



Low back pain – #1 on the work comp hit parade

In my twenty-six years of family practice, I encountered many patients with back pain. A few of these patients had a specific cause for their pain such as a fracture, a tumor, or an infection, but most of the patients had the diagnosis of “Low Back Strain.” Many of these back strain patients had done “something” at work that caused the pain, and therefore, their care was paid for by the workers’ compensation insurance system. It wasn’t until I came to work at Pharmacists Mutual that I learned to appreciate how common the problem is and how much it costs to provide the care for these individuals. Of the first 360 cases I reviewed, 90 of them were for low back pain. That’s right, about **25% of our workers’ compensation claims are for low back pain.**

We at Pharmacists Mutual are dedicated to keeping your costs down. In our efforts to accomplish this mission, we have implemented an educational program to provide our claims adjusters with evidence-based treatment guidelines to make sure that your employees are getting the best care available when they have an episode of low back pain. Second, we want to give you some ideas on how to prevent it from occurring, and third, how to prevent the back pain from becoming the really expensive and disabling chronic low back pain.

Low back pain can be defined as pain, muscle tightness, or stiffness that is located between the bottom of the rib cage and above the bottom of the buttocks. The pain may or may not go into the leg. If it does, it is called sciatica. There are specific causes as mentioned before, but these account for only 10% of all cases. **Most cases have no identifiable cause, are classified as non-specific, and account for the remaining 90%.** These are usually classified as **acute** episodes that last less than three

months and resolve, or **chronic** back pain that lasts longer than 12 months. Chronic cases are associated with much greater disability because of the physical impediments it causes and its psychological effects.

Ideally, we would like to prevent an acute episode from happening at all. This is probably idealistic, but there are things that you can do to decrease the chances of it occurring. The most important is to teach **proper lifting techniques** and then encourage your employees to use them. Keep the spine straight, squat and then lift with the quadriceps muscles (lift with your legs, not with your back). When dealing with objects that are difficult to manipulate with these techniques, get help. Invest in equipment that helps your employees to prevent injuring themselves.

... there are also psychological factors associated with a higher incidence of back pain.

We all know that physical factors like lifting, bending, twisting, pulling and pushing are associated with low back pain. You might not know that there are also psychological factors associated with a higher incidence of back pain. Employees who work night shifts, employees who perceive high pressure on time and workload, low job control, job dissatisfaction, monotonous work, and low support from co-workers and management have an increased risk of back pain.

The **transition from acute to chronic low back pain** seems complicated. Many individual, psychosocial, and workplace factors play a role. A recently published review found that psychological factors are associated with increased risk of chronic low back pain, and also predict long-term work absence in disabling low back pain. A practical consequence of this research is that international guidelines for the treatment of acute low back pain ask for the assessment of so-called

“yellow flags” (psychosocial risk factors) during the first 2-6 weeks of pain onset, provided there are no “red flags” (physical factors: infections, tumors, fractures, and so forth). Other important variables for chronicity include baseline duration of pain longer than 1 month, unemployment, and a significant negative event during the previous year.



Steven D. Richards, D.O.,
Medical Director,
Pharmacists Mutual
Insurance Company

When work related back pain is considered, type of treatment, response to therapy, severity of injury, and type of job are factors influencing the duration of disability. Economic, social, and legal factors also influence recovery. For example, longer duration of work disability, as measured by workers’ compensation, is a powerful predictor of recurrence of low back pain: therefore, early return to work contributes to better outcomes.

An important component of the biopsychosocial model of low back pain management is **exercise**. Exercise is thought to reduce fear-avoidance behavior and facilitate functional improvements despite ongoing pain, and results are largely maintained at follow-up. Graded behavior intervention reinforces the concept that **“hurt does not mean harm.”** In other words, one can have pain and still function. A cognitive intervention and exercise program may be just as effective in improving disability in patients with chronic back pain and disc degeneration compared with patients undergoing lumbar fusion surgery.

Other important determinants of the outcome of low back pain beyond activity modification include attitudes and perceptions of the patients. Patients are affected by their surroundings and

Back pain -- continued

receive recommendations from family, friends, and health care providers. Guidelines are playing an increasingly important role in evidence-based practice for acute low back pain in an effort to improve outcomes. Unfortunately, good guidelines alone do not guarantee that they will be used in daily practice, and their implementation may need to be reinforced.

We are committed to making sure that your employees get the best care possible, but **we need your help**. You see

your employees every day and are the **most likely to have first hand knowledge** of events going on in their lives at work and home that can influence outcome when an acute episode of pain occurs. Encourage your employees to discuss all aspects of their lives with their health care providers when they are receiving treatment. **Evaluate your workplace** environment for employee satisfaction and a feeling of belonging to something positive. Look at the tasks that you are asking them to accomplish and see if there are ways to do them more

safely and with less risk for episodes of back pain. Be ready to **provide jobs that can accommodate work restrictions** so that an injured employee gets back into the workplace as soon as possible. **Don't hesitate to question the care** being given to your employees and to contact us early if you have concerns. The earlier we make sure that your employee is getting the best evidence-based care, the better off your employee will be. In the long run, it will also save you money.

Compounding accreditation board update

By **Kenneth R. Baker, R.Ph., J.D.**, Executive Vice President, Pharmacy Compounding Accreditation Board

In 2004, eight pharmacy organizations announced they were joining forces to launch the Pharmacy Compounding Accreditation Board (PCAB™). The eight organizations each nominated a member of the PCAB Board of Directors, and in each case, the person named was the organization's CEO. That speaks volumes as to the importance each saw for the establishment of standards for compounding in the United States. The eight organizations are **ACA, APhA, IACP, NABP, NCSPAE, NCPA, NHIA, and USP**.

By the end of 2004, a standards committee of compounding pharmacists, educators and recognized compounding experts had submitted a **set of quality standards** to the PCAB Board of Directors. The Board approved these standards in early 2005. During 2005, the new organization has approved a budget; established a website; contracted for the stan-

dards reviews survey process, and conducted two compounding pharmacy Beta Tests of the accreditation and surveying mechanism. Still, much remains to be done in the current year.

The budget sets an aggressive goal of **sixty pharmacies started in the accreditation process by the end of 2005**. These sixty will be a part of the second testing phase of the accreditation procedure, with which the system can be perfected. By the end of this year, the web-based accreditation processing system is scheduled to be in place along with a searchable compounding pharmacy locator designed to allow the public and prescribers to identify accredited compounding pharmacies in their area.

While the standards are in place, they are also evolving. The current standards and the list of the members of the standards committee can be found at www.pcab.info. The standards committee is already at work refining and defining a set of compliance indicators for each standard. The knowledge gained by accrediting the first sixty plus pharmacies will be valuable to the committee in completing these indicators.

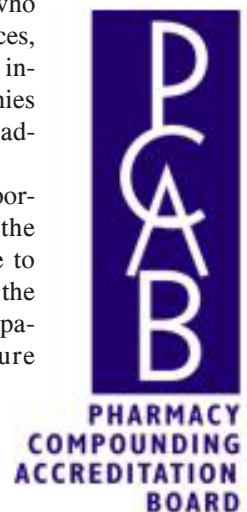
The PCAB Seal of Accreditation is poised to become not just a professional advantage to the pharmacy earning it, but also a **competitive advantage**. PCAB is in the process of engaging a nationally known public relations firm with experience in health care to design a series of brochures, newspaper releases, flyers and announcements for pharmacies that have attained PCAB accreditation to tell their story of quality and to inform the public and prescribers of the importance of us-

ing an accredited pharmacy. The benefits of PCAB Accreditation must also be told to those who pay for the services, such as health insurance companies and third party administrators.

It is also important to bring the PCAB message to the attention of the insurance companies that insure pharmacies. The National Association of Mutual Insurance Companies, the leading association representing mutual insurers, is planning on providing information in upcoming issues of its newsletter on the need for accreditation of compounding pharmacies and its importance to their members.

Ed Berg, President of Pharmacists Mutual Insurance Company, has expressed his company's support of PCAB accreditation, calling it "absolutely necessary."

Berg said, "PCAB gives us a way of identifying those compounding pharmacies that are committed to quality and have taken the steps to make their operation a better insurance risk. No matter what happens to premiums charged to compounding pharmacies in the future, these pharmacies will be eligible for our best discounts."



Board of Directors:

Kirk M. Hayes, CPCU, Chairman, Algona, IA
Edward T. Berg, MBA, CPA, CPCU, Pres., Algona, IA
Donnie R. Calhoun, R.Ph., Anniston, AL
Gerald W. Deom, R.Ph., Radcliff, KY
Jonathan C. Grether, CPCU, CIC, ARe, AAM, Algona, IA
F. Michael James, R.Ph., Raleigh, NC
Larry J. Mayhew, R.Ph., Phoenix, AZ
Randall S. Myers, R.Ph., Carey, OH
Matthew C. Osterhaus, R.Ph., Maquoketa, IA
Susan L. Sutter, R.Ph., Horicon, WI
Richard H. Williams, R.Ph., Lancaster, PA

Advisory Board:

Earl W. Bradley, R.Ph., Sugar Land, TX
Sharlea M. Leatherwood, P.D., Gladstone, MO
Jay L. Orr, R.Ph., Midwest City, OK
James R. Rankin, Sr., P.D., Highland, IL

2005 Patient Safety and Quality Improvement Act

Health care providers, including pharmacists, who are reluctant to implement formal quality assurance programs often cite concern that their quality assurance efforts could be used against them in a lawsuit as a reason for their reluctance. As of July 29, 2005, this concern of discoverability is no longer a reason for resistance to quality assurance programs. That is the date the Patient Safety and Quality Improvement Act of 2005 (the Act) was signed into law.

Under this new law, **patient safety work product**, as defined in the Act, **is protected from discovery**. Patient safety work product is defined as:

...any data, reports, records, memoranda, analyses (such as root cause analyses), or written or oral statements—

- (i) which—
 - (I) are assembled or developed by a provider for reporting to a patient

- safety organization and are reported to a patient safety organization; or*
- (II) *are developed by a patient safety organization for the conduct of patient safety activities; or*
- (ii) *which identify or constitute the deliberations or analysis of, or identify the fact of reporting pursuant to, a patient safety evaluation system.*

In an effort to prevent the use of this Act as a means for hiding evidence of errors, the Act goes on to clarify that patient safety work product does not include medical records or any "...information that is collected, maintained, or developed separately, or exists separately, from a patient safety evaluation system."

The Act sets forth several criteria that

must be met by an entity wishing to become certified and listed with the Secretary of the Department of Health and Human Services as a **patient safety organization (PSO)**. These criteria will help ensure that patient safety organizations remain independent from the health care providers reporting to them.

This Act is good news for patients, pharmacists, and other health care providers. It will hopefully **foster an atmosphere that encourages the reporting and analysis of data in a manner that improves the quality of health care**. It is likely that health care providers will soon be inundated with advertising for quality assurance programs and PSOs. If the Act is the nudge you need to implement a quality assurance program in your organization, review your options carefully and choose one that will truly help you improve the quality of care you provide for your patients.

Tort Reform considered in many states

Tort Reform is a topic that has been in the news frequently in recent months. **What is Tort Reform and what does it mean to you as an insurance consumer?**

When an injured party sues another person for injuries resulting from that person's negligence, there are certain procedural requirements that must be followed. These requirements can be neutral to the parties, favor the plaintiff (injured person), or favor the defendant (tortfeasor). Tort Reform is the term used when the rules are changed. As the term has been used recently, the rules are changed because they are seen as too favorable to the plaintiff. The changes can be a move towards neutrality or in the defendant's favor.

Among the **states that have recently enacted Tort Reform** are Florida, Georgia, Kansas, South Carolina, Missouri, Mississippi, and Texas. These changes can take many forms. For example, Florida has eliminated Joint and Several Liability. In a Joint and Several Liability situation, a defendant may be forced to pay all of a plaintiff's judgment, even

when that defendant was only partly at fault. Other changes have included new venue requirements. This change may limit the courts in which a plaintiff may file their suit or allow for dismissal of a case in an improper venue. This prevents a plaintiff from filing their case in a jurisdiction that may be known for large jury verdicts, if it is not otherwise a proper venue.

Two very common changes involve the amount of money that a plaintiff may recover in the event their suit is successful. One of these methods is a cap. South Carolina's recent changes limit a plaintiff to \$350,000 per provider for non-economic damages in medical liability cases. Other states may limit the amount of punitive damages that may be awarded. The other change may limit the amount of interest (either pre-judgment or post-judgment or both) on a verdict that can be awarded or limit the amount of attorney's fees that can be recovered.

There are a number of different changes being proposed in different states during each legislative session. You need

to review any changes proposed in your state to assess any potential impact upon your business because there are so many different possible reforms. In the end, **any Tort Reform that lessens your exposure means lower settlements or judgments**. This will enable insurance companies to hold the line on, if not decrease, your premiums.

Pharmacists Mutual Companies:

Pharmacists Mutual Ins. Co.; Pharmacists Life Ins. Co.; Pharmacists National® Ins. Corp.; Pro Advantage Services, Inc.; and PMC Quality Commitment, Inc.

Risk Management in Pharmacy is published by **Pharmacists Mutual Insurance Company**, P.O. Box 370, 808 Hwy. 18 West, Algona, IA 50511, ph. 515-295-2461.

This newsletter is distributed to policyholders of Pharmacists Mutual Insurance Co.

Editor: Jack Williams
Assistant Editor: Shelly Brown

All rights are reserved, no material may be reprinted without permission.

Dr. Steve Richards joins Claims Management Team as Medical Director

Dr. Steve Richards has joined the Claims Management Team of Pharmacists Mutual as Part-Time Medical Director. Steve is a native of Clive, Iowa and a graduate of Drake University in Des Moines where he earned his Bachelor of Science degree in Pharmacy. He then graduated with his Doctor of Osteopathy degree from Des Moines University. Following graduation Steve held an internship at Scott Air Force Base in Illinois, and then worked as a flight surgeon with the US Air Force from 1975-1977. In 1979, he finished a family practice residency at Broadlawns Polk County Hospital in Des Moines, Iowa. He then started

a family medicine practice in Algona, where he is still active in patient care. In 1986, he joined the Iowa Air National Guard with the 185FW at Sioux City, Iowa. He served as their medical commander until 2001 when he became the State Air Surgeon for Iowa. He retired from the Iowa Air Guard in 2004.

Steve is a member of the Morwens Kiwanis in Algona, and also serves as President-Elect of the Iowa Medical Society and is a Past-President of Iowa Academy of Family Physicians. Steve resides in Algona with his wife Janice, who is also a pharmacist. They have two grown children.

Do you have any questions or requests concerning

✓ **The contents of this newsletter?**

✓ **Safety Consultation Services?**

call **800-247-5930**
ext. 7229

or e-mail

jack.williams@phmic.com

The Pharmacists Mutual Companies are known for taking care of their customers. This caring attitude was evidenced again in the response of Pharmacists Mutual and its employees to the victims of Hurricane Katrina. The employees organized several events to raise funds for the victims of Katrina. Those funds, along with a matching amount were sent to the American Red Cross and the Salvation Army. In addition, Pharmacists Mutual and its subsidiary, Pro Advantage Services, made donations to the National Community Pharmacists Association Foundation Disaster Relief Fund and to the National Pharmacy Technician Association Relief Fund. Our thoughts and prayers continue to be for the welfare of the victims of this savage storm.

**Pharmacists
Mutual** Companies

P.O. Box 370
Algona, IA 50511-0370

PRSRSTD
U.S. Postage Paid
Mason City, Iowa
Permit No. 429