

INFINITE WISDOM

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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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INSURANCE GAMES...EMPLOYERS

Many people have their health insurance through their employer. It was once an offering that many employers thought was a nice benefit and now it is a mandate under the left-over parts of the Affordable Care Act. Certain size employers will get penalized if they don't offer health insurance coverage to employees! How's that for government interference?

Typically an insurance broker goes to an employer and peddles a highly inefficient insurance plan or two. They are sold as being discounted. But they are far from discounted. Their prices are inflated artificially then reduced a bit to make it appear that a discount is being offered.



That insurance peddler is working for the insurance company. They get a commission from the insurance company. They also get a bonus if that insurance peddler is able to keep the employer hooked up with the same insurance plan. Note that the insurance peddler is NOT working for the employer. They are not really advising the employer on what the best fit for that employee group is and the best way to save money. Employers are getting "taken to the cleaners" with these plans. Health insurance is such a

big part of any business' budget that they should have a "health care advisor" that will look out for the interest of the business. Note that I am not saying that the brokers are crooked, they are just addicted to the same wasteful system. Many do not know better, but they should. Insurance companies also make money by charging employers a "Network Access Fee" for the "right" of the employees to use that network physician. Profits are also made by claims being filed with insurance companies. This generates a lot in administrative revenue.

I would be glad to speak to any business association about the traps. Disclosure: I am NOT a broker nor an advisor. No skin in the game except for a better system

SPREADING THE WORD

So what does Dr. Hanson do when he is not in the office? For direct primary care (or any primary care for that matter) we have to have more primary care docs. Some of us emanate from internal medicine residencies but the bulk come from family medicine training programs. Of course this means that medical students have to chose family medicine as



their specialty. This "Match Day" event happens in mid-March. To try to encourage students to go into family medicine as a specialty then to encourage family medicine residents to go

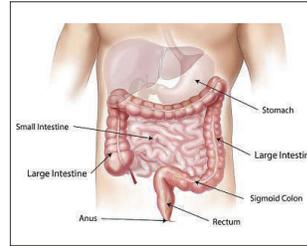
into office practice, I take my show on the road and speak to many of those groups. I have been able to speak to medical students at Shreveport and New Orleans. They need to know that we family medicine docs are taking back what is right in health care and discarding the useless baggage.

(Continued on pg 2)

ORGAN CORNER...LARGE INTESTINE

“the function of the large intestine to remove water from the liquid stool”

Last month we covered the small intestine. Once food passes through the twenty-five or so feet of that organ, the residual food, essentially waste at this point, passes into the large intestine. The part of the large intestine where the small intestine enters is called the cecum (for the next Infinity Health Trivia Quiz). The contents are liquidy and it is essentially the function of the large intestine to remove water from the liquid stool in order to make a firm stool to eventually pass.



It is about 5 feet long and goes from the lower right side of your abdomen, up, across the top, then down the left side. The large intestine is a muscular tube that does contract at points to propel the feces from the cecum to the rectum (last part of the large intestine) from whence the

feces are eliminated.

The main diseases of the large intestines are colon polyps and colon cancer, colitis and diverticulosis. When a GI virus hits you it typically fires up the colon causing you to get cramping and diarrhea. One can live without a colon if it ever has to be removed. Curiously, the cecum, colon and rectum contain many normal bacteria whereas the small intestine has no (or should have very few) bacteria. We can inspect the colon with a colonoscope.

ALLERGIES

“best treatments are over the counter products such as an oral antihistamine and a nasal steroid spray”

This past month was a bad month for allergies and it still keeps rolling. After a vicious viral season the oak pollen and other junk is flying around as blooming continues. We are hearing from a lot of people that are having runny nose, congestion, itchy eyes, watery eyes, post nasal drip and tickle cough. These are classic



allergy symptoms. For allergies you will NOT have a fever and aches. You will not feel bad all over although you may be tired from allergies messing with your sleep. Allergies

are useless. It is just your body overreacting to benign pollen, mold spores and other things which do no damage to your body.

The best treatments are over the counter products such as an oral antihistamine and a nasal steroid spray (like fluticasone) for several days. If that doesn't work give us a shout so we can correctly diagnose.

SPREADING THE WORD...CONTINUED

They have to know that the regulatory and administrative climate can be bypassed and that patient-focus is still possible. The family medicine residents I have spoken to at East Jefferson, Kenner and New Orleans need to be encouraged to go into their own practice, a tough gig, so that they can shape the direction of health care.

We need them to run their own office and not to simply work at an Urgent Care (what a waste of brain power) for the long term but maybe just enough to pay off their student loans (which could be \$200,000). Then move on to taking care of people. We don't need them to become hospitalists or emergency room docs,

that's not a family medicine doc's niche.

So now it is your turn! If you know a medical student or a college person applying to med school, give them a gentle suggestion to explore family medicine. We need more of us and less of the subspecialists. Have them come by or give me a call as I would love to talk to them.

MORE MYTHS.....

In a previous newsletter we dispelled a few myths. For some reason certain “facts” get out there that just keep going. They take on a life of their own. Let’s try on a few:

Don’t go swimming within an hour of eating. I first heard that in the ‘60’s and still do. It is perfectly OK to go swimming right after a meal. You have no greater chance of cramping after eating. I guess if you bloat yourself up on tacos then swallow a gallon of sea-water that may not turn out too well, but you get the drift.



Reading in the dark can ruin your eyes. Strike two! Having a dimly lit area may make it harder to read but will not harm anything. Reading in low light does not cause any strain on your retina and your vision will be fine. It may be harder to read, but no damage is done. Your eyes may thank you for no glare and certainly for no sun-starring!

We use only 10% of our brains. It seems someday that as much as I can get to work but we really use about 100% of our brain. Different parts of the brain do different things but they all are active while we are awake. If we are blind-folded then the visual area (back part of the brain) may be a little docile but all other areas are handling some for of input or thought processing.

Any other myths out there? Throw them my way and we will discuss them.

“It is perfectly OK to go swimming right after a meal..”

CAREER MOVE FOR DR. HANSON

After careful consideration Dr. Hanson has found his calling in caring for and living among llamas. This most graceful of camelids resides in the western part of South America. Leaving medical practice will be difficult. Leaving friends and family behind to reside in harmony with the four-hooved animals will have its down side but the re-



wards will be immense. I know, most people may confuse llamas with alpacas and while I too feel at one with the alpaca, the llama is clearly where my allegiance

lies. I will not be leaving human medicine to be a llama veterinarian but will lend an outstretched hand where I can. I will have little access to email but will try to keep up with folks in the States as much as possible. Nikki will still be in the office answering any calls. OK, this is the April 1st edition.. See you soon :)

“the llama is clearly where my allegiance lies.”

ENROLLMENT PROMOTION!!

At the start of my direct primary care practice I have focused on assimilating patients that were already on my panel before, to give most folks time to get their head around what we offer. I am looking to expand the panel of patients beyond that. If you are satisfied with the concept of having “your doctor” then spread the word to friends and



family. I am accepting new patients up to a certain limit so that I do not get “too full.” I also want to see the concept of direct primary care gain more traction as I think it is better care and what patients deserve. The health

care system will get better if we, the docs and patients, can steer the ship.

If a member does refer a patient who enrolls and stays a member for at least two months then that referring member will get a \$50 Visa Gift Card as a thank you. (Not an April Fools’ thing!) Offer good only for 2018

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*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: GENETIC TEST

The analysis of our DNA has come so far. However simply knowing our genetic code only has some specific help in a few areas. There are certain types of cancer that actually have a hereditary aspect. It does not mean that if your parent had a cancer that you are going to get that cancer. However if a close relative has certain types of cancer such as colon, breast, pancreatic or ovarian, then certain folks in that family should consider being tested for the genetic makeup that may increase the risk of that cancer. We may then enhance our screening for that cancer or actually embark on certain types of preventative care.

How do we screen? It can be done by a blood sample



or saliva sample which is sent to a reference lab that looks at your DNA for various genes specific to cancer. Not everyone should get screened. You should tell your doctor of any family history of cancers. Remember, it has to be a blood line, not someone related by marriage. Taking a family history takes time and is often left out of the patient interview aside from what your mom or dad had but it could be important. Note that this is not the same genetic test as the ones advertised as being available to consumers.

The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (*BRCA1 or BRCA2*).

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