

ATLANTIS

MEMBER *Newsletter*

Winter 05-06



Sury Anand, MD, Gastroenterologist
CEO of Atlantis Health Plan

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Colonoscopy: A Critical Test

Clinical view from a gastroenterologist with more than 15,000 colonoscopies under his belt

Don't let embarrassment or the stories of discomfort detract you from getting this important screening test. After all the hoopla, would you believe that colon cancer is still the only cancer that can be prevented by having a timely test? Mammography (breast), PSA testing (prostate), Ca 125 (ovary), and CT scan of the chest (lung) are great screening tools but unfortunately diagnose cancer only after it has occurred. Colonoscopy prevents colon cancer when precancerous polyps are discovered and removed.

The dreaded prep: We have evolved into a humane prep after years of torturing our patients. Patients no longer have to endure two days of a liquid diet, drinking a gallon of foul-tasting liquid, and scary enemas. I allow my patients to have breakfast and lunch on the day prior and start the prep at 6:30 pm. They drink a manageable half gallon of a flavored liquid and follow with four pills. The whole prep is done in three to four hours. Remember to stop aspirin or blood thinners at least one week before the test.

The anesthesia: Most patients can be safely tested as outpatients through the use of anesthesia called conscious sedation, administered by the gastroenterologist. You will be pretty much knocked out, and chances are that the test will be over before you know it. The average test lasts about 20 minutes. If you have special circumstances like serious medical conditions or a history of a difficult colonoscopy in the past, you can request special anesthesia to be administered by an anesthesiologist. The type of anesthesia is called MAC and requires special authorization.

The test: The test should be performed only by highly skilled and highly experienced doctors specializing in the field—generally, gastroenterologists. The test usually takes about 20 minutes and consists of threading a sophisticated fiber-optic camera to examine all six feet of the large intestine (colon). An armamentarium of instruments to work through channels of the scope can wash, biopsy, remove polyps, stop bleeding, and cauterize lesions. Even in the best of hands the tests have a small chance of complications, which should be clearly understood.

The aftermath: Once you wake up and eat a light meal, you should be just fine, except for mild gaseous distension and some cramps. Any other symptom that is more ominous, such as bleeding or severe pain, should be immediately reported to your doctor.

The follow-up: Your first test for screening should be at age 50. Remember—screening refers only to patients who are entirely symptom free. Any person with bowel symptoms such as bleeding or a change in bowel habits should be checked regardless of his or her age. If the first test is normal, the next screening should be in 5–10 years. If the first test shows benign polyps, the next test should be in three years. These are general guidelines, and your doctor will set the time for your second examination based on the results of the first screening test.

At Atlantis, screening colonoscopies are encouraged, but only through in-network specialists and facilities. We have a fine panel of doctors

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Brooklyn Enjoys Healthy New Business With Opening of New Outpatient Center From Atlantis Health Plan

Centers for members of affordable New York City health plan designed to stem tide of rising health care

As healthcare costs skyrocket for small and big businesses in New York City, **Atlantis Health Plan**—the most affordable health plan in New York's five boroughs—is making a significant contribution to the health of Brooklyn and its Atlantis members with the opening of its first **Outpatient Center** on November 17, 2005.

The ribbon-cutting ceremony was attended by Brooklyn Borough President **Marty Markowitz**, Atlantis Executive Vice President **John Muney, MD**, Atlantis Chairman and CEO **Sury Anand, MD**, Atlantis Chief Operating Officer **Tom Dwyer**, Brooklyn Chamber of Commerce President **Kenneth Adams**, and Brooklyn Atlantis members, providers, and the broker community.

The new facility, located at 408 77th Street (at 4th Avenue) in Bay Ridge, is a center for the exclusive use of Atlantis Health Plan members. Requiring no copays and no preauthorization, the Atlantis Outpatient Center is located near public transportation (R train and B4 bus) and is easily reached by car.

Atlantis, offering the lowest commercial rates in New York City, sells exclusively in the five boroughs. It has made significant inroads in Brooklyn with a solid membership base of small businesses and sole proprietorships.

"Small businesses are the heart and soul of Brooklyn's economy, and Atlantis Health Plan has been a vital partner in ensuring their physical—and financial—health," lauded Markowitz. "With so many of its clients in Brooklyn, it makes perfect sense that Atlantis would open its first Outpatient Center here. If you can make it here in Brooklyn, you can make it anywhere!"

Muney said that the company will open additional Outpatient Centers in Manhattan and Queens in early 2006.

"Atlantis is an excellent corporate citizen," said Adams. "It is the Official Health Plan of the Brooklyn Cyclones, as well as other Brooklyn businesses like Stroffolino Realty and Top

Notch Pest Control. The company has been proudly promoting these associations in a city- and Brooklyn-wide marketing and advertising campaign."

Atlantis Health Plan was founded in 2000 by a group of doctors, including Anand, a New York City-based gastroenterologist who has long sought effective solutions to spiraling healthcare costs for businesses and their employees.

"Atlantis' mission is to advance the cost-effective delivery of high-quality health care in the city, harnessing the skill, experience and knowledge of professionals at every step of the health care management and delivery process," said Anand. "We seek to recreate the healthcare partnership that once existed between the patient and the provider."

Questions and Answers About Atlantis' Brooklyn Outpatient Center

Atlantis' Brooklyn Outpatient Center was created for Atlantis members to have a convenient way to receive outpatient medical services—with no copay and no preauthorizations—while maintaining their relationships with their own doctors and hospitals.

What services are available at the Atlantis Outpatient Center?

- Blood work
- Sonograms
- Electrocardiograms
- X-rays
- Acute care needs (lacerations, fever, cough, pain, etc.)
- Presurgical testing
- Physical therapy (lower back, neck and joint pains)
- Minor local surgery
- Second opinions
- IV or intramuscular therapies
- Endoscopies



Brooklyn Borough President Marty Markowitz handed the proclamation to Atlantis CEO Sury Anand, MD, and John Muney, MD, with Brooklyn Chamber of Commerce President Ken Adams.

- Wound care
- Immunizations
- Imaging center (CT/MRI) (coming soon)
- Ambulatory surgery (coming soon)

Why use Atlantis Outpatient Centers?

In addition to saving time and money, the Atlantis Outpatient Center provides Atlantis members with better-coordinated health care, including

- **No copays, deductibles or coinsurance** for any services, including \$50 copays for emergency room visits. No payment is required.
- **No waiting times.**

Example:

The patient's primary doctor recommends immediate x-rays and blood tests. By having Atlantis schedule an appointment at one of the Outpatient Centers, the patient saves on the copay for the lab work and the copay for the x-rays. In addition, both procedures are done at the same location, with just one appointment.

- **24/7 access** to one of Atlantis' doctors at any time for acute care treatment. The Atlantis Outpatient Center is equipped to handle all non-life-threatening emergencies.

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Atlantis Will Manage Behavioral and Vision Benefits Beginning January 1

Atlantis Health Plan is pleased to announce that effective January 1, 2006, the plan will be directly managing your behavioral health and substance abuse benefits. We thank Value Options for its invaluable support and diligence. In planning for this important change, we have directly contracted with many of the ValueOptions providers so that you will have continuity of care. ValueOptions providers will no longer be considered as Atlantis participating providers unless they have joined the Atlantis network.

ValueOptions has transferred the toll-free 866-477-9740 number to Atlantis. This will remain the same and will be your contact number for Atlantis Behavioral Health Services.

If you will require ongoing care after January 1, please call Atlantis Behavioral Health Services at 866-477-9740 to find out if your provider participates in the network. If your provider does not, the plan allows you to continue in an ongoing course of treatment with this provider for a transitional period of as many as 90 days from January 1. You, your designee, or

your provider should call Atlantis Behavioral Health Services at 866-477-9740 to request such transitional care. Please note that your provider must agree to certain requirements before Atlantis can approve this request.

You may also request Atlantis Health Plan to recruit your provider if he or she is not currently participating. Please call Atlantis Behavioral Health Services, and we will contact the requested provider to see if he or she would like to participate in our network. We will do our best to accommodate your requests and work quickly in recruiting your providers, but we cannot guarantee that the providers you requested will opt to participate in the Atlantis Health Plan network.

For added convenience, we sent you a behavioral health directory supplement. You can also locate a new provider at www.atlantishp.com. If you need help choosing a new provider, please call Atlantis Behavioral Health Services for assistance. We would be happy to help you locate a provider that best suits your needs.

Behavioral Health and Substance Abuse Benefits

Basic Benefits—All POS and HMO Members Only

Inpatient admission: 30 days per calendar year (per continuous confinement)

Outpatient: 20 visits per calendar year

Substance Abuse (Alcohol and Chemical)

Inpatient detoxification: limited to seven days per calendar year

Outpatient: 60 visits per calendar year (20 of the visits may be used for family therapy)

Extra benefit riders are available for purchase.

Attention members who have purchased Vi-

sion Riders: Effective January 1, 2006, please call Atlantis Member Services at 866-747-8422 for your vision benefits. Your benefits will remain the same, but Atlantis Health Plan will manage them in-house. In planning for this important change, we have contracted with a number of providers in your area. You can locate a new provider at www.atlantishp.com. If you need assistance in locating a vision specialist, our Member Services staff will help you.

Get the Most Out of Your Doctor

By Ann Gerhardt, MD

Act like you think the doctor is smart and you value his or her opinion. This tends to make any person work harder for you.

A good way to do this is to describe your symptoms, not your diagnosis. It is very frustrating for a doctor to hear, "I have the flu," without being told what the patient actually is experiencing. Joe Patient may think his vomiting and diarrhea are the flu but doctors think of flu as a specific viral respiratory ailment. If the doctor doesn't clarify your actual symptoms, you might get a nasal spray instead of the rectal suppository you need.



Symptoms include (but are not limited to) pain), fever, rash, weakness, burning, blurred vision, shortness of breath, cough, falling, numbness, swelling, redness (or any other color), constipation, nausea, hair falling out, and

bleeding. These are what you **feel** and experience. Do describe these.

A **diagnosis** is something like heart attack, influenza, cancer, gout, stroke, migraine, hepatitis, colitis, neuropathy, arthritis, asthma, malnutrition, sinus infection, psoriasis, and sciatica. These **cause** what you feel. After describing the problem

and listing symptoms, you can offer suggestions for the diagnosis. You could say that you (or your family) have had something similar in the past and it was diagnosed as whatever. You will have an ally if you let the doctor at least think that you care about his or her assessment. You never know, maybe presenting it this way will lead to a diagnosis and treatment that keep you from getting it again.

Note. From *DrG's MediSense* newsletter (Vol. 1, No. 3). Reprinted with permission. For your own free e-mail subscription to *DrG's MediSense* newsletter, please e-mail algerhardt@sbcglobal.net. For a print version, send \$15 to P.O. Box 19274, Sacramento, CA 95819.

Echinacea for Colds—Panacea or Terrific Placebo?

By Ann Gerhardt, MD

Bottom Line at the Top:

Echinacea, used to treat colds, has not outperformed placebo in three well-designed studies. Those studies probably did not evaluate the most active form of the herb. Echinacea pallida root extract, pressed juice (administered as drops) of Echinacea purpurea, and possibly other liquid Echinacea preparations may be effective. Echinacea often works in people who believe it will. Do not take it for a long period of time or if you are pregnant.

People have used Echinacea for thousands of years to treat colds and other infections. A recent, well-designed study “proved” that an extract of Echinacea angustifolia root “doesn’t work.” The accompanying editorial said so and asserted that medicine should stop wasting time doing more Echinacea studies.

As I have written before, medicine and editorialists should stop being so sure of themselves. A good study compares one pure substance to another, usually a placebo (an inactive agent). The conclusions of any given study apply **only** to the specific extract (chemical preparation) of the specific herb that was studied. Science may not have studied the correct extract and herb and route of administration yet.

Two other good research studies, in which the subjects *did not know* which substance they were taking, did not show any benefit of Echinacea over placebo. In six out of seven studies in which the *subjects knew* whether they took Echinacea or placebo, Echinacea lessened symptoms and shortened the cold’s duration. **At the very least, Echinacea has a strong, beneficial placebo effect.**

Many Echinacea varieties and preparations exist. Extracts of three Echinacea species, E. purpurea, E. angustifolia, and E. pallidas,



exert effects on immunity in mice. Various, but not all, extracts of the roots, seeds, flowers or leaves of the three different species exert effects. Each extract is standardized to some presumably active component: The researchers presume that they study the active one(s). This may or may not be a correct

assumption.

The 1992 German Commission E (the equivalent of an herbal food and drug administration) approved only the use of E. pallida root extracts or juice pressed from E. purpurea. None of the studies mentioned above used either of these. Anecdotal evidence suggests that liquid preparations that can coat the throat and lymphoid tissue, work far better than do capsules or tablets. Liquids would be hard to use in a controlled study, because the bitter taste would make it obvious who had ingested Echinacea.

As a **personal anecdote**, I can tell you that Echinacea tea (not pill) works for me. At the start of a few sniffles and throat scratches, I drink a cup or two per day. After about two days the symptoms disappear. I don’t know whether it truly kills the cold or its disgusting taste makes me and my immune system ramp up so I can stop drinking it. I reduce my work load and get more sleep, and that probably helps, too.

Whether active agent or effective placebo, Echinacea is relatively safe, with a few caveats. Echinacea during pregnancy has caused fetal death. Prolonged use of Echinacea may lead to autoimmune diseases.

I strongly recommend the placebo effect for colds. If you believe in whatever you take for a cold, it can work very well, regardless of inherent effectiveness. A burgeoning field of medicine links our psyche with immune func-

tion. If you are positive and happy, the immune system *usually* works better.

Other tools to prevent colds: Wash your hands frequently. Avoid sick people and close conversations. Sleep eight hours a day. Keep your hands away from your face until you can wash them after being in a public place or with sick people. Control allergies to avoid fluid accumulation that can become infected. Get regular, mild to moderate exercise. Stay happy and excited to live the next day. **Treatment:** Antibiotics don’t work—new antivirals aren’t here yet. Over-the-counter remedies reduce symptoms. Sleep. Decide to get better.

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Outpatient Center

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- **No preauthorization is required** for any services performed at the Center. An Atlantis Health Plan member ID is all that is necessary to provide access to top quality health care.
- **Personal health records online:** Password-protected medical and prescription history are always accessible and available for review by doctors and patients.
- **Conveniently located facility**
 - Regular office hours are from 8 am–6 pm (call 718-238-2040 or 877-632-7747).
 - Office is accessible after 6 pm by phone as needed.

Who gets to use the Outpatient Centers?

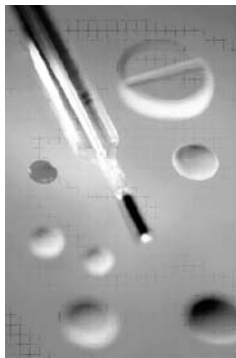
Atlantis Outpatient Centers are exclusively available to insured members of Atlantis Health Plan. No other insurance carriers are accepted.

Where can I get more information about Atlantis and its Outpatient Centers?

Information is online at www.atlantishp.com/outpatient.

Influenza Panic Is Set Straight

By Ann Gerhardt, MD



Flu season is upon us. People and the government are panicking about a potential pandemic of avian flu. The strain, H5N1, closely resembles the virus that caused the 1918 influenza disaster that killed over 20 million people. It

certainly is a danger, but so is “ordinary” flu.

Many people confuse flu with other illnesses, and the word “flu” tends to be a catch-all term. True influenza is a viral illness, with symptoms of very high fever, muscle aches, cough, and scratchy throat. Symptoms develop within hours and make one feel like having been run over by a truck. Only rarely does an influenza victim experience nausea, vomiting and diarrhea. An illness with predominantly stomach/bowel symptoms is not influenza. Other respiratory viruses that cause fever and cough circulate during fall and winter and may be confused with influenza.

An infected individual is contagious from two days prior to the onset of symptoms until after the fever abates. A small percentage of people acquire the virus without experiencing illness. People who don’t even know they are infected can pass the disease on to others. **This makes “respiratory etiquette” the most important means to prevent viral infection and spread.** Respiratory etiquette includes (1) covering your mouth and nose when coughing or sneezing, (2) washing hands frequently and always before eating or touching your face, (3) talking two feet away from an individual so the spray that carries virus with each P and T doesn’t land on your listener, and (4) avoiding people or wearing a mask.

Run-of-the-mill influenza kills approximately 35,000 people each year in the U.S. (1 million world-wide). Either the virus destroys lung tissue or it makes a person susceptible to

secondary infection with bacterial pneumonia. Chronically ill, elderly, or immune-suppressed individuals are most susceptible. Dangerous, killer influenza strains infect deep in the lungs, with destruction of lung tissue characterized by severe shortness of breath, bloody sputum and typically rapid death.

The current worrisome strain of avian virus does not pass easily between humans. A similar H5N1 virus caused the death of a three-year-old boy in Hong Kong in 1998 but never led to an epidemic because health officials slaughtered thousands of infected chickens. A human pandemic won’t occur unless the virus transforms into a form that does not require contact with infected birds for transmission. Typically this transformation occurs when an avian strain infects a pig, where it mutates into a strain that is capable of attaching to human lung tissue and passing between humans.

An extensive surveillance system monitors viral strains that cause illness each year. Vaccine makers use the system to detect and create vaccines for emerging strains that might cause disease the next year. With any luck, the vaccine currently in distribution will prevent illness from whatever strain circulates in the U.S. this year. Get a flu vaccine just in case. Even without an avian flu pandemic, you don’t want to be one of the 35,000 who will die of ordinary flu.

Fear of a pandemic with swine flu panicked influenza experts in 1976. They believed that a swine flu virus that killed four soldiers at a military base was very similar to the virus that caused the 1918 flu disaster. The president and Congress approved a law to vaccinate every U.S. resident. The vaccination program was aborted after physicians reported possible vaccine-induced Guillain-Barre syndrome. The U.S. government lost millions of dollars in vaccine liability suits, and a pandemic never materialized.

Can we prevent an avian flu pandemic this year? Asian officials are killing infected birds and vaccinating healthy ones. The virus may never

mutate to a form that travels easily enough to cause an epidemic. If it does, a vaccine takes months to produce. Even after vaccination, the immune system requires approximately 10 days to respond sufficiently to prevent infection. If we don’t start vaccinating until the pandemic starts and it takes six months (per the president’s announcement) to vaccinate every U.S. resident, many of us could be dead by the time vaccination is complete. **This makes following the guidelines for prevention, listed in paragraph 3, very important.**

Do not get a flu vaccine if you are allergic to eggs or have a history of any possible adverse reaction to influenza vaccine. The inactivated, injectable vaccine is appropriate for any age over six months. Healthy, non-pregnant people, aged 5–49, can take Flumist, which is a live, attenuated vaccine for nasal spray administration.

Once infected, rimantadine, Tamiflu, or Relenza reduce symptoms but must be started within 48 hours of onset of illness. They may also prevent disease if taken immediately after exposure to an influenza victim. Viral resistance to these drugs develops easily. The H5N1 avian strain of current concern is only susceptible to Tamiflu.

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Colonoscopy

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in this field, and it will be most cost effective for you.

Happy dreams during your sedation, and let the scoping gods be with you.

Sury Anand, MD, is a practicing gastroenterologist in New York City. Dr. Anand is the Chairman and CEO of Atlantis Health Plan. Please address any inquiries to sanand@atlantishp.com.

Important Phone Numbers

Administrative/General Phone Number	212-747-0877
Administrative/General Phone Number (toll free)	888-258-1498
Administrative Fax Machine	212-747-0843
Behavioral Health Services	866-477-9740
Member Services	866-747-8422
Provider Services	866-747-8422
24/7 MD Hotline	866-747-8422
Prescription Drug Plan	888-645-9303
Utilization Management Preauthorization	800-270-9072
Vision Care Services	866-747-8422



Website www.atlantishp.com

* Please note: Although we try to be timely and accurate in the information presented in this newsletter, some information may have changed. Please contact Atlantis Member Services for the most up-to-date information.

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