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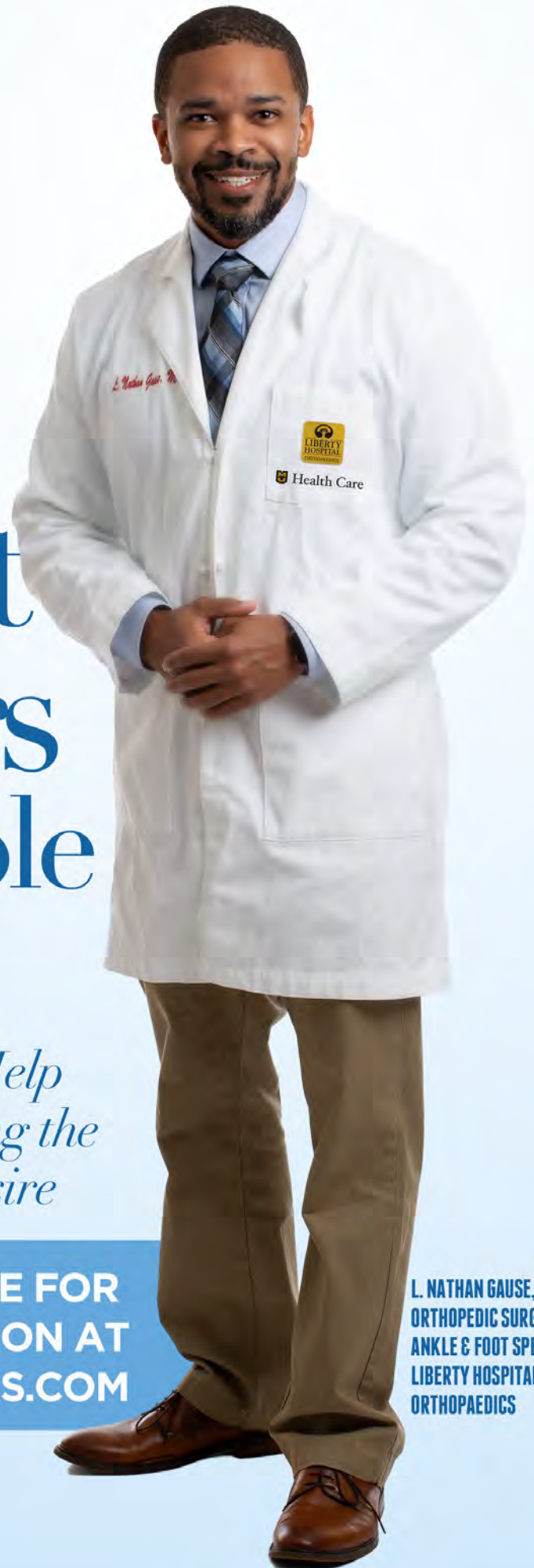
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Bone and Joint Disorders Affect People of All Ages

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People Get Back to Living the
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- 2007 Black Health Care Coalition Media Award
- 2007 Missouri Public Health Association Media Award
- 2006 Kansas City Chronic Disease Association Health Media award for providing a valuable service to the community

Contents



COVER STORY

Bone and Joint Disorders Affect People of All Ages

By Christopher Ryan, Contributing Writer

In the U.S., around 126.6 million people suffer with bone or joint problems that limit their mobility and ultimately, their quality of life. Learn about types of treatments used by orthopedic doctors to care for and treat them.

7 **Meet Optum**
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8

OUR KIDS MATTER

Diet and Exercise: What Children Need for Healthy Bones

By OHM staff

Learn why at least 35 to 60 minutes of exercise each day can help children build strong bones.

16

SENIORS HEALTH

Aging Changes Our Bones

By OHM staff

Bone loss is one of the most common bone disorders. Weight-bearing exercises can help slow bone mineral loss.



Roosevelt Brown and his granddaughter, Paloma

18

PERSONAL STORY

I Just Wanted to Live Without Pain

By Jeanene Dunn and Roosevelt Brown

Roosevelt Brown recounts his journey from chronic pain in his right hip to having the surgery he needed to get better — and get his life back.

20

Surprise! You Have the Right to NOT be Surprised by a Medical Bill

Centers for Medicare
& Medicaid Services

Learn what the No Surprises Act does to protect you from unanticipated medical expenses after receiving care from an out-of-network physician.

Take Care of Your 206+ Bones

Most people would be surprised to know there are around 270 bones in human infants, which fuse to become 206 to 213 bones in the human adult. Our bones provide structure, protect organs, anchor muscles, store calcium and produce a variety of cells in the marrow that are critical for survival. According to the U.S. Bone and Joint Initiative, in the U.S., around 126.6 million people (half the adult population) experience bone and joint problems.

Doctors who specialize in the care and treatment of diseases, conditions and injuries, related to bones, joints, tendons and ligaments are called orthopedic specialists. In this edition, we identify a number of conditions for which people experiencing them will eventually consult with an orthopedic specialist for answers and appropriate treatment. We are delighted to spotlight local orthopedic surgeon, Dr. L. Nathan Gause, a foot, ankle and lower extremities specialist at Liberty Hospital Orthopedics. Dr. Gause says, patient education is a critical part of his practice. He emphasizes non-operative measures prior to recommending surgery, whenever possible. We asked several local orthopedic surgeons to share their viewpoints on various forms of treatment that include surgical, minimally invasive and robotic surgery. Read their comments in the cover story, pages 12-15.

It's Medicare enrollment time. Did you know Medicare was signed into law by President Lyndon B. Johnson in 1965, in Independence, MO? Learn about the connection to President Harry S. Truman. See page 21.



As the year winds to a close, we encourage you to take charge of your health. Remember, it's flu season and remnants of Covid-19 are still around us.

Ruth Ramsey, Publisher and CEO

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RUTH RAMSEY, PUBLISHER, *OUR HEALTH MATTERS*



The ABCs of Bone and Joint Health

October is Bone and Joint Awareness Month

If your back and joints hurt, you're not alone because bone and joint ailments are some of the most common problems facing millions of people around the world. Bone and Joint Health National Action Week is the best source for information on causes and prevention of musculoskeletal conditions. It leads discussions on preventing and treating arthritis, back pain, trauma, pediatric conditions affecting bones, and osteoporosis.

A

WHY BONE AND JOINT HEALTH AWARENESS IS IMPORTANT **Musculoskeletal conditions limit your quality of life**

Anyone who has suffered from a slipped disc or even a "crick" in your neck (or back) realizes that it's impossible to fully enjoy life when you're in pain. According to the United States Bone and Joint Initiative, musculoskeletal problems are disabling conditions that cost American businesses almost \$874 billion from 2009 to 2011. Bottom line, it's hard to have fun, travel or even relax when you're in pain.

B

Baby boomers are driving up costs

Although bone and joint problems can affect even the most athletic among us, baby boomers, born between 1945 and 1964, are driving the medical costs for treating bone and joint conditions. Starting in 2011, as boomers began signing up for Medicare in droves, the costs impacted American society both medically and economically. Moving deeper into the 2020s, those costs are only going to skyrocket as seniors continue to age.

C

Awareness is a collaborative effort

Bone and Joint Health National Action Week is co-sponsored by the U.S. Bone and Joint Initiative and the Global Alliance for Musculoskeletal Health. Both organizations work to improve the prevention of bone and joint problems so that people impacted can have an increased awareness of treatment options, resources, and research.

Source: [nationaltoday.com](https://www.nationaltoday.com)

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Diet and Exercise: What Children Need for Healthy Bones

Good habits now contribute to long-term health.

By **OHM staff**

Childhood is a critical time for developing strong, healthy bones. A balance between exercise, healthy diet, and adequate levels of calcium and vitamin D go a long way to build the kind of strong bones kids need later in life to help fight against osteoporosis.

Healthy foods

Foods that are great for building strong bones include: milk, yogurt, cottage cheese, mozzarella, tofu, orange juice, and salmon. Plants high in bone-protective antioxidants such as kale, broccoli, and parsley will also help create healthy bones during childhood.

Developing dietary habits that support bone health should start at an early age. Instilling healthy lifestyle habits in young children early can help.

Exercise

If you want strong bones, you must use them. Bones grow in both size and strength during childhood, and one major contributor to bone development is exercise. Children should have at least 35 to 60 minutes of exercise each day. The bone mass gained through physical activity

during childhood helps determine how healthy bones will be throughout life.

Weight-bearing exercise is the best type of exercise for growing bones. Bone is living tissue, and weight-bearing activity causes bones to build more cells and become strong.

Bone constantly re-forms due to everyday stress placed upon it, and physical activities work bones and muscles against gravity.

Exercises to help strengthen kids' bone health include:

- walking
- running
- hiking
- dancing
- soccer
- gymnastics
- basketball
- jump rope
- tennis
- volleyball
- ice hockey/field hockey
- skiing
- skateboarding
- in-line skating
- lifting weights
- aerobics

Questions? Talk to your child's pediatrician or medical provider to discuss the physical fitness and sports activities that work best for them. •

Source: [The Center, thecenteroregon.com](http://TheCenter,thecenteroregon.com)

A close-up, profile shot of a Black man with short hair and a beard, wearing a plaid shirt and a black face mask pulled down to his chin. He is holding a black microphone to his mouth and appears to be speaking or singing. The background is a blurred green, suggesting an outdoor setting. A diagonal white line cuts across the image from the bottom left to the top right.

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HOW WILL I KNOW IF I NEED A KNEE REPLACEMENT?

Lots of us have occasional joint pain or stiffness. However, if you are consistently experiencing some of these signs, it may be time to have a serious talk with an orthopedic surgeon:

THINGS TO WATCH:

- Non-surgical treatments (ibuprofen, ice, physical therapy) no longer relieve the pain.
- Pain in the knee is more intense and may last longer.
- You may experience stiffness in the joint that limit activities.
- The knee may be swollen or swollen for longer periods of time.
- Day to day activities (climbing stairs, difficulty standing up) may be more difficult to do.
- Pain and stiffness in the knee have caused you to stop doing the things you love—daily walks, or playing with grandchildren.

Once recommended tests are completed, the surgeon can determine whether you are a candidate for a knee replacement.



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Bone and Joint Disorders Affect People of All Ages

Orthopedic Specialists Help People Get Back to Living the Quality of Life They Desire

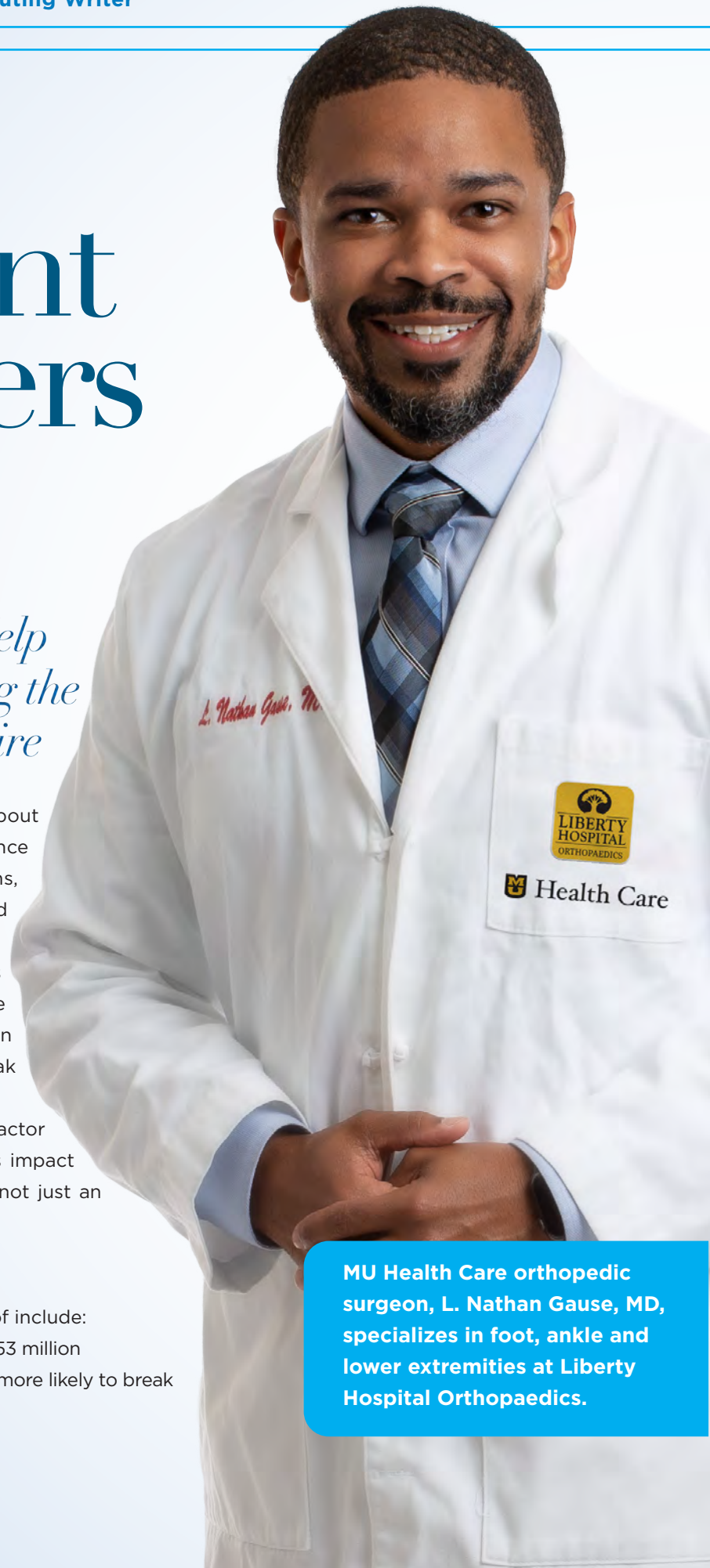
In the U.S., around 126.6 million people (about half the adult population) experience musculoskeletal (bone and joint) problems, says a report by the United States Bone and Joint Initiative. These issues include bone and joint diseases that can cause serious pain, loss of the ability to move freely and even, in the case of bone cancer, death. One in two women and up to one in four men over age 50 will break a bone due to osteoporosis.

While it is true that age is a contributing factor for some people, bone and joint health issues impact children, and adults under the age of 50. It's not just an "old folks" health challenge.

Bone Disorders

Some common issues you may have heard of include:

- Osteoporosis—bone loss, affecting as many as 53 million Americans, that weakens bones, making them more likely to break



MU Health Care orthopedic surgeon, L. Nathan Gause, MD, specializes in foot, ankle and lower extremities at Liberty Hospital Orthopaedics.

- Osteomalacia — bone softening
- Hyperparathyroidism — calcium loss caused by an overactive parathyroid gland
- Paget disease — enlarged, weak bones
- Developmental bone disorders occurring in children
- Spine disorders — including scoliosis (or curvature of the spine), herniated (or ruptured) disc, stenosis (narrowing of spaces within the spine), axial spondylitis (a type of arthritis that can cause the bones in the spine to fuse) and spinal osteoarthritis (arthritis of the spine)
- Fractures — broken bones
 - Bone cancer — abnormal cells that attack the bones and joints. It can start in bones and joints, or spread from cancer elsewhere in the body

Although these disorders, taken together, make up the bulk of bone problems for people in the U.S., osteoarthritis is the largest contributor. More than half of adults 65 and older experience osteoarthritis. However, two thirds of men and women with osteoarthritis are under 65. Predictions call for osteoarthritis to affect about 67 million people in the U.S. by 2030. That's about 25 percent of the adult population.

Bone Fractures

Breaking a bone is an injury that happens to people of all ages. Some bone breaks, or fractures, are more common among children. Others occur more among adults or seniors. Depending on how the bone breaks treatment and recovery will vary.

Some common bone fractures include

- Collarbone Fracture
- Wrist Fracture
- Ankle Fracture
- Vertebral Fracture
- Hip Fracture
- Forearm Fracture
- Shinbone Fracture

Joint Disorders

That so many people develop arthritis means the number of joint problems keeps orthopedic physicians busy. Joint issues can have several causes, but the most

common is some type of arthritis. The possibilities include, among others:

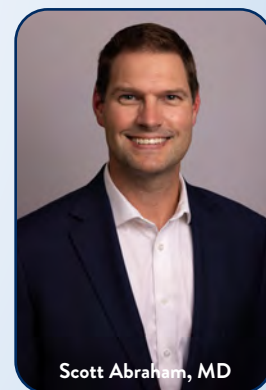
- **OSTEOARTHRITIS.** Resulting from cartilage breakdown as people age, leads to pain and stiffness
- **RHEUMATOID ARTHRITIS.** An autoimmune disorder in which the immune system attacks cells in the joint, causing inflammation and destroying bone and cartilage, the tissue that prevents the bones of the joint from rubbing together.
- **SPONDYLOARTHRITIS.** A disease group including enteropathic arthritis, which might be an inflammatory bowel disease complication; and psoriatic arthritis, which usually affects hand and foot joints.
- **JUVENILE IDIOPATHIC ARTHRITIS.** Arising from unknown causes, can affect children's muscles, ligaments, joints, internal organs and eyes. It can also disrupt growth.

Arthritis begins in the joints and can damage the bones that make them up. Although medication and other measures, including less-invasive surgery, such as arthroscopy, as well as medications and physical therapy, can ease the pain and stiffness arthritis causes, they can't make it go away. Eventually, a partial or total joint replacement will likely be necessary.

Joint Replacement

Scott Abraham, MD, an orthopedic surgeon with the Kansas City Orthopedic Alliance, said, "The main reason for knee or hip replacement would be severe, degenerative knee or hip arthritis (a disease in which the function or structure of the affected tissues or organs changes for the worse over time)." Dr. Abraham replaces about 100 knees and 250 hips a year. Nationally, knee replacements account for 600,000 orthopedic surgeries a year, and hip replacements make up 300,000, placing knee and hip replacements among the most frequent orthopedic surgeries.

For hip and knee replacement, more and more doctors and patients are opting for robot-assisted surgery.



Scott Abraham, MD



Daniel Reinhardt, MD

Daniel Reinhardt, MD, of the Kansas City Orthopedic Alliance, said the main advantage of using robots is that “you’re reliably putting the implants where you think you’re putting them.” A robot, he said, increases accuracy, which improves the likelihood of the best outcome. Shoulder replacements number about 53,000 a year in this country.

Not surprisingly, arthritis often gets the blame for shoulder pain, as well as hip and knee discomfort.



Scott Ellison, MD

“For what we consider a total or anatomical shoulder replacement, the typical indication is arthritis of the shoulder joint,” said **Scott Ellison, MD**, who specializes in the procedure at Kansas City Orthopedic Alliance. “The cartilage of the ball and socket joint is completely worn away.”

“People opt for total shoulder joint replacement when the pain is bad enough and nothing else has worked,” Dr. Ellison said. He added that a partial joint replacement might be called for in case of a shoulder fracture or avascular necrosis, in which the top of the arm bone—the ball that fits into the socket—dies. The surgery replaces the bone ball with a metal one.

Other Joint Treatments

Other treatments for joint disease are still in the experimental stages. Dr. Abraham said these options include stem cells to regenerate tissue, such as cartilage, and platelet-rich plasma (PRP), which also helps tissues regenerate. He emphasizes that, although these treatments show some promise, “they’re unproven and not yet covered by insurance.”

Bones and joints give the body stability, protection and the freedom to move about. Aging and disease can put limits on their ability to provide these services. It’s important to learn ways to keep bones and joints healthy for a high quality of life. A visit to a physician can help prevent long-term disability and promote life without pain.

L. Nathan Gause, MD, and Josh Niemann, MD, are MU Health Care orthopedic surgeons who practice at Liberty Hospital Orthopaedics.

When should consultation start with an orthopedic surgeon in your specialty?

The most common reasons a patient will seek out an orthopaedic surgeon are: generalized pain in the lower extremity, fractures, sprains, deformity, bunions, hammertoes, arthritis and sports injuries.

What is arthroscopy and how is it used?

Arthroscopy is a surgical procedure used to look at, diagnose, and treat problems inside a joint. Arthroscopy is minimally invasive and used to treat a number of diagnoses (lesions, inflammation, removal of foreign body, joint infection and diagnostic exploration). It is also used when treating ankle fractures and to diagnose and treat injuries to the joint that are not necessarily visible on an X-ray or CT scan.

Dr. L. Nathan Gause specializes in foot, ankle and lower extremities.

What things should patients know before they decide on robot-assisted bone and joint surgery?

“Not all “robotic” procedures are identical, and patients should carefully evaluate the technology with their surgeon before proceeding,” states Dr. Niemann. “Most robotic platforms require pre-surgical imaging, usually a CT scan, to thoroughly evaluate the anatomy of the joint. The patient will need to check with their insurance provider to see whether this additional expense is covered or would fall back to them. “Robotic surgery for joint replacement is well established for hip and knee reconstruction surgery,” says Dr. Niemann. “Over time, I believe the technology will advance into shoulder, and soon, ankle replacement.”

Sources: American Association of Orthopedic Surgeons, The Orthopedic Clinic

L. Nathan Gause, MD



Josh Niemann, MD



What Is an Orthopedic Doctor?

People visit an orthopedic doctor when they have bone and muscle injuries as well as when they have a chronic condition, such as arthritis or lower back pain.

Orthopedics is the medical field that focuses on diseases and conditions that affect your musculoskeletal (MUS-kyoo-loh-SKEH-leh-tul) system. This includes:

- bones
- muscles
- ligaments and tendons
- joints
- nerves

What Do Orthopedic Doctors Do?

Orthopedic doctors, often referred to as orthopedic surgeons, focus on helping you with musculoskeletal issues by.

- Diagnosing and treating conditions that affect your musculoskeletal system
- Assisting with rehabilitation, which helps you regain movement, strength, range of motion, and flexibility following an injury or surgery
- Forming strategies to prevent injury or to keep chronic conditions, such as arthritis, from worsening

Orthopedic doctors treat a wide variety of conditions, including but not limited to the following:

- bone fractures
- muscle strains
- joint or back pain
- arthritis
- carpal tunnel syndrome
- injuries to tendons or ligaments, such as sprains, tendonitis, and ACL tears
- limb abnormalities, such as clubfoot and bowlegs
- bone cancer

Nonsurgical treatments

Orthopedic doctors will often focus on nonsurgical treatments first before recommending surgery. Some nonsurgical treatments include:

- **EXERCISES.** Specific exercises or stretches may help maintain or improve your strength, flexibility, and range of motion in a particular area.
- **IMMOBILIZATION.** Preventing additional strain to an area can help it to heal. Examples of immobilization techniques include braces, splints, and casts.
- **MEDICATIONS.** Certain medications such as ibuprofen and aspirin help relieve symptoms like pain and swelling. Prescription drugs like corticosteroids and anti-inflammatory medicine may also help.
- **LIFESTYLE CHANGES.** Your orthopedic doctor may also recommend lifestyle changes that involve modifying your physical activity, diet, and proper ways to exercise to prevent aggravation of an injury or condition.

Surgical treatments

Sometimes a condition or injury doesn't improve with conservative measures and your doctor may recommend surgery. Some examples of operations performed by an orthopedic surgeon include:

- **JOINT REPLACEMENT.** This involves replacing the parts of a joint that have become damaged or diseased; examples include knee replacement and hip replacement surgery.
- **INTERNAL FIXATION.** The placement of hardware such as pins, screws, plates, and rods to help hold broken bones in place while they're healing.
- **FUSION.** Using bone graft material plus some form of internal fixation to connect two bones together. As the bone tissue heals, it fuses into one bone. This technique is often used in neck and spine surgery.
- **OSTEOTOMY.** Osteotomy is a type of surgery that involves cutting a part of a bone and then repositioning it. This type of surgery may sometimes be used to treat arthritis.

Source: [Healthline.com](https://www.healthline.com)



Aging Changes Our Bones

Exercise and a well-balanced diet can help prevent bone loss, or osteoporosis.

By OHM staff

As we age, our bones lose the ability to replace certain cells as fast as they degrade, and if that degradation is significant, it can result in osteoporosis (bone density/bone loss), or osteopenia (loss of bone mineral density). According to the American Journal of Managed Care there are 54 million people with low bone density. They project more than three million osteoporotic fractures a year by 2025, with related expenditures of \$25 billion a year.

What can we do to support bone health?

The musculoskeletal (bones and joints) system is designed to be resilient against the physical demands we place on them. For our bones and joints to function properly, they must be challenged regularly with weight-bearing exercises. Examples include:

- Jumping jacks
- Hiking
- Walking
- Climbing stairs or using an elliptical
- Low-impact aerobics
- Dancing

These exercises work directly on the bones in the legs, hips and lower spine to slow mineral loss.

What causes low bone density, and how is it treated?

During childhood and adolescence, much more bone is deposited than withdrawn as the skeleton grows in both size and density.

Between ages 25 and 50, bone density levels tend to stay balanced. After 50, the equation starts to work against the body, and our bones become less dense.

As with many conditions, low bone density can be both prevented and combatted in an otherwise healthy individual through exercise and a well-balanced diet. Foods that are good for your bones include:

- Dairy products — low-fat or non-fat milk, yogurt, cheese
- Fruits and vegetables — leafy green vegetables (collard greens, turnip greens, kale, okra, etc.)
- Fish — canned sardines, salmon (with the bones)
- Fish containing vitamin D — salmon, mackerel, tuna and sardines

These foods are rich in calcium and vitamin D, nutrients that help sustain strong bones.

According to the US Office of Disease Prevention and Health Promotion, fewer than 20% of adults perform the recommended amount of physical activity, including bone-strengthening exercises, required to keep bone density at a healthy level.

Before you start any exercise, consult your healthcare provider to discuss what exercises work best for your health situation.

Sources:

Osteoporosis Diet & Nutrition: Foods for Bone Health,
www.bonehealthandosteoporosis.org, CDC.gov



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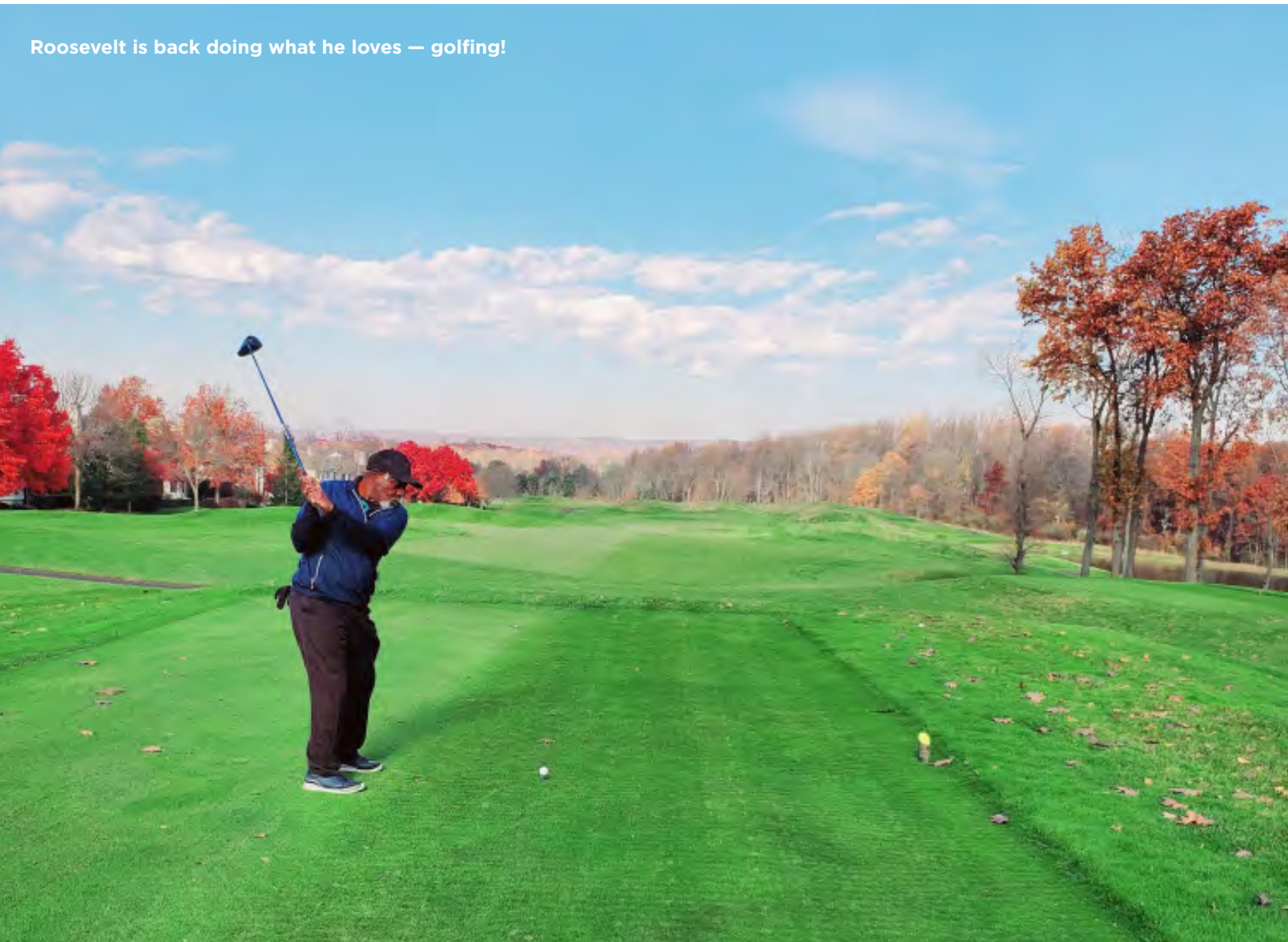
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Roosevelt is back doing what he loves — golfing!



I JUST WANTED TO LIVE WITHOUT PAIN

A reader recounts how hip replacement surgery helped him

By Jeanene Dunn and Roosevelt Brown

According to the Agency for Healthcare Research and Quality (AHRQ), more than 450,000 total hip replacements are performed each year in the United States. Roosevelt Brown, of Big Spring, Texas, had a partial hip replacement seven years ago. He shared his story about his surgery experience with *Our Health Matters*.

Brown is the guy who is going to hit the links whenever he can, in town or out of town. His golf clubs travel with

him, and he is going to find out where the nearest golf course is located.

When constant pain in his right hip started to affect his daily activities, and ability to walk, he consulted his doctor. “Surgery wasn’t the immediate go-to option,” he says. “The doctor wanted to see if pain management would work. I started taking a pain medication,” he continues. “It worked for a while, but the pain just got worse over time. Simple movements started to become very painful,” he recounts.

According to The Mayo Clinic, surgery may be an option if you have:

- Constant pain
- Trouble walking even with a walker or cane
- Trouble sleeping
- Problems walking up or down stairs

Brown and his doctor agreed that continuing to take pain medication was not an option and posed its own

“Both of my doctors communicated with each other, so my surgeon had a full picture of my health history,” Brown explains. “It really helped that they worked together.”

**“BOTH OF MY DOCTORS
COMMUNICATED WITH EACH OTHER,
SO MY SURGEON HAD A FULL PICTURE
OF MY HEALTH HISTORY,”**



Brown, pictured with his grandson, Theo, son-in-law, Nate and daughter, Nicole.

set of risks. He needed surgery. To improve his quality of life, Brown's right hip would have to be replaced. The problem was due to age (68 at the time), and general wear and tear on the body.

Heading west for surgery

Brown's oldest daughter, Nicole did not want her father to go through his surgery and recovery alone, and with limited support post-surgery. Ahead of his trip to Los Angeles, Nicole arranged for him to be evaluated by an orthopedic surgeon there. The surgeon agreed with Brown's primary doctor's assessment and started the process of preparing him for the surgery.

Brown's successful surgery and recovery

Brown says that the recovery process took about eight weeks. He is currently pain free and hits the links every chance that he gets. “I am just glad I am able to do the things I love like playing golf and traveling to spend time with my children, grandchildren and extended family.”

Hip replacement is not without risks and potential complications. If you are experiencing bone and joint pain that makes it difficult to carry on daily activities, ask your primary care doctor or insurance provider to refer you to an orthopedic specialist for a proper diagnosis. •

Sources: The Mayo Clinic
American Academy of Orthopaedic Surgeons



Surprise!

You Have the Right to NOT be Surprised by a Medical Bill

This federal No Surprises Act was implemented to protect patients from unanticipated medical expenses after receiving care from an out-of-network physician, other health professional, hospital, or other provider. It prevents surprise medical bills and requires better disclosure of billing.

If you have private health insurance, these new protections ban the most common types of surprise bills. If you disagree with your bill, you may be able to dispute the charges.

What are surprise medical bills?

Before the No Surprises Act, if you had health insurance and received care from an out-of-network provider or an out-of-network facility, even unknowingly, your health plan may not have covered the entire out-of-network cost. This could have left you with higher costs than if you got care from an in-network provider or facility. In addition to any out-of-network cost sharing you might have owed, the out-of-network provider or facility could bill you for the difference between the billed charge and the amount your health plan paid, unless banned by state law. This is called “balance billing.” An unexpected bill balance from an out-of-network provider is also called a surprise medical bill.

People with Medicare and Medicaid already enjoy these protections and are not at risk for surprise billing.

What are the new protections if I have health insurance?

If you have insurance these new rules will:

- Ban surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization).
- Ban out-of-network cost-sharing (like out-of-network coinsurance or copayments) for most emergency and some non-emergency services. You can't be charged more than in-network cost-sharing for these services.
- Ban out-of-network charges and balance bills for certain additional services (like anesthesiology or radiology) furnished by out-of-network providers as part of a patient's visit to an in-network facility.
- Require that health care providers and facilities give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections (i.e., you must receive

notice of and consent to being balance billed by an out-of-network provider).

Whether you are insured or uninsured the No Surprises Act can provide some sense of protection.

To learn more visit [CMS.gov/nosurprises](https://www.cms.gov/nosurprises), or call the Help Desk at 1-800-985-3059 for more information. TTY users can call 1-800-985-3059. •

**AS OF JANUARY 1, 2022,
CONSUMERS HAVE NEW
BILLING PROTECTIONS WHEN
GETTING EMERGENCY CARE,
NON-EMERGENCY CARE
FROM OUT-OF-NETWORK
PROVIDERS AT IN-NETWORK
FACILITIES, AND AIR
AMBULANCE SERVICES FROM
OUT-OF-NETWORK PROVIDERS.**

WHAT YOU SHOULD KNOW ABOUT MEDICARE

MEDICARE OPEN ENROLLMENT PERIOD

Every year from October 15 to December 7, an open enrollment makes it possible to change coverage within Medicare. For example, you can:

- change from original Medicare (parts A and B) to a Medicare Advantage (Part C) plan
- change from a Medicare Advantage plan to original Medicare
- join, drop, or switch Part D (prescription drug plan)
- switch from one Medicare Advantage plan to another

If you make changes to your Medicare coverage during the annual open enrollment, your old coverage will end and your new coverage will start on January 1 of the following year.

DID YOU KNOW...

On July 30, 1965, President Lyndon B. Johnson signed Medicare popularly known as the Medicare bill into law as an amendment to the Social Security Act of 1935. It established Medicare, a health insurance program for the elderly, and Medicaid, a health insurance program for the poor.

At the bill-signing ceremony, which took place at the Truman Library in Independence, Missouri, former President Harry Truman and wife Bess, were enrolled as Medicare's first beneficiaries and had the honor of receiving the first Medicare card, July 1, 1966. Some 19 million people enrolled in Medicare when it went into effect in 1966.

The Medicare program was created to provide health coverage and increase financial security for older Americans who were not well served in an insurance market characterized by employment-linked group coverage. The Medicare program would cover hospital and medical insurance for Americans age 65 or older.



President Lyndon Johnson signs the Medicare Bill. President Harry S. Truman is seated next to him. Others looking on include Lady Bird Johnson, Vice President Hubert Humphrey, and Bess Truman. July 30, 1965.

(Photo courtesy of Lyndon B. Johnson Presidential Library, U.S. National Archives)

Medicaid, a state and federally funded program that offers health coverage to certain low-income people, was also signed into law by President Johnson on July 30, 1965, as an amendment to the Social Security Act.

In 1972, eligibility for the program was extended to Americans under 65 with certain disabilities and people of all ages with permanent kidney disease requiring dialysis or transplant. In December 2003, President George W. Bush signed into law the Medicare Modernization Act, which added outpatient prescription drug benefits to Medicare.

For more than 50 years, these programs have been protecting the health and well-being of millions of American families, saving lives, and improving the economic security of our nation. •

Sources: History.com, WhiteHouse.gov,

YOUTUBE video: [Medicare Bill Signed - 1965](#)



Quinton Lucas, Mayor KCMO



Jennifer Collier, Ed.D.,
Interim Superintendent,
KCMO Public Schools

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WHAT'S NEXT?



- DECEMBER 2022 - GET THE FACTS ABOUT LONG-TERM & SHORT-TERM SKILLED CARE

Every family needs to know who to call and where to go when they need skilled care. Skilled care is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of professionals, or technical personnel. It's healthcare given when you need skilled nursing or therapy in a facility or at home. ***Our Health Matters*** explains the types of skilled care and requirements to receive care based on one's ability to pay. We also share what to look for when selecting an agency, as well as the benefits of receiving care from skilled nursing facilities or providers.

**INCREASE YOUR EXPOSURE
AND EXPAND YOUR BUSINESS.
ADVERTISE IN OUR *HEALTH MATTERS*™**

If you are looking to reach new customers and foster lasting relationships,
call 816.361.6400 or email your request to info@kcourhealthmatters.com.





Download Digital copies of Our Health Matters™ at:
<https://kcourhealthmatters.com/digital-editions/>

IF YOU ARE EXPERIENCING A MEDICAL EMERGENCY, CALL 911.

CALL 988: Every person nationwide can dial “988” to reach trained crisis counselors who can help in a mental health, substance use or suicide crisis.

CALL 211: United Way 211 is our city’s 24/7 connection to agencies and resources for anyone in a time of need. Calling 211 connects individuals to free and confidential help—from basic needs to mental health resources to utility assistance and more.