Patient Safety Update

As part of our health plan procurements, the GIC required our plans to report the information about their network hospitals that have adopted systems and staffing which have been shown to reduce medical errors: computerized physician order entry of prescriptions, intensive care unit staffing by physicians certified in critical care, and volume for certain high risk procedures and deliveries. Aetna US Healthcare, Fallon Community Health Plan, CIGNA HealthCare, Health New England, and Neighborhood Health Plan were exemplary in providing data on their hospitals’ patient safety standards. Unfortunately, many hospitals declined to release their information to the Plans.

The GIC continues to forge ahead with improving patient safety for our enrollees. (The New England Employee Benefits Council recognized us for the patient safety initiative by awarding us with their Best Practices Award in December!) When we have verifiable patient safety information, we will continued on page 2

Annual Enrollment • April 8 - May 10, 2002
Read Your April Benefit Decision Guide For Details, or visit www.mass.gov/gic

Your Benefit Statement is In the Mail

Your personalized benefit statement, containing details on all of your GIC benefits, will be mailed to your home at the end of January. Your statement will include your health insurance, dependent coverage, basic life insurance, optional life insurance, beneficiary information, long term disability coverage, and GIC dental/vision coverage for managers and legislative staff. The format this year has been updated to make it easier to read.

If you notice any errors or outdated information, please let us know. Handy instructions and forms are included in a return envelope. If everything is correct, you don’t need to do anything. Keep the benefit statement with other important papers.
What You Should Ask Before You Have Surgery

The Agency for Health Care Policy and Research (AHCPR) developed the following list of sensible questions you should ask your doctor before you schedule any surgery. See their website for more details and links to other resources: www.ahcpr.gov:

1) **What operation are you recommending?** - Have the surgeon explain the procedure and ask if there are different ways of doing the operation.

2) **Why do I need the operation?** - What is the purpose of the surgery: is it to relieve or prevent pain, improve a body function, or diagnose a problem?

3) **Are there alternatives to surgery?** Sometimes nonsurgical treatments work. Ask about the benefits and risks of the surgery and these other options.

4) **What are the benefits of the operation and how long will the benefits last?** - Ask is there is published information about the procedure outcomes.

5) **What are the risks of the operation?** Weight the benefits against possible complications and side effects.

6) **What if I don’t have the operation?** What will you gain or lose if you don’t have the operation?

7) **Where can I get a second opinion?** Your health plan or doctor can assist you in getting a second opinion. Bring your records and any test results from the first doctor to the second so those tests are not unnecessarily repeated.

8) **What has been your experience in doing the operation?** Ask how many of these procedures the surgeon has performed and what successes and complications has he or she had with this procedure.

9) **Where will the operation be done?** Some operations have higher success rates if they are done in hospitals that perform them frequently. Ask about the success rate at this hospital. Find out whether the hospital is accredited and its performance report by the Joint Commission on Accreditation of Healthcare Organizations www.jcaho.org.

10) **What kind of anesthesia will I need?** Find out the qualifications of the anesthesiologist or nurse anesthetist and ask him or her what the side effects and risks of having anesthesia are in your case.

11) **How long will it take to recover?** Find out if you will need supplies or equipment at home and get these in advance to make the recovery easier. Ask about when you may resume work and exercise.

12) **How much will the operation cost?** Call your health plan to find out whether it will cover the surgery and what out-of-pocket expenses you might incur.

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The GIC celebrated fourteen years of working with the staff at the Indemnity Plan. The same staff has overseen the GIC account, first at John Hancock, and now at UniCare. Pictured here are UniCare’s Medical Director, Dr. Robert Sorrenti and GIC’s Executive Director, Dolores L. Mitchell.

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The GIC held an international luncheon in October. All staff members brought in an ethnic dish, and a cookbook with the recipes was distributed to all.
Editorial written by Ronald Hollander, President, Massachusetts Hospital Association

There is nothing more special than the birth of your first child. When our first child was ready to be born, we got quickly to the hospital where we were received and cared for by a wonderful staff. The care was great, the staff was terrific, and it all took place at our local community hospital.

Local hospitals are the backbone of our community health systems. For generations, family members, neighbors, and friends throughout Massachusetts have relied on community hospitals for quality health care that is available 24 hours a day, seven days a week, 365 days a year.

In Massachusetts, community hospitals provide a special blend of technical prowess and a caring touch. Investing in technology and advanced medical treatment enables many of them to offer specialized services to their patients. For example, much cancer care is now delivered in community hospitals; this is especially important to patients and their families who require frequent visits at times.

Working with the Massachusetts Hospital Association (MHA) and their hospital colleagues throughout the state, community hospitals are also implementing numerous patient safety initiatives, such as medication error prevention measures. Patients are welcoming these improvements as evidenced by the high scores they give our community hospitals on surveys related to their hospital experience.

Here in Massachusetts, we have an enviable mix of options for obtaining quality health care. In addition to community hospitals, our academic medical centers — whose caring mission includes research and educational initiatives — provide specialized treatment that sometimes is not available elsewhere. They serve as both referral centers for patients from Massachusetts and beyond, as well as “community hospitals” for nearby communities.

Whenever seeking hospital care, consult with your doctor to determine which institution can best meet your needs. Quality treatment for many illnesses and injuries is often available right in your city or town. If more advanced treatment is necessary, most community hospitals have affiliations with teaching hospitals and your doctor can refer you to academic medical centers that offer the finest tertiary care in the world.

Massachusetts truly has the “best of both worlds” — a sophisticated and responsive network of community hospitals and a unique concentration of the finest academic medical centers in the world. By beginning your medical journey with your primary care physician, you will be on the path to recovery without having to venture very far from home.

Guest Editorial
Community Hospitals: Quality Care, Close to Home

Stockpiling Antibiotics Puts You and Others at Risk

You may have read about the risks of stockpiling antibiotics for biological agents. If you are storing or taking antibiotics “just in case,” you are putting yourself and others at risk. Some antibiotics needed to treat these illnesses can cause serious side effects.

Taking an antibiotic for symptoms it was not intended for can cause bacterial resistance to the drug. If you ever need the drug for what it treats, the drug may no longer be effective. People can and do die of bacterial infections because an effective antibiotic cannot be found. The Your Health section of our web site has more information on this issue: www.mass.gov/gic/yourhealth.htm.
Stressed Out? Don’t Be Hard On Yourself

With recent world events, many people are tense, easily rattled, or having trouble sleeping. You may think nothing has changed, but then a minor event that would never have affected you before September 11th, sets you off. If you are particularly anxious, the following tips can help.

- Eat well - nutritious food goes a long way to make you feel in top form. Limit caffeine, particularly before bedtime, even if caffeine has never affected you in the past.
- Avoid alcohol before bed - although alcohol makes you sleepy, it can make you wake up during the night when you might have trouble falling asleep again.
- Exercise regularly - exercise reduces stress, aids sleep, and enables you to work off frustration, but avoid exercise within four hours of bedtime.
- Don’t nap during the day even if you are tired.
- Resume your normal daily routine. Take extra safety precautions, but don’t avoid your usual activities. The sooner you resume activities, including flying, the less difficult it will be to do them.
- Talk. Talk. Talk. If your workplace has been on heightened alert, talking with coworkers who are going through the same anxieties that you are can be helpful. Talk with friends and family members. Get help from your health plan’s EAP, talk with your clergy or physician, or call the LifeBalance® hotline (1-800-854-1446).
- Force yourself to socialize even if you feel like being alone. Schedule time to be with people you enjoy.
- Don’t be afraid to cry - don’t keep feelings pent up inside. Keep a journal.
- Avoid the news before bedtime; do something relaxing, such as reading a book.
- Be good to yourself. Do what you like, whether it’s going to a concert, walking the beach, or throwing a party.

United Behavioral Health’s web site has helpful stress and grief-related articles, links to other resources, and information for parents whose children have been affected by recent events. If you are an agency manager or supervisor with staff under stress, contact Susan Cooper for GIC’s EAP assistance: 781-768-2277. If you are experiencing phobias, or becoming paralyzed because of fear, contact your health plan for assistance. Indemnity and PPO members, call UBH. See page five for phone numbers and web site addresses.

Helping Your Child Manage Asthma

Childhood asthma is the most common chronic childhood disease, and the number one cause of school absences. An estimated four to six million children are affected by asthma, five to seven percent of all U.S. children. Asthma is a chronic, inflammatory disease in which the airways become sensitive to allergens, substances that trigger an allergic reaction. When a child with asthma is exposed to allergens, the following occurs:

- Lining of the airways become swollen and inflamed
- Muscles that surround the airways tighten
- Production of mucus increases, leading to mucus plugs

Symptoms vary by child, but can include:
- Coughing (constant or intermittent)
- Wheezing
- Trouble breathing or shortness of breath

While child is playing
- Chest tightness
- Fatigue
- Nighttime cough
- Noisy breathing

If your child has frequent coughing or respiratory infections such as pneumonia or bronchitis, he or she should be evaluated for asthma. With proper management of asthma, a child with asthma can conduct a healthy and active life. You and your child’s pediatrician can work together to gain control over your child’s symptoms, reduce the risk of severe attacks, and help maintain a normal life. The following are common components of successful asthma management:

Eliminate asthma triggers

Limit colds and infections: Asthma can be triggered
Indemnity and PPO Drug Benefits Update

If you would like the most current Express Scripts drug formulary (classifications that determine your copay amount: generic, preferred brand and non-preferred brand), log onto their website www.express-scripts.com. Refer to this list when you are talking with your doctor about what drug is best for your condition. Formularies change slightly every January.

Be sure the following are complete to expedite your mail order prescription (order status is available on the Express Scripts website):
- Your name and GIC ID number are clearly written on the back of the prescription
- The doctor’s DEA number is on the prescription
- The strength of the prescription is indicated
- The doctor’s handwriting is legible
- Your copays are up to date: Balances of over $40 for over 90 days late will cause your order to be held.
- Your copay is included with the prescription.

All GIC Retirees Are Eligible for New Discount Vision Program
Call 1-800-783-3594 for details
Or visit our website: www.state.ma.us/gic/visionretiree.htm

Harvard Pilgrim Health Care has changed the Medicare Harvard Pilgrim GIC Retiree Plan name to Preferred 65 as of January 1, 2002. The phone number and website are unchanged – 1-800-542-1499, www.harvardpilgrim.org.

GIC’s Public Hearing
Wednesday, February 6, 2002
10 AM to Noon
Minihan Hall, 6th Floor
Charles F. Hurley Building
19 Staniford Street, Boston

All state employees and retirees are welcome to attend this annual meeting where the GIC will describe prospective benefit changes and attendees are invited to express their views.
Helping Your Child Manage Asthma

continued from page 4

by viral infections, not treatable by antibiotics. Be sure your child gets plenty of sleep, eats a balanced diet, drinks lots of fluids, exercises regularly, and limits exposure to others with colds. Your child’s pediatrician may also recommend a flu shot.

Recognize and avoid irritants: Cigarette smoking irritates airways and causes them to narrow. Cigarette smoking should be eliminated in the home of children with asthma. Other irritants such as air pollution, strong odors, aerosol sprays and paint fumes should also be avoided.

Reduce cold air’s impact: Breathing cold air provokes asthma in most children with asthma. Have your child wear a ski mask or heavy scarf worn loosely over the nose and mouth when they go outside this winter.

Exercise safely: Regular exercise strengthens your child’s heart and lungs, which will help to limit the number of asthma attacks. However, it’s important that children use their reliever inhalers as prescribed by the pediatrician before they start. Be sure your child warms up before exercise. Swimming is a great form of exercise for asthmatics because the air in the pool is usually warm and moist.

Eliminate, reduce and avoid allergens: Most asthmatics are allergic to pollen, mold, and/or animals. Asthmatics should not have furry or feathery pets in their home. If you already have a pet, keep it out of your child’s bedroom. Wash dogs or cats at least once a week. Your child’s pediatrician may recommend immunotherapy, allergy desensitization shots, after a skin test to determine the allergens that cause the most trouble.

Limit dust mites: Vacuum your child’s room, carpet, and mattress every few days. Make sure the house is dusted regularly with a damp cloth. Wash bedding in hot water (130°F) at least once a week. Use an air conditioner or keep windows closed during pollen season. Encase mattresses, pillow and box springs in dust-proof covers. Change the furnace and air conditioning filters according to the manufacturer’s instructions.

Treatment

Your child’s pediatrician will probably prescribe bronchodilators to provide temporary relief of asthma symptoms and will let you know when it should be used (e.g. before exercising, breathing cold air, or at night, depending on what is prescribed). Be sure to find out how to use these correctly. The pediatrician may also prescribe long-term treatment anti-inflammatory drugs.

Action Plan

Asthma is an ongoing condition that needs to be regularly monitored and treated. The plan you develop with your child’s pediatrician will include regularly monitoring your child’s breathing with a peak flow meter (PFM). A PFM is a device that measures the amount of air a person can blow out of the lungs.

The following GIC health plans offer asthma management programs to complement services provided by your child’s pediatrician. These are available at no charge for plan members.

Aetna’s Caring for Asthma Health Outlook Program 800-245-1206, press 2 and extension 76733 - includes educational materials and telephone support.

CIGNA HealthCare’s Every Breath Counts 1-800-9223-8380 ext. 4350 - Informational materials and access to home-based education programs.

Fallon Health Plan Asthma Program 1-800-868-5200 - Telephone nurse evaluation and follow up and an educational class.

Health New England Pediatric Asthma Management Program 1-800-842-4464 - Educational materials, contests, incentive program and prizes, peak flow diaries, home/environmental assessments, and educational classes.

Harvard Pilgrim Health Care Asthma Management Program 1-800-742-8326 ext. 31168 - Educational materials and an action plan with telephone nurse educator support and counseling. Includes referrals to asthma management programs in your area.

Neighborhood Health Plan’s Asthma Program 617-772-5641 - customized quarterly site report and bi-weekly asthma trigger report provided to member’s health center. Asthma case manager support. By clinician referral, asthma home visitation program by specially trained respiratory therapist or nurse.

For more information on childhood asthma, see the following web sites: www.aanma.org - allergy and asthma network, www.aaaai.org - American Academy of Allergy, Asthma and Immunology, www.lungusa.org - American Lung Association, and www.aafa.org - Asthma and Allergy Foundation of America.
Thank you for the very informative article on shingles in the fall issue of FYB. One thing I didn’t learn, however, was whether shingles is contagious like chickenpox... This is a minor point, in an otherwise excellent article. Keep up the good work.

G. Sobkowicz, Winchester, MA

Editor’s Note: According to the VZV Foundation, Shingles cannot be caught from a shingles sufferer. Nor can a person catch shingles if exposed to someone with chickenpox. However, a person who has never had chickenpox can come down with chickenpox if he or she is exposed to the shingles rash.

“I appreciate getting the (Medicare) refund check. The GIC staff must have worked hard to get all those ready. Good to receive the benefit statements in January. Glad to be a member of the GIC Indemnity Plan. Thanks to the GIC and UniCare.”

F. Dalrymple, Worcester, MA

“I very much appreciate their taking the time to write to me. The booklet they sent contained some information I did not know about and I am grateful for this.”

M. O’Dell, Arlington, MA

The GIC welcomes your feedback. We will include selected letters in our newsletter. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address.

The GIC visits all of our HMOs annually during the fall. When GIC staff met with Neighborhood Health Plan, NHP arranged for a tour of one of their largest health centers. Bostons’ South End Community Health Center offers health and mental health services under one roof. Established in 1969, the center is governed exclusively by South End residents and consumers. The biggest issues facing the center and its population include tuberculosis, HIV, and asthma.
New Rules for Switching Medicare Health Plans
Don’t Apply to GIC Enrollees

Recent mailings from Medicare about changing plans do NOT apply to GIC enrollees. If you are in any GIC Medicare plan, you may change plans during annual enrollment, when you retire, or if you move out of your plan’s service area. This year’s annual enrollment will run from April 8 through May 10, 2002 for changes effective July 1, 2002. Retirees and survivors interested in changing health plans should write to the GIC, or go to our web site’s form section - www.mass.gov/gic/forms.htm to download, complete and return Form-1 and an HMO enrollment form (if applicable). Write to the GIC or return completed forms by May 10.

Neighborhood Health Plan’s Deborah Reiter, Director of Corporate Communications, and Dr. Paul Mendis, Medical Director, discussed their childhood asthma, smoking cessation, and children immunization health management programs during the GIC annual site visit.

Ellen Hafer, COO, NHP, James Hooley, President NHP, Tracy Lewis-Marsman, Account Executive, and Nancy Bolduc, the GIC’s Operations Director wrap up the meeting at GIC’s annual site visit.