

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

Medicare Rates for Ostomy Supplies

Ostomy supplies are classified under Medicare as DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies). Many DMEPOS products have been subject to a competitive bidding program, which tends to reduce Medicare reimbursement substantially. Ostomy supplies have, so far, been kept out of competitive bidding. See information about competitive bidding on the UOAA site.

Currently, Medicare has suspended the competitive bidding program during a “temporary gap period,” in which the program is being reorganized. This temporary gap is expected to run through the end of 2020; competitive bidding will then resume in 2021.

The Medicare “fee” is the amount that Medicare considers the reasonable price for each product. This is how much the supplier gets if accepting assignment. Whether or not the supplier accepts assignment, Medicare Part B) pays 80% of the “fee.” If the supplier takes assignment, then the patient (and any supplemental insurance) pay the other 20% of the fee. If the supplier doesn’t take assignment, the patient must make up the entire difference between the amount paid by Medicare and amount charged by the supplier.

The “Usual Maximum Quantity of Supplies” specified by Medicare are the quantities that Medicare regards as “usually reasonable and necessary.” For example, the specified numbers of pouches per month are usually 20 for drainable or urinary pouches, and 60 for closed pouches. These aren’t absolute limits, as higher amounts can be covered with adequate medical documentation. In practice, however, when these amounts are exceeded, Medicare often denies coverage first, then requires the patient to provide medical documentation to obtain coverage.

The “Max” quantities aren’t specified for all products; when omitted, the quantities for similar products are usually a good guide. Quantities are normally per month.

Source: James Knight and Bob Baumel

Summer 2020 NEWSLETTER

www.ostomymorris.org

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The Science of Soap

by Pall Thordarson, professor of chemistry
at the University of New South Wales, Sydney

Viruses can be active outside the body for hours, even days. Disinfectants, liquids, wipes, gels and creams containing alcohol are all useful at getting rid of them –but they are not quite as good as normal soap.

When I shared the information above using Twitter, it went viral. I think I have worked out why. Health authorities have been giving us two messages: Once you have the virus there are no drugs that can kill it or help you get rid of it. But also, wash your hands to stop the virus spreading. This seems odd. You can't, even for a million dollars, get a drug for the coronavirus – but your grandmother's bar of soap kills the virus.

So why does soap work so well on Sars-CoV-2 (the coronavirus that causes COVID-19) and indeed on most viruses? The short story: because the virus is a self-assembled nanoparticle in which the weakest link is the lipid (fatty) bilayer. Soap dissolves the fat membrane and the virus falls apart like a house of cards and dies – or rather, we should say it becomes inactive as viruses aren't really alive.

The slightly longer story is that most viruses consist of three key building blocks: ribonucleic acid (RNA), proteins and lipids. A virus-infected cell makes lots of these building blocks, which then spontaneously self-assemble to form the virus. Critically, there are no strong covalent bonds holding these units together, which means you do not necessarily need harsh chemicals to split those units apart.

When an infected cell dies, all these new viruses escape and go on to infect other cells. Some end up also in the airways of lungs.

When you cough, or especially when you sneeze, tiny droplets from the airways can fly up to 10 meters. The larger ones are thought to be the main coronavirus carriers and they can go at least two meters. These tiny droplets end up on surfaces and often dry out quickly. But the viruses remain active. Human skin is an ideal surface for a virus. It is “organic” and the proteins and fatty acids in the dead cells on the surface interact with the virus.

When you touch, say, a steel surface with a virus particle on it, it will stick to your skin and hence get transferred on to your hands. If you then touch your face, especially your eyes, nostrils or mouth, you can get infected. And it turns out that most people touch their face once every two to five minutes.

Washing the virus off with water alone might work. But water is not good at competing with the strong, glue-like interactions between the skin and the virus. Water isn't enough.

Soapy water is totally different. Soap contains fat-like substances known as amphiphiles, some of which are structurally very similar to the lipids in the virus membrane. The soap molecules “compete” with the lipids in the virus membrane. This is more or less how soap also removes normal dirt from the skin. The soap not only loosens the “glue” between the virus and the skin but also the Velcro-like interactions that hold the proteins, lipids and RNA in the virus together.

Alcohol-based products, which pretty much includes all “disinfectant” products, contain a high-percentage alcohol solution (typically 60-80% ethanol) and kill viruses in a similar fashion. But soap is better because you only need a fairly small amount of soapy water, which, with rubbing, covers your entire hand easily. Whereas you need to literally soak the virus in ethanol for a brief moment, and wipes or rubbing a gel on the hands does not guarantee that you soak every corner of the skin on your hands effectively enough.

So, soap is the best, but do please use alcohol-based sanitizer when soap is not handy or practical.

**Source: *The Guardian*, March 12, 2020;
via Vancouver (BC) *Ostomy HighLife***

Coping with Stress

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Everyone reacts differently to stressful situations. How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

Stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs
- People with pre-existing mental health conditions should continue with their treatment and be aware of new or worsening symptoms

Taking care of yourself, your friends, and your family can help you cope with stress. Helping others cope with their stress can also make your community stronger. Things you can do to support yourself:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeated can be upsetting.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balance meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling. Call your healthcare provider if stress gets in the way of your daily activities several days in a row.

Source: Excerpts from www.cdc.gov via *It's in the Bag*, Niagara Ostomy Association

Preparing for Disaster with an Ostomy

Whether you are living in an area often affected by natural disasters or not, it is important to plan ahead if you are living with an ostomy. These tips may help you to feel more confident in the event of a disaster or severe weather.

- The Federal Emergency Management Agency (FEMA) suggests that if you take medicine or use medical supplies on a daily basis, be sure you have what you need on hand to make it on your own for at least 7-10 days.
- If you don't already use a moldable skin barrier, consider trying one now. In the event you do not have access to scissors, moldable skin barriers may be easier to manage when displaced from your home.
- Keep a copy of your prescriptions, dosage or treatment information, specific order number and name of ostomy products used, healthcare provider contact information and medical insurance information with your emergency supplies.
- Hydration is important. If you have advance notice of a potential disaster situation, make sure you have enough clean drinking water on hand for at least three days. If you do not have advance notice, consider water sanitation devices available from camping or outdoor equipment retailers.
- If possible with your personal dietary needs, find some non-perishable, ostomy-friendly foods to keep with your emergency supplies. For suggestions on what foods may work for you, consult with your healthcare provider.
- Disposable cleansing wipes may be helpful if your normal pouch change routine is altered due to lack of clean water. Consider keeping cloths with your emergency supplies.
- Review your emergency preparedness plan with your family and friends. Having a support system in the event of a disaster may increase your confidence in handling various situations.

Source: Convatec via UOAA

Morris County Ostomy Association

The Morris County Ostomy Association is a community-based, local organization made up of volunteers whose purpose it is to reach out to ostomates and their families, providing them with a network from which they can share experiences, obtain information, and gain emotional support.

The association's voluntary visitation program offers support on a one-to-one basis to patients and their families. The ostomy volunteer visitor is carefully chosen and trained. The visitor is well adjusted to his/her ostomy and is able to offer additional support and information on ostomy care and management at home.

The Morris County Ostomy Association holds regular monthly meetings. The meetings normally consist of an informal gathering of ostomates and individuals who may be contemplating ostomy related procedures. Families and friends as well as significant others are always welcome.

The evening usually involves an informal talk by a physician, a nurse specialist, a distributor of ostomy supplies, or social worker. Presentations are always on a topic of interest to the entire group. Most importantly, the meeting offers the opportunity for individuals to share information and discuss mutual interest and concerns.

Donating supplies

Group members may send unused ostomy supplies to Friends of Ostomates Worldwide, an organization that provides ostomy materials to needy ostomates throughout the world. For more information about Friends of Ostomates, click "Donating Ostomy Supplies" on the list of links on www.ostomymorris.org. Their address is 4018 Bishop Lane, Louisville, KY 40218.

DUES

Dues for 2020 are now current. You may send a check or cash for \$20.00 to:

George Salamy
30 Wyckoff Way,
Chester, NJ 07930

Meeting schedule

Meetings start at 7:30 p.m. and end at 9 p.m. in the Carol Simon Center of the Morristown Medical Center.

However, because of Covid-19 social distancing the meetings will be online via Zoom until further notice. They will still take place on the third Wednesday of the month, starting at 7 p.m.

Announcements will be sent to all MCOA members on our email list. Members just have to click on a highlighted URL to join the meeting.



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