

Office Surgery Incentive Pilot Program

DURHAM — Blue Cross and Blue Shield of North Carolina has launched a pilot program that gives physicians a financial incentive for performing certain surgical procedures in their offices rather than in the more expensive settings offered by hospitals and outpatient surgical facilities.

Known as Office Surgery Incentive Pilot Program, the project is designed to evaluate the cost containment effect to the consumer of providing financial incentives to doctors for performing certain surgical procedures in their offices. Plan officials believe that the incentive program can moderate health care costs for consumers in the long run.

The 18-month program began July 1 and will continue through December 31, 1983. Over 8,000 doctors in North Carolina are eligible to participate in the program.

"We have promoted the use of ambulatory or outpatient surgery for several years as a cost containment measure but there has been no specific encouragement of office surgery when that setting is medically appropriate," said Jim Brady, director,

Professional Affairs, and project coordinator.

"For several years North Carolina physicians have indicated the need for this type of program," Brady said. "Based on that interest, we expect a tremendous reception from the physicians."

The program allows physicians to receive additional benefits of up to 25 per cent of the usual, customary and reasonable allowance for 88 selected surgical procedures performed in the office. The minimum incentive allowance will be paid in addition to the basic surgical benefit allowance for the specific surgical procedure as specified by the subscribers' coverage.

The 88 procedures were identified by the Plan in consultation with the Committee on Blue Shield of the North Carolina Medical Society, a statewide advisory group of 30 physicians. The procedures — all of which can be safely performed in the office settings — are currently performed less than 50 per cent of the time in doctors' offices.

Examples of the 88 procedures are incisional and needle biopsies, vasectomy, dilation and curettage, removal of

ganglion and procedures performed with fiber optics equipment such as diagnostic and surgical procedures of the stomach and bowel.

To participate in the Office Surgery Incentive Pilot Program, a doctor must agree to accept the usual, customary and reasonable Blue Shield UCR maximum allowance determination for the combined surgical fee and office surgery incentive allowance as the basis for charges.

This agreement between Blue Shield and North Carolina physicians will be on a claim by claim basis and means that the doctor agrees not to charge the patient for an amount which exceeds the Blue Shield UCR maximum allowance.

To indicate participation in the program and to receive the incentive allowance, the doctor must report on the professional claim form both the specific surgical procedure codes and the description of service provided, and the special office incentive code. The separate listing is not only required to indicate participation but also to gather statistics to determine the cost effectiveness of the program, Brady said.

The pilot program will cost approximately \$250,000 to implement. If there is a shift of 6 per cent from institutional to office surgery for the selected procedures, the program will "break even," Brady said. A 10 per cent shift would result in a net savings of \$250,000, he added.

"As people become more educated about this change that offers service in a less expensive appropriate medical setting we'll see increased cost savings," Brady said.

"For the consumer, the office surgery program can save health care dollars and make the delivery of that health care more convenient," Brady added. "It is easier to schedule a surgical procedure in a doctor's office than to

compete for time with other surgical patients on hospital surgical schedules. In addition, the trauma, anxiety and disruption of lifestyle that accompany a day at the hospital are removed.

"All the accolades for ambulatory surgery — and more — are applicable here," Brady concluded.

Leukemia Chairman

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University of North Carolina-Chapel Hill.

The Leukemia Society of America is also providing financial assistance to 310 patients in the state of North Carolina. In spite of remarkable medical advances in the last ten years, leukemia remains a Number 1 killer disease of children. Leukemia is no longer a hopeless disease.

Years ago over 90 per cent of everyone with leukemia died within six months but today the picture is much brighter for children and adults due to the research that has helped in treatment and diagnosis. When a boy or girl comes by your home asking you to sponsor them in the upcoming Cycle for Life, please consider that the funds will be used right here in the state of North Carolina in research and patient-aid.

Anyone wishing information or entry blanks can contact Mrs. Covington at 482-2568 in Edenton.

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The "art" of predicting the future in a crystal ball is called *screology*.

Chemical Burns Of The Eye - Serious

Chemical burns of the eye are very serious and may lead to blindness if immediate action is not taken. Speed in removing the burning chemical is all important. Drain cleaner, bleach or other cleaning solutions are some chemical agents that can burn the eye.

Flush the eye immediately with large quantities of cool running water for about 10 minutes to rinse out the offending chemical. Hold the victim's head under a faucet, prop the eyelids open and allow the water to run from the inside (near the nose) to the outside. If both eyes are affected, let the water flow over both or quickly alternate from one eye to

the other. Pull back eyelids so all parts of the eye will be cleansed.

The "American Medical Association's Handbook of First Aid and Emergency Care" and the North Carolina Medical Society suggest that if no faucet is available, fill a sink or large pan with water and have the victim immerse his face and blink frequently.

After flushing thoroughly, cover the injured eye with a pad of sterile gauze or a clean folded handkerchief and bandage in place. Do not allow the victim to rub eyes. Get medical attention promptly, preferable from an ophthalmologist, or at the nearest hospital emergency room.

Never attempt to remove

a foreign body that is sticking to the eyeball. Particles of eyelashes or specks that are resting or floating on the eyeball or inside of the lid may be carefully removed.

If the foreign body is sticking to the eyeball or into the eye, let it alone and get medical attention promptly. If it is floating on the eyeball, gently pull upper eyelid down over lower eyelid and hold for a moment. This causes tears, which will hopefully wash out the particle.

If this doesn't work, fill a medicine dropper with warm water and flush out the particle. If this fails, carefully lift the particle out with a

moistened corner of a clean handkerchief or cloth.

Any cuts to the eye can be very serious. Cover the injured eye with a sterile pad or gauze or clean folded cloth, bandage in place and get to a doctor quickly.

For a hard blow to the eye from a ball, fist, etc., apply cold compresses, keep the victim lying down if possible, and get to the doctor.



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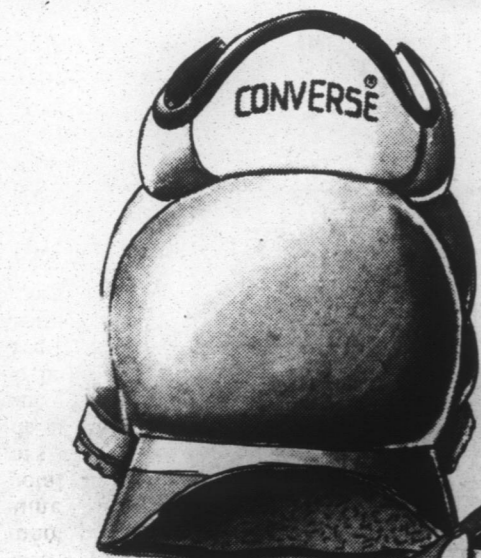
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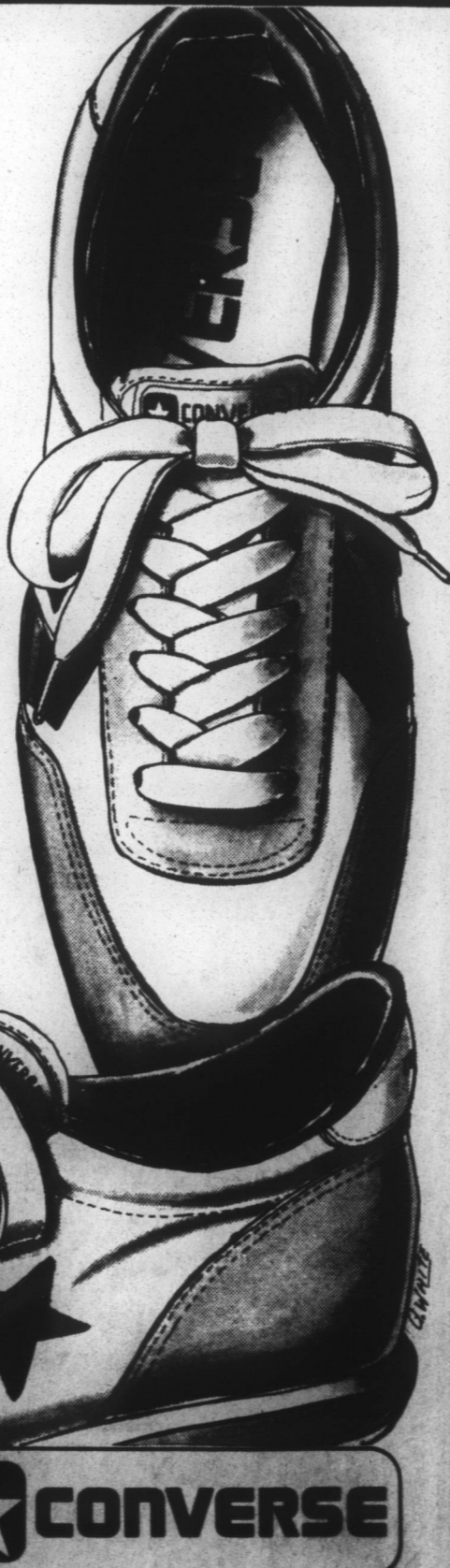
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