Heart Health First

HEALTH TIPS FROM THE POSSE
BY MARK RACKAY

People are always talking about that one teacher who made an impact, or difference in their life. I am not one of them, but not because of the teachers. School was always the last place I wanted to be, so I fought it every chance I had. There was a shop teacher I learned some life lessons from, but other than that, I was pretty much absent while sitting at my desk.

There was an English teacher, Mr. Rich, who once made a comment that stuck with me some half century later. He once said, "There is no such thing as dying from natural causes. After a lifetime of beating, it is unnatural for your heart to just stop."

Old Mother Nature has no mercy when she decides it is time to do you in. When your number, the one that says, "Now Serving," pops up, there isn't much you can do but hop aboard that train. If you are recreating in the outdoors, you will soon realize that the woods are not the place to find out about the rudiments of Murphy's Law.

Many of the things that can do you in are purely accidental and some of it is just plain bad luck. Taking unnecessary chances causes other accidents. Shortcuts off the trail come to mind as an unnecessary chance. And some of these things, you can do something about.

Falls stand out in first place as the number one killer of people in the outdoors. This includes falling off cliffs, waterfalls and sliding down steep slopes. Avalanches and drowning are in the second and third place on the list. These you cannot always prevent, as accidents will happen when you are in the wrong place at the wrong time.

Many will be surprised to hear that number four on the list would be heart attacks. I can't tell you how many times we have searched for a missing person, only to discover that they had suffered a heart attack and went on to paradise a bit ahead of schedule.

Heart attacks are the leading cause of death in the United States as more than 1.5 million Americans suffer one each year. Almost half a million people die annually in the United States from them.

About a quarter million people are visiting the emergency room annually because of an outdoors related injury. Your chances of dying while hiking in the mountains is 1 in 15,700 annually or a .0064% chance. Not really all that bad unless you are that unlucky guy.

Healthy people can have heart attacks too, including athletes. An interesting statistic is that the number one sport for the participants to suffer a heart attack is ice hockey. An average of 4.25 people per 100,000 suffers a cardiac arrest. Glad I played baseball.

Before you succumb to the clutching grip of thanatophobia (the fear of death) realize that those percentages are really low. Remember to never head off into the woods looking for trouble, lest you find it, but some of these things, you can do something to help prevent.

We bring much of our problems on because of poor planning, lack of preparation and just plain bad practices. Take for example the vacationer who is overweight, out of shape, and basically running on nerves. He visits Colorado on vacation and immediately heads for the high country.

His altitude back home is somewhere around sea level, and allowing no time for acclimation, he heads up to 10,000 feet for a hike. Murphy and Mother Nature are up there waiting for him with an aromatic pine box.

It may surprise you to know that the biggest predictor of a heart attack is not the altitude at which it occurred, but rather the age and sex of the individual and whether they'd taken time to acclimate. Studies show there is no increase in risk in men who participated regularly in mountain sports, regardless of age. Moral is, take time to acclimate.

Take the time and get into the best physical shape you can. While exercise is important, so is plenty of rest. Watch your diet and eat lots of fresh vegetables and lower the fat intake.

Here are a few things all of us can do to help lower our risk of a heart attack:

*See your doctor and get checked out on a regular basis. Heart attacks affect men pushing 50 more than anyone else. If you have not been very active lately, get checked out sooner than later, and definitely before you begin any exercise routine. My personal Doctor always has ideas to help keep me living the lifestyle I enjoy, one that is active. Talk to your doctor.

*Examine your exercise routine. I know, we all get sick of hearing this, but it means everything. Good, high exertion cardio exercise, 30 minutes a day and a minimum of three times a week is what it takes. Throw in some strength training to build some muscles as well. If you are planning a pack trip or a big game hunt, start working out at least three months prior to the trip.

*Take time to acclimate to the altitude. Drink plenty of water and get plenty of rest. If you are coming from out of town, stop for a day or two in Montrose before heading up any further in the mountains. When you get to the high altitude, take your time. Spend a day in camp before hitting the trails.

*Watch your pace while on the hike. Don't push yourself past your limits. If you cannot maintain a normal conversation because of your breathing, you are going too fast.

*Be aware that some people just have an unhealthy heart, no matter how much they eat right or exercise. If you are one of those folks, follow the instructions of your doctor, and enjoy the mountains on the playing field he sets for you. I recently lost a hunting buddy who was a healthy eater, not overweight, tobacco and alcohol free. Poor guy was just born with a bad heart and crossed the last horizon at 51 years of age.

If you want to take chances, try a pick six in the lottery or hit the blackjack tables in Vegas, but play it safe when it comes to your heart. You can do something about your heart health. If your heart fails, not much else in your body matters. Take the steps now, before the bell rings. Sometimes when the bell tolls, it is not a collect call for you.

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and sustainably, freeing up time and resources for their most critical calls.

"It costs Medicaid less money, which ultimately costs the taxpayers less money and it's a more appropriate care pathway for you, the patient. But now, (EMS) can get paid for that," Farnsworth said. "In the past, ambulances have been incentivized to take every patient to the most expensive destination by the most expensive means of conveyance possible."

Though a sore throat might seem like a strange example, Farnsworth said it isn't far from reality.

While regulations can vary by locality, Farnsworth said that, ultimately, paramedics must respond to every call where the caller reports a medical concern and requests an ambulance.

"We will literally have people call like, 'Yeah, I've been constipated for a day. I want to go to the hospital.' Did you try taking a laxative?" Farnsworth said. "It's not a joke. People will call 911 (saying), 'I'm having anxiety because I have a test tomorrow,' or, 'I've had a cough for two days, I want to go to the hospital (and get) antibiotics.'"

Roughly two years ago, Delta's ambulance district collaborated with the Eagle County and Ute Pass Regional health service districts to better understand the potential savings of TIP reimbursement.

The resulting report concluded that the cost of reimbursing TIP (for an estimated 15% Medicaid population) would be offset by avoided transport expenditures alone. Accounting for downstream hospital savings, the report estimated that Colorado would save roughly $1,280 per Medicaid enrollee treated in place rather than transported to an emergency department. The report aligns with national findings, such as a federal TIP pilot for Medicare patients that yielded a 193% cost-to-savings ratio compared to emergency department visits.

Appearing to agree with Farnsworth and the still-growing data, Colorado House and Senate lawmakers passed the law unanimously in May.

"As an emergency healthcare provider, I know that our EMS workers must have every tool at their disposal to provide care in-the-moment, and they should be reimbursed for that care," bill sponsor and District 24 Sen. Kyle Mullica (D-Thornton) said. "This law will lower costs for patients, reduce overall healthcare spending, and close funding gaps so EMS can continue providing the life-saving care Colorado communities rely on."

'A step in the right direction'

That said, a look at the law's fiscal note reveals more nuance. According to the document, the extent of actual savings — or new costs — will depend on whether EMS providers actually "change their behavior and protocols" and avoid ambulance transport in favor of TIP.

For instance, the fiscal note estimated that Medicaid costs could increase by roughly $78 per call when EMS providers bill for the new TIP service but hospitalize the patient regardless.

Conversely, the fiscal note stated that Medicaid could save about $435 per EMS call where TIP is provided and ambulance transport is avoided.

The savings for Medicaid patients themselves will be minimal, since they already pay no more than an $8 copay for emergency department visits.

"(But) if you are self-pay, it's absolutely gonna save you a bunch of money," Farnsworth said. "We have pretty good insurance (through Delta's ambulance district), but if I go to the ER, I'm still probably looking at a $400 copay. So even if I had to cash pay for TIP, it would probably still be less than that $400 copay."

For reference, the Grand Junction Fire Department charges patients a $152 flat fee for "treat and release" services.

When asked if the new law might reduce or eliminate that fee, Grand Junction Fire Department Community Outreach Specialist Dirk Clingman said it's currently unclear.

"The bill applies exclusively to Medicaid beneficiaries," Clingman said. "The fiscal impact remains unclear, and it is not yet known whether Medicaid reimbursement rates will affect billing amounts for non-transport ambulance services."

According to Farnsworth, the real potential for patient savings lies in the new model's adoption among private insurance companies.

While the bill initially sought to require private insurers in the state to cover TIP as well, "the insurance lobby certainly has much more money in its pockets than EMS does to push that lobbying effort."

But according to Farnsworth, private insurers typically follow Medicare's lead, so legislating the change in Medicare could be the most effective avenue toward comprehensive TIP coverage.

Though Congress has proposed the Medicare-level change several times in the past few years, it has repeatedly failed to gain enough traction for a vote.

In February, lawmakers once again introduced legislation that would direct Medicare to cover TIP services.

The bill was quickly referred to three Congressional committees, which have not acted on the proposal in the four months since.