

# NHCA QUARTERLY NEWSLETTER

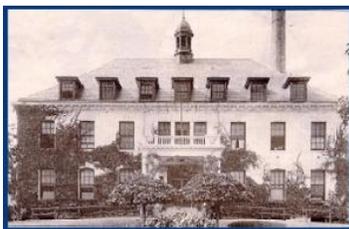
## NHC Annapolis Timeline

**1846:** The first hospital was built after it was decided there was a need for a medical treatment facility for the Midshipmen.



**1853:** The second hospital was built only to be abandoned during the civil war. After an outbreak of Malaria in the 1870's the hospital was renovated and again used.

**1871:** A new hospital opened only to be closed in five years due to the prevalence of malaria among the staff and patients.



**1907:** Completion of the main building at Hospital Point was completed.



**2013:** NHC Annapolis currently serves over 10,000 beneficiaries including the Brigade of Midshipmen, active duty, and retired personnel.

## APRIL - JUNE 2013

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To All Staff, Naval Health Clinics Annapolis, families and friends:

Greetings to all of you and happy spring on behalf of CAPT Smith and CMDCM Marsh. As the warmer weather approaches, we hope that you will enjoy this time of year with your friends and family. It's an exciting time to be on the grounds of the Academy, as senior Midshipmen will be graduating, and new ones will be arriving. With all of the events soon to take place, we hope that our staff and beneficiaries will get to enjoy some of the events planned for the next few months.

After the long and cold winter, many will be anxious to celebrate the season with outdoor activities. Please remember to be cognizant of heat related injuries and to adhere to the Safety and Navy Alcohol and Drug Program policies and procedures.

For our deployed staff, ENS King continues to keep contact with you – please let us know if there is anything you or your families may need. We do have some events and situations that are a bit beyond our control, but we will to our best from here to help you and your families.

During my tenure as the CO, we have accomplished a great deal, always keeping in mind the mission at hand. Soon Commissioning Week, Midshipmen Graduation, I-Day and numerous exercises and medical support activities will be upon us during the spring and summer months. I look forward to passing the torch to next officer to serve as NHCA's new CO. It has been a pleasure and an honor working with all of you and I hope that our paths will one day cross again.

God bless each of you and your loved ones, and my sincere thanks for your outstanding work, dedicated service, and all you do every day for our patients and each other.

Sincerely,

*M. S. Moeller*  
CAPT, MC, USN  
Commanding Officer  
Naval Health Clinic Annapolis

### Contributors

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Dental Department morning huddle to discuss the plan of day: Departmental staff take radiographs, perform dietary analysis, and examine ~50 Midshipmen every morning in less than an hour.

## Sexual Assault Awareness Month

April has been designated as Sexual Assault Awareness Month in order to raise awareness of sexual assault and violence in the hopes of preventing it. 2013's campaign will focus on sexual health and the prevention of childhood sexual abuse. With an understanding of childhood sexual development, parents will be able to instill in their children positive sexual behaviors and help prevent negative outcomes. Child sexual abuse is prevalent in all cultures, races, genders, and socio-economic backgrounds. In 2009 alone, over 65,000 cases were reported in The United States. Despite this, evidence suggests that through strong family support and appropriate treatment, children can recover from a traumatic experience and live normal, healthy lives<sup>1</sup>.

1. <http://www.nsvrc.org/saam/sexual-assault-awareness-month-home>

DoD estimates that there are over 19,000 sexual assaults in the military each year, most of which go unreported. 3158 cases were reported in 2010.

A National Violence Against Women report found that 83% of attackers were non-strangers.

Naval Health Clinic Annapolis has a Sexual Assault Prevention and Response (S.A.P.R.) advocate available 24 hours a day at 301-646-8467.

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### What do you do if you have been sexually assaulted?

1. Get to a safe place
2. If you need emergency medical care call 911 or base police (restricted reporting is no longer an option if the police are notified)
3. Call the S.A.P.R advocate at 301-646-8467 or the DoD safe Helpline at 877-995-5247.

### Restricted vs. Unrestricted Reporting

**Restricted:** Access to medical care S.A.P.R. advocacy and counseling **WITHOUT** an investigation or command being notified. **Can report only to:** SARC, SAPR victim advocate, medical personnel, or Chaplin

**Unrestricted:** Access to medical care, S.A.P.R. advocacy, counseling **AND** triggers an investigation and command notification. Can report to: SARC, SAPR Victim Advocate, Chain of Command, NCIS.

## Feature Spotlight: LCDR Cynthia Bryant, Staff Physician

Dr. Cynthia Bryant (with CAPT Quattrone) was recently recognized at the 38<sup>th</sup> Annual Freedom Fund Banquet and 70<sup>th</sup> Anniversary Commemoration of the Anne Arundel County Branch of the NAACP, for her exemplary service and advocacy in the delivery of healthcare to the citizens of Anne Arundel County. She currently serves as the department head of Brigade Medical.



## Awards



**MA1 Lindeke**, Senior Sailor of the Quarter, Master-At-Arms

**HM2 Thompson**, Junior Sailor of the Quarter, Biomed Repair

**PS3 Diongue**, Blue Jacket of the Quarter, Manpower

**Mr. Ray Wiles**, Senior Civilian of the Year, Hospital Point

**Ms. Susan Woodruff**, Junior Civilian of the Year, BHC Philadelphia

# Advance Directive - "A living Will"

Respecting patient rights directly affects a patient's care. Care should be provided in a way that respects the patient's dignity, autonomy, and involvement in his/her care. Care should be planned and provided with regard to the patient's personal values, beliefs, and preference. Patients also have the obligation to take on certain responsibilities and partner in their care with caregivers to achieve a positive experience.

Everyone has the right to make decisions regarding their health care. An advance directive (sometimes called a "living will") allows you to decide who you want to make health care decisions for you in the event you are unable to do so yourself. You can say what kind of treatment you do or do not want, especially those treatments often used in a medical emergency or at the end of a person's life.

Each individual names a "health care agent" that can make decisions about their health care. This "health care agent" can be a family member or someone else you trust. This person has the authority to see that health care providers give you the care you want, and that they do not give you treatment against your wishes. Treatments you may want to decide about are:

- o Life support, such as breathing with a ventilator
- o Efforts to revive a stopped heart or breathing (CPR)
- o Feeding through tubes inserted into the body
- o Medicine for pain relief

Begin by discussing things with family members, family doctor, religious advisor, or lawyer. There is no one form to be used. You can even make up your own advance directive document. To make your advance directive valid, it must be signed by you in the presence of two witnesses, who also sign. The advance directive takes effect when your doctor certifies in writing that you are not capable of making a decision about your care. Make sure the person you have designated to act in your behalf, has a copy of your advance directive. You can change, or take back your advance directive at any time.

For more information:

Maryland: [www.oag.state.md.us/Healthpol/adirective.pdf](http://www.oag.state.md.us/Healthpol/adirective.pdf)

Pennsylvania: [www.uslegalforms.com/Wills](http://www.uslegalforms.com/Wills)

New Jersey:  
[http://www.state.nj.us/health/senior/sa\\_aaa.shtml](http://www.state.nj.us/health/senior/sa_aaa.shtml)

ADVANCE DIRECTIVE	
<b>I HAVE AN ADVANCE DIRECTIVE.</b>	
My Name: _____	_____
My Physician's Name: _____	_____
Physician's Phone #: _____	_____
<b>COPIES ARE HELD BY:</b>	
Name: _____	_____
Phone #: _____	_____
<i>fold</i>	
<b>OTHER COPIES ARE HELD BY:</b>	
Name: _____	_____
Phone #: _____	_____
Name: _____	_____
Phone #: _____	_____
<b>I ALSO HAVE A HEALTHCARE AGENT.</b>	
Agent's Name: _____	_____
Phone #: _____	_____

# Colorectal Cancer

Colorectal cancer is the third most common cancer among both men and women in the United States. It occurs most often in people over the age of 50.

**Why is screening for colorectal cancer so important?** Many colorectal cancers can be prevented through regular screening. Screening can find precancerous polyps— abnormal growths in the colon or rectum— so that they can be removed before they turn into cancer. Screening is crucial since colorectal cancer, when found early, is highly treatable. Early stages of colorectal cancer usually present with no symptoms, which only tend to appear as the cancer progresses.

**What is a colonoscopy?** A colonoscopy is the best screening test available for colorectal cancer. It is the only screening test that also prevents many colorectal cancers.

- Both men and women should have a colonoscopy starting at age 50. People at increased risk of colorectal cancer may start earlier, depending on your doctor's instructions. Also, your doctor will tell you in how many years you will need another colonoscopy.

**Are other screening tests available?** If you are unable to have a colonoscopy, your doctor can give you information about the following tests and how often they should be performed:

- Flexible sigmoidoscopy
- Double contrast barium enema
- Virtual colonoscopy (CT colonoscopy)
- Fecal occult blood test
- Stool DNA tests

You should note that these tests are not as thorough as a colonoscopy. If polyps or tumors are suspected based on these tests, you will still need to have a colonoscopy.

**What are the risk factors for colorectal cancer?** A risk factor is anything that raises your chances of developing cancer. The following are some of the known risk factors for colorectal cancer. Talk with your doctor about your personal risk and how often you should be screened:

**Age** Colorectal cancer is more common in people over the age of 50.

**Personal and Family history.** People who have a parent, sibling or child with colorectal cancer are at a higher risk of developing it themselves, especially if the family member was diagnosed before the age of 60. People who have had colorectal cancer are at higher risk of another colorectal cancer.

**Race** African-American men and women are at higher risk. The reasons for this are not fully understood.

**Ethnicity** Jews of eastern European descent. About 6% of American Jews who are of eastern European descent have DNA changes that increase their risk of colorectal cancer.

**Inflammatory bowel disease (IBD).** IBD, which includes ulcerative colitis and Crohn's disease, puts you at a higher risk for developing colorectal cancer.

**Lifestyle** Being overweight, having an inactive lifestyle, a diet high in red and processed meat, smoking, and heavy alcohol use can increase your risk of colorectal cancer (continued on page 7)

## Command Ombudsman Corner

Happy spring to everyone from your NHCA Ombudsman! As many military members can attest to, gaining employment for spouses can sometimes become a challenge after a military move. The Military Spouse eMentor program is a virtual career building network for military spouses. The goal of this program is to help spouses find the best possible jobs while increasing their job stability and upward mobility, two of the most challenging issues for highly mobile military spouses. More information can be found at: [www.milspousementor.org](http://www.milspousementor.org)



Please contact us at 410-980-7165 or [nhcaombudsman@yahoo.com](mailto:nhcaombudsman@yahoo.com) if you are new to the area or need assistance with the problems that sometimes arise. We will do our best to connect you to any resources at our disposal, and as always, we look forward to working with you.

-Will Lopez and Renee Smith (Command Ombudsman)

### *Deployed Personnel*

Please continue to keep in your thoughts our deployed personnel.

LT Lam

LTJG Ross

HM2 Dacosta

HM2 Moccia

HM3 Uvina

### *Colorectal Cancer (from page 6)*

**Your NHCA Medical Home Team cares about your health and strongly encourages you to make an appointment with your provider to discuss concerns or issues that you may have in regards to this test. Colonoscopy is vital for early detection and successful treatment.**

Article resource: Cancer Care  
([http://www.cancercare.org/publications/116-colorectal\\_cancer\\_the\\_importance\\_of\\_screening\\_and\\_early\\_detection](http://www.cancercare.org/publications/116-colorectal_cancer_the_importance_of_screening_and_early_detection))

## Heart Health

NHC Annapolis and Health Net Federal Services want to help all of our beneficiaries maintain a healthy heart. Did you know that heart disease claims approximately 600,000 lives each year, according to the Centers for Disease Control and Prevention? That's one in four deaths in the United States, the most common killer of both men and women.

Saving lives involves fighting misconceptions. Here are some common myths about heart disease.

1. **All those who suffer from heart disease have obvious symptoms** - A person can be thin and in good shape yet still have high cholesterol or high blood pressure. By the time you experience symptoms from high cholesterol or high blood pressure, it may be difficult to reverse the damage already done to the heart.
2. **Younger women are not at risk** - Not all women who have heart disease are elderly. Risk factors like obesity, hypertension (high blood pressure) and Type II diabetes are showing up earlier now in women.
3. **Exercise is too risky for those who have heart disease** - Exercise reduces the progression of heart disease and makes those who have it less likely to have a first or recurrent heart attack.
4. **Those who suffer from heart disease cannot undo the damage** - Research shows that you may be able to undo the damage by through lifestyle changes such as a healthy diet and regular exercise.
5. **Every heart attack victim experiences chest pain** - About one out of every three people who have a heart attack does not feel chest pain.
6. **Men are the vast majority of heart attack victims** - Women are also vulnerable. Women may experience subtle, less traditional heart attack symptoms like fatigue and sleep disturbance more commonly than men.

## Introducing TRICARE Blue Button

With TRICARE Blue Button, beneficiaries now have the option to view medical information including laboratory results, at the click of a button. Simply login to [www.tricareonline.com](http://www.tricareonline.com) and use the Blue Button to see your virtual medical record. Laboratory results are made available 7 days after being reported to your PCM. NHCA will continue to notify you of **abnormal** lab results. RelayHealth is still the preferred method to contact your Medical Home Team.

Use the "Blue Button" to review your clinical data

The screenshot shows the TRICARE Blue Button interface. At the top, there is a navigation bar with the text "Use the 'Blue Button' to review your clinical data" and a red box highlighting the "Blue Button" icon. Below this, the interface is divided into several sections:

- APPOINTMENT CENTER**: Includes a "30" icon and text: "Schedule, view, and cancel appointments as well as set up email and/or text message reminders for yourself, other adult family members, or minor children under 18 years of age." A notice states: "Notice: This site should not be used for emergency medical conditions. In the case of a medical emergency, call 911 or contact your local Emergency Medical Service."
- Book an Appointment**: Includes a "For who:" dropdown menu set to "Me".
- Appointing Message**: Text: "The MTF site does not have any self-referral visits available with your assigned MTF at this time. If you think this message is in error, or if you have questions, please select Contact Us at the top of the page. Customer Service agents are available 24 hours a day to assist you."
- View, Set Reminders, or Cancel Appointments for Me**: Text: "There are no future appointments currently booked."
- MTF Locator**: Text: "Use TRICARE's MTF Locator to find your MTF's address, phone number, directions, hours, website link, and other helpful information."
- Blue Button**: Text: "Securely view, download (pdf or text format), or print your lab results, allergy profile, medication profile, problem lists, and encounters here."
- Rx Refill**: Text: "Refill your prescriptions for MTF pick-up, check your prescription status, or access TRICARE Mail Order Pharmacy [TMOP]."
- Secure Messaging**: Text: "Communicate securely with your primary care provider team by selecting your respective Service link. Note: The MHS is in process of rolling out Secure Messaging so all providers may not be available. Contact your Military Treatment Facility to see if your provider is online."
- Health Risk Assessments**: Text: "Complete your required Service related assessments online."
- Announcements**: A list of three links: "Watch new video for an overview on improved access to TRICARE Online!", "Watch TRICARE TV video for overview on how you can manage your personal health data with TRICARE Online!", and "Watch video to see how TRICARE Online provides quick, easy healthcare access."

At the bottom of the page, there is a footer with links: "Medical Disclaimer | PH Data Disclaimer | Links Disclaimer | FAQs | Privacy & Security Policy | Site Map".

## Are you enrolled in Relay Health?

### With it you can:

-  **Email your provider/ Med Home team.**
-  **Send an e-mail to schedule your next appointment.**
-  **Request your lab results.**
-  **Request a medication renewal for prescriptions.**
-  **Access health information to manage your health.**
-  **Create your own personal health record, especially useful for those managing a chronic condition.**

Join today at

[https://app.relayhealth.com/Patients/Registration.aspx?BID=n\\_hca](https://app.relayhealth.com/Patients/Registration.aspx?BID=n_hca).

**Since this is a pre-bundled commercial program there is an area that asks for billing information \*\*\*THIS DOES NOT PERTAIN TO MILITARY PERSONNEL\*\*\* no credit card information is needed and there are no fees or billing associated with this service.**

## RelayHealth MESSAGE

Beneficiaries, for your convenience, our clinic has initiated patient contact through a secure email messaging system. This is now our preferred method of patient contact and allows our patients access to their Medical Home Port Team to request medication refills for chronic medications, schedule appointments through our call center, and provide safe and secure messaging between you and your Medical Home Port Team.

Our providers have 3 business days to answer any telephone or email messages. Please be aware that if you have NEW symptoms or medical problems to please schedule an appointment for an evaluation with your provider. For any ACUTE or urgent i.e. issues that need immediate attention, please CALL our office at 410-293-2273 and speak with a call center staff member and/or request to speak with your Medical Home Port Team RN.

It is important that you sign up for RelayHealth secure email messaging so that your provider may contact you with test results or send a message with clinic information (clinic closures due to weather conditions, activities which may impact parking, appointment reminders). In addition on our RelayHealth site, you will find patient education for a variety of medical conditions.

Please call, visit us on line, or stop by our front desk to sign up for RelayHealth.



HM1 Mosquera, HM3 Terront, HM3 Strowder, HM3 Lo, HN Harrison representing Branch Clinic Earle at the NYC Saint Patrick's Day Parade.