# THE FUND REPORTER

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## LABOR REHABILITATION COUNCIL: OASIS FOR FUND MANAGERS

By RICHARD STRUNSKY

At a time of crisis, the trick is knowing where to turn for help, rather than knowing what has to be done. When faced with problems involving their union client members, health, welfare and pension fund administrators and managers can save themselves time and money by contacting the Labor Rehabilitation Council, an arm of the New York City Central Labor Council's Community Services Committee. Here is a free resource that is only a phone call away, a potential oasis of help which many administrators are unaware of.

Established just 20 years ago under the leadership of Harry Van Arsdale, president of the New York City Central Labor Council, the Labor Rehabilitation Council has a referral system with more than 1,200 health and social welfare agencies. It provides vocational, health, social and other counseling services without charge for organized workers and their families. It also sponsors training programs for local union officers, business representatives, shop stewards, union board members, and rank and file workers to give them counseling skills to aid in dealing with various problems. A number of courses offered by the Council carry college credit.

Since the Rehab Council was formed in 1963, it has served more than 22,000 people—men, women and children, including many elderly, with problems of every description. Typical problems that the Rehab Council handles almost daily include job counseling, youth delinquency, helping elderly persons find nursing and residential homes, securing help for shut-ins, obtaining blood for the ill in emergencies, and assisting many workers with disability cases.

Morris T., a luggage worker, was in deep trouble with alcohol and headed for skid row when a co-worker directed him to the Rehab Council. Morris got some good advice, was referred to an alcohol-abuse program and is now off the booze.

Sidelle B., a garment worker, became addicted to cocaine after using it as a pain killer following an operation. Her union shop steward, trained in substance abuse counseling by the Rehab Council, worked with her. Sidelle is on the road back to normalcy.

Hannah W. is a sewing machine operator in a stuffed toy factory. Lacking parental supervision, her son got mixed up with a bad crowd of teenagers and was nabbed by the police when his cronies were suspected of mugging an elderly man in a park. Through one of her union officers, Hannah got her son to a Rehab Council counselor, and the boy was straightened out.

Then there is Robert P., a maintenance man in a Manhattan apartment building. He was concerned about his parents, both in their late eighties,

*(Continued on page 2)*

## Services available from Labor Rehab Council

The following services are available to union members and persons in their immediate family without cost to them or to the funds under which they are covered for benefits:

- A professional staff, including counselors in every area of health and welfare.
- Referrals for special medical evaluations, screening for psychotherapy, physiotherapy and family counseling
- Referrals for job counseling and training
- Referrals for alcohol and substance abuse
- Advice and guidance on nursing homes, homes for the aged, and placement of emotionally disturbed or mentally retarded children
- Assistance with social and government agencies on disability and workers' compensation insurance, Social Security, and other social services
- Free training (including college credits) in substance abuse (drugs/alcohol) for union officers, basic union counseling for union members and their families, and occupational safety and health procedures

Remember: The services of the Labor Rehab Council are only a phone call away. Telephone (212) 532-7575.

# Labor Rehab Council: *(Continued from page 1)*

because they couldn't care for themselves. Robert consulted his business agent, who had completed a course in counseling through the Labor Rehab Council. He was referred to an agency which helped him secure a home attendant to care for his parents.

"Labor Rehab provides a valuable linkage between people who need assistance and organizations that are equipped and ready to provide help," says Gerald R. Waters, Labor Rehab administrator.

"Just the chore of searching out the right person or group to call in an emergency is time-consuming and frustrating," Waters explains. "We have at our fingertips hundreds or organizations that are eager to be called on. Busy administrators and fund managers can spare themselves a lot of headaches if they take advantage of it," he adds.

During the past few years Labor Rehab has become more involved with alcohol, drug abuse and toxic substance problems. The Council is currently running a program in cooperation with the New York College of Osteopathic Medicine under which interns are trained to detect and deal with on-the-job hazards like asbestos, steel dust, poisonous fumes and gases, and toxic liquids and solids.

Waters, who has spent 18 years overseeing the operations of Labor Rehab, is a veteran unionist and a member of Electrical Workers Local 3 for over 46 years.

"Labor Rehab is a people organization," he explains, "and when it comes to the needs of workers and their families, we're anxious to help. All it takes is a phone call to (212) 532-7575 to start the wheels moving."

# Letters to the Editor

Dear Editor:

I was very pleased to receive the May-June edition of your newsletter, *The Fund Reporter.* I think it is an excellent publication.

All of the articles are very readable and contain useful information and suggestions. The lead article on Mandatory Second Surgical Opinion, I thought, was exceptionally good.

Congratulations, thanks, and best personal regards.

Irving Baldinger
Senior Vice President
American Benefit
Plan Administrators

Dear Editor:

I recently read your article "Facts and Guidelines for Vision Care" which appeared in the May/June 1983 issue of the *Fund Reporter.* You suggest, "On the whole, it is wise to avoid commercial eye care centers unless they are recommended by a health fund. Studies have indicated that the care provided by some centers are of low quality in terms of over prescription of lenses, untrained personnel, and insufficient time allowed for examinations."

I am surprised both at the findings and at the statement that "Studies have indicated. . ." without any reference to the study, certainly shoddy research work for a person with an M.P.H.

The definitive study on quality eye care was undertaken by the Federal Trade Commission and summarized in a report by the Bureau of Economics of the Federal Trade Commission published in September 1980. The bureau's conclusions are also reflected in the Report of the Staff to the Federal Trade Commission Bureau of Consumer Protection, July 1980. The summary of the study by the Bureau of Economics contains the following:

1. The existence of advertising and commercial practice by some optometrists in the market does not result in a lowering of the quality of the examinations available to consumers.
2. The existence of commercial practice results in lower prices.
3. Traditional optometrists spend more time in examinations but charge higher prices.
4. There is no difference in the quality of the prescription or eyeglasses obtained from either private optometrists or chain firm optometrists. There *is* a difference in the price.
5. There are no significant differences in the workmanship of the eyeglasses regardless of where they are purchased.
6. There are no significant differences in the incidents of unnecessary prescribing between traditional and commercial optometrists.
7. There are no significant differences in quality of the eye examinations between individual advertising optometrists and optometrists associated with large chain optical firms.

Your second recommendation on returning to the opthalmologist or optometrist for verification is also debunked by the Federal Trade Commission's report.

In reading your article, it appears that you have been duped by a group of optometrists who are attempting to justify higher prices under the guise of better quality, a contention which cannot withstand close scrutiny.

James Ryan
Counsel to
Optical Retailers Assoc.

Dear Editor:

Just a note to let you know how impressed I was with your newsletter. I really enjoyed it. It was informative, topical and well-written. With your permission, I'd like to reprint your article on Medical X-Rays in ACTWU's publication "Labor Unity." Do you have any problems with that? You would, of course, receive due credit.

Harvey Sigelbaum
President
Amalgamated Life
Insurance Co.

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# HOW TO EVALUATE THE QUALITY OF DENTAL CARE AND TREATMENT

By ARTHUR A. LEVIN, M.P.H.

Few things in life create as much apprehension as a visit to the dentist. In the United States about a tenth of the population have never sat in a dental chair; but by age 65 almost a half of the population have teeth that have been created for them by a dentist. An English study in 1977 found that by the age of 15 the average adolescent has 11 decayed, filled or missing teeth.

Dentistry differs from medicine in a number of ways. First, dentists (unlike doctors) have always advocated preventive care. Brushing, flossing, fluoridation and avoiding exposure to sugar have been touted by the profession as things that should be done to prevent dental problems. With a view towards surviving economically, dentists have also advocated regular check-ups at maximum six-month intervals. The value of such preventive measures is documented in scientific studies. That is, the relationship between brushing, flossing, exposure to sugar and control of plaque has been demonstrated scientifically. The role of fluorides in helping prevent decay also has been well delineated, although controversy continues about the dangers of excessive use.

The benefits of regular dental examinations, however, have not been well researched. In fact, the only study that has surfaced was published in the English medical journal *Lancet* in 1977. Researchers found then that there was no apparent benefit for those having twice yearly check-ups with those who had less frequent ones. The authors of this study held that dental caries (tooth decay) in adults may take up to two years to progress to the point of penetrating tooth enamel, and presumably it is this timetable that should determine the appropriate frequency of preventive examinations.

The study did discover that people having semi-annual examinations had slightly less tooth loss than those who had them less often, but they also found that 50% of the dental caries left untreated over longer intervals remineralized without treatment. By the way, the more often a person visits a dentist, the more risk there is of over-treatment—excessive exposure to x-rays, and financial burden. (Since adolescence is the most active time for caries formation, it is this age group that would probably benefit most from more frequent examinations.)

Another way dentistry differs from medicine is that while there are some distinct areas of specialization, most dentists perform a variety of procedures and do many of the same things that specialists do. Here is a list of dental specialties and a brief explanation of what they involve:

**ENDODONTICS**—This is a specialty which treats disease affecting the inside of the tooth, pulp and nerves. Root canal work is an example.

**ORTHODONTICS**—This involves caring for teeth that are out of position. Children with braces are examples of this technique.

**ORAL SURGERY**—The extraction of teeth and gum surgery are the focus of this specialty. Although many dentists perform extractions, complicated or extensive surgery is usually referred to a specialist. Repair or damage from trauma (automobile and other accidents to the face, for example) would be done by oral surgeons. They are experienced in the use of anesthesia (both injectables and gases) and are better trained and equipped to deal with any emergencies that may arise in connection with their use.

**PEDODONTICS**—This is the dental equivalent of pediatrics and covers care of chidren's teeth and mouth.

**PERIODONTICS**—This is a specialty that concentrates on treating problems and diseases of the gums, usually with deep curettage (scraping plaque from teeth below the gum lines) and surgery.

The last respect in which dentistry differs from medicine has become manifest only in the last few years. The profession appears currently to be suffering from an oversupply of practitioners and an undersupply of patients. This results in part from the success of preventive efforts to reduce dental decay. It is due also to the tremendous growth in the number of dental school graduates during several decades following the Second World War. Today we see dental practitioners advertising their services directly to the public (as a result of new enabling legislation) and opening of walk-in "retail" offices in storefronts and shopping centers. All this may mean a more competitive atmosphere which produces better quality of care at lower costs. Or it can mean low cost, and also low quality, care.

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*The Fund Reporter* is a publication of the Consumer Commission on the Accreditation of Health Services, which also publishes *Consumer Health Perspectives*. An advisory board to this publication is being formed. It will consist of benefit fund trustees, administrators, attorneys and consultants.

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Associate Editor: Roxanne Young

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# QUESTIONS YOU SHOULD ASK ABOUT SURGERY

By Roxanne Young

Because surgery always has risks as well as benefits, it's often hard to decide whether to have elective surgery. Before you make your choice, here are some questions to ask your doctor:

1. What is the doctor's diagnosis of the problem? What caused the problem?
2. What is the operation the doctor recommends?
3. What will surgery do to correct or improve the problem?
4. What are the risks of the surgery? How likely are they to happen? Do the risks increase if the surgery is delayed?
5. What will happen if you don't have the operation?
6. Must the operation be done in a hospital? If not, are there any added risks to doing it outside a hospital? If it must be done in a hospital, how long can you expect to stay?
7. How long will the operation take? How much time will you need to recover from it?
8. After the surgery, what can you expect in terms of pain or temporary disability? Will you need to change your work, family life or life style?
9. What are all the costs of the operation including tests, doctor and hospital fees, anesthesia and medications? How much will be paid by your insurance?
10. Are there any other ways to treat the problem, besides surgery, that can be tried first?

Ask these and any other questions you can think of. Remember that you should always get a second opinion except in an emergency.

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Roxanne Young is executive director of Select Faculty Care, Inc., a consulting firm specializing in second surgical opinion programs, and associate editor of *The Fund Reporter.*



**FREE HEALTH LIBRARY**

The Center for Medical Consumers maintains a free library of health and medical materials open to the public. The library is located at 237 Thompson Street, between West 3rd Street and West 4th Street, just south of Washington Square Park. Open 9 to 5 Monday through Friday (and until 7 P.M. on Wednesday evenings) the library offers you a chance to become better informed about your health and medical care. Books range from scientific and medical texts to consumer guides. Journals, magazines and a clipping file system provide the consumer with sufficient information to judge the quality of care he or she is receiving, or what to do about a minor condition before it requires a physician's attention. You can research the side effects of the drug you have been prescribed, or look up a physician to see if he or she is board certified. Center staff is available to help you find the right materials for your problem.


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(212) 343-1850

AN OPEN LETTER FROM JOSEPH D. NEUHAUS OF UNION DENTAL PROGRAMS TO THE TRADE UNION COMMUNITY.

Dear Friends:

I am indeed a lucky man. I have had the distinct good fortune to have been serving the Trade Union Community for over 25 years. My friendship with labor has been a major highlight of my life. Twice labor has seen fit to honor me at testimonial dinners.

My companies have been providing for the dental needs of union members for this quarter of a century with professionalism, courtesy and compassion. Many a striking member has been treated without regard to when payment could be made. We have interceded on union members' behalf regularly when they needed the clout that an individual simply does not have with any professional provider.

I want you, my friends in labor, to know that I am now president of the AMDENT MANAGEMENT GROUP and prepared to continue to serve labors' group dental needs.

We and our participating dentists are dedicated to providing professionally rendered services at affordable fees. You and your members always have us for representation if a plan question should arise. Preventive oral healthcare is always stressed.

No group is too large nor too small to receive our personal attention. We have employee plans for groups with no dental budget and plans for those groups with extensive dental budgets. We customize the dental plan to fit your needs.

We are among the largest Dental Preferred Provider Organizations (PPO) in the country. We are also among the largest Administrative Service Organizations (ASO), administering self-insured union dental plans.

The personal touch which made us successful has never been lost. I am here to serve you. Please contact me or Joel Robinson at (516) 536-3225 or (212) 343-1850 for more information.

Fraternally,

Joe

Joseph D. Neuhaus
President

*(Advertisement)*

# NEW STUDY CONFIRMS VALUE OF AUTOPSIES

For the average person autopsies always have connotations of doom and gloom. For health professionals, however, they not only shed light on the cause of death but, according to a recent study, are essential to quality medical care.

A research project recently reported in the *New England Journal of Medicine* found that doctors at a major Boston hospital made incorrect diagnoses of illness in nearly a quarter of the cases of people who died there. Comparing medical records and autopsy reports for 100 cases from each of three years—1960, 1970 and 1980—the researchers also found that the rate of wrong diagnoses had not changed over that period, in spite of new diagnostic techniques.

Hospitals must perform a minimum percentage of autopsies in order to maintain their accreditation. At present autopsies are performed in only about 20 percent of all deaths, including those required by law. That percentage is lower than in the past, perhaps because the cost of an autopsy, which can range from $750 to as much as $1,500, cannot be passed on to a patient's survivors unless they request the autopsy. Fear of a malpractice suit where the findings may indicate an incorrect diagnosis may also help diminish the autopsy rate.

## EDITORIAL COMMENT:

*The conclusions drawn as a result of this autopsy study call for another opinion. The study's results are startling—one out of every four cases was misdiagnosed. Dr. Quincy would have had a field day.*

*Billions of welfare fund dollars are being paid every year to doctors and hospitals for services which are unnecessary or for misdiagnosed ailments. Fund administrators need to investigate medical and hospital bills with the same determination as the fictional Dr. Quincy.*

*Autopsies are just one method of analysis. The person in a hospital who analyzes cases before and after death is the pathologist. A pathologist reviews all lab tests; all tissues which are removed during surgery are reviewed by a tissue committee, which is chaired by the pathologist. The results of the pathology reviews are given to the physician.*

*Hospitals should be required to profile the performance of their physicians by the results of autopsies and other pathology reviews. We would also favor legislation requiring such results to be presented on a routine basis to third party payors as part of the claims processing procedure. Physicians would be more diligent and more cautious, knowing that these requirements meant someone was routinely reviewing cases for possible misdiagnosis.*

One of the conclusions of the Boston study is that doctors may be missing important diagnoses because they are depending too much on new diagnostic technology such as ultra-sound, radioactive tracers and the X-ray technique known as CAT scans. The researchers declared that the high rate of error indicated medical advances "have left a residuum of obscure diagnoses," which make autopsies of continued value.

The word autopsy is derived from the Greek term translated as "a seeing for oneself." In cases where diagnostic studies or pre-death surgery do not reveal a specific cause of death, autopsies are significant. Their value is reflected in a principle coined by a team of pathologists some years ago—"Let the dead teach the living."

Knowledge of the exact cause of death can be reassuring to survivors, and can provide valuable information about medical risks they may face themselves through inheritance or shared exposure. Such information can encourage earlier treatment or changes in lifestyle. In addition, autopsies are often accompanied by survivors' willingness to donate organs or hormones of the deceased for study or for use in other human beings. This can ease the mourners' bereavement with the knowledge that death has helped someone else to live.

The autopsy research project, conducted by six doctors and nurses at Brigham and Women's Hospital and Harvard Medical School, was planned with a view towards helping doctors learn from their mistakes. The researchers concluded that a high rate of autopsies "is vital in order to insure quality medical care."

**Dental Care** *(Continued from page 3)*

One question asked by almost every consumer is how a person can recognize good dental care. There is still no single, easy answer. However, there are some guidelines which provide a basic outline of what a good dental practice should offer, and these will be useful in evaluating quality.

1. A dentist or dental practice should provide 24-hour, seven-day emergency service. There should be a telephone number through which a patient may get instructions and help in case of emergency.

2. At the first visit, the practitioner should take a patient's complete dental *and* medical history—including any medication being administered.

3. The dentist should conduct a complete examination of the oral cavity, both by looking and touching. A probe should be used to explore and examine gums.

4. The dentist should provide instruction in good preventive care, particularly brushing and flossing.

5. The dentist should discuss treatment plans and their cost with a patient prior to beginning any work.

6. The practitioner should be conservative in taking x-rays. One should bring any x-rays from dentists consulted previously to eliminate unnecessary repeat exposure. Ask the dentist to explain the need for x-rays when they are suggested and what might happen if they were not taken. Also, the person taking x-rays should provide a lead apron to shield both adults and children from damaging effects.

7. The dental office should be equipped with the necessary equipment to cover any emergency that might result from the use of anesthesia. Even novocain can cause a serious allergic reaction with some people. Office personnel should be fully trained in how to deal with such situations.

8. Last and perhaps most important: A good practitioner should recognize that a patient's mouth and head are attached to the whole person. Feelings and life style should be considered in planning treatment. Full discussion can and should occur before work is started.

This list is not complete, obviously, and it cannot bring a person any assurance of good quality care. Choosing a good dentist who is "right" for you will probably involve some trial and error. The above list can be used before an initial visit. Then, if in your judgment you are not getting good care, change dentists. Also, it is important to remember that dental care and pain need not go hand-in-hand. A good practitioner will try to reduce discomfort to a patient to a minimum whenever it is possible. A gentle touch and concern for the patient are also important factors to look for.

(Our next column will continue the discussion of dental care. Some new ideas about preventing and treating gum disease will be discussed, along with some questions that have been raised about the materials used in filling decay; also concerns about overuse of fluorides.)

Arthur A. Levin is director of The Center for Medical Consumers and Health Care Information, Inc.



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