



# Connection

MARCH 2005 - VOLUME 3 - ISSUE 1

## Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

### Save \$. Go “In-Network!”

Want to save some cash? You can! Under the Local 1014 Health and Welfare Plan, you will pay less (out of your own pocket) when you obtain health care from licensed, preferred, *in-network* providers. Why? Because in-network providers offer their services at a discount to our Plan members!


**Refer to your 2005 Guide: Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan for more information and details.**

#### In- or Out-of-Network: It’s Your Choice

Our Plan has a special feature called a *preferred provider or PPO* option. This option gives you the freedom to go to *any* licensed health care provider in the WORLD! But, before you do...be sure you consider the advantages of staying in-network (cost savings), and the extra costs you will incur if you go out-of-network (see

below). Out-of-network costs are higher because out-of-network providers do NOT offer their services at a discount.

#### The Bottom Line

The Plan pays 80% for most in-network, covered services and 70% for covered services that are out-of-network. This can mean a significant difference in out-of-pocket costs to you. See the table below: 

In-Network Advantage			
Let’s assume that you need to go to the doctor to have your sore elbow examined. In this example, when you go to an in-network doctor, you would save \$130!*			
In-Network		Out-of-Network	
R&C** fee for exam	\$200	Fee for exam	\$300
In-network provider fee	\$150	R&C** fee guideline	\$200
Plan pays 80% of in-network fee	\$120	Plan pays 70% of R&C	\$140
You pay remaining 20%	\$ 30	You pay remaining 30%	\$ 60
		You also pay amount that exceeds the R&C fee (\$300-\$200)	\$100
<b>Your total in-network cost</b>	<b>\$ 30</b>	<b>Your total out-of-network cost</b>	<b>\$160</b>
* The exam fees used in this example are hypothetical and not related to any specific health care provider. Your actual costs might vary. Also, for purposes of this example, assume that you have already met your annual deductible.			
** Reasonable and customary.			



## Antibiotics: The Hidden Cost

When that first snuffle hits, a common knee-jerk reaction is to run to the doctor for antibiotics which became widely available about 50 years ago. Over the years, antibiotics have been hailed as miracle drugs. But these “magic bullets” have become increasingly unable to destroy disease-causing bacteria making some diseases extremely hard to control.

According to the Centers for Disease Control and Prevention (CDC), almost all significant bacterial infections in the world are becoming resistant to the antibiotic treatment of choice. For some, bacterial resistance could mean more visits to the doctor, lengthier illnesses, and possibly more toxic drugs. For others, it could mean death. The CDC estimates that each year, nearly two

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million people in the United States acquire an infection while in a hospital, resulting in 90,000 deaths. More than 70 percent of the bacteria causing these infections are resistant to at least one of the antibiotics often used to treat them.

Antibiotic resistance is not a new phenomenon. Soon after the first antibiotic, penicillin, became widely used (in the late 1940s), penicillin-resistant infections emerged that were caused by the bacterium *Staphylococcus aureus*. These “staph” infections range from urinary tract infections to bacterial pneumonia. Methicillin, one of the strongest in the arsenal of drugs to treat staph infections, is no longer effective against certain strains of *S. aureus*.

## How Resistance Occurs

Bacteria organisms are so small they are not visible to the naked eye. But, they live all around us—in our drinking water, food, soil, plants, animals, and in us! Most bacteria are not harmful. Some are even useful and help us digest our food. However, many bacteria are capable of causing severe infections.

To stop an infection, an antibiotic must kill or halt the growth of harmful bacteria. Some bacteria can become resistant to drugs in a number of ways. They can mutate spontaneously and change their DNA. They can also acquire resistant genes through exchanging genes with other bacteria. “Think of it as bacterial sex,” says David White, Ph.D., a microbiologist in the Food and Drug Administration’s Center for Veterinary Medicine. “It’s a simple form of mating that allows bacteria to transfer genetic material.” The bacteria reproduce rapidly, allowing resistant traits to spread quickly to offspring. “Bacteria don’t care what other bacteria they’re giving their genes to,” says White. This means that resistance can spread from one species of bacteria to another species, enabling them to develop multiple resistances to different classes of antibiotics.

## Preserving Antibiotics’ Usefulness

According to the CDC, two main types of germs—bacteria and viruses—cause most infections. While antibiotics can kill bacteria, they do NOT work against viruses. And, viruses cause colds, the flu, and most sore throats. In fact, only 15 percent of sore throats are caused by the bacterium *Streptococcus*, which results in strep throat. In addition, viruses cause most sinus infections, coughs, and bronchitis. Also, fluid in the middle ear, a common occurrence in children, does not usually warrant treatment with antibiotics unless there are other symptoms. Nevertheless, “Every year, tens of millions of prescriptions for antibiotics are written to treat viral illnesses for which these antibiotics offer NO benefits,” says David Bell, M.D., the CDC’s Antimicrobial Resistance Coordinator. According to the CDC, antibiotic prescribing in outpatient settings could be reduced by more than 30 percent without adversely affecting patient health.


Doctors say that they prescribe antibiotics because of diagnostic uncertainty, time pressure, and *patient demand*. They are pressured by patients to prescribe antibiotics, says Bell. “People don’t want to miss work, or they have a sick child who kept the whole family up all night, and they’re willing to try anything that might work.” It might be easier for a doctor in a hurry to write a prescription for an antibiotic than it is to explain why it might be better not to use one.

But by taking an antibiotic, a person might be doubly harmed, according to Bell. First, it offers no benefit for viral infections, and second, it increases the chance of a drug-resistant infection appearing at a later time.

“Everybody needs to help deal with this. An important way that people can help directly is to understand that common illnesses like colds and the flu do not benefit from antibiotics and to not request them to treat these illnesses,” says Bell. Following a prescription exactly is also important, says Bell. People should not skip doses or stop taking an antibiotic as soon as they feel better. They should complete the full course of the medication. Otherwise, the drug might not kill all the infectious bacteria, allowing the remaining bacteria to possibly become resistant.

Some health experts are also concerned about the escalating use of antibacterial soaps, detergents, lotions, and other household items. “There has never been evidence that they have a public health benefit,” says Levy. “Good soap and water is sufficient in most cases.” Antibacterial products should be reserved for the hospital setting, for sick people coming home from the hospital, and for those with compromised immune systems, says Levy.

The FDA published a final rule in February 2003 that requires specific language on human antibiotic labels to encourage doctors to prescribe them only when truly necessary. The rule also requires a statement in the labeling encouraging doctors to counsel their patients about the proper use of these drugs.

To find out more about the issues associated with antimicrobial resistance, visit the FDA’s web site at [www.fda.gov](http://www.fda.gov) and the CDC’s web site at [www.cdc.gov](http://www.cdc.gov). 

Illness	Antibiotic usually needed?
Cold	No
Flu	No
Chest Cold (in otherwise healthy children and adults)	No
Sore Throats (except strep)	No
Bronchitis (in otherwise healthy children and adults)	No
Runny Nose (with green or yellow mucus)	No
Fluid in the Middle Ear (otitis media with effusion)	No

Sources: Food & Drug Administration  
Centers for Disease Control and Prevention

The Local 1014 Health & Welfare Plan, its representatives, and the Connection do not provide health care advice. As always, be sure to talk with your doctor about your health concerns.

# To Err is Human



Two months after a double bypass heart operation that was supposed to save his life, comedian and former

Saturday Night Live cast member Dana Carvey got some disheartening news: the cardiac surgeon had bypassed the wrong artery. It took another emergency operation to clear the blockage that was threatening to kill the 45-year-old funnyman and father of two young kids.

## Did You Know?

Medical error is one of the nation's leading causes of death and injury. Recently, the Institute of Medicine estimated that up to 98,000 people die in American hospitals each year because of medical errors. This means that more people die from medical errors than from motor vehicle accidents<sup>1</sup>, breast cancer<sup>2</sup>, or AIDS<sup>3</sup>.

Medical errors can happen anywhere in the health care system: hospitals, clinics, outpatient surgery centers, health care offices, nursing homes, pharmacies, and patients' homes. Errors can involve medication, surgery, diagnosis, equipment, and lab reports. They can occur during routine tasks, such as delivering the wrong meal to a hospital patient on a special diet. They can also occur when health care providers and patients don't communicate. Defend yourself and help prevent errors in your health care:

1. **Speak up. Get involved.** The best way to help prevent errors is to be an active member of your health care team. Take part in every decision concerning your health.
2. **Make two lists.** Give ALL of your health care providers:
  - A list of EVERY prescription and non-prescription medication and dietary supplement (e.g., vitamins and herbs) you are taking currently.
  - A list of ALL of your allergies (e.g., to food, medicine, and environment).
3. **Be sure you and your pharmacist can read your Rx.** Are you taking home the correct medication? If you can't read the handwriting on the prescription, your pharmacist might not be able to either!
4. **Be sure you understand your Rx. Ask:**
  - What is this medication for? Is there a generic version?
  - How should I take it and for how long? (For example, ask if "four doses daily" means taking a dose every six hours around the clock or just during waking hours.)
  - Are there side effects? What should I do if side effects occur?
  - Can I take this medication with my other medications and dietary supplements?
  - What foods, drinks, or activities should I avoid while taking this medication?
  - How should I measure out this liquid medicine? (Household teaspoons are often used and most do not hold a true teaspoon of liquid. Specially marked syringes can help you measure the right dose.)
5. **Choose wisely.** Having surgery? Consider a hospital that specializes in that procedure.
6. **Be bold.** Ask ALL health care workers who have direct contact with you whether they have cleansed their hands.
7. **Ask for details.** When discharged from a hospital, ask your doctor to explain the treatment plan you will use at home.
8. **Get on the same page.** If you are having surgery, be sure that you, your health care providers, and your surgeon all agree and are CLEAR on exactly what will be done.
9. **Know that "more" is not always "better."** Find out why a test or treatment is needed and how it can help you. You might be better off without it.
10. **Don't make assumptions.** Follow up if you are still waiting for test results. 📌

<sup>1</sup> Source: National Highway Traffic Safety Administration.

<sup>2</sup> Source: American Cancer Society.

<sup>3</sup> Source: Center for Disease Control and Prevention  
Additional sources: Food and Drug Administration, AARP.

Contact Information			
Topic	Contact	Phone	Web Site
Local 1014 Health and Welfare Plan	CCN	1-800-226-5116	www.ccnusa.com
	Local 1014 Member Services	1-800-660-1014	www.local1014medical.org
Prescription Drug Benefits	Medco Health	1-800-711-0917	www.medco.com
Vision Benefits	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Mental Health/Substance Abuse Benefits	MHN	1-800-777-9355	www.mhn.com
Changes in Qualified Status	County of Los Angeles Local 1014 Member Services	1-888-822-0487 1-800-660-1014	www.buckhrsolutions.com/countyla www.local1014medical.org

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# 1014 Connect is Here!

To enhance Member Services for our members and health care providers, we are proud to announce that we now offer a toll-free, interactive voice-response (IVR) telephone system called **1014Connect**.

If you are a member, you may call **1014Connect** anytime during the day or night and access automated information about eligibility, benefits, copays, and claims under the Local 1014 Health & Welfare Plan. You may even leave a voice-mail message.

**1014Connect** is simple, fast, and easy to use. If you call during regular business hours, you will still be able to talk with a "real" Member Services Representative.

To free up our wonderful Member Services representatives to devote more time to members' questions, **1014Connect** is also available to health care providers (24 hours a day) who are calling with routine questions about eligibility, benefits, etc. 📞



**You've Got Mail!** If you would like to receive future communications regarding the Plan via e-mail, go to [www.local1014medical.org](http://www.local1014medical.org), click on *Contact Us*, and send your e-mail address. We will NOT share your e-mail address or any other personal information with anyone. We have a strict privacy policy.

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