a blistering skin rash and other symptoms, including severe nerve pain that lasts for weeks. It is one of the few rashes that is painful; a burning feeling can often precede its onset by up to two days.

Until recently, there was no way to protect yourself against this skin condition, but, last May, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recommended the FDA-approved Zostavax vaccine for patients aged 60 and up.

"Nearly half of all shingles cases occur in men and women aged 60 and older, and 10 percent to 15 percent of those patients will go on to have severe, painful, long-term symptoms due to the attack," says Norman Poulsen, M.D., chief of family medicine for Johns Hopkins Community Physicians. "It is important to get the Zostavax immunization, which will reduce your chance of an attack by 50 percent and decrease the chance of prolonged symptoms by two-thirds."

Last year, shingles attacked approximately 1 million Americans. One in three adults will develop the disorder, which is caused by the



same virus that gives rise to chicken pox (varicella zoster virus). Once a person has had chicken pox, the virus lies dormant in the nervous system for years. For reasons not yet known, if the virus becomes activated, it can cause blistering along the track of a nerve root, often in the middle of the back on one side of the body and up to the breast bone. Blisters can also appear on one side of the neck, face, scalp and even in the eyes.

Other symptoms include:

- fever
- chills
- itching
- headache
- and abdominal pain.

Shingles attacks last several weeks and there is no cure because it is caused by a virus which must run its course. Antiviral medications can

shorten the course of shingles and reduce the chance of long-term effects, but only if started within 72 hours of the onset of the attack. If you think you may have shingles, it is important to see your doctor quickly. Treatments may also include painkillers, anti-inflammatory medications, and ointments.

In some cases, after the active phase, shingles can lead to postherpetic neuralgia, a condition in which the damaged nerves continue to send messages of pain to the brain, long after the shingles have cleared up. The affected areas of the body remain extremely sensitive to touch.

Other complications that can follow an attack are skin infections, brain inflammation, hearing problems and even loss of vision. Shingles is definitely nothing to fool around with.

The Zostavax vaccine is a covered benefit for USFHP members, but let your primary care provider determine if vaccination is right for you. Adults with weakened immune systems and certain other medical conditions can have serious adverse reactions to the vaccine. ■

continued from cover page.

every day, facing difficult situations, and the respect our family has for them is beyond measure."

Retiring in 1997, Widdowson, who holds a B.S. in health care administration, stayed in medical management and administration.

The civilian world, too, holds challenges; one of his toughest was adapting to a less regimented lifestyle. Once he left the military, Widdowson worked in several pri-

vate medical practice environments, but he wanted more. When the opportunity to join the Johns Hopkins system came open in early 2007, he knew he had to act.

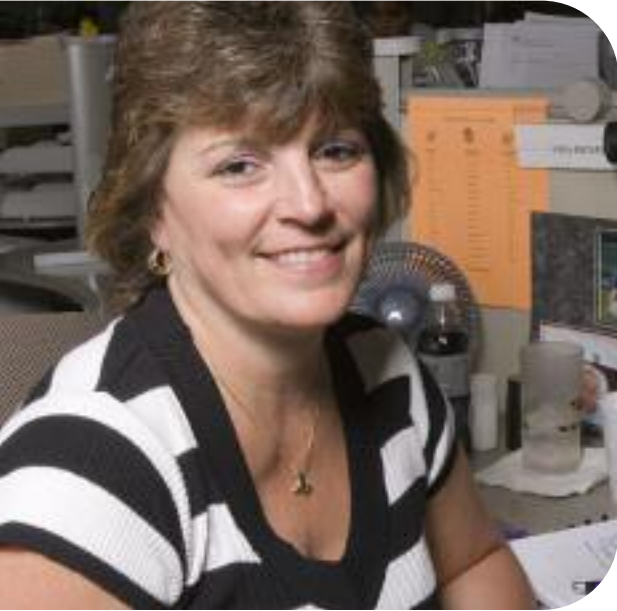
At JHCP Hager Park, Widdowson's high expectations are fulfilled. "I'm awestruck by the Hopkins psyche, what Hopkins stands for and what it accomplishes," he says. "It's an honor to serve." ■



Senior Airman Tanner Widdowson

Ask Customer Service

Hello Customer Service. Can You Help Me?



Customer Service Representative
Lisa Henze

As part of our ongoing series on Customer Service, this month we're featuring CS representative Lisa Henze, who has been with the Johns Hopkins USFHP since 2003. According to Lisa, here are some of the questions members have asked recently.

1. How can I get a new Member Handbook?

Easy. Please call our Customer Service Center at 800-808-7347 and we'll be happy to send one out. An updated copy will be printed and mailed to all members early in 2009. In the meantime, check our online version for the most current information. Our Web site is www.hopkinsmedicine.org/usfhp.

2. What is the catastrophic loss prevention benefit?

The Plan covers almost all costs for your care except for co-payments required by the DoD. While it's very rare, costs for co-payments for physician visits, prescription drugs, medical equipment and/or hospitalization can really add up if an individual or several family members have serious ongoing health problems. That's why there is a limit on how much you would be expected to pay. This limit is called a catastrophic cap (sometimes called a stop-loss). For active-duty members the most they could pay is \$1,000 per enrollment year, per family. The cap for retirees, family members and survivors is \$3,000 per enrollment year, per family.

3. Where can I get my prescriptions filled?

Prescriptions can be obtained through any Rite Aid pharmacy of your choice. Please refer to page 13 in your Member Handbook for a list of stores that are open 24 hours a day, or go to www.riteaid.com for a list of stores in your area. You can also use our mail order service by calling the Rite Aid pharmacy at 410-338-3300 to request a mail order form.

4. Where do I go for my routine vision care?

Our Customer Service Center will be pleased to locate an eye center near you. The location depends on where you are seen for primary care services.

Call 800-808-7347 for assistance.

5. How can I arrange to be seen by a participating Johns Hopkins specialist in Baltimore?

Your primary care doctor is responsible for referring you for any covered specialty care. If you have a particular specialist in mind, please contact Customer Service to ask if the specialist you've identified is a participating provider and if the necessary services are covered. If yes to both questions, a referral from your primary care physician is all that's needed to obtain care. You can then contact the provider to schedule an appointment time that is convenient for you.



Nancy DiLeo, who joined the Customer Service team in May, has recently been appointed as the new customer service manager.

GOT QUESTIONS?

Call Customer Service at 410-424-4528 or 800-808-7347 or visit our regularly updated Web site at www.hopkinsmedicine.org/USFHP. The Customer Service Center is open Monday through Friday, 8 a.m. to 4:30 p.m. ■

Is Long-Term Care Insurance Right for You and Your Family Members?

DID YOU KNOW THAT AS A RETIRED SOLDIER, YOU ARE ELIGIBLE TO APPLY FOR COVERAGE IN THE FEDERAL LONG-TERM CARE INSURANCE PROGRAM (FLTCIP)?

Eligible family members of retirees include spouses, adult children and surviving spouses receiving survivor annuity, such as the Retired Serviceman's Family Protection Plan (RSFPP) the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC). Surviving spouses not receiving a survivor annuity are not eligible. Former spouses are not eligible even if they are receiving a survivor's annuity.

There is no upper age limit on who can apply; however, you do have to pass the screening questions about your health. Qualified family members apply for their own coverage, even if the retiree chooses not to apply.

"Gray area" Reserve retirees, those not yet age 60 and not yet receiving retirement pay, are eligible to apply for FLTCIP. This was not the case when the plan started.

Long-term care is what you would need if you could no longer perform everyday tasks by yourself because of a chronic illness, injury, disability, or the aging process. This type of care includes the supervision you would need if you had a severe cognitive impairment like Alzheimer's disease.

Long-term care isn't intended to cure you. It is care that you might need for the rest of your life to endure chronic conditions. This care can span years and can be expensive depending on your specific needs and physical location. It will not take place in a hospital; you can receive treatments at your residence, at a nursing home or some other long-term care facility.

Long-term care insurance is one way of helping to



pay for the expenses that you will amass. To start the process of eligibility, you will first need to be certified by a licensed health care practitioner who will develop a care plan. Long Term Care Partners would then need to agree with the certification and approve the plan for benefits to begin.

Those considering enrollment will have a variety of options. Prepackaged policies can be purchased for three- or five-year periods with daily benefits of \$100 to \$150. For individuals in need of greater flexibility, daily benefits ranging from \$50 to \$300 (in \$25 increments) can be purchased. Other plan options, including an unlimited benefit, will be available during the open enrollment.

Premiums will vary based on age, amount of coverage, length of coverage, and other factors. The FLTCIP also offers two options to protect benefits against inflation. ■

For information go to <http://www.opm.gov> or <http://ltcfeds.com>, e-mail info@ltcfeds.com or call 1-800-LTC-FEDS (1-800-582-3337).

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Measles Outbreak Has Serious Implications

CDC Recommends Vaccination



safe,” says CDC spokesperson Curtis Allen. The rest of the persons who came down with measles were not inoculated because of medical exemptions or because they were too young.

The last significant measles outbreak occurred in 1997. That year, 138 cases were tracked from January to December.

Symptoms of the virus include a rash (which usually starts on the face), high fever, runny nose and hacking cough. The disease is spread through coughing and sneezing. In about one out of five cases, measles can develop serious complications such as:

- diarrhea
- ear infections
- pneumonia
- encephalitis (swelling of the brain)
- disorders of the nervous system
- and death.

The current outbreak is especially worrisome because some parents refuse to immunize their children against measles and other serious diseases.

“Vaccines are given to protect children from getting illnesses that can seriously harm or kill them,” says pediatrician Ruth Ashman, M.D. “If more and more parents decide not to vaccinate their children, the now rare diseases that vaccines are designed to prevent will return.”

Unimmunized children can get the illnesses they are not vaccinated against. They can also give them to another unprotected child or adult (those who could not be immunized for medical or religious reasons, or because they are too young).

“A vaccinated child can help prevent disease from spreading,” says Ashman.

Parents of some unimmunized children know that as long as nearly all of the other children in their community get their shots, there should not be enough pathogens around to sicken their child.

“If enough parents in a community do not immunize their children, this critical number of vaccinated children will not be reached,” says Ashman, and outbreaks such as this one will happen.

Some parents believe that the MMR shot (the combined vaccine given to protect against measles, mumps and rubella) causes autism. Earlier, flawed studies had suggested such a link. According to the CDC, in 2004, the Insti-

This year, as of mid-July, 132 people in the United States have contracted measles—the nation’s biggest outbreak of the last decade. According to the Centers for Disease Control and Prevention (CDC), this highly contagious disease has been found in 15 states.

“Of the 132 cases, 40 percent had consciously chosen not to be vaccinated because of religious or personal beliefs, even though the vaccine is highly effective and

“If more and more parents decide not to vaccinate their children, the now rare diseases that vaccines are designed to prevent will return.” – Ruth Ashman

tute of Medicine concluded that there was no scientific basis for such a claim. The MMR vaccine does not cause autism.

Today’s measles outbreaks can be

Soon It Will Be Easier for Active Duty Families to Get Help

traced to travelers who imported the virus from Europe, Asia and Israel, says CDC spokesman Allen. When unimmunized Americans, who travel abroad, are exposed to diseases such as measles, they can bring the disease back home.

“If the travelers are vaccinated, they can protect themselves and others,” says Ashman. ■

For a schedule of recommended immunizations for children 0 to 6, and those 7 to 18 years of age, consult your primary care physician or pediatrician, or go to www.cdc.gov/vaccines/recs/schedules/downloads/child/2008

Measles: Get the Facts

- In 2000, measles in the United States was considered eradicated.
- Worldwide, the disease is far from eliminated, with about 20 million cases reported each year.
- In 2005, 311,000 children below the age of 5, died from measles—deaths that could have been prevented with vaccinations.
- The CDC, American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and American College of Physicians (ACP) all recommend the measles vaccine (MMR).
- Children should be given the MMR vaccine in two doses, the first between the ages of 12 and 15 months, and the second between 4 and 6 years of age.
- Adults born during or after 1957 should be vaccinated. A blood test indicates immunity.
- International travelers and health care workers should also get the MMR vaccine.
- From <http://cdc.gov/features/MeaslesUpdate>

Whether you or a family member is suffering from symptoms of mental illness, emotional disturbances, or trying to deal with addiction or substance abuse issues, you will soon find it easier to obtain the services you need.

“We know how important it is to get help quickly and want to do everything possible to make getting treatment as simple as possible,” says Jamie Miller, behavioral health program manager for the Johns Hopkins US Family Health Plan.

According to Miller, starting October 1, the Plan is implementing a simplified referral process developed by DoD designed to assist patients in obtaining the help they need. For example, members will be able to call our new direct line at 1-888-309-4573 to talk to one of our treatment coaches. The treatment coach will set up a conference call between the member and potential provider, schedule an appointment, and file an authorization for treatment—all in one call.

All efforts will be made to schedule an appointment within 24 hours for urgent cases and within one week for routine cases.

Providers include licensed psychiatrists, psychologists, social workers and substance abuse counselors. Under the USFHP, members are encouraged to inform their primary care physicians that they are seeking mental health or substance abuse treatment but it is not required.

Members can see a participating mental health provider for the first eight outpatient visits without a referral from their primary care doctor. If more than eight visits are needed, an additional authorization can be obtained for up to 20 sessions with a therapist and/or 12 with a psychiatrist.

Treatment for chemical and alcohol dependency at approved inpatient or outpatient treatment facilities is covered but must be pre-authorized by the Plan.

For details about covered services, please consult pages 11 and 12 of your USFHP Member Handbook, visit the Plan Web site at www.hopkinsmedicine.org/usfhp, or call 410-424-4476 (toll-free, 1-888-281-3186).



Behavioral Health Program Manager Jamie Miller and his staff are available to assist members with getting needed care.

Keep Life Simple

Is your mailbox getting stuffed with supplemental medical insurance offers? Toss 'em. They'll only clutter up your life.

USFHP provides complete TRICARE Prime coverage no matter what your age. There are no gaps, so there's no point in paying for supplemental coverage—not even medigap policies. They'll only cost you more money, generate more paperwork, and cause more headaches. Keep it simple and stay with the USFHP. It's all you need.

For more information visit:
<http://tricare.mil/mybenefit/home/Medical/OHI/SupplementalInsurance>

Schedule Those Sports Physicals and Immunizations Early

You know how it goes. School has started, sports activities are ramping up, and soon little Mary and Johnny will be coming home with those forms in their hands—the ones that have to be signed by the doctor and returned by tomorrow or they won't be able to go to school, play football or softball. They're the same ones that make the staff at the doctor's office cringe: *Everyone needs shots and a sports physical right now!* By making your appointment early, you can avoid the rush. Just call your primary care doctor today.

Don't Leave Home Without It

Your USFHP membership card contains important information about your coverage for primary and specialty care, prescription drugs and other benefits. Take a minute and read what it says about your co-pays and prescription plan information. On the back of the card, you'll also find after-hours phone numbers, instructions about emergency care, where to call for details on your benefits, and information for providers about processing your claims. It's all there: So, the next time you have a question, check your card first.

PatriotLife

Patriot Life, the official newsletter of the Johns Hopkins Uniformed Services Family Health Plan (USFHP), is published quarterly by Johns Hopkins Medicine Marketing and Communications. For more information, call 410-614-4991.

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