

Patient Choice Connection

Patient Choice News for Members

Summer 2004

Shaping the Next Generation

An active childhood lays the foundation for a lifetime of exercise and good health. For physically active children, the health rewards are great:

Strong bones

Exercise during childhood increases bone-mineral density—when the skeleton is most responsive. This reduces the risk of adult bone loss (osteoporosis).

Strong heart

Less than half of children exercise enough to prevent future heart disease. Exercise can lower cholesterol levels in childhood and help control cardiac risk factors like fatty arterial plaque and high blood pressure.

Weight control

Children who are overweight and do not exercise are more likely to develop type 2 diabetes, which is normally the adult-onset form. Exercise can help kids avoid becoming overweight grown-ups and reduce their risk for developing diabetes.

Mental health

Studies show physical activity improves a young person's self-image and confidence and helps them better cope with stress.

Asthma relief

Of kids with asthma, those who are not obese tend to experience fewer emergency room visits and use less medicine than those who are obese.

As kids grow, they quickly adapt to sedentary life if they aren't aware of the options. Start encouraging exercise early and continue through adolescence. Show children there is life beyond television and computers.



Explore the possibilities with them. The best activities are those they will enjoy and do every day—team sports, outdoor games, walking the dog, biking, swimming or skating.

Make “workouts” a family affair. Parents who exercise regularly are more likely than sedentary parents to have physically active children. ●

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New Standards Aim to Reduce Surgical Errors

We've all heard the shocking stories about hospital errors. A patient goes to the hospital to have their right leg amputated, and wakes up to discover the left one was taken instead. To help make sure that patients receive the correct procedure, on the correct body part, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which evaluates and accredits health care organizations, recently introduced several new protocols.

According to JCAHO, the organization receives about six voluntary reports of surgical errors per month. The new protocols were developed to assist in preventing these mistakes. They include:

- The surgeon must initial the site of the surgery, with the patient's cooperation if possible, using a marker that won't wash off.

- The operating team needs to take a "time-out" before the procedure to complete a checklist, which involves verifying the patient's identity and confirming the procedure to be performed and the body part on which it will be performed.

If you are scheduled for, or are considering having a surgical procedure, you should review the "Help Prevent Errors in Your Care"



brochure developed by JCAHO. It contains useful information about what you can do before you arrive for a surgical procedure, as well as things to do while you are at the care facility.

A copy of the brochure is available online at <http://www.jcaho.org/accredited+organizations/patient+safety/universal+protocol/index.htm> or by calling Joint Commission Resources toll-free at (877) 223-6866. ●

Patient Choice Helpline Medical Benefits

Monday-Friday, 7:00 a.m. to 7:00 p.m.

1-877-390-7632

TTY (for the hearing impaired): 1-800-627-3529

Patient Choice Web Site

Your source for the most up-to-date information and access to online customer service features

www.patientchoicesignature.com

Patient Choice Signature is administered by Wausau Benefits, Inc.

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The Facts on Alcohol Abuse and Alcoholism

Enjoying an alcoholic beverage can be a very pleasant part of a social event for those who drink. Problems arise, however, when alcohol intake exceeds moderate use. It's estimated that more than fourteen million Americans, or one in every 13 adults, get into serious trouble for this reason.

According to a recent poll, an astounding 53 percent of men and women reported that one or more of their close relatives have a drinking problem. This is a widespread problem that affects adolescents, teens and adults of all ages.

Alcohol Abuse

The current recommendation for alcohol consumption is up to two drinks per day for men and one drink per day for women. Alcohol abuse is defined as a pattern of drinking that results in one or more of the following situations within a 12-month period:

- Failure to fulfill job, school or home responsibilities
- Drinking during physically dangerous activities, such as driving or operating mechanical equipment
- Having alcohol-related legal problems, such as arrests for fights, acting out or driving under the influence
- Continued drinking despite the presence of ongoing relationship problems that are caused or made worse by the drinking

Alcoholism

Alcoholism, a disease also known as alcohol dependence, is not about a lack of willpower. It's a disease that exerts an uncontrollable need or craving for alcohol that overrides the intention not to drink. Symptoms include:

- Craving or a strong need or compulsion to drink
- Loss of control or the inability to limit one's drinking on any given occasion
- Physical dependence, including withdrawal symptoms (nausea, sweating, shakiness and anxiety) that occur when alcohol is stopped after a period of heavy drinking
- Tolerance or the need to drink greater amounts of alcohol to get the desired effect

The Drinking Problem Test

Answer yes or no to the following questions:

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning, as an eye-opener, to steady your nerves or get rid of a hangover?

One "yes" answer suggests a possible alcohol problem. More than one "yes" suggests a high probability that a problem exists.

In either case, it is important that you see your health care provider to discuss your answers to these questions. Your provider can help you determine whether you have a problem and, if so, recommend the best treatment.

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Everyday Aches and Pains

Do you often wake up feeling stiff and sore? Once we reach our 40s and 50s, muscle and joint pain becomes more frequent and recovery from strenuous activity is slower. The back, hips, knees and feet are especially vulnerable to strains, injury and arthritis after decades of use.

Fortunately, treatment options for ongoing pain and disability from muscle-skeletal problems are advancing rapidly. Each year brings less invasive procedures, more tolerable pain relievers, and success with alternative therapies.

In addition, *prevention* of muscle and joint problems has now moved to center stage. Experts believe everyday aches and pains are less about aging and more about body mechanics—posture, doing too much or too little, mental and physical tension, and lack of adequate rest.

What makes us ache? There are several factors.

Tired

After a long day of work, whether you're sitting, standing or on the go, you get tired. And so do your muscles and joints, sometimes to the point of soreness. Like the rest of you, they need restorative sleep to recover—an average of seven to nine hours every day.

Muscle

We tend to use the same muscles day after day for work, play and exercise routines. Meanwhile, other muscles may be under-used and lose mass.

Having less muscle reduces the stability of the joints, which can lead to pain or injury.

Stress

When mental stress runs high, the body tenses and restricts blood flow to the muscles and nerves, especially through the upper body. Prolonged muscle tension can leave you feeling tired and achy. It can even trigger back pain or headache.

Posture

Sedentary activities, such as sitting at a computer or driving for long periods, can produce aches and stiffness in virtually every muscle group. Slumping can cause the tissues of the muscles, ligaments and skin to shorten and cramp.



Injury

Past injuries of the joints or muscles can produce recurring pain or create a permanent weakness. These areas are easy to re-injure, especially without adequate care and recovery.

Exercise

New exercisers often try to do too much too soon. Exceeding your body's ability to adapt to the increased physical demand can result in soreness or injury.

Overweight

Any excess weight you carry will add stress to your joints and increase pain and risk of osteoarthritis. A protruding tummy can strain your lower back muscles and leave them achy. ●

Aspirin: A Most Popular Pill

Aspirin has stood the test of time as a highly effective, inexpensive pain reliever for the majority of users. It reduces swelling and helps control fever. Science has recently found aspirin can also guard against heart attack and stroke. Here is a chronology of how we've come to rely on this drug through the ages.

History & Highlights of Aspirin

400BC	Hippocrates treats fever and pain with the original form of aspirin, the bark and leaves of the white willow tree.
1897	German chemist, Felix Hoffmann, purifies aspirin's active ingredient, salicylic acid.
1899	Aspirin powder becomes available by prescription and quickly climbs to a rank of #1 in drugs used worldwide.
1915	Aspirin is approved as an over-the-counter drug, still used primarily for pain and fever.
1971	British researcher, John Vane, demonstrates how aspirin works – by disrupting the body's production of substances (prostaglandins) involved in inflammation and blood clotting.
1980	U.S. Food and Drug Administration (FDA) approves use of aspirin to reduce stroke risk in men who have had mini-strokes.
1985	FDA approves aspirin for preventing heart attacks in people who have had previous heart attacks.
1996	FDA okays labeling for emergency use of aspirin for early symptoms of suspected heart attack.
2001	U.S. Preventive Services Task Force advises doctors to discuss aspirin benefits and risks with healthy adults at increased risk for heart disease.
2002	Multi-center study finds less recurrence of colon polyps (small pre-cancerous growths) in patients taking aspirin.
2003	Studies continue on the prevention of diabetes and Alzheimer's disease using aspirin and its modern derivatives.

Aspirin has much to offer. However, it can have severe side effects such as stomach bleeding and kidney failure. Before using aspirin regularly, be sure to consult your provider to help you determine if the benefits of frequent aspirin use outweigh the risks. ●



Aspirin—the little white hero of the medicine cabinet—is a potential weapon against several ailments.

Guide to Using Generic Drugs



Generic drugs generally cost less than their brand-name counterparts. With the high cost of prescription drugs, buying generic forms can help reduce your health care expenditures. But how do they compare? Following are answers to some commonly asked questions about generic drugs:

How are they made?

The generic process starts when the patent on a brand-name drug expires. Other companies may then manufacture a generic formulation, or copy, of the drug with the approval of the Food and Drug Administration (FDA). Generic manufacturers can price their drugs for less because they don't have the original investment costs of developing the drug.

How much do they save?

The price of generic products can range 20 to 80 percent lower than brand-name forms. Buying generics at U.S. pharmacies saves an estimated \$10 billion a year, a figure that could rise significantly if use of generics increased.

Are they as effective?

To meet the FDA's criteria, the generic drug must be equivalent to the brand-name drug in dosage,

strength, safety, administration, performance and intended use—within a scope of 80 to 125 percent.

Are they safe?

According to the FDA, generic drugs are rigorously tested to be as safe and effective as brand-name medications. It's important to discuss the use of generic versus branded drugs with your doctor, as some experts caution that they are not always interchangeable.

When you consider using generics, ask your physician or pharmacist:

- Are generic forms available and appropriate for me?
- Are they equivalent?
- If I switch from a brand-name drug to a generic form, will it make any difference in my treatment results?
- Are there any special instructions for taking the generic form?
- How much will I save?

You can find more information about generic drugs on the FDA's web site, www.fda.gov/cder/ogdl/index.htm

(Sources: "What every physician should know about generic drugs," Family Practice Management, 3/02; "Educating patients about generic medications," The Female Patient, 9/02; "Generic Drugs," The Medical Letter, 5-21-99.) ●

Lower your risk for colorectal

Rather not think about colorectal cancer? Consider this: Nearly 150,000 American men and women—including more than 2,600 Minnesotans—will be diagnosed with the disease this year. In its early stages, colorectal cancer usually has no symptoms. But regular screenings can detect the disease before it spreads, when successful treatment is most likely. Screenings can even prevent cancer by finding growths called polyps that can be removed before they become cancerous.

Know your risk

Age is an important risk factor for colorectal cancer, with most cases diagnosed in people older than 50. Another indication of risk is a personal or family history of colorectal cancer, polyps or inflammatory bowel disease. Your lifestyle can also have an effect.

Risk cancer

Lower your risk by:

- Not smoking
- Drinking alcohol in moderation or not at all
- Losing extra weight
- Exercising at least 30 minutes five or six days a week
- Eating a low-fat, high-fiber diet with plenty of fruits and vegetables

Get screened

Most people should start to have regular colorectal cancer tests at age 50. There are four different tests used to screen for colorectal cancer. Your primary care provider (PCP) can determine which is best for you. One reliable test is a colonoscopy, which uses a small tube to inspect the colon. You may need a colonoscopy only once every 10 years. The other tests are a stool sample, a flexible sigmoidoscopy and a double contrast barium enema.

Ask your PCP if you or anyone in your family should be screened for colorectal cancer. If you have a parent or sibling with colorectal cancer, or a strong family history of the disease, screening at under age 50 may be suggested. ●

The Facts on Alcohol Abuse and Alcoholism

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Getting Treatment

The type of treatment provided depends on the severity of the alcohol problem. Treatment may include:

- detoxification—the process of avoiding alcohol while your body metabolizes (gets rid of) any remaining alcohol;
- taking prescribed medications to help prevent the craving and the return to drinking; and
- individual and/or group counseling. Because support of family members is very important to the recovery process, many programs include family therapy as part of the treatment plan.

Treatment programs frequently link individuals with the appropriate community resources, such as legal assistance, childcare and job training. There are special treatment programs designed for teens and young adults. Virtually all alcohol treatment programs include Alcoholics Anonymous (AA) meetings. The AA organization describes itself as a “worldwide fellowship of men and women who help each other stay sober.”

Although AA is generally seen as an effective and widely accepted help program, not everyone responds to its style or message. Other approaches are available.

If your health care provider determines that you are not alcohol dependent, but have a pattern of

drinking that is causing problems, he/she can help you to:

- Examine the benefits of stopping an unhealthy behavior pattern.
- Set a drinking goal for yourself.
- Examine the situations that trigger your unhealthy drinking patterns.
- Develop new ways of handling situations so you can maintain your drinking goal.

Although some people are able to recover from alcoholism without help, the majority of people need assistance. With treatment and support, many people are able to stop drinking and rebuild their lives.

Resources

Al-Anon Family Group Headquarters, Inc., www.al-anon.alateen.org.

This group provides information and locations of AA and Alateen (for teens and young adults) meetings worldwide.

National Council on Alcoholism and Drug Dependence, Inc. (NCADD), www.ncadd.org. This group offers educational materials and phone numbers of local NCADD affiliates who can provide information on local treatment resources online or via the toll-free, 24-hour HOPE LINE at 1-800-NCA-CALL.

(Sources: Alcoholism: Getting the Facts. National Institute on Alcohol Abuse and Alcoholism. NIH Publication No.96-4153, 2001.) ●



Commonly asked questions and answers

Q: Where can I find information about a hospital's experience with treating my health condition?

A: You can easily compare hospital performance according to a specific condition or procedure using an innovative tool called "Compare Hospital Quality Care." It's available on the Patient Choice *Signature* web site and allows you to evaluate hospitals on a variety of factors including their experience with certain procedures, mortality rates and how many patients had complications.

To access the Compare Hospital Quality tool go to www.patientchoicesignature.com, click on the "provider directory" button and select "hospital quality" from the options on the right side of the page.

Q: What online customer service features are available to Patient Choice members?

A: Patient Choice members have access to a number of online customer service features through www.wausaubenefits.com, a web site supported by Wausau Benefits, the company that administers the Patient Choice *Signature* program.

While the services available do vary by employer, some of the things you may be able to do on the site include: check benefits eligibility, review claims, download commonly used forms and request ID cards.

A link to the site is also available on the Patient Choice *Signature* site at www.patientchoicesignature.com, under Customer Service. ●

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