

Women's Care Medical Group/Stanford Children's Health

Newsletter—Summer 2019

- 1. Summer plans:** We have received many calls about measles vaccination in adults; if you are unsure about vaccination, you can either get a blood test for titer of antibodies or get the MMR booster (one injection). WCMG offers these vaccines in the office now due to the higher demand. If you are travelling abroad and have questions about the Zika virus or recommended vaccines/meds for your destination, check the Centers for Disease Control and Prevention website at CDC.gov or visit one of the multiple Stanford Travel Clinic locations in the Bay Area.
- 2. Sleep:** Sleep is so important to a healthy body, a strong immune system and a functioning brain. Time spent during deep sleep is time for our brains to repair damage sustained during daily wear and tear, and transfer short term memories into long term memory banks. To learn more about all aspects of sleep: check out “How to Sleep Well” by Dr. Neil Stanley.
- 3. Stress Management:** You can never control what is happening in the world, in our country or even in your family—but you can control how you let it affect you and that is the definition of stress; use tools such as mindfulness meditation, yoga, HeartMath and music! Yes, **music** has been shown to elicit brain waves that are restorative and calming.
- 4. “HeartMath”:** research since 1993 has focused on the relationship of stress to emotional states and the effect of stress on the autonomic nervous system, the hormonal and immune systems, heart and brain. Stanford University has suggested inner balance tools as one technique to improve mental clarity, creativity, emotional balance and personal effectiveness—just think— the heart has its own brain! You can access the reading materials, ear clip and monitor for cell phone app usage, and lots more at: www.heartmath.com.
- 5. Sugar-sweetened beverages:** Did you know that sports and energy drinks are overtaking soda as the primary source of liquid sugar in kids’ diets? Drinking beverages that contain added sweeteners is linked to adults and children becoming overweight or obese, which increases the risk of

developing type 2 diabetes, liver disease, dental decay and other health problems. Sugar substitutes and artificial sweeteners are not a solution to obesity or diabetes because they change gut bacteria and absorption of nutrients while appealing to your “sweet tooth”. This summer try to eliminate the sweeteners in your beverages and veer toward the spicy and savory in your food choices.

6. **“Telehealth” visits:** Women’s Care is now scheduling virtual visits in appropriate situations: you would access the visit through your smart phone with a camera and your physician would speak to you through a camera on our computer in the office. This could save you travel and parking time—a serious cause of anxiety in our crowded and busy Bay Area lives. The Telehealth visits would be scheduled with the doctor and charged to you just like an office visit of the same length. You would be contacted by our office just before the scheduled time to complete registration. Situations where this would be appropriate include: consultations about menopause, anxiety and depression, weight and sleep issues, trying to conceive and adjustment of medications. A virtual visit is not appropriate if you actually need a breast or pelvic exam or if this is a postoperative visit. Phone calls lasting less than 5 minutes to review lab results would still be done as normal at no cost to you and don’t require scheduling a telehealth visit.
7. **“Do I need an annual exam?”** there has been a great deal of debate about the answer to this question. Our answer is **YES! It is a once-a-year opportunity to “touch base”** with a physician and make sure the screenings and treatments are appropriate for both your illnesses and your continued great health. We make every effort to avoid “unnecessary tests” and allow time for you to voice concerns about what is really bothering you (weight, memory, sleep, sex—or no sex!). All kidding aside: most plans offer this as an annual “free of deductibles or co-pays” exam, so why waste it? Some still call it an “annual pap” but it is SO MUCH MORE! And not everyone has to go through a pelvic exam depending on age and circumstances. Don’t let the thought of a “pap” scare you away!
8. **Medicare women’s annual visit:** The rules for “annual exams” for patients with Medicare are slightly different. Under Medicare, you are entitled to a G0101 visit every TWO years which consists of a pap, if needed to rule out cancer, and the ordering of a mammogram; this visit is completely paid by

Medicare with no bill to you. The G0101 visit is not a follow-up for known gynecological problems or concerns, but only a “well woman” disease check. Other visits under Medicare require that the doctor state the complaint or problem you presented and a diagnosis at the end of the visit. However, this is coded with an E/M code and subject to co-pays and deductibles. There is no limit to how many of these E/M visits you have under Medicare as long as all the codes are listed to justify the time spent with the doctor and the tests that are ordered or treatments that are prescribed. Sounds confusing and you do not know what fits you? Ask your doctor, that is always easiest through email in MyChart. At the beginning of any visit that is listed on our schedule as “annual visit” the doctor will clarify with you whether it meets criteria as a G0101 (free visit) or E/M visit (you will pay some portion as usual through copay and deductible).

- 9. Primary care doctors:** Under Medicare rules, gynecologists are NOT primary care but are specialist doctors for patients who have Medicare insurance. We always send a note to YOUR primary doctor after a visit so he/she is aware of your care and condition from our perspective. Healthy patients between the ages of 18 and 65 may be able to use our services for all their care and we will recommend referrals to specialists for issues beyond our scope. Just ask, you can always email us through MyChart if you are uncertain.
- 10. Pap smears:** A pap smear has a 10% false negative rate but by also testing for HPV DNA, the test is almost 100% perfect at diagnosing and predicting risk of severe dysplasia and cervical cancer. How often to do the test? The recommendations change frequently as we accumulate long term data in follow-up through clinical studies in the U.S. If you receive a call that your pap smear shows HPV DNA, that doesn't mean you have active virus in your system but that past exposure left fragments of the HPV DNA in the nucleus of cervical cells. Keeping a close watch and knowing when to intervene and treat is the job of your gynecologist at that “annual visit”.
- 11. HPV and cancer:** Those same HPV DNA fragments can be found in vaginal, vulvar, anal and throat cells and account for the majority of squamous cell cancers. The largest risk factor for development of HPV-related cancer is smoking- either you or your sexual partner. The CDC reports that cancers linked to HPV have increased significantly over the past 15 years with throat

cancer now the most common HPV-related malignancy: 43,000 new cases were reported in 2015 alone. HPV vaccination rates around the world are also rising with nearly half of those 13-17 years of age having received all the recommended doses, and two-thirds having received the first dose. There is already a marked decrease in new cervical cancer incidence around the world in both men and women who had been vaccinated.

12. Shingrix: the new shingles vaccine is much more effective than prior vaccines and is in short supply due to the high demand. Ask at your next visit, we can send a prescription to your pharmacy.

Happy summer and enjoy the beautiful Bay Area!! from Drs. Andy Liu, Dolly Shoup, Beverly Joyce, Tanya Spirtos, Virginia Chan and Anjie Li with nurse practitioners Lindsay Pettit and Marjan Hafezi and office manager, Karen Palladino.