

# AmeriSys Ink



SUMMER 2014

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## View from the Top



**Ron Warble**  
*Vice President*

I'm thinking I know how Rip Van Winkle felt! Yesterday I was celebrating Christmas with my grandson and now waking up I realize that we are already half way to another Christmas. Spring has been a blur and we are fully into another balmy (giggle) summer.

Our team has fully implemented a large, state government account, adding 65 plus new team members. It has required all hands on deck and I am very pleased to report that it has been a very successful implementation. From Human Resources, to IT and to operational leadership, this has been a team event and I am proud of everyone involved.

I mention this really as an opportunity to commend, and, yes, even brag a bit on the work that the leaders and team members do on a day in and day out basis. Standards are high and we intend to keep them that way. We are believers that most often you get what you ask for and what you expect; therefore we ask a lot and expect a lot of one another. We believe in excellence. The beneficiaries are our customers and the injured employees for whom they are responsible.

For those who are interested or aware, ICD10 conversion has been delayed until October of 2015. This brought a sigh of relief to our team, though it will certainly be back on the agenda for the end of this year and first part of next. This is certain to bring a hiccup or two considering this impacts insurers, payers, providers and virtually anyone in the medical care mix. We will keep you informed of our progress and how it may impact you as we move forward.

I spoke about excellence earlier. To me that is an extremely important characteristic and quality. We strive for that and, as we grow, the challenge becomes greater because there are more team members to bring into that culture and mindset. As that growth occurs, it is imperative that the leadership embraces those character traits and qualities. Coaching our leaders in a deliberate and ongoing fashion is critical if we are to successfully infect our team with that desire and drive to deliver excellence in what we do, every day.

That said, I learned long ago that people are more likely to do what you request, as long as it is consistent with how **you** act or behave. So for me and for the other leaders in our organization, we must "walk the walk, not just talk the talk". Very often when a team loses an event, it can be traced back to members of that team breaking down in the fundamentals. The fundamentals are crucial; whether it is a golf swing, a tackle, or any other action. If we follow the fundamentals, we will ultimately perform well. That is also true of leadership. We must remember our own coaching advice; we must work and perform in a manner that we want to see emulated by our team mates around us. We must never forget that as leaders we are continually under observation; by our customers, our peers, our team mates and even our families. When our fundamentals break down, it is as readily observable and evident as a missed tackle or a missed throw.

This game of life and work is a great one. We are blessed to have the chance to play. Let's play well. Let's continue to strive for excellence. Yes, we'll make mistakes on occasion, but we will review the play, go back to the fundamentals and return to the game continuing our pursuit of excellence.

**PLAY BALL!!**



Medical foods have been called the “hybrids” of prescription drugs and supplements.



**Maria Rivera**  
*Utilization Review Supervisor*

# What is Medical Food?

What is a medical food? Are your physicians dispensing these medications to your patients? Are they prescribed? How do they work?

## Requirements for a drug to be labeled as a medical food:

According to the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) a medical food is "a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation".

These foods are intended to meet the nutritional requirements of a disease or condition, are under **medical supervision** and **intended for the specific dietary management of a disease or condition**.

The Orphan Drug Act is the law passed to facilitate the development and commercialization of drugs to treat rare diseases, termed “orphan drugs”. Orphan drugs qualify for certain benefits from the federal government, such as reduced taxes. This Act does not qualify the drug to be safe or effective.

In 1972, the FDA created the classification of “medical food”.

## How medical food works:

They supply the body with the necessary amino acids to make specific neurotransmitters. Neurotransmitters allow one neuron to communicate with other neurons and help in regulating the function of all of the body systems.

## What is considered a medical food?

- the product must be a food for oral or tube feeding
- must be labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements
- must be intended to be used under medical supervision

Medical foods have been called the “hybrids” of prescription drugs and supplements. They closely resemble dietary supplements in terms of the regulation. Medical foods can be labeled for a specific medical condition; dietary supplements cannot make that claim.



**How are they similar to prescription drugs?**

- They have package inserts
- They have NDC numbers (National Drug Code)
- They are listed usually “RX only” on the label

**How are they different from prescription drugs?**

- They have not been evaluated for safety or efficacy
- FDA doesn’t require approval of safety or efficacy before it’s marketed
- Labeling: “*Caution: Federal law prohibits dispensing without prescription*” is not required on the labeling

In the Workers’ Compensation arena we are seeing physicians dispensing very costly “medical foods” to their patients. Some of the common ones that have been prescribed for pain are:

Terpadone: \$ 4.60 pp (\$138.00/ 30 pills)  
 GABAdone: \$4.85 pp (\$145.50 / 30 pills)  
 Sentra PM: \$4.68 pp (\$140.40/ 30 pills)  
 Theramine: \$9.47 pp (\$284.10/ 30 pills)

A more common medical food that you may have tried is Activia and DanActive. In 2011, the Federal Trade Commission charged Dannon with deceptive advertising. Dannon agreed to drop claims that allegedly exaggerated the health benefits of Activia relieving irregularity and for DanActive claiming it protects against colds and flu.

Medical foods are physician-dispensed for many diseases. The information given is to provide awareness to the new trend of physician dispensing. This appears to be the new and improved way of dispensing dietary supplements.

## Outstanding Outcomes



**Amy Krietemeyer**  
*Field Nurse Case-Manager*



On November 24, 2011, Mr. X sustained catastrophic life threatening injuries after 73% of his total body surface was burned in a work-related accident. Mr. X was in the intensive care burn unit for over four months, in and out of consciousness. He underwent over 20 surgical procedures, was ventilator-dependent and was given a less than 1% chance of survival.

Despite the pain and mental anguish of sustaining a complex burn injury of this magnitude, against all odds Mr. X was able to return to his place of employment June 17, 2014. This success is directly attributed to his strong support system, determination, positive attitude and an extraordinary medical team of doctors, nurses and case-manager. He remains gainfully employed.

He also resumed some of his favorite activities such as riding his motorcycle and fishing with his father.

Outcomes such as this one make our work truly meaningful.

## HIV Drug Protocol Changes



**Cheryl Gulasa**  
*Vice President*

“While our priority is to our injured employees’ health and delivering them quality care, we recognize our fiscal responsibility to our customers. “

In our commitment to providing quality care to first responders and other occupations that have potential exposure to HIV, AmeriSys must remain vigilant in the latest developments in medical treatment for those exposed to the virus and those who have contracted the virus through their employment.

HIV-1, the virus responsible for most cases of AIDS, is a very selective virus. It does not readily infect species other than humans. This fact has made the search for effective treatments and vaccines for AIDS that much more difficult. Without an accurate animal model of the disease, researchers have had few options for clinical studies of the virus.

Fortunately, fewer than 60 cases of occupational transmission of HIV to health care workers have occurred in the United States. When workers are exposed, the Centers for Disease Control and Prevention (CDC) recommend immediate treatment with a short course of antiretroviral drugs to prevent infection.

- As of 2010, 57 documented transmissions and 143 possible transmissions had been reported in the United States.
- No confirmed cases of occupational HIV transmission to health care workers have been reported since 1999. However, underreporting of cases to CDC is possible because case reporting is voluntary.
- Health care workers who are exposed to HIV-infected blood at work have a 0.3% risk of becoming infected. In other words, 3 of every 1,000 such injuries, if untreated, will result in transmission of the virus.

While our priority is to our injured employees’ health and delivering them quality care, we recognize our fiscal responsibility to our customers. Average total healthcare costs for those with HIV transmission for the first year was \$34,000 for first-line treatment. Treatment costs can increase to second and third lines of treatment. The majority of the healthcare costs results from the antiretrovirals. As this disease progresses and causes further complications, those costs can escalate.

The prevention and treatment of human immunodeficiency virus (HIV) is a topic of interest among many in public health and managed care. The Centers for Disease Control and Prevention (CDC) estimates that as of 2008, approximately 1.2 million people in the United States were living with HIV infection; 1 in 5 are undiagnosed. The annual number of new HIV infections has remained relatively stable recently, with roughly 50,000 Americans newly diagnosed with the disease each year.<sup>1</sup>

The US Public Health Service Guidelines for the management of healthcare personnel made changes to the PEP treatment and duration of the treatment in testing in 2013. Here are the updated recommendations:





**New updated PEP Regimen as of 2013(4)**

**Preferred HIV PEP Regimen**

Raltegravir (Isentress; RAL) 400 mg PO twice daily  
 Plus  
 Truvada, 1 PO once daily  
 (Tenofovir DF [Viread; TDF] 300 mg \_ emtricitabine [Emtriva; FTC] 200 mg)

**Alternative Regimens**

*(May combine 1 drug or drug pair from the left column with 1 pair of nucleoside/nucleotide reverse-transcriptase inhibitors from the right column; prescribers unfamiliar with these agents/regimens should consult physicians familiar with the agents and their toxicities)*

- |   |   |
|---|---|
| Raltegravir (Isentress; RAL)                        | Tenofovir DF (Viread; TDF) _ emtricitabine (Emtriva; FTC); available as Truvada   |
| Darunavir (Prezista; DRV) + ritonavir (Norvir; RTV) | Tenofovir DF (Viread; TDF) _ lamivudine (Eпивir; 3TC)                             |
| Etravirine (Intelence; ETR)                         | Zidovudine (Retrovir; ZDV; AZT) _ lamivudine (Eпивir; 3TC); available as Combivir |
| Rilpivirine (Edurant; RPV)                          | Zidovudine (Retrovir; ZDV; AZT) _ emtricitabine (Emtriva; FTC)                    |
| Atazanavir (Reyataz; ATV) + ritonavir (Norvir; RTV) |   |
| Lopinavir/ritonavir (Kaletra; LPV/RTV)              |   |

The following alternative is a complete fixed-dose combination regimen, and no additional antiretrovirals are needed: **Stribild** (elvitegravir, cobicistat, tenofovir DF, emtricitabine)

AmeriSys ensures that the physicians and facilities treating our first responders and injured employees are using the latest in recommended treatments. We recognize that the side effects of the antiretrovirals are difficult to manage. However, our case-managers, who work with these injured employees, make every effort to ensure compliance by the injured employee. with testing and treatment.

<sup>(1)</sup> www.cdc.gov

# AmeriSys



## in the Utilization Review Department



Nancy Radke, RN joined AmeriSys in the UR Dept. in November 2008. Her nursing background is in ICU, CCU and homecare. She retired from the Florida Agency for Health Care Administration in October 2008. She was the Program Administrator for several state programs: The Subscriber Assistance Program, the Managed Care Ombudsman Program, and the Beneficiary Assistance Program. She is our Concurrent and Retrospective Review UR Specialist.

She came to the UR Dept after her retirement. She is our Concurrent and Retrospective review UR Specialist. She assists with completing precerts when other nurses go on vacation. She works part time but is always eager to work.

Nancy is reliable, diligent and works well in our team. She completes reports that are very lengthy involving lots of documented information. She may have between 3- 10 cases at one time. She manages to keep all the assignments in order and keeps her deadlines. Along with her pleasant manner, she has brought some great ideas to our dept.

She never declines any assignment even when she goes on vacation! Nancy brings her expertise when she is reviewing the medicals. We all enjoy working with her. So glad you are part of the UR Team, Nancy.





## TEAM-BASED APPROACH

Services for the **E**ffective **C**ontrol and **U**tilization of **R**x through **E**vidence-based Criteria



**Pam Shaw**

*Provider Relations Coordinator*

In order to achieve the goals of our SECURE program ~ to prevent the misuse of prescription drugs while returning injured employees to work with reasonable expectations related to pain relief and functionality; improving injured employees' lives by reducing addiction to opioids while reducing costs to employers ~ the SECURE *Specialty Nurses* have successfully completed the following pain management training classes:

- *Opioids in the Treatment of Injured Workers: When and How to Maximize Effectiveness*
- *Early Intervention in Chronic Pain Claims*
- *Steroid Injections: Different Types & What They are Designed to Do*
- *Compounding and Alternative Therapy*
- *Urine Drug Screening in the Management of Chronic Pain Therapy*
- *Orthotics for Upper and Lower Extremities*
- *Electrotherapy and Pain Management*
- *Chronic Pain Therapies: a Physician's Perspective*

This specialized training allows the case-manager to assist the injured worker to receive optimal pain management to facilitate faster healing, promoting comfort and a feeling of wellbeing, improving quality of life, thus shortening the duration of the claim by decreasing functional restrictions.

One of the outcomes experienced by utilizing the training and applied by one of the SECURE nurses involved a claimant referred to pain management. The PCP continued to prescribe benzodiazepines concurrently. The PCP's justification for prescribing these medications was that the claimant was depressed and had anxiety, then changed the reason to muscle spasms, then finally said it was for insomnia.

The SECURE nurse conferenced with the PCP and discussed the ODG guidelines and information received in training. The conference resulted in the PCP discontinuing the highly addictive benzodiazepines and only prescribing a sleep aid.

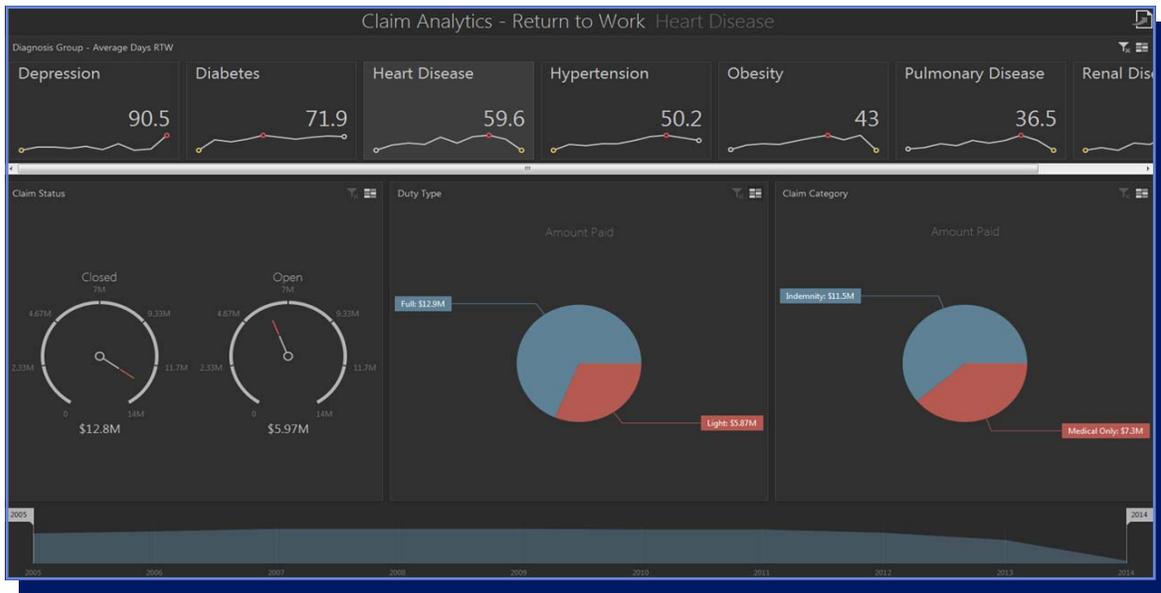
Congratulations SECURE nurses!



# The Future of Analytics RTW Projections



**Viviane Vasconcelos**  
*Manager of Information Systems*



We are facing a greater need to understand and utilize data to assist us in making business decisions every day. AmeriSys has been utilizing analytic tools for years and this new generation of Analytics allows us to use this same data to project outcomes.

In this example, we are able to project return-to-work savings for our claims by analyzing the data by Diagnosis codes.

All of the visual elements are inter-connected. You can drive the analysis by selecting one or many diagnosis codes. Changing the filters in one area will affect the results in all of the other areas shown. The range can also be moved left or right to allow for analysis of a single year or a group of years. This allows for trending results if you are looking for three-year trending, for example.

By analyzing the data you will be able to see “What’s happening”, “What are the individual outcomes”, “Which areas should we focus on”, “Have initiatives made a difference”, “Has trending changed”?

By working with our clients, AmeriSys is able to help structure and improve the claims program toward an ideal solution utilizing the data and outcomes of our analytics tool.

We strongly believe that by improving our Business Intelligence, it will consequently improve the claims handling and case management performance for each of our clients!