



Kathy Just, Pediatric Case Manager and Linda Hunsecker, ECHO Care Coordinator.

ECHO Program Helps Families Cope with Childrens' Complex Medical Needs

If you ask a parent whose child has a complex medical condition how they manage it all—caring for the child's routine needs, frequent doctor visits, obtaining other services like physical therapy—they often simply smile and say “We do our best.”

But there is no doubt that the challenges of getting care and navigating the health care system can be demanding.

Kathy Just, RN, a pediatric case manager and Linda Hunsecker, RN, ECHO care coordinator for Johns Hopkins US Family Health Plan (USFHP), understand that parents often need assistance. They do their best to find ways to help families cope and heal.

Rebecca Hulter is a four year-old who was born with Rett syndrome, a genetic disorder which, over time,

causes increased difficulty with walking, chewing, speaking and even breathing. Although there is no cure for the condition, there are treatments for improving movement and communication.

Last year, Kathy Just began working with Rebecca and her mother, Jessica, who until then, had been driving back and forth to various providers located all over Baltimore.

“The driving was exhausting Jessica,” says Kathy, and she quickly found a solution by suggesting that
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Rebecca Hulter and Ethan Finlayson.

program, is six-year-old Ethan Finlayson. Born 16 weeks early, Ethan suffered complications at birth that left him with cerebral palsy and multiple learning disabilities.

At school, he had limited use of a special, hi-tech interactive monitor, the Elo touch screen from Elo TouchSystems. His mother, Sara, figured that if Ethan had a second Elo touch screen to work on at home, his learning would progress more quickly.

She discussed her request with Kathy, who investigated the possibility of the Elo device being covered under the ECHO program.

“The device was approved and in a few weeks Ethan’s math and reading skills really took off, since he was able to practice those extra hours at home,” says his mother.

Sara also asked Kathy to access ECHO for applied behavior analysis therapy (ABA). The treatment, which teaches social, motor, verbal and behavioral skills, has enabled Ethan to keep up in school, despite frequent absences due to hospitalizations.

The Elo touch screen and the implementation of ABA have made life better for Ethan and his parents. These additional benefits were especially appreciated during his father’s six-month deployment to the Middle East. Scott Finlayson is a commander in the US Navy.

Meanwhile, Kathy’s admiration for the parents of her young patients knows no bounds. “It’s amazing what these parents are able to do,” she says. “This is their norm. They show an unwavering confidence in taking care of their children, which makes it easy for me to help support them.” ■

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Jessica use the services offered by Mt. Washington Pediatric Hospital. Kathy’s advice has turned things around for Rebecca and her family.

“We love Mt. Washington Pediatric Hospital; they’ve been wonderful,” says Jessica. “They use a coordinated team approach to handle Rebecca’s therapies and her various medical needs. They understand children and are devoted to her care, so my quality of life is vastly different.”

Since the family belongs to USFHP—Rebecca’s father, Daniel, is active duty Air Force—Kathy also introduced Jessica to the ECHO program.

This initiative provides financial assistance for active duty family members with qualifying mental or physical conditions. ECHO benefits include services and supplies that are not available through the basic TRICARE Prime Plan.

Cutting through red tape, Kathy and Linda coordinated the authorization required to access ECHO. Although Rebecca already had a wheelchair, she desperately needed a specialized tray for her school activities, and durable medical equipment can be very expensive. The program now pays for Rebecca’s wheelchair tray plus some other needs.

“The cost of adult diapers alone could break a family’s budget,” Jessica says, “but ECHO is here to help us.”

Another of Kathy’s patients, who also uses the ECHO

Simple lifestyle changes can prevent pre-diabetes from becoming the real thing

Your physician reviews your blood tests and says, “You’re pre-diabetic.” Now what? First of all, what does this mean? Pre-diabetes is an intermediate condition between normal glucose (blood sugar) levels and diabetic glucose. In pre-diabetes, your blood sugar levels are higher than normal, but not high enough for a diagnosis of diabetes.

Here’s the good news: If you have pre-diabetes, you can slow or reverse your condition by making lifestyle changes. Once you do, your blood sugar will return to normal levels. If you don’t take action, your pre-diabetes can develop into type 2 diabetes.

“These lifestyle changes, which can be achieved, will reduce the chance of developing diabetes by 58 percent in people who are pre-diabetic,” says Christopher Saudek, M.D., director of the Johns Hopkins Comprehensive Diabetes Center.

The most important step a person with pre-diabetes can take is simply to lose body weight by reducing calories and increasing physical activity.

Saudek advises his patients to reduce their fat intake and adopt a moderate, low-calorie diet, decreasing their daily calories by 500 a day. This will result in an average weight loss of one pound per week.

“That might not seem like much, but if you stick with a balanced diet, you can lose nearly 50 pounds in one year,” he says. He also recommends walking a minimum of 30 minutes a day, five days a week.

Some patients need help in understanding their eating habits, learning what kind of diet is best for them, and which foods to avoid. USFHP health coaches or health educators can work with the patient to design a diet that is



Christopher Saudek M.D.

appropriate for them. Joining support groups is also valuable because they help keep patients motivated.

“I strongly advise lifestyle changes to control pre-diabetes,” says Saudek. “I don’t recommend taking pills.”

His advice would be useful to millions of Americans. According to the Center for Disease Control (CDC), there are about 54 million people in the United States ages 21 and older who have pre-diabetes. Approximately 12 million of them are overweight and between the ages of 45 and 74.

These statistics do not reflect the 21 million individuals in the United States who already have diabetes. The CDC

estimates that this number will increase by a whopping 198 percent within the next 50 years.

“The bottom line is that it’s better to eliminate pre-diabetes,” says Saudek.

What if you don’t do anything about your pre-diabetic condition?

The risk for becoming diabetic, if you are pre-diabetic, is significant, 10 percent per year. Type 2 diabetes is a serious disease, which if left uncontrolled can result in significant damage to the eyes, kidneys, nerves and heart.

How do you know if you are pre-diabetic? There are no symptoms for pre-diabetes, but the condition is associated with certain risk factors.

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Many US Family Health Plan beneficiaries have contacted us about how the Patient Protection and Affordable Care Act (health care reform) will impact their TRICARE coverage. The short answer is that it won't. Here are a few frequently asked questions from tricare.mil:

Will the new legislation transfer TRICARE into another government health care program?

No. The Patient Protection and Affordable Care Act leaves TRICARE under sole authority of the Defense Department and the Secretary of Defense, and we are governed by an independent set of statutes.

“For the Department of Defense, and specifically for our 9.6 million TRICARE beneficiaries, this law will not affect the TRICARE benefit. Eligibility, covered benefits, copayments and all other features of our TRICARE program remain in place,” says Dr. Charles Rice, who is performing the duties of the Assistant Secretary of Defense (Health Affairs).

What does deeming TRICARE as “qualifying coverage” mean?

It ensures that TRICARE beneficiaries will not be impacted by the new legislation's requirement that people without qualifying coverage will have to pay a financial penalty.

Can I expect my TRICARE enrollment fee, premiums, deductibles or co-pays to go up because of this legislation?

There is nothing in the legislation that would change any TRICARE fees.

The new health care bill allows adult children to stay on their parent's health care plan until age 26 if their employers don't offer insurance. Will TRICARE adopt this policy?

Many beneficiaries with dependent children are very interested in how the act will impact their children age 26 and younger. Our current age limits—21, or age 23 if the dependent is in a full-time school program—are set by statute, so separate legislation would be required to change them. In fact, congress has currently introduced legislation that would extend TRICARE coverage to children up to age 26. If changes are made to the statutes governing TRICARE, then, like any other legislative initiative, time will be required for us to implement the changes. Until that time, the benefit remains unaffected by the Patient Protection and Affordable Care Act. ■

Health care reform: *What it means to you*

Simple Lifestyle Changes

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These include being overweight or inactive, having a family history of diabetes and belonging to certain ethnic groups. African-Americans, Hispanics and Native Americans are at higher risk of developing pre-diabetes. In addition, women who had diabetes during pregnancy are still at risk later in life, even if the diabetes disappeared after childbirth.

People who have such risk factors should be tested for pre-diabetes. Anyone over the age of 50, even if they

don't share these risk factors, should also be tested.

There are two tests for measuring blood sugar levels, and both are covered by USFHP. The fasting plasma glucose test (FPG) is given to patients who have not eaten for eight to 10 hours. Patients with a fasting blood glucose level of between 100 to 125 mg/dl are pre-diabetic. Those who score over 125 mg/dl are diabetic.

Patients do not need to be fasting to take the hemoglobin A1C test. According

to this test, people who score between 5.7 percent and 6.4 percent are pre-diabetic, while diabetics have blood sugar counts that are over 6.4 percent.

Although there is no hard and fast rule, Saudek suggests pre-diabetic patients be retested by their physician at least once a year following the initial diagnosis.

So if you're pre-diabetic, now's the time to seek help. You can take control of your condition, or better yet, reverse it. ■

Health Coach

Just What The Doctor Ordered

Summer is here, and those ten or more extra pounds we've been trying to lose are still with us. We know we'd be better off without them, but they just won't disappear. It's not just a matter of vanity, but of health.

Here's the solution, a personal health coach.

A personal what?

If you're a Johns Hopkins US Family Health Plan patient over the age of 18 and would like to get some professional help in managing stress, losing weight, setting new fitness goals, learning about nutrition or quitting smoking, consider the Health Coach Program.

"Our certified, health coaches work with USFHP members to identify what members would like to work on," says Hyacinth Lee, manager of the Health Coach Program. "We focus on their needs and help them attain realistic goals."

Typically, private health coaches charge anywhere from \$50 to \$150 an hour. But now, through a new program that is being offered by USFHP, you can have your own USFHP health coach for free.

Members are assigned a health coach who meets with them once a month for six months or more, depending on the issue. Together, coach and patient come up with an individualized action plan.

Patients receive one-on-one attention in confidential sessions. Since

sessions are conducted by phone, the patients never need to leave their home and can schedule appointments during hours that are convenient for them.

Nancy Cardinal is one of the program's five health coaches. A USFHP member herself, whose husband is a retired Coast Guard senior chief, she has experienced life in the military.

"I know firsthand what it's like to have your spouse be deployed and the challenges of being home and raising a family," says Cardinal, who is also a certified, personal trainer. "Such challenges can sometimes lead to stress and weight gain, especially when the person has little time for him or herself."

Cardinal and her clients would set feasible and measurable goals, ones that they can successfully achieve.

USFHP members can self-refer to the Health Coach Program. They do not need to go through their primary care physician. To set up an appointment with a personal health coach, call 410-762-5390 or 800-957-9760. You can also send a confidential e-mail to healthcoach@jhhc.com. ■

From left to right: Wendy Bowen, Nancy Cardinal, Aliah Wood, Deborah Linehan, Jennifer Thrift



Ask Customer Service

Hello, This Is Customer Service.
How Can We Help You?

As part of our ongoing series, we are featuring Bridgette Shields, a Johns Hopkins US Family Health Plan Customer Service representative. USFHP members who've called Customer Service and spoken to Shields know that she will go the extra mile for them. "Our members deserve respect for their many years of unselfish and dedicated service to our country," she says.



Besides answering our members' general questions about the plan in her warm and friendly voice, Shields also welcomes USFHP's newcomers—those who've joined within the last 60 to 90 days. She makes sure that they understand their benefits and helps pair them with a primary care physician who will meet their family's needs.

Hired in fall 2009 Shields has worked in the field of customer service for 12 years and for six additional years dealt directly with patients. Married and a mother of two teenagers, she enjoys reading nonfiction in her spare time.

Here are some of the latest questions that our members have been asking USFHP's Customer Service representatives:

Q: Will the new Health Care legislation affect USFHP?

A: In a March 23, 2010, online posting of *Stars and Stripes*, Defense Secretary Robert Gates said that any national health care changes "will not negatively impact" the Tricare medical insurance system."

Q: What if I need interpreter services?

A: Many of our physicians and hospitals offer on-site interpreting services. To request an interpreter, just call one of our Customer Service representatives at 1-800-808-7347.

Q: Once I become a USFHP member, how do I choose a doctor?

A: To locate a doctor, visit www.hopkinsmedicine.org/usfhp and, on the right side of the page, click on Find a Doctor. Next, go to Primary Care Providers for a listing of physicians. To locate specialty-care providers, click on the Participating Hospitals/Specialists directory. Finally, if you want information about the practitioner's background, qualifications and experience, please call Customer Service at 1-800-808-7347 or 410-424-4528.

Q: Am I covered for ambulance services?

A: Your benefits cover the use of medically necessary, life-sustaining, ambulance transport when use of any other kind of transportation is inadvisable. If you are a retiree over age 65, or a retiree family member, and do not carry Medicare Part B, your co-pay per single use of ambulance service is \$20. Active-duty family members and retirees with current Medicare Part B do not need to make a co-payment for ambulance services. ■

Hopkins Named One of the World's Most Ethical Organizations

You know we strive to meet the high standards we've set for ourselves and give you the best of care. Here's some independent confirmation of our behind-the-scenes efforts.

Recently a New York-based think tank, whose mission is to advance best practices in business ethics and corporate social responsibility, named The Johns Hopkins Hospital in its 2010 listing of the world's most ethical companies and institutions. The Ethisphere Institute chose Hopkins from among hundreds of nominees representing more than 30 industries.

Besides Hopkins, the 2010 listing included, among others, organizations such as Google, Xerox, General Electric, Cleveland Clinic, Texas Instruments, Ikea and Starbucks.

Says Ronald R. Peterson, president of The Johns Hopkins Hospital and Health System, "The Johns Hopkins Hospital and Health System are honored to have received this recognition for the second year in a row. It is not enough to provide the finest care available. That care must also be provided within a highly principled and ethical environment. To do anything less is a great disservice to our patients, ourselves and the principles under which our hospital was established."

The nominees were judged according to criteria such as corporate citizenship and responsibility, corporate governance, innovation that contributes to public well-being, industry and executive leadership, legal and regulatory performance, and ethics-compliance programs.

For more information about the awards and the Ethisphere Institute, please visit

<http://ethisphere.com/wme2010> and <http://www.ethisphere.org>.

Tell a Friend, *We're Now In Pennsylvania*

We are pleased to announce that Johns Hopkins US Family Health Plan (USFHP) is now offering its services to members in the southern Pennsylvania region.

USFHP has partnered with the Wellspan Medical Group, an integrated health network. The result? Pennsylvania residents have access to more than 30 primary care practices in Pennsylvania: 10 locations in Adams County, and 22 in York County.

"USFHP is responding to the many requests we have received to expand our provider network," says Mary Cooke, vice president of USFHP. "The new partnership will provide outstanding health care at convenient locations."

Modern Healthcare magazine recently named WellSpan one of the top 100 integrated health networks nationwide.

As you know, USFHP offers comprehensive care benefits to members of the seven uniformed services, including active-duty family members, retirees and their family members, and survivors. So, if you have a friend or loved one living in southern Pennsylvania, pass the word around and let them know about our new locations.

For more information about the USFHP plan or to enroll, call 1-800-801-9322.

For a detailed listing of the new USFHP locations in Pennsylvania, please go to www.hopkinsmedicine.org/usfhp/members_visitors/Pennsylvania_Locations ■



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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www.hopkinsmedicine.org/usfhp

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Hopkins Research Study Opportunities for USFHP Members

The research studies listed below are recruiting participants and may be of interest to our members. Further information about each study may be obtained from the Contacts listed. Further information about all clinical trials in the U.S. may be obtained by accessing www.clinicaltrial.gov.

Research	Hopkins Principal Investigator	Contact
Child Anxiety Prevention Study (CAPS)	Golda Ginsburg, PhD	Golda Ginsburg, PhD Tel: 443-287-4349 E-mail: CAPS@jhmi.edu
Older Adults & Caregivers: Multiple medical conditions in the elderly	Cynthia Boyd, MD, MPH	Travonia Hughes, PhD Tel: (410) 550-5829 Email: thughe17@jhmi.edu
Prevention/slowing of diabetic neuropathy and treatment of pain in diabetic neuropathy	Michael Polydefkis, MD,MHS	Nicholas Cimino Tel: 443-287-0589 Email: ncimino1@jhmi.edu

While USFHP generally supports and encourages the participation in medical research, we make no recommendation about participation in any specific research project. Before agreeing to participate in any research project, ask questions and investigate to reach your own conclusion.