



July Informed Newsletter

July 15, 2025

A Message of Thanks

It's hard to believe it's July already. We know that summer is an especially busy time for you, so we wanted to express our deepest thanks for all you do for our members. It's *your* expertise, hard work and compassion that keeps our members healthy, and our gratitude is beyond words. Thank you for being our dedicated partner.

Help us move the needle.

Together we can help people live their healthiest lives. Find reminders, tips and more in this section, to guide improvements in patient outcomes. Help us move the needle.

Closing Gaps in Care

As this year flies forward, it's important that you make sure that your patients are getting the appropriate preventive services needed to identify any issues and close any gaps in their care. As appropriate, please remind your patients about the following regular screenings:

All Patients:

- Colorectal cancer screening.
- Blood pressure reading.
- Medication review.

Women:

- Breast cancer screening.
- Cervical cancer screening.

Patients with Diabetes:

- A1C test.
- Nephropathy screening.
- Diabetic retinal eye exams.

Also, please remember that we have [health coaching and care coordination services](#) that can help our members manage their conditions at no extra cost to them. We know you worry about your patients' health between visits, and these services can help improve their health outcomes throughout the entire year.

CDC says: Be antibiotics aware.

Antibiotics are not appropriate for every situation. In fact, overprescribing of these medicines can cause real harm.

The Centers for Disease Control and Prevention (CDC) is renewing its efforts to advise healthcare providers to *only* prescribe antibiotics when they're necessary. This'll help our communities, country and world fight against antibiotic resistance, superbugs and antibiotic-related side effects. Here's the key guidance from the CDC:

- Only prescribe antibiotics when they're clinically indicated. You can do real harm by prescribing antibiotics when they're not necessary.
- Always follow clinical guidelines on how best to evaluate and treat each specific infection.
- Every time: Prescribe the right drug, at the right dose, for the right duration and at the right time.

- Educate your patients on why they don't need antibiotics for viral respiratory infections – and tell them what they can do instead to feel better.
- Also inform your patients about the possible harms from antibiotics, such as allergic reactions and antibiotic-resistant infections.

For much more information, check out [this CDC webpage](#). Thank you for all your help in this important endeavor.

Tips for Treating Low-Back Pain

Low-back pain can be agonizing for your patients – but drugs are not always the answer. Here are some tips from the National Institutes of Health (NIH) and the American College of Physicians (ACP) regarding treatment recommendations.

Based on reviews of recent scientific evidence and evaluations of the potential benefits and harms of each care option, the ACP has created a clinical practice guideline for the treatment of low-back pain. Among other guidance, it:

- Recommends nondrug treatments as first-line therapy for **chronic** low-back pain.
- Also recommends nondrug approaches for **acute** low-back pain, with or without drug therapy.
- Suggests several **complementary health approaches** as treatment options for both acute and chronic low-back pain.

According to the NIH, here's what you need to know about the effectiveness of these complementary health approaches:

- Low- to moderate-quality evidence exists that certain mind and body practices – including **acupuncture, electromyography biofeedback, low-level laser therapy, mindfulness-based stress reduction, progressive muscle relaxation, spinal manipulation, tai chi** and **yoga** – may help with **chronic** low-back pain.
- Low-quality evidence exists that **acupuncture, massage therapy** and **spinal manipulation** may help with **acute** low-back pain.

- Preparations of the herb **cayenne** – used topically – may help with low-back pain.

Help prevent falls.

Falls can be extremely severe for older adults. You can help educate your older patients – and their families and caregivers – about best tips to help prevent falls from occurring. Here’s important advice from the CDC.

Engage in – and encourage – open conversation.

- Talk openly with your older patients about their risk of falls – and ways to prevent falls. And encourage your patients to talk openly with their loved ones about this important information as well.
- Ask your patients if they’ve fallen in the past, seem unsteady or worry about falling.
- Ask them about their medications, and talk about side effects – like feeling dizzy or sleepy – that can increase their risk of falls.
- Discuss options like taking vitamin D supplements to improve bone, muscle and nerve health.

Provide guidance and motivation on physical activity.

- Based on their health condition and their interests, find exercises for your patients that can help them improve their balance and strength, which can help prevent falls.

Discuss eye and foot health.

- Make sure your patients see an eye doctor at least once a year, since poor eyesight can lead to falls. They’ll also need to keep their eyeglasses (or contacts) up to date.
- Check their feet and talk about appropriate footwear, since proper and comfortable walking can help prevent falls.

Help make their homes safe.

Advise them to “fall proof” their homes by:

- Removing clutter, throw rugs, and any wires or cords that are in the way.
- Making sure they have enough lighting to see clearly and that they get night-lights for their hallways.
- Having sturdy handrails and good lighting in all staircases.
- Installing grab bars in the bathroom and getting a nonslip mat for their shower or bath.

ADHD – Diagnosis, Evaluation and Treatment

Here's the CDC's guidance for diagnosing, evaluating and treating attention-deficit/hyperactivity disorder (ADHD) in children and adolescents.

Diagnosis and Evaluation

Healthcare providers should complete these steps:

- Evaluate children and adolescents age 4 to 18 years for ADHD if they're having behavioral or academic issues and show hyperactivity, impulsivity or inattention.
- Have parents, guardians, school staff and/or mental health workers provide you with reports on the child's symptoms. Also get information from the child themselves.
- Make sure that [DSM-5 criteria](#) have been met for diagnosis, and use rating scales and other sources to document the child's symptoms.
- Rule out other possible conditions that can cause similar symptoms.
- Do screening tests for other conditions that can coexist with ADHD, such as emotional/behavioral disorders (anxiety, depression, etc.), developmental issues (learning and language disorders, autism spectrum disorder, etc.) and physical conditions (tics, sleep disorders, etc.). Refer children to specialists for these conditions as needed.

Treatment

For treatment guidelines by age, visit the [CDC webpage here](#).

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(800) 851-3379, Option 3

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