

# Take Charge of Your Health: Be Your Own Best Health Advocate

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**Wellmark Blue Cross Blue Shield**

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- **The average physician visit costs \$121**
  - 25% of physician visits are unnecessary
  - 60% of people report their health care provider always explained things so they could understand them
  
- **The average ER visit costs \$560**
  - 33% of ER visits are unnecessary
  - The average time spent at an ER visit is 3 hours 43 minutes



## Health Care Decisions and Outcomes are often within your control

- You make the choices
- You have buying power
- You are in the driver's seat

*Good health care is up to you. By putting yourself in the driver's seat you become healthier, and in the long run, save money and improve your quality of life.*



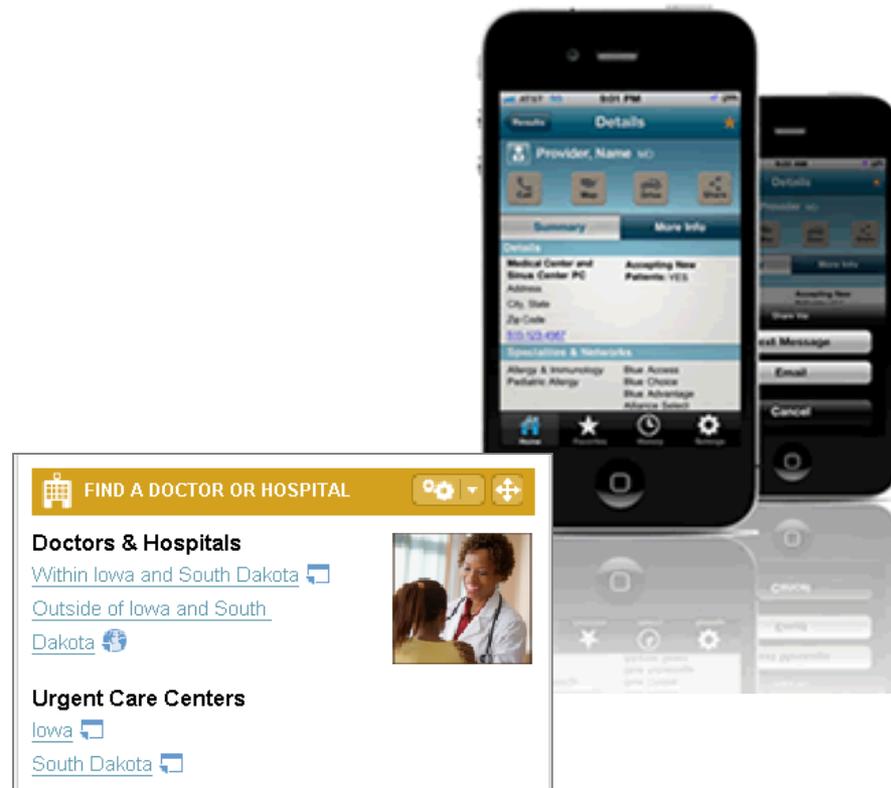
- 1. Find a primary care physician**
- 2. Log your health contact information**
- 3. Maintain comprehensive medical records for you and your family members**
- 4. Keep up to date on preventive exams**
- 5. Be prepared with medical documents & health reports**

# Finding a Primary Care Physician



Your Primary Care Physician is the quarterback of your personal health care team.

- Wellmark physician finder
  - Online at Wellmark.com
  - Download the App



# Health Contact Information



Who are your medical providers?

Who are your insurance providers?

Who are your emergency contacts?





## Identify & Document Health Risks

- **Stay current**
- **Know your Numbers**
- **Prepare for Medical Visits**
- **Ask Questions**

**What is the test for?**

**How many times have you  
done this procedure?**

**Why do I need this treatment?**

**What are my alternatives?**

# Personal Medical Record

## Family Medical History

## Illnesses or Conditions in your Health History

## Test Results

## Immunization Records

## Medication Listing

## Known Allergies

**myWellmark** Customer Service 1-800-822-2227  
 Frequently Asked Questions  
 Glossary Secure Site Logout

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### My Health Record

**PERSONAL INFORMATION**

**PAST HISTORY**

Place mouse cursor over icon for more info. \* Items in red are required

Test & Exam History Immunization History Medical History Allergies Medical Encounters Lifestyle Medical Devices

▶ Date of last full checkup? [icon] [input] [icon] [icon] [icon] ▶ Date of last Eye Exam? [icon] [input] [icon] [icon] [icon]

▶ Date of last Dental Exam? [icon] [input] [icon] [icon] [icon] ▶ Date of last Hearing Exam? [icon] [input] [icon] [icon] [icon]

Save

▶ Tests and Exams you have taken Add a New Test/Exam

Last Update	Test or Exam Name	Date	Test Result	Notes
Example: 12/19/2009	Blood pressure test	03/19/2009	Normal	normal test

**FAMILY MEDICAL HISTORY**

Place mouse cursor over icon for more info. \* Items in red are required

Family Medical History Family History Records

If an immediate family member has health problems that are hereditary you may include that information here. It is not necessary for you to fill out information for every immediate family member.

▶ Do you have an immediate family history of: (Choose all that apply)

<input type="checkbox"/> Allergies	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Stomach Cancer
<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Stroke
<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Lung Cancer	<input type="checkbox"/> Eye Sights
<input type="checkbox"/> Cervical Cancer	<input type="checkbox"/> Melanoma	<input type="checkbox"/> Thalassemia
<input type="checkbox"/> Colorectal Cancer	<input type="checkbox"/> Mental Illness/Depression	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Coronary Heart Disease	<input type="checkbox"/> Obesity	<input type="checkbox"/> Uterine Cancer
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Other Cancer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ovarian Cancer	<input type="checkbox"/> Other Diseases
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Prostate Cancer	

**If you are no longer capable of directing your health care, others may need to make decisions on your behalf.**

## **Important documents to consider:**

- Organ Donation Authorization
- Living Will/Advanced Directive
- Medical Power of Attorney
- Well-Being Assessment results



Contact the Employee Assistance Program for Legal Services Assistance  
at (515) 244-6090

**Pick one of the following items to tackle next week and consider others in following weeks**

- **Identify a primary care physician and set-up an appointment**
- **Log your health contact information**
- **Start a medical records for yourself**
- **Start a medical record for your family members**
- **Validate you are up to date on preventive exams, and if not schedule an appointment**
- **Set up your Organ Donation Authorization**
- **Discuss and document your medical wishes and someone to make medical decision on your behalf with your family.**

**Thank You!**



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