Seattle Guide to Healthcare for Seniors 2019



Lee Burnside MD MBA

University of Washington

Division of Gerontology and Geriatrics

Hello,

Navigating healthcare can be quite complicated and can be especially confusing and frustrating when you are ill or needing to know quickly what healthcare services are available.

I frequently get asked for recommendations for doctors, nurse practitioners, specialists and medical groups. Having practiced medicine in Seattle for over 20 years what I can say is that knowing where to seek healthcare remains confusing and difficult to navigate. Hopefully I can shed some light on the Seattle healthcare world for you.

This guide is focused on medical services for the older individual. It is not meant to be an endorsement of any particular medical group, type of care, or specialist. I have not included specific names of clinicians as to avoid any bias or recommendation, also knowing that availability and location of clinicians may change. Any comments regarding medical organizations are purely my own and I have tried to present them in the most objective way possible. I realize that this will not be a completely comprehensive list of resources (and will likely be quickly outdated): my apologies for any significant omissions.

I have used the word **clinician** to include medical doctors (**MD**s), doctors of osteopathy (**DO**’s), advanced care nurse practitioners (**ARNP**s), and physician assistants (**PA**s).

Best wishes for good health,



Lee Burnside MD MBA

**General Recommendations for organizing your health care**

These recommendations are to help both you and your health care team be more efficient, more accurate, and to avoid errors. They may seem pretty simple, but they are very helpful.

**1.** **Have a primary care clinician.** Having a clinician know you and maybe some of your family members or friends can be quite helpful in understanding who you are and how to help you navigate medical issues and decision making. Our healthcare continues to be more and more fragmented – but the better a primary care clinician knows you, the better they can help.

**2.** **Keep a list of your clinicians.** Name, number and type of practice for all of your clinicians.

**3.** **Keep an active list of your medications.** This includes doses and how many times a day the medication is taken. Even with most medical offices using computers it remains remarkable how medication lists can be inaccurate.

**4. Write down your questions before clinician visits.** Clinicians really do appreciate this as it helps us make sure we address your concerns. Don’t wait to the end of the visit to bring up questions. If there is a medical assistant getting you set up for the appointment don’t hesitate to mention your questions at that time.

**5. List of major medical conditions.** Not minor but major. List of medical conditions can get incredibly long and complicated that the important history gets lost. Include major surgeries and dates that diagnosis was made or date that a surgery was done.

**6. Advance Directives** – very important to have a DPOA (Durable Power of Attorney) and a living will. See below. It is important that all of your clinicians have access to this, including any updates.

**7. List of important contacts.** Emergency contacts, family, DPOA, etc.

**How to choose a clinician?**

Obviously this is a very individualized process, and can be quite difficult. Some people do a lot of “doctor shopping”, while others just want the basics and are happy with a nuts and bolts approach to their own health care (this includes me!).

I will say looking at online reviews of clinicians does not seem like it is very reliable. There tends to be small number of reviews of very opinionated people.

Asking friends or family for recommendations of clinicians may be a good way to find a clinician, particularly if you are new to the area.

**A few things to think about:**

**What is their training and experience?** Do they have training and experience in the area of medical care that you are seeking? I will say that age, or years of practice may be misleading. Place of training may be misleading too. Certainly there is a component of wisdom with years of medical practice but there are some very sharp and up to date younger clinicians that keep us “seasoned” doctors on our toes.

**What is their bedside manner? And what does this mean to you?** Is a clinician paying attention to your concerns? Are they empathic? These qualities in themselves do not necessarily mean that a clinician is not smart or qualified. I would say that an important aspect of your health care is that you feel listened to, understood and cared about.

**What are the clinic hours?** It is more and more common that a clinician will be available less than full time (not every weekday).They may only be available to see you on certain days of the week. How important is this to you?

**Clinical Setting.** What kind of setting does your clinician practice in? Is it a very small group, or really large group which may mean its easier to get to be seen urgently but possibly by someone you have not previously met? Transportation and parking in Seattle is a big issue. How easy is it to get to the clinic?

**Access.** This really means how easy is it to get in touch with your clinician. Can you call or email with a question or concern and get an answer? Does your clinician call you back? This is a growing issue in medical care and likely a big reason that concierge medicine has such an appeal. You may not hear back quickly or at all from a doctor but you should expect a response about a concern from the clinic or medical staff within a reasonable amount of time.

**Choosing a health care system – what to consider.**

**Primary care and specialty care availability.** I do think that is helpful that a primary care clinician has close contact to specialists. One of the very helpful aspects of having a primary care clinician is that they will help guide you to appropriate specialists that they have confidence in. Primary care clinicians will typically refer to specialist within their organization for ease of communication or simply from familiarity of working with them. Care within an organization typically has less continuity issues – fewer gaps in communication.

**Size of the organization.** A smaller group might be more intimate and you would know the clinicians better. A larger organization would have more ability to care for specific medical needs.

**What about seeing clinicians at different medical organizations?** You may have a primary care doc in one medical group and a specialist in another. I would say ideally keeping your care within one group is good, and certainly easier for the clinicians. But as long as your clinicians communicate well with each other this should be fine.

**Location** It goes without saying that a clinic should be easy to get to. Parking can be a really significant issue in Seattle as well.

**Hours.** Some clinics have late and weekend hours. Others may not be available during the full workweek. How important is this to you?

**Urgent care** Is there an urgent careor some type of same day care for the clinic? Most clinics will have some contingencies for urgent needs – some open appointments during the day held for urgent needs that come up. These spots however might not be obvious. There may not be an official “walk in policy”. Its fine to ask a clinic what is their process is for urgent, same day appointments.

**Emergency care.** If your clinic is not part of a hospital that has emergency services, where would you go? Is there an emergency room associated with your clinic? Do they share an electronic medical record?

**Is this a teaching site?** Most hospitals in the Seattle area have some form of medical education. This may extend to the clinics. Typically with medical education you may see a medical student, resident, or fellow followed by the “attending” clinician or doctor. The plus side of being seen in a teaching setting is that you will likely have a bit more time to talk about your concerns. The down side is that it may take a bit longer for the visit.

**Electronic Medical Records** Almost all clinics now have a computer based medical record system. The most common medical record system is called EPIC. Most of the medical facilities in the Seattle area will either use this system or have access to it.

An important aspect of a medical record is your ability to see your results, or contact the clinic through computer messaging.

**Primary Care Clinicians**

**Primary care** as defined by American Academy of Family Practice (AAFP) “**...**includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic conditions”.

A primary care clinician may be a physician, Nurse Practitioner or Physician Assistant. One of the main roles of primary care is to help screen for medical issues, manage current conditions such as high blood pressure or diabetes, and also to help be a point person to help you figure out when you may need specialty care. Help chose a specialist. Your primary care clinician is your “go to” person for questions and concerns about your health.

Primary Care may be delivered by clinicians who were trained in Family Practice, Internal Medicine, or Geriatrics. Here are some differences in the backgrounds of these clinicians.

**Family Practice:** Family Practice is a four year residency training after medical school. As the name suggests, Family Practitioners are trained in care for all ages, as well as obstetrics and surgery.

**Internal Medicine:** Internal Medicine residency training is three years after medical school. Internal Medicine focuses on “adult medicine”. Most medical specialties (such as cardiology pulmonology, nephrology etc.) stem from Internal Medicine training.

**Geriatrics:** A geriatrician is a clinician that has special training and focuses on the older adult. About a third of geriatricians started with a background in Family Practice, two thirds in Internal Medicine. A geriatric fellowship is one or two years of additional training beyond residency training. There is a significant lack in geriatricians throughout the U.S. (many reasons for this). *Due to the scarcity of geriatricians there some consideration that geriatricians are specialist (or even sub specialist), helping primary care in specific areas such as dementia, falls, or frailty.*

What is an older adult? That definition seems to be changing pretty quickly. Sixty five and older was considered “geriatric” but as a geriatrician myself, I would consider that a fairly young adult! One way to consider geriatrics is young old 65-75, old 75-85, and old old 85 plus. There are certainly more and more centenarians with the fastest growing demographic 85 plus. And now the old are taking care of their 100+ year old parents!

You may have care provided by different types of clinicians in different settings.

**Specialty care** is care that is focused on a specific problem or organ system, such as cardiology. Specialists will typically defer back to primary care clinicians for issues that are outside of their area of focus.

**Hospitalist**  A hospitalist is a physician that provides care in the hospital setting. Hospitalist typically work several long days in a row then hand off their list of hospitalized patients to a colleague. Unfortunately it is rare now that a primary care clinician will follow you into the hospital when you need to be there. The benefit of a hospitalist however, is that they are available in the hospital when you need them (they are ‘on site”) and they have special skills related to hospital care.

**Post Acute Care** It is common that after a hospitalization that one may need to have some recuperation in anursing facility. There are many such facilities in the Seattle area. A skilled nursing facility SNF (SNiF for short) is a nursing facility that can provide a skilled nursing need, such as wound care, physical and occupational rehabilitation, or continued monitoring of a medical condition that is taking a while to improve. SNFs are typically staffed with one or more physicians, and ARNPs (we jokingly call these folks Sniffilists). It is common that the physician will be present at day or two a week with the ARNP having more physical presence. Depending on your care needs in a SNF you may be seen only intermittently by the MD or ARNP.

**Care by a Nurse Practitioner or Physician Assistant?** Advanced Care Nurse Practitioners (ARNPs) and Physician Assistants (PAs) are a very important component of our health care system. Both are able to make diagnosis, prescribe and provide medical orders. ARNPs are independent; they may work without physician supervision. Physician Assistants work with a physician as a supervisor. Both ARNPs and PAs can be excellent in providing good quality care and are often part of a larger care team. I rely regularly on Nurse Practitioners in my work environments –and continue to learn from them!

**Residents and Fellows**

Residency is the training that a doctor will receive after completing medical school. They are “real” doctors but are now in their area of choice for continued training.

Fellowship is specialty training after residency. Fellowship training can vary quite a bit in length depending on the specialty.

**Residency Programs Family Practice**

 Valley Medical Center

 Kaiser Permanente

 Swedish medical Center – Cherry Hill

 First Hill

University of Washington

**Residency Programs Internal Medicine**

University of Washington

 Virginia Mason Medical Center

**Geriatric Fellowship programs**

 University of Washington

 Swedish Medical Center

**Urgent Care vs. Emergency Room** When urgent or emergent care is needed sometimes it can be hard to tell if an emergency room visit is needed, a trip to your regular clinician, or if the local urgent care will do. Urgent care clinics (now in some drugstores) are convenient and typically much less expensive than emergency rooms. How do you know if an urgent care will suffice? For relatively minor injuries or illnesses urgent care is great. If you are quite ill, or have a complex medical history, I would err on the side of seeing your primary clinician if available, or certainly Emergency Room if getting cared for quickly is needed. Urgent care clinics may not have a medical record that “talks” to your primary clinicians’ medical system (again a reason to keep medical history and medication list with you).

**Concierge Medicine** Concierge medicine typically means easier access to your clinician, usually but not always a doctor. Concierge clinicians tend to have fewer patients, longer visits, and may do house calls. They may even give you their direct phone number. In return for great service there is an out of pocket cost. The clinicians will bill insurance too just as in a regular practice. If you would need specialty care the concierge clinician would help a bit more with referral and contact with the specialist. I would not necessarily say concierge medicine is better medical care, but would say it is focused on better service.

**Know your insurance plan and benefits**

This may be a bit of a daunting task but a couple of things are good to know ahead of time.

**Copayments:** what will your copayment be for preventative visits? Routine visits, and emergency visits? What is your copayment for prescriptions?

**In or out of network:** This is important to know for both clinicians and hospitals (they may not be the same – hospital in network but the physician in the hospital is not!)
**Travel coverage:** What is your coverage out of area? Out of country?

Two benefits now under Medicare coverage that you should be aware of are the **Medicare Wellness Visit** and **Advanced Directive Visit**

**Medicare Annual Wellness Visit:**

[**https://www.medicare.gov/coverage/yearly-wellness-visits**](https://www.medicare.gov/coverage/yearly-wellness-visits)

As the name suggests this is a visit, an appointment meant to make sure standard medical screening that has been determined to be important is completed. This visit is allowed every 12 months. **Note – this is not a “physical”.** I have heard many people be disappointed that a physical exam was not included in this visit. A clinician may do the wellness visit checklist and add on other services (including an exam) but this is not required – and would be billed as a separate part of your appointment. The visit itself should not have a copay –but if additional services (exam) occur a copay may apply.

**Medicare Annual Wellness Visit - components.**

**A review of your medical and family history**

**Updating a list of current medical providers and prescriptions**

**Height, weight, blood pressure**

**Screening for any cognitive impairment**

**Personalized health advice**

**A screening checklist, including depression, immunizations, cancer screening**

**Advanced care planning**

This visit type began in 2010 with the Affordable Care Act (ACA). Due to lack of strong evidence of benefit a yearly physical exam is not a covered service under Medicare. But general health “screening” was felt to be important enough to be included in the ACA.

A couple things of note –there is quite a bit of leeway in what the clinician decides to include in screening. For example, there is no standard depression or cognitive screening procedure – its up to the clinician to decide what to do, (for dementia this could be just asking a few questions, or a short test). Also of note is what should be discussed or done concerning Advanced Care Planning is quite open to interpretation.

**Advanced Directive Visit**: Advanced Care Planning can be included in the Annual Wellness Visit – or it can be a separate visit that is covered under Medicare. This visit was allowed just as recently as 2016! Before this clinicians would typically need to add this onto a visit for another reason. There is no limit as to how often you can review Advanced Directives with a clinician.

**Advance Care Directives:** a document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make medical decisions. There are two main types of **advance directive** — the **“Living Will”** and the **“Durable Power of Attorney for Health Care.”**

**Living Will** There are lots of types of living wills. I consider this an *“If – then”* document. ***If*** I were to be in such and such a condition, ***then*** I would like this to happen. A POLST form (see POLST section) is a special type of living will.

A very significant issue with living wills is that it is very difficult to predict:

1. That you might get into a specific medical situation

2. How you might feel in that situation

3. How you might recover from that situation

It is very good however to think about your wishes, even if only in general terms, and discuss with family and friends and your medical providers.

**Durable Power of Attorney for Health Care (DPOA).** (There can also be a durable power of attorney for finances.) This is a person you designate to make medical decisions for you if you are unable to do so. You may or may not have discussed certain scenarios with this person (hopefully some discussion), or have a living will document. You are entrusting this person to act in your best interests. If you are not able to make decisions the DPOA does have

Designating someone you would want to make medical decisions for you is quite important. In some aspects this is likely more important than stating specifics of what you would want in a certain medical condition (because that is so hard to predict!). Washington State has a default order of surrogates. If you do not choose a decision maker (and document) the default would be, in order:

**Surrogate Decision Makers Washington State: Legal Next of Kin (LNOK)**

<https://app.leg.wa.gov/rcw/default.aspx?cite=7.70.065>

(i) The appointed **guardian** of the patient, if any (a guardian would be court appointed)

(ii) The individual, if any, to whom the patient has given a **durable power of attorney**

(iii) The patient's **spouse or state registered domestic partner**;

(iv) **Children** of the patient who are at least eighteen years of age;

(v) **Parents** of the patient; and

(vi) Adult **brothers and sisters** of the patient.

So, commonly a spouse or adult children are the default decision makers. However, it is not uncommon that a spouse may decide that an adult child would be the medical decision maker. In that case documentation for durable power of attorney should be made.

**POLST:** This stands for **P**hysician **O**rders for **L**ife **S**ustaining **T**reatment. This form is actually a doctor’s orders to help medics, police, firemen, first responder etc. know what you would like then to do in an emergency (and you could not make a decision at that time. In Washington State it is a bright green form to make it easy to find and is typically placed on the fridge or back of the front door (at Skyline universally placed inside sink cabinet door).

POLST forms are to be used only when a person cannot make decisions for themselves. If someone is not able to make a decision in an emergency the Legal Next of Kin (LNOK) can decide to do something different from what is stated on a POLST form if they choose.

**Death with Dignity:** In 2008 Washington passed initiative 1000 that allowed persons with a terminal illness to legally obtain medications that would end their lives. In short the law states that 1. this is for persons with a prognosis of 6 months or less. There must be two physicians that agree that this is the case. And 2. A person wishing use death with dignity must be able to make their own decision to do so and be able to take their own medication.

A good relationship with a clinician can be very helpful to guide persons and loved ones through this process. Palliative care clinicians can often help with discussing such options. Admission to a hospice service is not required to utilize the death with dignity process; however, hospice can be quite helpful for support in this situation and the majority of persons in Washington State utilizing Death with Dignity are enrolled in hospice.

**University of Washington**

The University of Washington has 4 affiliated hospitals

**University of Washington Medical Center**

**Harborview Medical Center**

**Northwest Hospital**

**Valley Medical Center**

The University of Washington is a very large academic medical center. Harborview Medical Center is the county hospital for King County and is a level one trauma center – and a very good one at that. University of Washington clinicians staff Harborview Hospital. Major trauma injuries will typically be taken to Harborview. The University Hospital handles most cardiac surgeries and advanced cancer treatments for the University system. Northwest hospital in the Northgate area and Valley Medical Center in Renton are now affiliated and under the administrative direction of the University of Washington.

The clinicians who are affiliated with Harborview are University of Washington clinicians. At both Harborview and University of Washington Medical Center you will encounter medical trainees of all types and stages of training.

**Senior Care Clinic at Harborview Medical Center**

<https://depts.washington.edu/geront/senior-care.html>

**Clinic Hours:**

   Physician Providers: Monday, Tuesday, Thursday

   ARNP Provider: Monday, Wednesday, Friday

The Senior Care Clinic at Harborview is an interdisciplinary geriatric clinic with the average age of patients around age 88. It is an academic, multidisciplinary clinic with geriatricians, social workers, psychiatry, pharmacy and nursing. The individual doctors typically have limited hours (such as a half day a week) most doing research or other teaching during the week, but the clinic is available 5 days a week. The clinic will provide primary care as well as one or two-visit consultation. You will likely encounter trainees in this clinic. The clinic is closely affiliated with the falls clinic and memory clinic.

**Falls Prevention Clinic at Harborview**

[**https://www.uwmedicine.org/locations/fall-prevention-harborview**](https://www.uwmedicine.org/locations/fall-prevention-harborview)

**Clinic hours on Tuesdays and Thursdays**

The Falls Prevention Clinic at Harborview specializes in assessing those who are at very high fall risk, or have had significant falls. The clinic has a physical therapist that assesses exercise needs and practices to reduce falls. The doctors in the clinic assess for medications that may contribute to falls as well as other medical conditions that may need to be addressed to reduce injuries.

There is usually an initial evaluation, a plan developed with some follow up appointments to see how you are doing.

**Memory and Brain Wellness Center at Harborview**

[depts.washington.edu/mbwc/](http://depts.washington.edu/mbwc/)

This clinic is for evaluating and treating those with memory and other cognitive problems. The clinic has multiple types of clinicians (neurologist, geriatric psychiatrist, neuropsychologist, social work, nurse practitioners). This team approach aids in the care of those with memory or cognitive difficulties, as well as help for families who provide caregiving. The clinic provides consultation (typically over a few visits) as well as continued care for memory issues.

**Adult Medicine Clinic at Harborview**

[**https://www.uwmedicine.org/locations/adult-medicine-harborview**](https://www.uwmedicine.org/locations/adult-medicine-harborview)

The adult medicine clinic at Harborview is a general adult medicine clinic. This clinic has a multidisciplinary team, MD, ARNP, social work. There is a strong focus in this clinic of caring for complex medical problems, multiple medical problems and mental health issues. This is a teaching clinic and you would likely see trainees of different types.

**University of Washington – Outpatient Clinics UWM**

[**https://www.uwmedicine.org/search/locations?s=neighborhood%20clinic**](https://www.uwmedicine.org/search/locations?s=neighborhood%20clinic)

The University of Washington has several outpatient clinics located throughout the Seattle area. These clinics will have primary and various specialty care availability.

**Swedish Medical Center**

Swedish Medical Center began in 1910, founded by a Swedish immigrant Dr. Johanson – thus the name (fun fact, he was the father in law of Elmer Nordstrom). Swedish Medical Center has gone through various affiliations through the years, as have most hospitals. In 2012 Swedish was acquired by **Providence Health and Services.**

**There are five Swedish hospitals**

**First Hill**

**Cherry Hill**

**Ballard**

**Issaquah**

**Edmonds**

**Swedish Medical Group** is an affiliation between Swedish Medical Center, Polyclinic, Kaiser Permanente (previously Group Health) and Pacific Medical Centers. These previously independent medical groups use the Swedish Hospitals and other facilities but maintain a degree of independence. For example, the groups have their own dedicated physicians in the hospital. Minor and James Medical Group is now part of the Swedish Medical Center.

**Swedish Primary Care**

[**https://www.swedish.org/services/primary-care**](https://www.swedish.org/services/primary-care)

Swedish Medical Center has a multitude of primary care sites. Like other multiclinic organizations it is good to look to see what services are provided at each site including specialty care.

**Swedish Geriatric Assessment Clinic**

<https://www.swedish.org/for-health-professionals/graduate-medical-education/swedish-sponsored-fellowship-programs/geriatrics/fellowship-year-curriculum/geriatric-assessment-and-consultation-clinic>

The geriatric assessment at Swedish is a 60 to 90-minute visit with a multidisciplinary team of doctors, nurses, pharmacist, psychologist and social workers. We have a particular focus on cognitive assessment, functional assessment and evaluation of social circumstances and resources. Generally, this is a one-time visit, but it can be performed over two or more sessions for particularly complex cases. Geriatric assessment does not replace primary care; rather, it is intended to help the patient, the family and the primary care physician develop a better understanding of the relevant issues, and a care plan that meets the needs of the individual patient and family.

**Kaiser Permanente (Group Health)**

[**https://wa.kaiserpermanente.org**](https://wa.kaiserpermanente.org)

|  |  |
| --- | --- |
| Kaiser Permanente is a California based organization and is the largest managed care organization in the US. Group Health was a longstanding managed care organization in Seattle and was acquired by Kaiser in 2017. As a Health Maintenance Organization Kaiser works hard on illness prevention, quality and efficiency of care. Kaiser has a strong Family Medicine based presence and has a Family Medicine residency program. Kaiser has an affiliation with Swedish Medical Center for hospital use.As an HMO Kaiser focuses strongly on care coordination and cost containment while maintaining high quality of care. Kaiser offers Medicare Advantage plans (see definition below). **They do not accept straight Medicare insurance.** |  |
|  |  |

**Pacific Medical Centers**

[**https://www.pacificmedicalcenters.org/who-we-are/**](https://www.pacificmedicalcenters.org/who-we-are/)

Pacific Medical Centers has a long and interesting history. That big building on Beacon Hill is the old Public Health Service Hospital where things started in 1933 for this group. Pacific Medical Centers now consists of primary and specialty care in several community clinics. They have a strong focus on retired military and their dependents.

**The Polyclinic**.

[**www.polyclinic.com**](http://www.polyclinic.com)

As its name suggests the Polyclinic has various generalist and specialists. It was started in 1917 by a group of physicians and remains physician run. It now has 14 locations with the main location on Madison and 7th Avenue. The Polyclinic has had a longstanding partnership with Swedish Medical Center. If you are in the hospital at a Swedish Medical Center facility you will be seen and cared for by one of the Polyclinic hospitalists.

**Virginia Mason Medical Center**

<https://www.virginiamason.org>

Virginia Mason was established in 1920 by a group of doctors with different specialties. The main campus of Virginia Mason is on First Hill however there are several satellite sites. Virginia Mason has its own hospital and emergency room on their main campus on First Hill.

Virginia Mason has a strong internal medicine group as well as an internal medicine residency program. They have residencies in other specialties as well. A resident trainee in clinic or in the hospital may care you for.

**Veterans Administration**

[**https://www.pugetsound.va.gov/**](https://www.pugetsound.va.gov/)

The Seattle VA is a large veterans hospital-serving veterans from areas even outside of the state. It is a wonderful institution providing excellent care. It is of course for veterans who qualify for services there. Like Harborview the VA is staffed with University of Washington clinicians, employed by the VA. If you are a veteran and don’t know what your benefits are it may be good to find out as there are benefits that may be quite useful.

**Concierge Medicine**

**Seattle Premier Health**

[**http://www.seattlepremierhealth.com/**](http://www.seattlepremierhealth.com/)

**Virginia Mason John Dare Center**

<https://www.virginiamason.org/concierge-medicine>

**Urgent Care**

**City MD**

[**https://www.citymd.com/**](https://www.citymd.com/)

**Immediate Clinic**

[https://www.immediateclinic.com/](https://www.immediateclinic.com/clinics/seattle-walk-in-clinics?keyword=immediate%20clinic%20seattle&creative=%7bcreative%7d&msclkid=4d5f931660081078d886cfa059454ed1&utm_source=bing&utm_medium=cpc&utm_campaign=QA-Capital-Crown%20Hill&utm_term=immediate%20clinic%20seattle&utm_content=Branded%20Seattle)

**Zoom+Care**

[**https://www.zoomcare.com/**](https://www.zoomcare.com/)

**Multicare Urgent care**

[**https://www.multicare.org/urgent-care/**](https://www.multicare.org/urgent-care/)

**Swedish Express Care**

<https://www.swedish.org/services/urgent-care/>

**Urgent Care Kaiser Permanente**

[**https://wa.kaiserpermanente.org/**](https://wa.kaiserpermanente.org/)

**UW urgent care and virtual clinic**

[**https://www.uwmedicine.org/services/urgent-care/**](https://www.uwmedicine.org/services/urgent-care/)

UW Medicine urgent care clinics are open 7 days a week for walk-ins or use the “Get in line” option and we’ll hold your spot in line. UW Medicine Virtual Clinic is available online 24/7

**Definitions**

**Accountable Care Organization (ACO):** ACO’s are a group of healthcare provider organizations that collaborate and coordinate with the goal of reducing costs, and improving care. There is a financial incentive involved in ACO collaborations.

**Advance Care Directives:** a document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions. There are two main types of **advance directive** — the “Living Will” and the “Durable Power of Attorney for **Health Care**.”

**Affordable Care Act (Obama Care):** Passed by congress inMarch 2010

Require most U.S. citizens and legal residents to have health insurance. Create state-based American Health Benefit Exchanges through which individuals can purchase coverage, with premium and cost-sharing credits available to individuals/families with income between 133-400% of the federal poverty level (the poverty level is $19,530 for a family of three in 2013) and create separate Exchanges through which small businesses can purchase coverage. Require employers to pay penalties for employees who receive tax credits for health insurance through an Exchange, with exceptions for small employers. Impose new regulations on health plans in the Exchanges and in the individual and small group markets. Expand Medicaid to 133% of the federal poverty level.

<https://www.kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>

**Clinician:** Anyone directly involved in diagnosing and treating patients

**Concierge medicine:** Medical care that adds increased access to a clinician (such as home visits, calls, same day appointments) for an out of pocket fee.

**Hospice:** Hospice in the US is mostly referred to as atype of medical coverage plan. The majority of hospice care in the US is through the Medicare Hospice benefit. Hospice is also a philosophy of care i.e. a type of palliative care. Hospice in itself is not a physical place, although there are specific facilities or “hospice houses”.

**Managed Care:** A system of health care in which the health care organization manages the care coordination to control costs. There are usually limitations of where one can be seen for health care in a managed care setting.

**Medicaid:** Medicaid is a joint federal and state program (varying by state) that covers persons with low income.Medicaid pays for the vast majority of nursing home housing.

**Medicare:** A US federal health insurance for persons 65 or older, or with certain medical conditions (such as kidney failure).

 Medicare A: 1966 Covers hospital costs, hospice care, Skilled nursing

 Medicare B: Covers most outpatient costs (80%), **supplemental Medicare**

 Medicare C: 1997 This is **Medicare Advantage Plans**. One needs to sign up for Medicare C and pay a monthly rate for added benefits.

 Medicare D: 2003 medication coverage

**Palliative Care:** When someone has an illness or condition that cannot be cured, palliation care focuses on improving symptoms, not only physical, to allow one to function and feel the best they can in the setting of their illness. Hospice is a type of palliative care for end of life. Palliative care however is not just for persons with a terminal illness.

**Post Acute Care:** This refers to care that is provided afterhospital care. Post acute care can be provided at home, clinic, rehabilitation center, skilled nursing center or nursing home.

**POLST:** This stands for **P**hysician **O**rders for **L**ife **S**ustaining **T**reatment. This form is actually a doctor’s orders to help medics, police, firemen etc. know what you would like them to do in an emergency

**Primary Care:** This is general care that involves illness prevention and chronic care. One can consider primary care the “hub” of your health care.

**Specialty Care:** Care that focuses on a specific medical issue

**Tertiary Care:** Advanced care that is specialized beyond specialty (or secondary) care. Tertiary care is mostly provided in big, frequently academic, hospitals.

**Washington State Health Advocacy Association** **(WASHAA)**

<http://www.washaa.org/>

The **Washington State Health Advocacy Association** **(WASHAA)**is a nonprofit organization dedicated to promoting health advocacy in Washington State, empowering patients to improve health.

WASHAA can assist with many different things including help with navigating medical plans, medical billing, eldercare, long-term or acute care needs.