

*Use of evidence-based medicine is an important component in the Board's Vision for PEBB beginning in 2006. Members have asked for more information about it. The following article is reprinted with permission from **The Register-Guard**.*

More doctors turn to evidence-based medicine

By Tim Christie

Doctors, for the most part, know what they're doing, or in the alternative, act like they know what they're doing.

No one wants to be seen by a fumbling, hesitant doctor, after all. They're the experts in the white lab coats with 10 years of medical training and the M.D. after their names.

So when the doctor walks into the exam room, we expect a thorough examination, an authoritative diagnosis, reassuring answers and a deftly scribbled prescription.

But doctors have been keeping a secret from their patients: Sometimes they don't know what they're doing. Sometimes they recommend a treatment not because there's a rock-solid foundation of medical evidence behind it, but because they think it works based on their experience and what they hear from other doctors.

"Unfortunately, for a good percentage of what we do in medicine, there isn't good evidence," said Dr. Lorne Bigley, a family physician at River Road Medical Group. "There isn't literature to support a lot of things we do."

That's why a growing number of doctors, nurses and researchers are changing the way they think about and practice medicine by seeking out

drugs and treatments that are proven to work through randomized controlled trials.

The idea behind evidence-based medicine, or EBM as it's called, is simple in concept: Medical treatment should be based not on out-of-date textbooks or on what the crusty professor said years ago in medical school, but on what the best available evidence shows. That means using information derived from rigorously designed randomized controlled trials, and preferably more than one.

The history of medicine is rife with stories of treatments that turned out to do more harm than good once the evidence was in.

For years, when a patient suffered a heart attack, doctors would administer drugs to stop abnormal heart rhythms - and they wound up killing more patients than the number of American soldiers who died in Vietnam.

Doctors used to advise new parents to put their babies to sleep on their stomachs - a practice now viewed as a risk factor for sudden-infant death syndrome. When pediatricians began telling parents to put babies to sleep on their backs in the early 1990s, SIDS rates plummeted.

Perhaps the poster child for evidence-based medicine is hormone replacement therapy.

For years doctors prescribed a lifetime regimen of hormones for hundreds of thousands of women. Because women who took the hormones saw their cholesterol and other health indicators improve, doctors believed their risk of heart disease would decrease as well.

Then results from the massive Women's Health Initiative study showed that these drugs actually increased the risk of heart disease and were doing more harm than good.

"How could one of the most prescribed drugs of all time be unproven?" asks Ray Moynihan, an Australian journalist on the evidence-based medicine beat.

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Electronic Prescribing: *Technology that can keep you healthy*

Did you know?

Did you know that more than 8.8 million medication errors occur each year? And that more than 3 million of these mistakes can be prevented? These errors contribute to as many as 7,000 deaths annually.

Errors spring from human fallibility. A pharmacist can't read your doctor's handwriting. A physician forgets about your son's allergy to a medication. Or a transcription error gives you incorrect instructions for taking the prescribed medicine. Sometimes a new prescription interacts badly with another drug you're taking. Or your young daughter is mistakenly prescribed a dosage that's too much for her weight. Another problem - one that costs you money - is when a doctor prescribes a drug that isn't fully covered by insurance when there are other covered drugs available.

While it's impossible to prevent all medication mistakes, one major step the healthcare system could take is widespread adoption of electronic prescribing or *e-prescribing*. Imagine this — your doctor no longer hands you a piece of paper for a prescription. Instead, she sends your prescription to the pharmacy electronically via computer. The computer system sends the prescription immediately, checks for mistakes and drug interactions, and automatically confirms whether the drug is covered in your plan.

Why electronic prescribing?

Research has demonstrated that e-prescribing can have a significant impact on safety and cost. Widespread adoption of e-prescribing could eliminate more than 2 million adverse drug events each year, more than 130,000 of which could be life-threatening. Research also suggests that national savings from universal adoption of electronic prescribing could be as high as \$27 billion.

E-prescribing can improve healthcare quality and efficiency by

- Increasing prescription accuracy
- Cataloguing a patient's medication history
- Speeding up the process of renewing medications
- Providing instant connectivity among doctors, pharmacies and health plans.

Electronic prescribing also can help doctors follow evidence-based guidelines for treating illness.

Despite the benefits of electronic prescribing, few doctors and clinics use it. Many doctors say they don't because of high start-up costs and fear of reduced efficiency in their practice. While starting a new system can be daunting and costly, studies show the long-term benefits of e-prescribing could be significant.

What you can do

Find out if your doctor uses electronic prescribing. If he doesn't, ask if he'll be adopting it in the future. Discuss the advantages you've heard about and ask about his reluctance.

If your doctor does prescribe electronically, ask about privacy policies and security to make sure your information is secure and isn't shared with anyone except authorized users. Remember that you have the right to obtain or restrict access to your prescription information at any time.

Widespread e-prescribing will be part of our future healthcare system. But how fast it's adopted depends on how actively patients demand it. Get involved to help make your healthcare safer, more efficient and more economical.

“Electronic prescribing is a key part of my practice. It's safer for my patients and more efficient for me. It helps me ensure I'm following best practices in my prescribing and alerts me to potential drug interactions and allergies. I'm doing my patients, and myself, a real service by using this new technology.”

Marcia Dunham, M.D.

More doctors turn to evidence-based medicine *(Continued from page 1)*

Sometimes, practicing evidence-based medicine means going against conventional medical wisdom.

For instance, many doctors will recommend that their male patients over 50 get a blood test, called the prostate specific antigen, or PSA, that screens for prostate cancer.

While a PSA can detect cancer, no published studies have shown that PSA testing reduces deaths from prostate cancer, said Bigley, the Eugene family doctor. In other words, just because doctors can detect the cancer, it doesn't necessarily mean they'll be able to keep it from killing their patient.

Some men get an aggressive type of prostate cancer that will kill them, no matter the treatment, Bigley said. Other men get relatively benign prostate cancer that will never affect their health - they'll die with the cancer, not from it.

Treating prostate cancer is not without risks, which include impotence and incontinence. That's why Bigley doesn't automatically order up a PSA when a patient asks. He explains there's controversy about the test, and shows them the evidence.

In the past 10 years, evidence-based medicine has gained momentum. The American Academy of Family Physicians bases nearly all its continuing medical education programs on evidence-based medicine, said Dr. Norman Kahn, the group's vice president for science and education. The group also publishes evidence-based clinical guidelines on their Web site.

"Physicians yearn to deliver what works," he said. "So when they learn

there is evidence for this vs. no evidence for that, they are rapid adopters."

A major challenge for doctors practicing evidence-based medicine is simply keeping up with the massive volume of medical information. Doctors can get buried under the piles of medical journals on their desks, filled with articles of varying relevance and validity.

Bigley said he has resolved to read only evidence-based journals, including the Journal of Family Practice, which grades each article based on the quality of the evidence.

Springfield family doctor Pat Ahlen uses technology to help her practice evidence-based medicine. She subscribes to a Web site called

InfoPoems.com - POEMS stands for Patient-Oriented Evidence that Matters. For \$200 a year, she gets access to practical information that allows her to apply evidence-based medicine to her practice. She downloads the information to her Palm Pilot, allowing her instant access to information while with a patient.

It takes a little more time to practice evidence-based medicine, but patients seem to appreciate it, she said. In fact, most assumed doctors always have been doing it.

"If you're going to tell people to spend a lot of money on a certain procedure, you should have evidence-based data that shows in the long run they're either going to be less disabled or live longer," Ahlen said.

PEBB Resources

Access PEBB, insurance companies and other benefit resources using the contact information below. The insurance company Web sites include provider directories. You can also link to insurance company Web sites from the PEBB Web site.

PEBB

Phone: (503) 373-1102, (800) 788-0520

Fax: (503) 373-1654

Web: oregon.gov/DAS/PEBB

E-mail: inquiries.pebb@state.or.us

PEBB Health Center

Phone: (503) 362-1111, (800) 701-1333

Web: www.pebbhealth.org

BestChoice Administrators (BCA)

(Healthcare and Dependent Care FSAs)

Phone: (800) 556-2230

Web site: www.bestchoiceadmin.com

Kaiser Permanente

(HMO & Dental Plans)

Phone: (503) 813-2000, (800) 813-2000

Web site: my.kp.org/nw/pebb

The ODS Companies

(Dental Plans)

Phone: (800) 452-1058

Web site: www.odskompanies.com/pebb

Regence BlueCross BlueShield of Oregon

(PPO Plans)

Phone: (800) 826-9813 (outside

Portland); (503) 220-3849 (Portland)

Web site: www.or.regence.com/pebb

The Standard Insurance Company

(Life and Disability Plans)

Phone: (800) 842-1707;

Disability (800) 242-1888

Web site: www.standard.com

UnumProvident

(Long-Term Care Plan)

Phone: (800) 227-4165

Web site: www.unumprovident.com/enroll/pebb

VSP

(Vision Service Plan)

Phone: (800) 877-7195

Web site: www.vsp.com

Willamette Dental Insurance

(Dental Plan)

Phone: (800) 460-7644

Web site: www.willamettedental.com

Announcing pebb.benefits

Confirmation Statements Show New System Output

The state's new online benefit management system – “PEBB dot Benefits” – went live in January. PEBB staff, payroll representatives and campus benefit officers are working through system issues to ensure a smooth roll out to members this spring or summer.

Benefit confirmation statements mailed this month will be members' introduction to the system. The statements have a completely different look than in previous years. They also provide much more information and make it easier for members to confirm their benefit elections. Here's what to look for:

- **Subscriber Information**
 - Your name, address, birth date, phone numbers and e-mail address (if known)
 - Benefit #: This number identifies you and your eligibility for benefits
- **Medical and Dental Information**
 - The plans in which you are enrolled and the coverage you receive
 - Names of your dependents, their Benefit #s and dates of birth, and information on plans in which you have enrolled them
- **Life Insurance Information**
 - Plans, coverage amounts and effective dates
 - Employee beneficiary information
- **Disability Information: plans, coverage and effective dates**

- **Flexible Spending Account (FSA) Information**
- **Long Term Care Insurance Information.**

If you disagree with or have questions about any of the information on your confirmation statement, contact your agency.

Watch for FSA Confirmation

If you enrolled for a dependent care or healthcare flexible spending account (FSA) for 2005, you should receive a confirmation statement by mid-month. BestChoice Administrators (BCA) administers these accounts and will send the confirmation.

The statement will also provide your user ID and a PIN you can use to access your account information online. The mailing will include a flyer with instructions on online options, including submitting claims.

If you enrolled for an FSA for 2005 and haven't received your confirmation by mid-month, please contact your agency. If you did receive your confirmation and have questions about your account, contact BCA Member Services at (800) 556-2230.

No More SSNs!

The implementation of pebb.benefits finally frees employees from having to use their Social Security number to identify themselves for benefits. Your confirmation statement includes your new Benefit Number. Some carriers, such as ODS, will use the employee's Benefit Number on the plan ID cards. Others, such as Regence BlueCross BlueShield of Oregon, will issue a new, non-SSN plan ID number for employees in the PPO plans. Covered dependents will not receive a new ID number for these plans and should use the employee's ID number for benefits. Members in the Kaiser Permanente HMO already have a patient ID number they use when they access care. VSP does not issue cards and will use the employee's Benefit Number.

Public Meetings

The Benefit Board and its subcommittees usually meet monthly. Times and locations are subject to change. For schedules, please check the Meetings section of the PEBB Web site: oregon.gov/DAS/PEBB/meetings.shtml.
(Please follow agency policy on use of the Internet at work.)



Know Your Numbers to Take Control

To know if you're at risk for heart disease, you need to know your numbers. And when you know your numbers, you can take control of your risks. Specifically, you need to know your blood pressure, cholesterol levels and body mass index (BMI).

- Normal blood pressure in adults is lower than 120/80.
- Your total cholesterol should be below 200, and your HDL (good) cholesterol should be 40 or higher.
- A health body mass index (BMI) is between 18.5 and 24.9. Overweight is defined as a BMI of 25 to 29.9. A BMI of

30 or higher is defined as obese. To calculate your BMI, multiply your weight in pounds by 705, divide by your height in inches, then divide again by your height in inches. Or use Kaiser Permanente's online BMI calculator at <http://members.kaiserpermanente.org/kpweb/healthcalc/bmi.do>.

If you don't know your blood pressure or cholesterol levels, talk with your healthcare provider. Or call the PEBB Health Center (see page 6) to ask if an on-site health screening is scheduled at your agency. When you know, you can be in control.

February: American Heart Month

This month, the American Heart Association goes all out to educate us about cardiovascular health risks that can cause heart disease. Some – mostly hereditary – can't be changed. But you can reduce your lifestyle risks.

Take these six steps to a healthier heart:

- Avoid tobacco smoke & products
- Monitor high blood pressure
- Eat food low in salt, cholesterol and saturated fats
- Be physically active
- Maintain a healthy weight
- Have regular medical exams.

Through its wellness program, PEBB tries to assist members take these steps with a tobacco cessation benefit, on-site health screenings, health education classes and wellness exams.



Heart Attack Warning Signs

A heart attack is a frightening event, and you probably don't want to think about it. But, if you learn the signs of a heart attack and what steps to take, you can save a life – maybe your own.

Many people think a heart attack is sudden and intense, like a "movie" heart attack, where a person clutches his or her chest and falls over.

The truth is that many heart attacks start slowly, as a mild pain or discomfort. If you feel such a symptom, you may not be sure what's wrong. Your symptoms may

even come and go. Even those who have had a heart attack may not recognize their symptoms, because the next attack can have entirely different ones.

- ✓ **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes, or goes away and comes back. The discomfort can feel like uncomfortable pressure, squeezing, fullness, or pain.
- ✓ **Discomfort in other areas of the upper body.** Can include pain or

discomfort in one or both arms, the back, neck, jaw or stomach.

- ✓ **Shortness of breath.** Often comes along with chest discomfort. But it also can occur before chest discomfort.
- ✓ **Other symptoms.** May include breaking out in a cold sweat, nausea or light-headedness.

Learn the signs and remember: Even if you're not sure it's a heart attack, you should still have it checked out. Fast action can save lives - maybe your own.

Source: National Heart, Lung and Blood Institute

PEBB Health Center Update

775 Court St. NE • Salem, OR 97301

(800) 701-1333 • www.pebbhealth.org • (503) 362-1111 • pebbhealth@oregonwellness.com

Programs at the PEBB Health Center

Registration required. Handouts may be available if you are unable to attend. Check the Health Center website at www.pebbhealth.org for updates. (*Please follow agency rules on use of the Internet at work.*) Feel free to bring lunch or snacks to any of these noon classes.

Know Your Numbers

Presenters: Carolyn Buel, ANP;
Liz Marik, FNP
Dates: Tues, Feb. 15 & 22
Time: Noon-1 p.m.

Schedule a free, 20-minute personal health screening at the health center between Feb. 1 and 11 to check your cholesterol, blood pressure and blood sugar. On Feb. 15, learn how out-of-range numbers create risks for diabetes or other chronic conditions. On Feb. 22, learn lifestyle changes to improve your numbers and your health.

Dealing with Difficult People

Presenter: Cindy Aerni, MS
Date: Thurs., Feb. 17
Time: Noon-1 p.m.

Discuss various types of difficult people and learn coping techniques.

Planning for a Healthy Pregnancy

Presenter: Jeanine Olson, ANP
Date: Thurs., Feb. 24
Time: Noon-1pm

Get ready for pregnancy with proper nutrition and lifestyle changes. Dads-to-be welcome.

Irritable Bowel Syndrome-Me and my Aching Stomach (IBS)

Presenter: Jeanine Olson, ANP
Date: Thurs., Mar. 10
Time: Noon-1 p.m.

Identify symptoms and learn to manage IBS; learn about "abdominal migraine" and helpful dietary measures.

Asthma: I Feel Like a Fish Out of Water

Presenter: Carolyn Buel, ANP
Date: Tues., Mar. 15
Time: Noon-1 p.m.

Learn what causes asthma, along with treatments and medications; receive a peak flow meter.

Eat to Beat Disease

Presenter: Judy Forest, RD
Date: Thurs., Mar. 17
Time: Noon-1 p.m.

Learn what is known about nutrition's role in reducing risk and slowing progression of heart disease, stroke, cancer and diabetes.

Oh my Runny Nose-Spring Allergies

Presenter: Liz Marik, FNP
Date: Tues., Mar. 29
Time: Noon-1 p.m.

The differences between allergies and asthma; how to treat allergies with lifestyle changes and medications.

Time Management-Are you Spending it Wisely?

Presenter: EAP
Date: Thurs., Mar. 31
Time: Noon-1 p.m.

Tips will be given on how to make every minute count, while reducing stress.

The PEBB Health Center's lending library has materials related to these topics and more. Call or e-mail for a library card so you can take advantage of the resources available to all PEBB members.

Call the Health Center if you are outside the Salem area and see a class your agency is interested in hosting or if your agency would like to schedule an on-site health screening.

Congrats to Quitters!



Congratulations to PEBB members who contacted Free & Clear in January. They're on their way to being free and clear of tobacco.

Without help, it's really hard to quit. Quitting is a process, and it's very personal. The Free & Clear Tobacco Treatment program is an award-winning, science-based program that gives members personalized, professional support every step of the way.

Free & Clear's tobacco treatment specialists help you prepare to quit. You learn what to expect physically and emotionally, plan for stressful situations and potential triggers, and practice techniques that will help you quit.

There's still room in this pilot program for more participants. So if you or a loved one wants to start down the path toward freedom from tobacco, call Free & Clear.

English: (877) 270-7867

Spanish: (877) 266-3863

TTY: (877) 777-6534

PEBB Mission

To provide a high quality plan of health and other benefits that are affordable to both the employee and the state.