

INFINITE WISDOM

INSIDE THIS ISSUE:

<i>Lab Corner-Urine Culture</i>	2
<i>Sunscreen</i>	2
<i>Beltway Trip</i>	3
<i>Coalition</i>	3
<i>Narcotic Addiction</i>	3
<i>Apnea Screening</i>	4

Special points of interest:

- Individualized health care when you need it.
- Same day or next day appointments.
- Want to talk to your own doctor? Call.
- See your doctor, not a random on call doc in the office

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THANK YOU!

This month's newsletter has a slightly less medical tone. June 1 is the birthday of Infinity Health Direct Primary Care. I have a deep gratitude to those who stayed with me from my "old" practice and those who joined my practice anew. Your confidence and trust do not go without notice. Sticking my neck out with this model was a stressful decision and took a lot of homework. It was a decision that had to be made. Staying with the broken status quo is only supporting the destruction of family medicine and primary care in general. There has to be some consistency that patient's can trust regardless of all the insurance games that are going on.

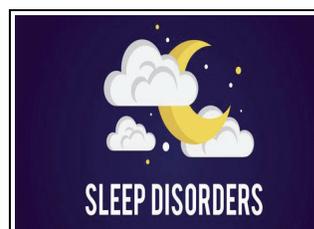


This is not occurring in a vacuum. I actively, without cost, assist other physicians who are attempting to create a Direct Primary Care practice. The DPC model is a grass roots model. It is not a larger company. DPC is typically done by solo or small group docs. Doing medicine well and running a small business are two tasks requiring attention to detail. I hope to help others in this endeavor. Many of us in the family medicine community know

there is a place for the small practice, where it is easier to tailor services to the individual patient, something that the "big box" doctors and urgent cares cannot do effectively. We DPC'ers are not part of the national company, MD-VIP. Some of you may know others who have joined that type of "concierge" practice. We are much different in that we are more affordable and do not attach ourselves contractually with insurance companies. None of your monthly membership is passed up to a larger company. If you like the concept I politely request that you tell others to spread the word. If you don't like something about, please let me know as I want to continue to perfect the process.

SLEEP APNEA

Your brain likes sleep. When you fall asleep you first go into shallow sleep, Soon you dive down into the deep restful sleep where your brain recharges its batteries, so to speak. If you don't get a healthy amount of the deep sleep your brain will try to catch up. So a poor night's sleep is often followed in the daytime by sleepiness, your brain's way of trying



to catch up on the "missing sleep." So you nap easily, get drowsy while watching TV, get sleepy while in a car or even while driving! Falling asleep at the wheel is a

significant cause of auto fatalities.

Sleep apnea is where your breathing pattern stops at night momentarily. This causes you to awaken ever so slightly, enough to pull you out of the restful stages of sleep. You still may be in shallow sleep so you will never remember those awakening events.

(Continued on pg 2)

LAB CORNER...URINE CULTURE

"It will also show what antibiotics are effective against that bacteria."

Urinary tract infections are very common especially in ladies. The typical symptom is burning on urination, urinating frequently and rarely bleeding. In many instances we can just treat that with antibiotics without doing tests. If the urine infection is treated but then rapidly comes back we may need to get a urine sample to check for bacteria. It may also be necessary to do a urine culture. That is where the lab takes part of the sample and puts it on a container that grows bacteria if present. The



results may take a few days. The results may show the type of bacteria that is causing the infection. It will also show what antibiotics are effective against that bacteria. It may be that the bacteria was resistant to the first antibiotic we tried and that is why the infection did not go away and stay away. Of course it proves to us

whether there really is an infection in the first place and not some other irritant to the bladder. We can then tailor the next antibiotic to specifically work against the type of bacteria that "grew out" in the urine culture test. Some bacteria are very resistant and we need to know. This is especially true with people who are elderly or have chronic medical conditions who may have been on antibiotics for other reasons that lead to the development of a resistant urinary tract infection.

SUNSCREEN

I really enjoy procedures such as freezing precancerous lesions on people and removing skin cancers. Feel free to go ahead and bore me and eliminate that from my practice. It is fine if everyone wears hats and applies sunscreen so as to eliminate the sun-induced skin cancer part of my practice. Chronic Ultraviolet light



(UVL) exposure can easily be avoided and should not be applauded. I have a sense that more people are concerned about the leathery, aged look and the

easy bruising UV gives the skin more than they care about the skin cancer part. This is the time of year to keep the sunscreen and hat in the car and the house for use whenever you have the need to go outside. UVL damage is really not reversible. Don't allow the sun exposure cause problems in the future.

SLEEP APNEA...CONTINUED FROM PAGE 1

"There are other health issues that seem to be associated with sleep deprivation"

Your bed partner may notice that you stop breathing a bit, then resume. The temporary breathing stoppage will not suffocate you to death as your body senses the stoppage and does the min-awakening to restart the breathing cycle. The most common cause is airway obstruction as your throat muscle relax

when you get to a deep sleep. A polysomnogram, or sleep test, is the best way to investigate this. This can be done at home or in a sleep lab. It measures your stages of sleep and breathing pattern. If you do have sleep apnea that is typically treated by weight loss and by a mask that you

wear while sleeping. It applies a little bit of pressure to air going in you to keep your throat structures open. This is more than an inconvenience that simply makes you tired. There are other health issues that seem to be associated with sleep deprivation such as depression and hypertensive heart disease.

BELTWAY TRIP

Regardless of who occupies Washington DC, legislation is not crafted by doctors who actually treat patients. Certainly family medicine docs are not part of the law-making equation up there. Even with that many family medicine docs are entrenched in the typical bureaucracy-based establishment that has no idea what Direct Primary Care is. Us DPC'ers are "off the grid." Imagine that! We only care about patient relationships and not sending data to the feds and insurances and saying "how high" when they say "dance."



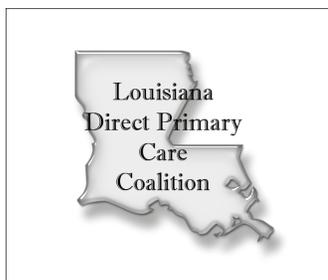
This month I will be traveling to DC with many other DPC'ers for our annual meeting where we share thoughts and ideas. Many of us will be visiting our respective Senators and Representative to tout the benefits of DPC (Note: On our own nickel, not paid for by any pharmaceutical company.) I hope to visit Senators Cassidy and Ken-

nedy and Representative Scalise. There are pieces of legislation pending that would make DPC even more patient-friendly. Most notably, where folks who have a high deductible insurance policy and contributor to their Health Savings Account (HSA) can pay their membership fee from the HSA. It would also make DPC more business-friendly. It does involve changing the commercial insurances as we know them and aims to bring down premiums. They have an awfully strong lobby so wish me luck!

"There are pieces of legislation pending would make DPC even more patient-friendly."

LDPCC

Dr. Hanson is founder of the Louisiana Direct Primary Care Coalition (www.ladpcc.com) which lists all of the known Direct Primary Care doctors in the state. It is not a "mother organization" but a gathering of DPC physicians. A few other states have a statewide organization that can help with legislative representation and recog-



nition. Why list other DPC docs? Isn't that my competition? No, they are col-

leagues. Direct Primary Care hopefully will continue to grow and we can help drive down the price of medical care and increase the personal service. If you have friends or family in other parts of the state you can look to see if there is a DPC doc in their neighborhood. We will try to keep this updated as often as possible.

NARCOTIC ADDICTION

Dr. Hanson is licensed to prescribe medications for narcotic addiction. Narcotics (oxycodone, hydrocodone, morphine, heroine, etc) have become increasingly abused and resulting in deaths. We often think of bums or derelicts as being the addicted ones but addiction is prevalent in all walks of



life. It often destroys lives and drains bank accounts. Methadone clinics at one time were the only option. There are options that can be administered in the office

setting. Any member is encouraged to contact me privately for further info. Addiction management is not "covered" under the membership fee and is handled separately. Non-members who wish treatment will have to become members so that I may engage any health issues which may arise.

"Narcotics...have become increasingly abused and resulting in deaths"

Infinity Health, LLC
200 W. Esplanade Ave.
Suite 307
Kenner, LA 70065

Phone: 504-467-3404
Fax: 504-467-3244
E-mail:
contact@infinityhealth.md



*An Invitation:
If you know of a friend or family member that would be interested in becoming a member, please have them contact us for a free non-medical meet-and-greet visit.*



A

Direct Primary Care
Practice

Newsletter

written and published
by Karl N. Hanson, MD

Previous Newsletters
www.InfinityHealth.MD/documents

Infinity Health is a Direct Primary Care practice developed by Dr. Hanson. Dr. Hanson has been in medical practice since 1987 and has been a solo practitioner since 1990 in the conventional insurance-based model.

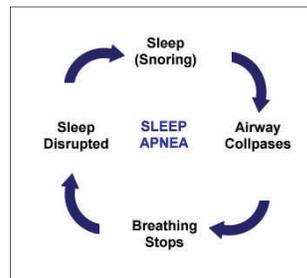
The concept of dealing or contracting directly with the patient is a bit of a throwback but it places the relationship where it should be, with the patient. There is no point in Dr. Hanson or our office wasting time interacting with insurance companies unless it directly contributes to your health. Instead we developed a medical home which has its focus on the patient's health regardless of their insurance status. Infinity Health is a product of Dr. Hanson and is not affiliated with any other organization. We are a membership-based practice. Direct Primary Care is not the same as typical "Concierge" practices which charge a fee AND bill your insurance company.

Dr. Hanson is Board Certified by the American Board of Family Medicine, a Fellow in the American Academy of Family Physicians and a member of the Alpha Omega Alpha Medical Honor Society. He completed his recertification process in April 2016.

USPSTF CORNER: APNEA

An article in this newsletter discussed sleep apnea. It is clearly a problem in a lot of people. Obstructive sleep apnea syndrome (OSAS) may be one of the most common causes of fatigue and can serve as a risk factor for other types of illnesses.

It may make sense that we all get checked for OSAS. That way if we find it we can start treatment or modify certain things such as body weight to ward it off. This would be especially true because the treatment does not involve any drugs although surgery is sometimes used. The screening test, a sleep study, is a safe and inexpensive test with no risks so that makes it ideal. The USPSTF looked at all the available evidence and



studies. They wanted to see if it is of benefit to screen, that is test people for the syndrome BEFORE they actually have any symptoms. They found that there was really no good reason to take a person who does not have symptoms of a sleep disorder and screen them for OSAS. Finding OSAS in a person who feels fine has not been demonstrated to be of any benefit. Plus if a patient has no symptoms, it is hard to get them motivated to sleep with a device on their face at night.

There are a lot of commercials for devices to stop snoring. Remember that snoring is not the same as sleep apnea. Snoring bothers others but has no proven negative health effects on the snorer.

To be clear, if you have excessive daytime sleepiness OSAS may be an issue and you should let your doctor know.

The U. S. Preventive Services Task Force (USPSTF) is an expert panel which reviews the current evidence to help us doctors recommend counseling, medical screenings and preventive medications. It is funded by the U.S. Department of Health and Human Services.