Public Forum

Protecting Your Health

The Bureau of Health Professions

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The Bureau's New End of Life Care and Palliative Care Initiative

Some day, you may need to offer support to or take care of a friend or relative toward the end of their life. Perhaps this person is elderly and has a number of long-term, chronic illnesses. Or this may be a younger adult, or a child, who is terminally ill with a disease such as cancer, emphysema, or heart disease. The type of care provided to such individuals is called *palliative care*.

Palliative care is any form of medical care or treatment that concentrates on reducing the severity of disease symptoms, rather than providing a cure. The goal of palliative care is to prevent and relieve pain and suffering and improve the quality of life for people facing terminal illnesses that result in death. This kind of care is different from care intended to heal illness, called *curative treatment*, although palliative care is increasingly being combined with curative treatments.

Many of today's palliative care specialists indicate that palliative care is focused on improving quality of life throughout a terminal illness, which includes physical,

mental, emotional and spiritual well-being. Palliative care may help a terminal patient manage their pain, understand their illness, talk more openly about their feelings, or find comfort in their spiritual or philosophical beliefs. It can also involve a continuous discussion about which long-term curative treatments a patient is willing to try, making sure that the patient, doctors, nurses, and loved ones all understand the treatment goals.

The Bureau of Health Professions is developing a new program to improve pain management and palliative care. We will educate the public and health professionals through website information, brochures, training videos and materials, media presentations, and professional training at hospitals, long-term care facilities, hospices, and other places where pain management and palliative care are provided.

In January 2008, the bureau added a category to our pain management website that provides information about End-of-Life and Palliative Care for the public. The information can be viewed at www.michigan.gov/pm by following the *Information for the Public* category to the *Palliative Care* and *End of Life* buttons. Several End-of-Life links and resource articles can be found there, as well as numerous resources organized by palliative care information related to both cancer and non-cancer chronic illnesses.

The website also contains a *Palliative Care* category for health professionals. Information in this section is meant to assist health professionals seeking information on End of Life and Palliative care to improve patient care. Physicians may want information on nontraditional *complimentary* pain management treatments or more holistic approaches to palliative care that embrace emotional and spiritual intervention. Refer your health care provider to this information by directing them to the *Information for Health Professionals* category on the bureau's pain management website mentioned above.

Medicaid in Michigan — Where to Get Answers

Medicaid is a federal program that provides free or low-cost health and long-term care coverage to certain categories of low-income Americans. States design their own Medicaid programs within federal guidelines. Medicaid covers 55 million low-income Americans, including children and parents in working families, children and adults with severe disabilities, and low-income Medicare beneficiaries known as "dual eligibles."

Medicaid is a particularly important source of comprehensive care for children, long-term care, mental health services, and care needed by people with disabilities. Most services are provided through private health care delivery systems.

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For information about whether you, or someone you know, may be eligible for Medicaid or other benefits in Michigan, visit the Michigan Assistance and Referral Service (MARS) website at http://www.michigan.gov/mdch/0,1607,7-132--37520--,00.html. MARS is a pre-screening tool that helps you find programs offered by the State of Michigan that can help people in need of assistance for medical, nutritional, food, day care, temporary cash or other expenses.

If you have questions specific to Medicaid eligibility, call 1-800-642-3195 toll-free.

Getting the Best Asthma Care

By Tisa Vorce, LRT, RRT, MA
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Asthma is a chronic (life-long) inflammatory disease of the airways. With an asthma flare-up, small breathing tubes in the lungs swell and make extra mucus. Muscles around the small breathing tubes get tight and make them smaller. These smaller breathing tubes then get clogged with the extra mucus. The swelling of the small breathing tubes, muscle tightness and mucus make it harder to breathe. People with asthma may cough, wheeze, and feel chest tightness. Not all asthma flare-ups are the same; some are worse than others. In a severe asthma flare-up, the breathing tubes get so small that air cannot get in and out of the lungs. People can die if their asthma flare-up is severe. In Michigan, over 900,000 people have asthma. Emergency visits to the doctor or hospital to treat asthma are common, and about 140 people die from asthma each year. But asthma symptoms can often be prevented, and people with controlled asthma should expect to live normal, active lives.

In August 2007, the national guidelines for the diagnosis and management of asthma were updated by the National Asthma Education and Prevention Program, known as the Expert Panel Report 3 (EPR-3). The new guidelines take into account the most current asthma research and new medications, and help doctors choose the best treatment based on their patients' needs and how well their asthma is controlled.

The EPR-3's most important message is that taking an inhaled corticosteroid is the best way to gain and keep control of persistent asthma for the long-term because it reduces swelling in the airways. Inhaled steroids are very safe, have few side effects, and are much better for the body than breathing poorly. When asthma is first diagnosed, the doctor should find out how severe it is and decide which medications are best for the patient. They should make a written asthma action plan so that the patient knows what to do if they have symptoms. The patient needs to come back for an asthma visit at least every six months after that. It is important to keep these visits even when breathing well, so the doctor can check on how well the asthma is controlled and if medications are being used correctly. The patient can talk about what triggers their asthma and ask questions about their symptoms or medications.

People with asthma need to learn how to take care of their own asthma and to ask their doctor the right questions to get the best care. At each doctor visit for asthma, patients should talk about when and how often they have symptoms, how much they use their relief inhaler, and ask if they should be using an inhaled corticosteroid to prevent and control their asthma symptoms. People with asthma should be able to sleep well, play, be as active as they like, and go to school or work as planned.

The Asthma Initiative of Michigan (AIM) has many partners working together across the state to improve the lives of people with asthma. Visit www.GetAsthmaHelp.org to find out more about asthma, AIM's programs and partners, and how to help. To get the complete EPR-3 report, or to view the summary, visit http://www.nhlbi.nih.gov/guidelines/asthma/index.htm.

The Bureau of Health Professions Protects the Public with the Michigan Automated Prescription System (MAPS)

There are thousands of medications available today to treat illnesses. Some are *controlled substances* (see Public Forum Volume 1, Issue 2). Although controlled substances are an important part of treating illness, they are potentially harmful in the wrong hands. The Michigan Automated Prescription System (MAPS) has been in effect since January 7, 2003. It requires that physicians, veterinarians, and pharmacists report information whenever controlled substances are dispensed. Health care providers report patients by name, address, and date of birth. The health care provider also provides their own license number.

MAPS creates a database of dispensing information that captures the patients and dispensing physicians, veterinarians, and pharmacists. Secured access is available to health care providers and pharmacists and allows them to track a patient's prescription history prior to dispensing medication. MAPS can then be used to track "doctor shoppers" who may seek large amounts of controlled substances to satisfy an addiction or to sell illegally.

MAPS protects the public in a number of ways. It may allow the state to determine if a health care provider is dispensing controlled substances for improper reasons, referred to as *drug diversion*. It may help healthcare providers prescribe or dispense adequate amounts of controlled substances, such as pain relievers, without worry that a patient may be improperly using or even selling these medications. Finally, MAPS can reduce the cost of healthcare for all Michigan residents by reducing drug diversion, doctor shopping, and allowing patients to get the medication they need to maintain their health and productivity.

For more information about MAPS, go to www.michigan.gov/healthlicense and click on the "*Health Professions Programs*" button on the left side of the page.

Receive Future Editions Automatically

Do you find the information contained in this newsletter helpful? If so, sign-up to receive future editions automatically, free of charge (electronically only). Go to www.michigan.gov/healthlicense and select the *Public Forum Newsletter* link in the *Spotlight* box. It's that easy!

Question & Answer

Question: How long are doctors required to keep medical records for a patient?

Answer: A physician is required to maintain a medical record for each patient to whom he or she has provided medical services. This includes a full record of tests and examinations performed, observations made and treatments provided. A physician must maintain these records for a minimum of seven years. For children's records, the physician must maintain these records for a minimum of seven years after the age of emancipation (18 years in Michigan). Information regarding record retention may be accessed through the Michigan Public Health Code by going to www.michigan.gov/healthlicense and selecting *Public Health Code* in the *Links* box. Once there, go to Part 161, Section 333.16213 or use the following direct link: http://www.legislature.mi.gov/(S(hp25zg452t5eew55iblf41gb))/mileg.aspx?page=getObject&objectName=mcl-333-16213.

If you have any questions about medical record retention or other questions on health professional practices, please contact Perry Bell at the Bureau of Health Professions at 517-373-7079 or pbell@michigan.gov.

Public Members Needed on Various Health Professional Licensing Boards

Are you interested in serving on one of the 23 health professional licensing boards as a public member? Each board is comprised of both professional and public members as mandated by the Public Health Code, and all members are appointed by Governor Granholm. Board members may serve a maximum of two, four-year terms.

The Public Health Code mandates the duties of the boards. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare by ascertaining the minimal entry-level competency of health practitioners. The board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

The Governor's Appointments Division is always seeking Michigan citizens who are interested in serving as public members on health professional licensing boards. For additional information, go to www.michigan.gov/gov and click on the *Gov. Appointments* button on the left side of the page. The appointments application is also available on this page for either downloading or completing online.

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Readers' comments are invited. Please e-mail comments and suggestions to the editor at: dalyman@michigan.gov or write to Public Forum Editor, Doreen Lyman, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.

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