PrimePartners
for Case Managers

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Tips for Dealing with Stress

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

April is Stress Awareness Month. People working in health care experience some of the highest levels of job-related stress, and knowing how to manage it is crucial. Having *some* feelings of stress is normal and may even serve as motivation. However, excessive stress can lead to negative emotional and physical symptoms. In addition to taking a toll on physical and mental health, stress can negatively affect job performance and job satisfaction. For these and so many other reasons, it is important to manage stress effectively. As we recognize Stress Awareness Month, below are some helpful techniques for handling stress.

- **Be aware.** Recognize how your body responds to stress so you can employ stress management techniques.
- **Breathe.** Deep breathing slows the heart rate and helps reduce feelings of anger and anxiety.
- **Drink water.** Your brain is composed of mostly water. You'll be better able to manage stress if you're adequately hydrated.
- **Take a walk.** Even five minutes is enough to improve feelings of well-being and help clear your mind.
- **Smile.** It's hard to smile and also think about something negative. Smiling not only reduces *your* stress, it reduces the stress of the people around you!
- **Be selfish.** This can be hard to do, but putting yourself first at times is necessary. You have to take care of yourself to be in any shape to care for others. Eat healthy, get enough sleep, exercise, and take time to focus on your needs.
- **Organize.** A simple calendar can reduce stress by helping you prioritize and keep track of important projects and events (including family events and self-care activities).
- **Know your limits.** It is not your job to fix everything! Establish and reestablish boundaries as needed—and don't feel guilty for doing so.

Your role as a county case manager is vitally important, and PrimeWest Health appreciates all that you do. We hope these stress management techniques are helpful to you as you work to help others.

Medication Therapy Management (MTM) Services

Ann Ehlert, PharmD, Pharmacy Manager

PrimeWest Health offers Medication Therapy Management (MTM) programs to help members who take multiple medications to treat multiple chronic conditions and have very high drug costs. The goals of MTM are to optimize member drug therapy both therapeutically and cost effectively, as well as to help identify possible medication errors. MTM is provided at no cost to members, and we encourage you to refer members who could benefit.

PrimeWest Health has two MTM programs. The program a member participates in is based on whether the member has Medicare through PrimeWest Health.

Members with Medicare through PrimeWest Health

Prime Health Complete (HMO SNP) and PrimeWest Senior Health Complete (HMO SNP) members receive MTM services through our pharmacy benefit manager, MedImpact. Members are automatically enrolled if they meet the following criteria:

- Two or more of the following chronic conditions: chronic heart failure, diabetes, dyslipidemia, hypertension, asthma, and Chronic Obstructive Pulmonary Disease (COPD)
- Seven or more prescriptions
- A total medication cost of more than $3,967 per year. This cost is the total of what PrimeWest Health, Medicare, and the member pay for the medication.

Members who meet the eligibility criteria are mailed a letter informing them of their eligibility. A time is scheduled for an MTM pharmacist or nurse to speak to the member over the phone. The conversation includes a review of the member's medications (both prescription and over-the-counter [OTC]) and education about the member's health conditions, how medications work, and side effects from medications. A Personal Medication Record that lists all the member's medications is then mailed to the member, who is encouraged to share this list with his/her prescribers. If a medication concern requiring immediate attention is identified, the prescriber is contacted directly. Follow-up calls between the member and the MTM pharmacist or nurse are scheduled as needed. Members can opt out of the program when they receive their enrollment letter or at any time, if they choose.

Medical Assistance (Medicaid)-only and MinnesotaCare members

Medical Assistance (Medicaid) and MinnesotaCare members participate in an MTM program delivered by local pharmacists trained to provide MTM services. Members with one or more chronic conditions who take three or more prescriptions are eligible to participate in the program. Unlike the Medicare program in which enrollment is automatic, Medical Assistance (Medicaid) and MinnesotaCare members need to opt in or ask for the service. Unlike the Medicare program in which enrollment is automatic, Medical Assistance (Medicaid) members need to opt in or ask for the service and then meet face-to-face with a local pharmacist contracted with PrimeWest Health. Otherwise, services members receive are similar. Although there are qualified MTM providers in most PrimeWest Health counties, not all pharmacists can provide this service. Members or their county case manager can call Member Services at **1-866-431-0801** (toll free) for information on which pharmacists provide this service.

Member referrals

MTM services are voluntary and free to members. Please consider discussing MTM with members and referring them for services, as appropriate. You or the member can call Member Services at **1-866-431-0801** (toll free).

Dangers of Alcohol Use with Certain Medications

Ann Ehlert, PharmD, Pharmacy Manager

Drinking alcohol while on any medication is generally discouraged. Many medications can cause drowsiness/dizziness and alcohol may exacerbate that effect. In addition, there are some common medications that, when taken with alcohol, can cause more significant side effects. Please share this information with members. Some may not be aware of the side effects or may not realize that only a small amount of alcohol can lead to very serious reactions.

Flagyl® (metronidazole), used to treat a variety of bacterial infections, is a common medication for which alcohol is contraindicated. People should avoid alcohol while taking the medication and for at least three days after the last dose. Using the two together can cause abdominal cramping, nausea, vomiting, headaches, flushing, or even sudden death. This type of adverse reaction can occur rapidly and can be caused by even small amounts of alcohol, such as those found in cough syrup or mouthwash (G.D. Searle).

A side effect of many **antidepressant medications** is drowsiness, which is made worse when combined with alcohol. Interactions between alcohol and a few specific antidepressants, including those listed below, can lead to more severe reactions. Because antidepressants are often used long term, it may be more difficult for people to avoid alcohol, making it important to educate them about these interactions before they start using the medication.

- **Monoamine oxidase inhibitors (MAOIs).** Anyone taking an MAOI, including Parnate® (tranylcypromine) and Nardil® (phenelzine), should avoid beer and red wine. These contain tyramine which, when combined with an MAOI, can lead to hypertensive urgency or emergency (blood pressure high enough to be life threatening). Symptoms include headache along the upper neck and back of the head, neck stiffness, nausea/vomiting, sweating, and sensitivity to light. Someone taking an MAOI who consumes alcohol should seek medical attention to avoid further complications from hypertensive emergency such as a stroke or death (Rising Pharmaceuticals, Inc.).
- **Wellbutrin® (bupropion).** Bupropion can lower a person's seizure threshold; combining it with alcohol may further lower it, resulting in an increased risk of seizure, neuropsychiatric events, or reduced tolerance to alcohol. While taking bupropion, alcohol consumption should be minimized or preferably avoided (GlaxoSmithKline).

Antabuse® (disulfiram) is used to manage chronic alcoholism and help people maintain sobriety. Disulfiram is contraindicated if the person is going to continue drinking alcohol. It should not be taken until the person has gone without alcohol for at least 12 hours. Even very small amounts of alcohol (from food, another medication, aftershave, perfume, or other products) combined with this medication lead to nausea, vomiting, headache, flushing, tachycardia, and/or hypotension. This reaction can occur up to 14 days after stopping disulfiram therapy. The reaction caused by mixing alcohol with this medication is commonly referred to as a "disulfiram-like reaction." Those taking this medication must be made aware of this interaction, and must be made aware of all products containing alcohol, including mouthwash and aftershave (Roxane Laboratories).

As a general rule of thumb, alcohol should be avoided whenever someone is taking medication, if at all possible. Let members know they should never hesitate to ask their community pharmacist or provider any questions they have about specific medications and their interaction with alcohol.

Sources: G.D. Searle, LLC, Division of Pfizer, Inc., "Highlights of prescribing information: flagyl-metronidazole tablet." New York, NY, 2017, **www.dailymed.nlm.nih.gov/dailymed/druglnfo.cfm?setid=b39cc0e4-57ad-4d70-a105-44ebccf201f8.**

GlaxoSmithKline, "Highlights of prescribing information: Wellbutrin® oral tablets, bupropion hydrochloride oral tablets." Research Triangle Park, NC, 2017, **www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Wellbutrin_Tablets/pdf/WELLBUTRIN-TABLETS-PI-MG.PDF.**

Rising Pharmaceuticals, Inc., "Highlights of prescribing information: tranylcypromine sulfate, tranylcypromine sulfate tablet." Saddle Brook, NJ, 2013, **www.dailymed.nlm.nih.gov/dailymed/druglnfo.cfm?setid=8c8dd7fc-7cd1-47ac-a06d-d82604638b08.**

Roxane Laboratories, Inc., "Highlights of prescribing information: Antabuse® – disulfiram oral tablets," Columbus, OH, 2014, **www.dailymed.nlm.nih.gov/dailymed/druglnfo.cfm?setid=12850de3-c97c-42c1-b8d3-55dc6fd05750.**

Alcohol Use: Recognizing Problems

Chelsey Wildman, BES, LADC, ADC-MN, Chemical Dependency Care Coordinator

Problems with alcohol are common among adults in the United States. Yet, because of the stigma associated with substance use disorders, many people try to hide their disease instead of seeking appropriate treatment. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), while approximately 3 in 10 adults in the United States drink at levels that raise their risk of health issues, only 10 percent of those who need treatment are actually screened and referred (NIAAA 2005). Because of this, it's important to recognize the signs that someone may be struggling with alcohol and encourage those who exhibit symptoms to seek help.

How much alcohol is too much?

Men who consume more than four drinks a day (or more than 14 drinks per week) and women who consume more than three drinks in a day (or more than seven per week) are at risk for alcohol-related problems. However, it's important to note that alcohol affects everyone differently, and people who don't meet this level of abuse or addiction may still be at risk (NIAAA 2005).

What are the dangers of too much alcohol?

Alcohol can complicate or put people at increased risk for hypertension, gastrointestinal bleeding, sleep disorders, depression, cardiovascular disease, liver disease, and cancer (NIAAA 2005). Alcohol can change the way medication works and interactions between alcohol and certain medications can be life threatening (NIAAA 2014).

What are signs someone is struggling?

The following are some common signs of problematic alcohol use*:

- Increased drowsiness
- Changes in cognition and/or memory retention and recollection
- Change in weight
- Changes in mood
- Self-isolation, withdrawal from activities, and/or avoidance of friends and family
- Increased reports of feeling sick without an identifiable cause
- Unexplained injuries
- Trying to mask breath odor (e.g., constantly using gum, mints, or mouthwash)
- Missing appointments
- Hiding alcohol

**Symptom list compiled from Caring.com, Beach House, and the Substance Abuse and Mental Health Services Administration (SAMHSA).*

How can I help?

If you notice these symptoms or otherwise suspect a member may be struggling with alcohol use, have a conversation about the risks to physical and mental health associated with alcohol and the importance of moderation. Encourage the member to make informed decisions. In cases where the member is not ready to disclose the problem to a provider or go through the assessment process, this conversation can be a good first step.

If a member seems willing to address the issue, encourage a visit to his/her primary care provider for further screening. If the provider determines a full assessment is needed, you or the primary care provider can make a referral to the local tribe or county Social/Human/Family Services office for a Rule 25 assessment. The results of the assessment guide the recommendations for services and/or treatment.

Sources: Beach House, "5 Signs Your Loved One Is Masking a Drinking Problem," 2018, **www.beachhouserehabcenter.com/learning-center/5-signs-your-loved-one-is-masking-a-drinking-problem.**

Haiken, Melanie, "20 Secret Signs of Addiction," Caring.com, February 6, 2018, **www.caring.com/articles/20-secret-signs-of-addiction.**

Substance Abuse and Mental Health Services Administration (SAMHSA), "Chronic Substance Use and Cognitive Effects on the Brain: An Introduction," In Brief, 9, no. 1 (Summer 2016), **www.store.samhsa.gov/shin/content//SMA16-4973/SMA16-4973.pdf.**

NIAAA, "Harmful Interactions: Mixing Alcohol with Medicines," National Institutes of Health (NIH), 2003 (revised 2014), Pub. No. 13–5329, **https://pubs.niaaa.nih.gov/publications/medicine/harmful_interactions.pdf**.

NIAAA, "Helping Patients Who Drink Too Much, A Clinician's Guide," NIH, 2005 (revised 2016), Pub. No. 07–3769, **https://pubs.niaaa.nih.gov/publications/practitioner/cliniciansguide2005/guide.pdf**.

Kratom: What Is It and Is It Safe?

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

You may have heard about kratom, an herbal product that is becoming increasingly common in the United States. As kratom's use has increased, so have the questions and concerns surrounding it. Familiarizing yourself with kratom and the Food and Drug Administration's (FDA) and Drug Enforcement Administration's (DEA) positions on it will help you answer questions that members may have.

What is kratom?

Kratom is a tree native to Southeast Asia. Its leaves and stems can be chewed, dried and used like tea, or ground into a powder and used in capsules. In low doses, kratom produces a stimulant effect; in high doses, it produces a sedative, opioid-like effect. Kratom is legal in most states (DEA).

What is the controversy?

Some people believe kratom can be used as an alternative treatment for pain, opioid addiction and withdrawal (FDA), diarrhea, and cough (NIH). However, there has been very little research on the effects of kratom in humans, and the DEA and the FDA urge people not to use it for any reason.

What else do the DEA and FDA say?

Both the FDA and the DEA have recently published their concerns about kratom. In February 2018, the FDA announced there is strong evidence that, far from being an alternative to opioids, kratom itself has opioid properties and is similarly addictive and has the same potential for abuse, addiction, and overdose. The FDA reports there have been 44 deaths associated with the herb and urges people not to use products containing kratom. The FDA states the dangers associated with kratom are high and include risks inherent with unregulated substances—variation in potency and the potential for it to be laced or combined with other harmful substances. The FDA concludes, "There is no evidence to indicate that kratom is safe or effective for any medical use."

For its part, the DEA lists kratom as a "drug of concern" and is evaluating it for controlled substance scheduling.

What's the bottom line?

While alternative treatments can be tempting, especially ones that could replace opioids or opioid dependence, kratom has not been proven safe or effective. It is not approved for any medical use.

Sources: DEA, Drugs of Abuse, A DEA Resource Guide, 2017 ed. (DEA, 2017), 84, **www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf#page=84.**

Gottlieb, Scott, "Statement from FDA Commissioner Scott Gottlieb, M.D., on the Agency's Scientific Evidence on the Presence of Opioid Compounds in Kratom, Underscoring its Potential for Abuse," Food and Drug Administration (FDA), February 6, 2018, **www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm595622.htm**.

National Institutes of Health (NIH), "Kratom," January 18, 2018, **https://livertox.nih.gov/Kratom.htm**.

Crisis Text Line: Suicide Prevention Text Service

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Crisis Text Line, a free and confidential text messaging service that helps people who are contemplating suicide or facing mental health issues, expanded its service area on April 1. It now provides suicide prevention and education services in all Minnesota counties and tribal nations 24 hours a day, 7 days a week.

Accessing a trained counselor who can help defuse a crisis and provide connections to local resources is as easy as texting **MN** to **741741**. Please encourage members who may benefit to make use of this service. As an alternative to texting, please also make sure members have the number for the National Suicide Prevention Lifeline: **1-800-273-8255** (toll free). This service is also free and confidential.

You can find more information on the **Minnesota Department of Human Services (DHS)** website as well as on the **Crisis Text Line** website.

Note: Crisis Text Line does not charge for texts. Texts are free with AT&T, T-Mobile, Sprint, or Verizon plans. Standard text rates may apply to plans with a different carrier. Texting services may not work with prepaid plans and some carriers.

Source: DHS, "Suicide Prevention Text Services Expand Statewide," April 2, 2018, **www.mn.gov/dhs/media/news/#/detail/appId/1/id/333964.**

Getting Care Outside of Normal Business Hours

Please remind members that there are alternatives to seeking care in the emergency room (ER) if they have a health concern after normal business hours. One option is the ***Ask Mayo Clinic*** nurse line and online symptom checker, which provide members with free advice about the level of care they should seek. Services are available 24 hours a day, 7 days a week, every day of the year. Members can call the nurse line at **1-888-668-4336** (toll free) and can access the online symptom checker at **www.primewest.org/ask-mayo-clinic**.

While it's best for members to see their primary care providers, there are times when that's not possible. As an alternative to the ER, let members know that some clinics offer extended hours on evenings and weekends. **A list of contracted clinics that offer extended hours is included at the end of this issue.** Please share this list with any members who might need it!

Providing members with alternatives to seeking care in the emergency room helps ensure they get appropriate, cost-effective care.

Important Dates

✓ **County supervisor meeting**

Meetings are held the third Thursday of the month, from 10 a.m. to 2 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

April 19
May 17
June 21
July 19
August 16
September 20
October 18
November 15
December 20

Mark the following dates on your calendars and watch for additional information.

✓ **PrimeWest Health Summer Lunch and Learn**
July 24

✓ **PrimeWest Health Providers and Partners Fall Conference**
October 23; Alexandria, MN

✓ **Minnesota Department of Health: Care Coordination Learning Day**
October 26

Contact Information

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PrimeWest HEALTH
3905 Dakota St
Alexandria, MN 56308
www.primewest.org

PrimeWest Health-Contracted Clinics with Extended Hours

Alexandria Clinic Express Care: 1-320-763-2899
Regular Hours:
Monday – Friday, 8 a.m. – 8 p.m.
Saturday and Sunday, 9 a.m. – 3 p.m.

ACMC – Litchfield-West: 1-320-693-3233
Clinic Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Saturday, 8 a.m. – noon
Urgent Care Hours:
Saturday, 8 a.m. – noon
Appointments preferred

ACMC – Redwood Falls: 1-507-637-2985
Clinic Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Urgent Care Hours:
Monday – Thursday, 8 a.m. – 6 p.m.
Friday, 8 a.m. – 5 p.m.
Saturday, 9 – 11:30 a.m.
No appointment necessary

ACMC – Willmar: 1-320-231-5000
Clinic Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Urgent Care Hours:
Monday – Friday, 7:30 a.m. – 8:30 p.m.
Saturday and Sunday, 9 a.m. – 4 p.m.
No appointment necessary

CentraCare Health – Paynesville Clinic: 1-320-243-3767
Clinic Hours:
Monday, 6 a.m. – 8 p.m.
Tuesday, Wednesday, Thursday, 8 a.m. – 8 p.m.
Friday, 6 a.m. – 5 p.m.
Saturday, 8 a.m. – noon

Essentia Health – Fosston: 1-218-435-1212
Clinic Hours:
Monday – Thursday, 9 a.m. – 7 p.m.
Friday, 9 a.m. – 5 p.m.
Primary Care Walk-In Hours:
Monday – Thursday, 5 – 7 p.m.
Saturday, 9:30 a.m. – noon

Essentia Health – Graceville Clinic: 1-320-748-7223
Same day or scheduled appointments
Regular Hours:
Monday – Friday, 9 a.m. – 5 p.m.
Saturday, 9 a.m. – noon

Essentia Health – Grand Rapids Clinic: 1-218-999-7000
Clinic Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Primary Care Walk-In Hours:
Monday, 5 – 8 p.m.
Thursday, 5 – 8 p.m.
Saturday, 9 a.m. – 1 p.m.

Essentia Health – Park Rapids Clinic: 1-218-732-2800
Clinic Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Walk-In/Urgent Care Hours:
Monday – Friday, 8 a.m. – 6:30 p.m.
Saturday, 8 a.m. – noon

Essentia Health St. Mary's Urgent Care – Detroit Lakes: 1-218-844-2347
Clinic Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Walk-In/Urgent Care Hours:
Monday – Friday, 8 a.m. – 7:30 p.m.
Saturday and Sunday, 10 a.m. – 5:30 p.m.

Glacial Ridge Medical Center Glenwood: 1-866-667-4747
Regular Hours:
Monday – Thursday, 7 a.m. – 6:30 p.m.
Friday, 7 a.m. – 4:30 p.m.
Saturday and Sunday, 9 a.m. – 1:30 p.m.
Receptionist available on weekends, 8:30 a.m. – 2 p.m.

Glencoe Regional Health Services: 1-800-869-3116 (toll free)
Regular Hours:
Monday, 8 a.m. – 7 p.m.
Tuesday – Friday, 8 a.m. – 5 p.m.
Saturday and Sunday, 8 a.m. – noon (lab only)
Urgent Care Hours:
7 days a week/365 days a year, 8 a.m. – 7:30 p.m.

Hutchinson Health Clinic: 1-800-944-2690 (toll free)
Regular Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Urgent Care Hours:
7 days a week, 8 a.m. – 7 p.m.

Olivia Clinic: 1-320-523-1460
Regular Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Walk-In Hours:
Monday – Thursday, 11 a.m. – 7 p.m.
Saturday, 8 a.m. – noon

Ortonville Area Health Services – Northside Medical Clinic: 1-320-839-6157
Same day or scheduled appointments
Regular Hours:
Monday – Friday, 7:15 a.m. – 5:30 p.m.
Saturday, 8 a.m. – noon

Pipestone County Medical Center & Family Clinic Avera: 1-507-825-5811
Clinic Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Extended Care Hours:
Monday and Thursday, 5 – 7 p.m.
Saturday, 8 a.m. – noon

Prairie Ridge Health Services – Elbow Lake: 1-218-685-7300
Regular Hours:
Monday and Wednesday, 8 a.m. – 8 p.m.
Tuesday, Thursday, and Friday, 8 a.m. – 5 p.m.
Saturday, 8 a.m. – noon

Sanford Bagley Clinic: 1-218-694-2384
Regular Hours:
Monday, 8 a.m. – 5 p.m.
Tuesday – Thursday, 8 a.m. – 8 p.m.
Friday, 8 a.m. – 5 p.m.

Sanford Bemidji Walk-In Clinic: 1-218-333-4700
Regular Hours:
Monday – Sunday, 7:30 a.m. – 7:30 p.m.

Sanford Health Broadway Clinic: 1-320-762-0399
Regular Hours:
Monday – Thursday, 8 a.m. – 6 p.m.
Friday, 8 a.m. – 5 p.m.
Saturday, 9 a.m. – noon

Sanford Health Mahnomen Clinic: 1-**218-935-2514**
Regular Hours:
Monday – Friday, 8 a.m. – 5 p.m.
Saturday, 9 a.m. – noon

Stevens Community Medical Center – Morris: 1-800-993-7262 (toll free)
Urgent Care Clinic Hours:
Monday – Friday, 8 a.m. – 6 p.m.
Urgent Care Weekend and Holiday Hours:
Saturday, Sunday, and holidays, 8:30 a.m. – 4 p.m.