# Clinical Allergy Specialist (CAS)

## United Allergy Services (UAS),

an innovative healthcare service provider that offers advanced and proven allergy testing and treatment to relieve symptoms from seasonal and perennial allergies. UAS is experiencing exceptional growth nationwide and searching for dynamic individuals for the Clinical Allergy Specialist (CAS) position. UAS offers clinical certification, training, enhanced benefits and opportunity for advancement.

### Some of the benefits of working at UAS include:

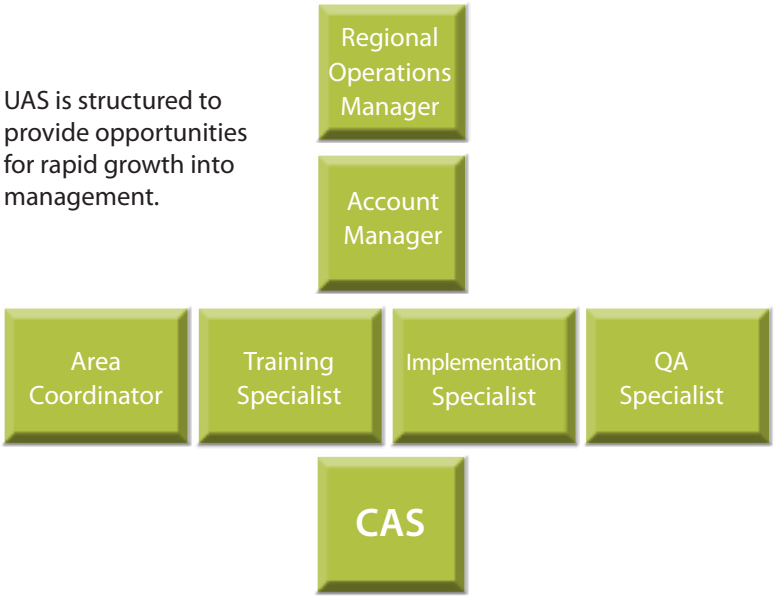
- Direct physician and patient interaction
- Excellent benefits (medical, dental, vision and 401k)
- Two weeks PTO, eight paid holidays
- Flex spending accounts
- Short and long term disability
- Life insurance

### Certified Clinical Allergy Specialist (CAS) Qualifications

Through the guidance of the University of the Incarnate Word (UIW) and UAS CMO Frederick M. Schaffer, M.D., UAS has built the only national certification in the allergy testing and immunotherapy industry. UAS partnered with UIW through their credentialing department to verify recruiting and training methods to ensure they meet the highest standards of training. UIW is an accredited university, nationally recognized for their healthcare degree programs and certifications. CAS staff must have a four-year degree from an accredited university or have an LPN degree and be licensed. Experience in sales or customer service preferred, but not required.

### UAS Career Track

UAS is structured to provide opportunities for rapid growth into management.




"The CAS does a great job making sure I understand everything. She answers all my questions and doesn't make me feel like she is in a rush to get me out of the office. She takes as much time as I need."

- Actual patient in Slidell, LA

**100%**
of providers believed the CAS in their practice was knowledgeable of allergy testing and immunotherapy.

**99%**
of providers believed the CAS in their practice interacted well with patients and with clinic personnel.

**98%**
of providers believed allergy testing and immunotherapy services are an integral part of the patient services.

UAS is proud to be affiliated with the following organizations.

Corporate Partner AAFP Foundation | Patient-Centered Primary Care Collaborative | AAAPC Academy of Asthma & Allergy in Primary Care | MGMA Gold Affiliate | BBB Accredited Business

United Allergy Services
Testing for a better quality of life.

United Allergy Services

Testing for a better quality of life.

*Formerly United Allergy Labs*

# News & Articles

Updated 01/29/2013

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# UNITED ALLERGY SERVICES

*Formerly United Allergy Labs*

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Schwartz Communications

SAN ANTONIO BUSINESS JOURNAL

**July 1, 2011**

# United Allergy Labs Helping Patients Find Relief

**By Mike W. Thomas**


Elvis Peraza / San Antonio Business Journal

Nicolas Hollis, CEO of United Allergy Labs, says there is a large, untapped market for treating people suffering from seasonal allergies.

A company in San Antonio is seeking to provide long-lasting treatment for seasonal and perennial allergy sufferers.

Millions of Americans rely on over-the-counter antihistamines and steroid-based drugs to give them temporary relief from allergy symptoms. In 2010, Americans spent $17.5 billion on such treatments while also losing more than 6 million days of work and making 16 million visits to the doctor.

Those are the figures that convinced a group of San Antonio entrepreneurs to launch United Allergy Labs in 2009. The company contracts with primary care physicians to set up allergy labs in their offices where patients can be tested and provided with the proper immunotherapy drugs to give more long-lasting relief to these allergies.

Nicolas Hollis, CEO of United Allergy Labs (UAL), says the company is filling a need that was not being met by the small number of allergists and immunologists in the medical community.

“This small specialist group is expected to decrease in size ... and be unable to meet the demand for their services,” Hollis says. By allowing non-allergist physicians to safely administer allergy testing and immunotherapy treatment, UAL can expand access to this treatment for allergy sufferers, which number more than 60 million across the U.S.

UAL came about as the result of the combination of three related allergy companies: UAL Texas, UAL Oklahoma and UAL Georgia. Hollis says the new company was funded out of the cash flow of the existing companies and has been cash-flow positive ever since. Last year, the company had about $11 million in revenues and is on track to make $30 million this year.

“This past quarter we increased the number of labs by 50 percent and we should grow by 300 percent this year,” Hollis says. UAL, which currently operates 132 labs in 11 states, recently hired its 250th employee, most of whom work in the field. About 40 are based at the company’s headquarters in San Antonio.

UAL trains and certifies its clinical staff and provides them with lab equipment and supplies. The company contracts with the doctors (general practitioners) and does not take money directly from the patients. Instead, the patients pay the doctor for the services who then pays a fee to the clinic based on the services provided.

Hollis says UAL currently has an arrangement with University of the Incarnate Word to provide the necessary training courses.

“We exceed federal requirements in every case,” he says. “A lot of our staffers have master’s degrees or nursing degrees.”

The staff conducts scratch testing to determine what, if any, things a patient is allergic to. The test, which they say is painless, involves making a number of small punctures on the skin to test a patient’s reaction to as many as 50 different allergens. If the patient is found to be allergic to something like cat hair or the feathers in their pillow, then the problem can be resolved quickly by removing the source from the home.

However, if they are allergic to something like mold or pollen in the air, or if they do not want to get rid of a pet, then the best option is sometimes immunotherapy, which requires regular shots administered at the lab.

Dr. Bernice Gonzalez, a physician with the Vital Life Wellness Center at 2520 Broadway, has used United Allergy Labs services for two years and says it has been beneficial for both her practice and her patients.

“Here in San Antonio, we have some of the worst allergy problems in the United States,” she says. “(UAL) provides us with a high quality service and excellent safety protocols. It has been very popular with our patients.”

Gonzalez says she has had excellent feedback from her patients who say the allergy treatments have allowed them to be more active, with fewer trips to the ER and less missed time at work.

**Rigorous training**

The UAL labs will not treat patients with life-threatening allergies such as food allergies.

The requirements for setting up a lab in a physician’s office are pretty basic. They need a small room with a sink, a sterile counter and a refrigerator to store materials.

The doctors are also provided with a rigorous training course to get them up to speed on the latest research into immunology and allergy treatment. There are currently six labs in San Antonio and Hollis says they could have as many 50 or 60 more for a city the size of San Antonio.

“We tend to look at multi-physician practices with three or four providers first to make sure there is enough patient flow to support a lab,” Hollis says.

The treatment regimens that UAL uses are all approved by the U.S. Food and Drug Administration and are covered by Medicare, Medicaid and most insurance companies, Hollis says.

Hollis helped to found UAL in 2009 with James Strader, a practicing chiropractor. Hollis had previously served on the board of the San Antonio River Foundation. Before that, he was an angel investor with the White Hat Network and was a co-founder and principal in the computer security firm SecureInfo Corp.

A native of New Zealand, Hollis spent 16 years in the international banking industry before moving to San Antonio in 1994 to raise his kids and be near his wife’s family. He met Strader while operating the White Hat Network and then got a call from his friend in August 2009 asking if he would like to help run a new business.

“Strader is our ideas guy, but he wanted someone else to help run the company,” Hollis says.

August 19, 2011

# Dr. Schaffer's Guide to Indoor & Outdoor Allergies

By Amy McCarthy

Allergy season seems like it's year round these days. As pollution and pollen levels continue to increase, millions of people are sniffly and sneezy. We talked with Dr. Frederick Schaffer, board certified allergist and immunologist and Chief Medical Officer for United Allergy Labs, and asked him to decode the allergy season and what you can do to keep pollen at bay.

## 1. Why do you think the fall 2011 allergy season will be "one of the worst on record?"

There was a delayed fall frost in 2010, particularly in states such as Minnesota, which led to a longer frost-free fall pollination season. Fall allergens like ragweed and marsh elder weed generated higher pollen counts for longer periods of time. These higher pollen counts have exacerbated allergy symptoms for sufferers. Unfortunately, experts project that the 2011 fall frost will be further delayed and a longer, more intense fall pollen season will ensue.

## 2. What can parents do to minimize their child's exposure to allergens in school, outside, and in the home?

There are a couple of ways that you can minimize allergens in the environment:

Allergy Testing - Allergy testing should be considered if you think anyone in your family has allergic symptoms. Tests can show the specific allergens and irritants that affect members of your family so that you can avoid them. “Avoidance therapy” can help decrease symptoms by 50%.

Protect & Wash Bedding - The most common indoor allergens are dust mites, cockroaches, pet dander, and molds. Dust mites are most prevalent in bedding, carpeting, in upholstered furniture, and in stuffed toys. Mattresses and pillows can be covered with impermeable zipped covers that prevent dust mites (contained inside these items) from traveling to the sheets and pillow cases

and aggravating asthma, nasal and ocular symptoms in allergy sufferers. Also, washing sheets, blankets, and pillow cases in hot water will kill the dust mites contained in these bedding articles.

Keep Humidity In Check - Maintaining the humidity in your home below 50% will significantly diminish the dust mite population. You can easily manage in-home humidity by operating your air conditioner during warm, humid weather. You can also use dehumidifiers to maintain low humidity in your bedrooms.

Consider Removing Carpeting - Ultimately, the best way to get rid of dust mites is to remove rugs and carpeting. If that's not possible, products containing tannic acid can help diminish dust mite populations in carpet. Stuffed toys can be washed often and/or enclosed in plastic to diminish dust mite exposure.

Watch The Bugs - Cockroaches (and dust mites) are major precipitants of allergy and asthma symptoms. Food on counters and open sources of water attract cockroaches, so keep them in the refrigerator. If you think your home has an issue with cockroaches, hire an exterminator that can help you identify how cockroaches are getting into your home. If you see any cockroaches, thoroughly clean the area because the allergen is found in the insect's waste material.

Check Your Pets - Keeping pets outside will significantly diminish pet dander exposure. Bathing and brushing pets weekly will diminish shedding and help remove pollen-containing grass and leaves from the coat. If you have a cat allergy, keeping away from the litter box will help minimize allergen exposure.

Mind The Mold! - Mold spores are both indoor and outdoor allergens. For outdoor mold allergies, avoid large piles of leaves or decaying plants (like compost) - they contain high mold spore counts. It's also important to minimize outdoor activity during times of high mold spore counts. Clearing away leaves or other plant debris from area around he home can also help decrease exposure. Indoor mold allergies can be combatted by reducing humidity in the home, removing indoor plants, keeping doors and windows closed during times of high mild spore counts, and using HEPA air conditioner filters monthly.

3. Allergy shots can be pricey, even for families with insurance. Where can families get access to low-cost allergy treatments?

Actually, two large recent studies, one that studied pediatric patients with allergic rhinitis for 10 years and the other a similar adult study, demonstrated a 31 to 44% total cost savings for those on allergy shots in comparison to those using only antihistamines and nasal steroids. This cost savings included hospitalization, pharmacy charges, and clinic visitations. Thus, the use of allergy shots is in general less costly than the use of antihistamines and nasal steroids.

United Allergy Labs (UAL) is a healthcare services organization that assists primary care physicians in providing comprehensive allergy testing and customized immunotherapy services to their patients. Since the assessment and treatment occurs in the patient's primary care health clinic, the total cost tends to be lower than in a subspecialist's office. Utilizing clinics that are associated with UAL provide cost-effective routes of allergy assessment and treatment.

4. Going back to school creates a new host of allergens - chalk dust, other people's pets; the list could go on forever! What can you do to protect your child?

After allergy testing, the specific allergens that precipitate allergy symptoms can be identified and specifically avoided. Changing clothes (at home) after activities at school will diminish persistent allergen exposure. Using medications and possibly prescribed immunotherapy (allergy shots) will minimize allergy symptoms. Keeping windows and doors closed and utilizing HEPA air conditioner filters (frequently changed at school) will diminish allergen exposure. Inform your child's school about his or her allergies, and provide the school nurse with a supply of short-acting antihistamines (Benadryl, Atarax, etc.). In addition, have your child's physician discuss the appropriate use and side effects of these medications with the school nurse.

Medical Economics
SMARTER BUSINESS. BETTER PATIENT CARE.

August 25, 2011


# Allergy treatment nothing to sneeze at

## FORECASTED GROWTH IN DEMAND FOR CARE COULD MEAN A NEW REVENUE OPPORTUNITY

[ By ANNETTE M. BOYLE, MBA ]

Allergies afflict more than 50 million Americans, according to the American College of Allergy, Asthma, and Immunology (ACAAI). The Centers for Disease Control and Prevention reports that patients seeking relief from the condition's trademark congestion, coughing, and itchy eyes account for more than 13 million medical visits annually.

The United States currently has fewer than 6,000 board-certified allergists and immunologists, and the ACAAI expects that number to drop by 6.8% over the next 10 years, even as demand is forecast to grow by 35%. As a result, primary care physicians (PCPs) who can identify and effectively resolve patients' underlying allergies have a significant opportunity to meet a need, while boosting practice revenue.

### IDENTIFYING THE NEED

Allergy is the fifth-most common chronic disease in the United States across all ages and the third-most common chronic condition in children.

**"PHYSICIANS WHO CAN IDENTIFY AND RESOLVE PATIENTS' UNDERLYING ALLERGIES HAVE A SIGNIFICANT OPPORTUNITY TO MEET A NEED WHILE BOOSTING PRACTICE REVENUE."**

In the average primary care practice, 20% of patients suffer from allergies.

In the South, the incidence is even greater. The Asthma and Allergy Foundation of America includes eight Southern cities in its top 10 "allergy capitals" for 2011. Internists and family physicians frequently see patients who present with rhinitis, sinusitis, or other allergy-like symptoms, making initiating conversation about allergy treatment and customized immunology a natural part of those patient visits.

"It's interesting to me that many physicians treat the symptoms without knowing what specific allergies a patient has," says Bernice Gonzalez, MD, of Vital Life Wellness Center in San Antonio, Texas, and a medical advisory board member of United Allergy Labs (UAL). "Testing allows us to determine the allergens that cause the problem and to monitor the effectiveness of treatment just like we do for diabetes or other diseases."

## CHOOSING THE RIGHT TESTING METHOD

If you decide to offer allergy testing, your first decision is which method to use. The two approved ways to identify allergies in the United States are through a skin prick test and an in vitro blood test.

Traditionally, allergists have determined a patient's specific allergen sensitivities using the skin prick test. In 15 states, you can use the same method without committing to an extended program of study or significant upfront expense by contracting with an organization such as UAL.

If you contact the company, UAL sends a representative to evaluate your practice for suitability for its process.

"Typically, a practice with three or four providers—physicians, nurse practitioners, physician assistants—has sufficient patient flow to justify the full-time trained technician and on-site lab we provide," says Nick Hollis, UAL president and chief executive officer. Within a month of the visit, a clinical allergy lab specialist and the necessary lab equipment and supplies are in place.

The lab requires about 150 square feet of space, with a sink, counter, storage, and a refrigerator to preserve antigens. UAL manages the inventory, compliance, and quality aspects of the lab. The physician is responsible for the clinical aspects of the testing.

Under UAL's system, when a patient presents with a history and a physical exam that support a likely diagnosis of allergy, you can order a skin test to be done by the allergy technician in your practice. UAL panels test for up to 48 allergens and typically are configured to assess sensitivity to the allergens common in your geographic area. A response to the test appears within about 15 minutes.

The technician administering the test will analyze the reaction on the skin and give you the results to review and discuss with the patient. Skin tests cannot be used to determine the degree of sensitivity to specific allergens. Because of the risk of anaphylaxis, skin tests in PCP offices are not used to detect food allergies.

PCPs who choose to do a blood test for allergies frequently test via ImmunoCAP allergens and allergen components produced by Phadia; results are analyzed by Quest Diagnostics. Under this method, a vial of blood is drawn from the patient in the office and sent to Quest for analysis. For patients of Primary Care Associates (PCA) in Jonesville, Michigan, Quest runs a panel of 27 specific local allergens, plus any others requested by the practice. Patients return to the office to review the results.

## THE VALUE OF BLOOD TESTS

"The blood test made good sense to me," says Andrew Scholl, PA-C, founder of PCA. "Now I have something objective that I can do in the office and get the information I need to determine the appropriate treatment. It improves the quality of care we can provide patients with allergy and asthma."

Scholl says he was surprised to find that about half of his patients who were taking allergy medications had never been tested and did not actually

Medical Economics online

Read about some creative ways primary care doctors are tapping new revenue streams at MedicalEconomics.com/newrevenue

Weight loss services can be an effective tool for fattening a practice's bottom line. Learn more at MedicalEconomics.com/loseweight

have allergies. "Many had vasomotor rhinitis or had triggers that were irritants, like cigarette smoke or weather changes. The testing allows us to ensure that patients who don't need allergy medications aren't taking them and that those who do need them are on the right ones."

When allergens are identified, he says, patients are taught how to avoid or minimize exposure to them.

Blood tests can be used to identify food allergies and determine how allergic a patient is to each one identified.

## IMMUNOTHERAPY

"If a patient suffers from allergies all year or does not respond to treatment with medication or by avoiding the allergen, we recommend immunotherapy," Gonzalez says. "We've found that immunotherapy significantly reduces the number of emergency department visits for allergy-induced asthma as well as the incidence of secondary infections. In addition, patients miss less work than they did prior to beginning the treatment."

The percentage of patients who choose to start immunotherapy varies by time of year, according to Hollis. "If the testing is done during a well-care visit, 15% of patients may start immunotherapy. If it's allergy season, 60% will begin the program."

For patients who choose to proceed with immunotherapy in practices using UAL, the UAL technician custom formulates an antigen therapy designed to desensitize each patient to the allergens identified during testing. An initial course of treatment is typically 1 year; patients may notice results in as little as 3 months, and 85% can be cured or fully desensitized in 5 years, Gonzalez says.

"The technician also mixes the medication, educates patients about immunotherapy and safety, shows them how to use the [epinephrine injection], and answers their questions" she says.

PCA and most other primary care practices that use blood tests generally refer patients who need immunotherapy to allergists. About 15% of immunotherapy treatments in the United States are prescribed by PCPs today, Hollis says.

Specific training is not required to use either the skin prick or the in vitro blood testing model for allergy testing and immunotherapy. Several continuing medical education providers offer 1- to 3-day courses on allergy testing and evaluation. These courses cover topics such as administration and interpretation of allergy tests and initiation of immunotherapy, as well as common indicators for allergy testing, best practices for screening, and solutions to immunotherapy problems. UAL also offers training to physicians who contract with the company.

### POWER POINTS

**Twenty percent of patients in the average primary care practice have allergies.**

**Skin prick and in vitro blood tests are approved methods for identifying allergies.**

**Immunotherapy often is effective for patients whose allergies are year-round.**

**Most insurance plans will pay for the office visit and lab costs associated with allergy treatment.**

## INSURANCE COVERAGE

Most public and private insurance plans pay for the office visit and the lab costs associated with both skin prick and in vitro blood testing. Some plans may cover blood tests only when skin tests cannot be performed, as might be the case with a patient with extensive eczema, or one who cannot be taken off antihistamines, antidepressants, steroids, or other drugs that may interfere with skin test accuracy.

The initial visit with an in-depth history can be upcoded to 99214, and insurance also can be billed for the follow-up office visit to get the blood test results, Scholl says. Skin testing can be billed using code 95004 or 95010 with ICD-9 codes for the presenting problem, such as allergic rhinitis, atopic dermatitis, or sinusitis. Visits to receive or monitor immunotherapy also are covered. UAL advises the practices with which it works on the appropriate way to code and bill testing and treatment for each payer.

Neither method for allergy testing has significant start-up costs. UAL typically charges practices a fixed monthly fee for skin prick testing. ImmunoCAP blood test costs vary with the number of tests performed.

## PRACTICE BENEFITS

"Adding allergy testing and immunotherapy has helped practice revenue tremendously," Gonzalez says. "As a result of increased revenue, we were able to successfully compete with hospital-owned practices and hire additional physicians. We added more educated nursing staff, which increased the quality of care we provide and our patients' satisfaction with our practice.

"It's been good for our patients and good for our practice."

*Send your feedback to medec@advanstar.com.*

August 2011

# 8 Tips for Fall Allergy Relief

By Wyatt Myers

Fall allergies have you hiding out in your home? Get back to enjoying the great outdoors with these allergy management tips.

Fall can be the worst time of year for people with seasonal allergies. And it's a shame to stay inside to avoid allergy triggers instead of enjoying the cool weather and beautiful colors of changing leaves.

However, those changing leaves mean that other plants, like weeds, are releasing pollen into the air. Similarly, outdoor molds grow under falling leaves, exacerbating fall allergies.

"Across the United States, the number one trigger is ragweed, mainly because the plant dominates the southeast part of the country," says Inderpal Randhawa, MD, a board-certified allergist with the University of California-Irvine School of Medicine. "In general, the big players are weeds and outdoor molds. In the fall, when the weeds and outdoor molds dry up, they become airborne and wreak havoc with allergens."

As days grow shorter and temperatures drop, we also spend more time indoors with the windows closed, exposing ourselves to more indoor allergens.

## Fall Allergy Symptoms

"Allergy symptoms are based on which part of the body is exposed," explains Dr. Randhawa. Here are the major categories for fall allergies:

- Eyes and nose: "If the allergens are primarily organized in the eyes and nose, that causes watery, itchy eyes; a nose with clear, runny mucous; and lots of sneezing," says Randhawa.
- Lungs: "If allergens are going into the lungs, they typically present as wheezing episodes, which look like asthma," he explains.
- Mouth: "If allergens present themselves to the mouth, symptoms usually involve itching in the back of the throat and can actually cause someone to have upset stomach, diarrhea, and in extreme cases, anaphylaxis [life-threatening allergic reaction]," Randhawa says.
- Skin: "If allergens are targeting the skin, it can present as either hives or very dry, itchy skin, otherwise known as eczema," he says.

## Tips for Fall Allergy Management

Even if you have severe fall allergies, you can usually manage your symptoms and get back to enjoying the outdoors. These seasonal allergy management tips can help:

- Buy a dehumidifier. You may have heard that humidifiers can help with breathing, but dehumidifiers may actually be better if you are sensitive to dust or mold. "Dust mites and molds flourish in a humid environment," says Frederick M. Schaffer, MD, clinical associate professor of allergy and immunology at the Medical University of South Carolina. Use a dehumidifier to help reduce your indoor allergy symptoms.
- Stay clean. One of the best ways to minimize your allergen exposure is to wash pollens off your skin and your hair as soon as possible after spending time outside, stresses Dr. Schaffer. You should also change shoes before entering the house and change clothes inside the front doorway to reduce the amount of pollen and other allergens you may be bringing into the house.
- Check pollen levels. If your area is designated a high pollen zone, it's best to avoid going outdoors. Keep your activities inside for a few days instead, if possible, to minimize your exposure to allergens during those days.
- Avoid hanging clothes outdoors to dry. Laundry is a magnet for pollen that will eventually end up indoors and on you, via clothing and bedding, says Schaffer.
- Take an OTC antihistamine. This is one of the easiest and most effective steps you can take, according to Randhawa. Many over-the-counter allergy drugs are now non-drowsy, long-lasting, and effective. "For best results, start using an antihistamine two to three weeks before the first day of the season and continue treatment for the first month of the season," he says.
- Buy hypoallergenic filters. "Change air conditioner filters monthly with HEPA filters," Schaffer says. "Place the used filter in a plastic garbage bag, then dispose of the filter [within the plastic bag] outdoors. This will limit accidental 'pollen spills' indoors."
- Use the A/C at night. It's where you spend eight or more hours each night, so it's critical to keep your bedroom clean and pollen-free to avoid allergies. Close the windows and keep the A/C on at night to avoid inhaling allergens, Randhawa says. "Consider installing

a HEPA filter system, especially during high season, so that you're breathing in better purified air while you sleep."

- See a doctor if needed. "A proper allergy test will help identify the cause of your suffering and determine the right treatment to stop it," explains J. Allen Meadows, MD, chairman of the Public Education Committee of the American College of Allergy, Asthma, and Immunology. "Anyone with allergies and asthma should be able to feel good, be active all day, and sleep well at night."

STRONG Medicine for Louisiana

Weekly Family Medicine Update

**Weekly e-Newsletter • September 6, 2011 • LAFP Welcomes New Partner – United Allergy Labs**

**In This Issue:**



# LAFP Welcomes New Partner – United Allergy Labs

United Allergy Labs (UAL) attended the Annual Assembly & Exhibition for the first time in August. UAL specializes in providing fully-staffed and operational allergy services inside physicians' offices. "We enjoyed meeting the LAFP physicians at the tradeshow and telling them about our allergy service line," says Russ Kendrick, UAL regional sales manager. "The physicians were engaged and understood our business premise that assists them to offer allergy testing and immunotherapy in their practice."

"At United Allergy Labs, we know that every patient is different and responds differently to allergens," Kendrick says. "Our Certified Clinical Allergy Lab Specialists (CLS) manages the service under the physicians' supervision and tests for the 50 most geographically specific airborne and mold allergens. Then the CLS custom-formulates allergy immunotherapy for each patient identified by the physician."

The physician manages all medical decisions and supervises the functional aspects of the lab. The benefits recognized by the practice include better patient retention, increased new patient flow, better clinical care, and finally a completely new revenue stream.

"Unlike antihistamines, nasal steroids and leukotriene modifiers, which only transiently suppress allergic inflammation, allergy immunotherapy is the only disease modifying therapeutic modality which has been shown to induce allergen tolerance for more than a decade after the cessation of treatment," says Frederick Schaffer, MD, board certified allergist and immunologist, Clinical Associate Professor at the Medical University of South Carolina, and UAL Chief Medical Officer.

"This long-term allergen tolerance and suppression of allergic inflammation is due to the generation of allergen-specific regulatory T cells (Treg). These Treg cells play a role in the suppression of allergen-specific IgE production by B cells, the responses of T helper (Th1 and Th2) cells , and decreasing the inflammation mediated by mast cells, basophils, and eosinophils. This suppression of allergic inflammation affects both early and late phase responses. In essence, long term allergy symptom suppression occurs with a related improvement in the patient's quality of life. Also, immunotherapy has been shown to decrease the development and onset of new allergies, have a steroid-sparing effect for those with allergic asthma, and decrease the risk of developing asthma in those with allergic rhinitis," Schaffer says.

For more information about United Allergy Labs, please contact Russ Kendrick, regional sales manager, at (512) 576-5026 or russ.kendrick@unitedallergylabs.com, or visit www.unitedallergylabs.com.

UNITED AllergyLabs™

Testing for a better quality of life.

September 9, 2011

# Top 6 Environmental Allergies

By Wyatt Myers

## Controlling Environmental Allergies

If you have environmental allergies, you may find yourself sniffling, sneezing, coughing, or itching — and it's your surroundings that are causing the problem. Thankfully, you're not doomed to days of misery. The key is to avoid or eliminate airborne allergens, which will help you get back to feeling your best. Here are six of the most common environmental allergies.

## Pollen

Pollen, the airborne allergen behind hay fever, is one of the most common allergy triggers, and it is very difficult to avoid. "Most pollen allergy symptoms can be treated with avoidance measures," says Summit S. Shah, MD, an allergist with Dublin Methodist Hospital in Ohio. "But it's difficult to avoid outdoor allergy triggers like tree pollen or weed pollen, — unless you want to live in a bubble or on the moon!"

Most people can find relief with over-the-counter or prescription medication. "You can use a nasal steroid for sneezing and itching or an antihistamine for occasional post-nasal drainage or itchy eyes," Dr. Shah says. "Ultimately, if your allergies and asthma are bad enough, you can explore the option of traditional allergy shots, which can rid you of nagging allergy symptoms for good."

## Dust Mites

Though pollen allergy is likely to attack when you're outdoors, being allergic to dust mites puts you at risk of experiencing environmental allergies indoors, including in your own home. "Dust mites are microscopic creatures that are found in everyone's mattresses, pillows, upholstered couches, and carpets," Shah says. "They are not bed bugs and they do not bite. However, if you are allergic to them, they can cause significant issues with nasal congestion, sinus infections, headaches, and difficulty sleeping. Dust mites actually feed off dead human skin, so they are found in high volumes anywhere we tend to shed dead skin, such as mattresses and pillows."

Good home hygiene can help reduce your exposure to dust mites. Change furnace and air conditioner filters regularly, and use high-quality pleated filters. "Using a home air purifier and getting air ducts cleaned out can do a lot to reduce these allergies," says Walter J. Crinnion, ND, chairman of environmental medicine at the Southwest College of Naturopathic Medicine & Health Sciences in Tempe, Ariz. Dust mite covers made specifically for mattresses and pillows can also help fight allergy symptoms.

## Pets and Animals

You don't necessarily have to part with your pet in order to lower your exposure to this environmental allergen. "If pets can be made outdoor pets, then this will diminish your exposure to pet dander," says Frederick M. Schaffer, MD, allergist, immunologist, and chief medical officer of United Allergy Labs. "Bathing pets weekly will reduce shedding and bring down your exposure to pollens, like grass, embedded in the animal's fur." Allergens are also found in your pet's saliva and urine, so make sure to minimize your exposure to the cat litter box.

## Mold and Mildew

If your allergies are more likely to act up during the fall months, they may be caused by mold and mildew. To reduce your exposure to outside mold spores, avoid piles of leaves, says Dr. Schaffer, and thin out dense vegetation or plant debris from areas near your home. Take these steps to reduce indoor mold spore exposure: Use a dehumidifier to decrease the humidity inside your home, limit the number of indoor plants, close windows when outdoor mold spore counts are high, and use HEPA air conditioning filters, changing them every month, recommends Schaffer.

## Cigarette Smoke

Cigarette smoke is usually more of an irritant than an allergen, but it can cause problems for people with environmental allergies. “When someone has uncontrolled allergies or hay fever, the mucus membranes that line the inside of their nose, their sinuses, and their lungs are inflamed and thus hypersensitive,” Shah says. “We often find that patients with underlying seasonal allergies or pet allergies have difficulty around cigarette smoke and strong perfumes and soaps.” The best approach here is to avoid cigarette smoke entirely.

## Cockroaches

“Cockroaches have been documented to cause severe asthma and bad allergies,” Shah says. “The actual allergenic substances come from their saliva and fecal matter.” Thoroughly cleaning and treating your home to remove cockroaches is the best course of action to eliminate this environmental allergy trigger.

THE SATURDAY EVENING POST

**September 16, 2011**

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# Fall Allergies

By Wendy Braun

## Fall Allergies

By Wendy Braun

Allergy seasons are growing longer and stronger—and autumn 2011 is shaping up to be one of the worst on record, says Dr. Frederick Schaffer, a board certified allergist in private practice. Why?

**1. Pollen seasons are getting longer.**

"Ragweed usually dies off as the weather gets colder," explains Dr. Schaffer, who is a fellow at the American Academy of Allergy, Asthma and Immunology. "But a pretty good study in Minnesota showed the ragweed pollination season increased by up to 27 days in 2010, and the fault wasn't due to a late frost." This means that millions of Americans with ragwood allergies will most likely sneeze and rub their eyes up to nearly a month longer than average in the northernmost parts of North America, perhaps even into November.

In addition, reports from the East Coast indicate that tree pollen season—the bane of springtime allergy sufferers—may be lasting longer than usual, too.

**2. More people are getting allergies.** Just how many more is hard to pinpoint, but there's little doubt the number of Americans with allergies is much higher now than 30 years ago. "Three factors are contributing to a general rise in allergies," explains Dr. Shaffer. "Better diagnostics; the general population is much more knowledgeable than they were 20 years ago about potential problems; and, as air and possible water pollution worsens in urban centers, we see more symptoms among the people living in those areas."

While non-sedating antihistamines, steroid sprays, and eyedrops offer a temporary fix, "seasonal allergy sufferers won't get relief without an accurate allergen test," says the expert.

Allergy (or "scratch") testing with a tiny comb is typically performed in practices specializing in allergies and immunology.

One company, San Antonio-based United Allergy Labs where Dr. Shaffer is Chief Medical Officer, contracts with primary care physicians to set up labs in their offices where patients can be tested and given allergy shots for affordable, long-lasting relief. Visit the company website or call the corporate office (210-265-3181) for local practices that may be utilizing the innovative service.

EBONY

October 2011

# Nothing to Sneeze At

Health / ELEVATE

## Good Medicine

NEWS AND IDEAS FOR A HEALTHY MIND, BODY AND SPIRIT

*Compiled by* MARGENA A. CHRISTIAN

### Stand Up to Colon Cancer

Resting on your rump for most of the workday? Here's a reason to rise to your feet: People who work at sedentary jobs, according to a study reported in the American Journal of Epidemiology, have a significantly higher risk of colorectal cancers. And here's the surprising news: Researchers discovered that daily exercise doesn't do much to reverse the risk. That's why experts recommend that sitters take consistent hourly breaks that include some kind of movement—as in a brisk walk around the office.

### The Happy Meal Gets Happier

Starting in September, McDonald's Corp. says you can expect fewer fries and the addition of an apple in every box. The difference? The meals will run under 600 calories, offering a 20 percent reduction. By May 2012, the changes will have taken place in all of its 14,000 U.S. restaurants.

### Coffee May Curtail Breast Cancer Risk

If you live for your daily java jolt, drink up. BioMed Central's journal, Breast Cancer Research, shows a reduced risk of antiestrogen-resistant estrogen-receptor (ER)-negative breast cancer—one of the disease's three types—in those who drink a minimum of five cups of coffee a day.

### Nothing to Sneeze At

Reaching for a Kleenex as fall's hay fever sets in? You're not alone: More than 60 million Americans suffer from seasonal allergies—and getting treatment has just become a little easier. Allergy shots (or allergen immunotherapy) offer the only permanent relief, yet only one of fewer than 2,000 allergists nationwide could administer the shot—until now. Thanks to United Allergy Labs, primary care physicians can safely offer testing and shots in their offices.

### Monitor Your Diabetes With Your Mobile

The FDA has given a thumbs-up to the first mobile phone health solution—DiabetesManager, an application from WellDoc that provides automated, real-time feedback as patients track their daily health routines and blood glucose levels. The app will be commercially available this fall.

SCHWARTZ MSL

Part B News
COLLECT EVERY DOLLAR YOUR PRACTICE DESERVES

November 14, 2011



*New revenue*

## Boost revenue by adding allergy services done by leased employees

Add thousands of dollars to your bottom line every month by having a contract technician from an outside vendor perform allergy testing and immunotherapy shots in your primary care office – an example of adding ancillary services without hiring anyone or investing in new supplies and equipment.

Family Wellness Clinic in Clayton, N.C., is on track to add $100,000 to its revenue in 2011 after leasing a technician to perform allergy scratch tests and allergy shots in the office, says Bhavna Tank, MD, who runs the small primary care practice with her two nurse practitioners. "It's like having another ancillary service in your office," she says. "And it's not just for the revenue – it really improved our patient's quality of life. There are so many who would not have otherwise gotten immunotherapy."

Her patients like getting services in the same office, without paying a higher copay for a specialist or having to fill out intake papers all over again. Some months Dr. Tank's practice earns an extra $5,000, but during peak spring and fall allergy season, it can be as much as $20,000 in new revenue, she says. "There's pretty much nothing else for us that could bring in this kind of money."

### The fine print

Medicare and most private plans do not limit the billing of allergy tests and immunotherapy to board-certified allergists, and the technicians are trained only to perform the procedures, leaving all clinical decision-making up to the primary care doctors, says Nicholas Hollis, CEO of United Allergy Labs (UAL), a company that supplies technicians, equipment and allergen extracts to primary care, otolaryngology and pulmonology practices.

"We provide a trained technician to work under the supervision of the physician to perform scratch testing and immunotherapy," Hollis says. The technicians would be under contract and work full-time in your office, billing incident-to under your physician's identifier for codes such as **95004** (precut allergy skin tests, $6.46) and **95115** (immunotherapy, one injection, $10.19).

Allergies are the fifth largest chronic disease nationwide, and the number of potential patients is projected to double from 60 million currently to 120 million by 2020, Hollis says. Most primary care providers put patients on drugs to suppress the symptoms, but immunotherapy shots actually desensitize them to their allergens and offer a lasting solution, he says.

### How much you'd earn

You must buy a refrigeration unit to store allergen extracts and provide space in your office. UAL provides technicians and supplies and sources all allergen vials.

The technicians are paid a per-encounter fee, and while Hollis says the amount varies based on specific contracts, the practice nets about $150 per allergy test, and anywhere from $800 to $1,000 per patient for a one-year course of immunotherapy.

You need a minimum volume of 40 patients a day to justify having a technician in your office, Hollis says. In the case of Dr. Tank, her practice's daily volume was 40 to 60 patients.

## Allergists warn about avoiding referrals

The trend of vendors leasing highly trained but highly limited technicians to add ancillary services is growing, and raises the possibility of patients with serious allergies not being seen by the specialists who are best equipped to treat them, says Stanley Fineman, MD, president of the American College of Allergy, Asthma and Immunology.

Allergists have years of extra training to develop their expertise and have more experience to draw on when determining whether patients need immunotherapy, which isn't for every person with allergies, Dr. Fineman says. "If it were me, I'd want to go to the best trained person to help me take care of my problem."

**NOTE:** Allergy patients on beta blockers, or with uncontrolled asthma, adverse reactions to testing or a history of anaphylaxis, must always be referred to an allergist, UAL's Hollis says. "We don't profess to be allergists, allergists are highly trained specialists," he says. "You still refer to allergists."

Dr. Tank says her allergy referrals have only dipped slightly since she contracted with UAL in April. "The allergist is not interested in doing immunotherapy for mild environmental allergies," she believes. "They really are after the patients with the three different allergies from food and pets … the severe cases."

## Compliance considerations

Your physician's malpractice carrier covers all physician decision-making, such as the decision to test, recommend shots or refer out to an allergist. But you must still cover your bases by asking your malpractice carrier that your policy covers you when the technician mislabels a vial or screws up an injection, says William Maruca, a health care attorney with Fox Rothschild in Pittsburgh. "They are dealing the whole time with sharp needles and pricking of skin and injections," he says. "Make sure your contract with them spells out who is liable for what."

The UAL model itself doesn't carry much compliance risk because you aren't furnishing diagnostic services covered under Stark, and UAL itself is not like a competing physician practice because it employs no physicians, Maruca says. — *Grant Huang (ghuang@decisionhealth.com)*

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MEDICALOFFICETODAY

February 22, 2012

# Minimizing Allergens in Your Office

By Carrie Rossenfeld

People entering your office can have allergic reactions to a host of substances. The severity of these reactions can range from mild to life-threatening, so it's smart to try to rid your space of the most common allergens for patients and staff in a medical office.

*MOT* spoke with several experts in the field of allergen control to find out what substances found in medical offices most frequently cause allergic reactions and how practices should approach them. Read on for their advice.

## Latex

Found in a wide range of medical supplies including surgical gloves, syringes, gown elastic, rubber stoppers in IV bottles and bags, IV tubing, stethoscopes, catheters, dressings, bandages and in some rubber-capped medicinal vials, latex can be a major allergen in medical offices.

According to Dr. Frederick M. Schaffer, M.D., chief medical officer of United Allergy Services in San Antonio, Texas, those most at risk for latex allergies include patients with spina bifida and congenital genitourinary abnormalities, healthcare workers, rubber-industry workers, patients with allergic disorders (such as asthma, rhinitis and atopic dermatitis) and patients who have undergone multiple medical procedures.

Since latex gloves are the most likely culprit for latex allergic reactions in your office, review your use of medical gloves and banish the latex variety from your practice. There are many latex-free options in the marketplace, says Wendy Yu, licensed acupuncturist with the Eastern Center for Complementary Medicine in Los Angeles. You can also find non-latex substitutes for medical supplies and devices.

In addition, make sure patients with latex allergies are aware of any potential exposure in your office, and advise them to wear Medic-Alert bracelets, says Schaffer.

## Particulates

The most manageable forms of indoor airborne allergens are particles of dust mites, pollen, mold and pet dander.

Dust mites can be found in carpeting and in upholstered furniture, particularly in humid environments. Maintaining the humidity level below 50 percent will significantly diminish the dust mite population; do this by keeping the air conditioner on throughout most of the summer and during hot and humid weather periods, or use dehumidifiers to maintain a low humidity.

"The best way to diminish the dust mite population in carpet is to remove all rugs and/or carpeting," says Schaffer. If this is not feasible, consider using commercial products containing tannic acid.

Dust mites and pollen may be carried into an office on clothing and shoes. Providing floor mats where people can wipe off their shoes before entering and coat hooks outside the office area in a vestibule, for example, can help reduce the amount ofdust mites andpollen brought into your office, says Anthony M. Abate, vice president of operations for Clean Air Group in Fairfield, Conn.

Additionally, make sure your cleaning company uses micro-fiber cloths and mops that pick up and retain the dust into the fibers rather than those that stir dust into the air. HEITS Building Services in Hasbrouck Heights, N.J., uses a color-coded micro-fiber system to eliminate cross-contamination and increase the amount of germs and bacteria that gets picked up by rags. "Also, using a HEPA filtration on vacuums is going to capture more particulates that would otherwise get back into the air," says David P. Heitner, HEITS' founder/CEO.

Mold and mold spores are especially prevalent allergens that can often trigger other allergies and increase sensitivities after continued exposure. "Mold, in particular, is of greater concern as it can also lead to dangerous healthcare-associated infections (HAIs)," says Jeff Dudan, CEO of AdvantaClean Systems, Inc. in Huntersville, N.C.

Elevated humidity levels, poor air circulation and previous and existing water damage can all contribute to mold growth; therefore, prevention via proactive management of indoor air quality is the best course of action. This includes routine air-duct cleaning, scheduled filter maintenance and regular cleaning of materials that harbor allergens, such as carpets, drapery and upholstery.

Water and air leaks can allow allergens to enter indoor spaces and foster mold growth. Make sure that building maintenance and test reports are current and available, and use air purification in waiting and exam rooms to inhibit mold growth.

Diminish indoor mold exposure by decreasing the number of indoor plants, closing all windows and doors during periods of high mold spore counts, utilizing HEPA air conditioning filters and changing the filters monthly. Yu's practice uses the IQ Air, a Swiss air-filtration system recommended by the American Lung Association.

Mold infestation can be difficult to detect; you may wish to contact a certified indoor air-quality specialist to determine the scope of your problem and to develop and implement a plan for remediation.

Pet dander may be an issue if patients bring pets or guide dogs in with them. If there's no way to avoid having pets in our office, keep the windows closed during high-pollen season and use a good HVAC system, says Marjorie L. Slankard, M.D., clinical professor at Columbia University and an allergist at ColumbiaDoctors Eastside in New York City.

Finally, be aware that environmental disturbances associated with construction activities near your office can release significant airborne particulates that could enter your office and create an allergy issue.

## Cleaning chemicals, solvents, paints and pesticides

Chemicals meant to do good can often create allergic reactions among sensitive patients. Being aware of the chemicals present in your office can help you reduce them if necessary.

Also, something as simple as the method of use for chemical products can affect how much of the allergen is exposed. HEITS teaches staff to apply cleaning chemicals into the microfiber cloth rather than spraying into the air.

In addition, choosing "green" chemicals can help reduce allergic reactions, plus they're better for the environment. Also, air purifiers that cleanse with ozone can make a huge difference in purifying chemicals, says Darcy Ward, a chiropractor at the Center for Chiropractic & Wellness in Greensboro, N.C.

## Perfumes

In addition to giving off potentially objectionable aromas – particularly if too much is used – perfumes can be a major source of allergens in a medical office. "Patients should be encouraged not to wear perfume on the day of their appointment, and doctors should never wear it to work," says Ward.

Set a no-fragrance policy in your office, and enforce it. Patients' comfort is far more important than an alluring perfume or cologne.

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May 31, 2012



# May is Asthma & Allergy Awareness Month

*By Frederick M. Schaffer, MD, Chief Medical Officer of United Allergy Services*

Allergic Rhinitis (AR) is the third-leading chronic disease in the U.S. among individuals younger than 45, and is the fifth leading cause of chronic disease among all Americans.[i] Up to 30 percent of all adults and 40 percent of all children suffer from AR.[ii] However, most physicians do not know the true cause of their patients' allergies and are only able to prescribe medications that mask the symptoms.

When factoring in lost productivity and days off from work, the cost of allergies is significant. In 2010, Americans spent approximately $17.5 billion on allergy treatments, lost more than six million work and school days and made 16 million visits to the doctor.[iii]

Most allergy sufferers spend their entire lives battling their symptoms without knowing the exact cause(s). Often, they treat their undiagnosed allergies with over-the-counter and prescription drugs that simply mask the symptoms. Over 100 years of scientific research and medical practice have proven that the only disease modifying and lasting relief from allergies is immunotherapy, which induces immunologic tolerance by introducing a patient to the administration of safely increased doses of an allergen(s).[iv]

Until now, immunotherapy has remained primarily in the hands of physicians like me – allergy specialists. However, this already small community of less than 2,800 U.S. specialists[v] is expected to decline by 6.8 percent by 2020, while demand is projected to increase by 35 percent by the same year.[vi] While seasonal and perennial allergies create unnecessary medical costs, harm quality of life and work force and school productivity, not nearly enough specialists exist to treat the number of patients in need.

A growing number of family physicians have started delivering allergy testing and immunotherapy to a preselected low risk patient population – the majority of patients with seasonal allergies. The typical immunotherapy patient suffers from seasonal and perennial environmental allergies. Immunotherapy remarkably has been shown to effectively treat individuals with AR, allergic asthma and to also prevent the onset of new allergies and allergic asthma.[vii]

To date, over 26,000 patients have received immunotherapy from family physicians; this record of safe subcutaneous immunotherapy is demonstrated by the disparity in occurrence of adverse systemic reactions to immunotherapy for board certified allergists (0.1 percent to 7 percent[viii],) and UAS physicians (0.02 percent).

With one fifth of the average primary care physician's patient population suffering from allergies, U.S. patients are in dire need of an effective and long lasting treatment for seasonal and perennial allergies. A proven distribution system for safe seasonal and perennial allergy testing and customized immunotherapy treatment is fully accessible to family physicians – and their patients in need.

Chronic Conditions: A Challenge for the 21st Century," National Academy on an Aging Society, 2000
[ii]"Chronic Conditions: A Challenge for the 21st Century," National Academy on an Aging Society, 2000
[iii]Lindner, Melanie. "When Allergies Attack."*Fortune* 26 July 2010.
[iv]*Immunotherapy can provide lasting relief.* February 2011. Retrieved from http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/immunotherapy-history-patient.pdf
[v]*Physicians Providing Allergy and Immunology Services*. August 2005. Retrieved from http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Education%20and%20Training/FinalSurveyReport.pdf
[vi]*Allergist report*.(n.d.). Retrieved from http://www.acaai.org/press/Documents/AllergistReport08Final.pdf
[vii]Airborne allergens: Something in the air. National Institute of Allergy and Infectious Diseases. NIH Publication No. 03-7045. 2003.
[viii]Ann Allergy, Asthma, Immunol 2010;104(6) 530-5.
[ix]"Chronic Conditions: A Challenge for the 21st Century," National Academy on an Aging Society, 2000
[x]"Chronic Conditions: A Challenge for the 21st Century," National Academy on an Aging Society, 2000
[xi]Lindner, Melanie. "When Allergies Attack."*Fortune* 26 July 2010.
[xii]*Immunotherapy can provide lasting relief.* February 2011. Retrieved from http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/immunotherapy-history-patient.pdf
[xiii]*Physicians Providing Allergy and Immunology Services*. August 2005. Retrieved from http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Education%20and%20Training/FinalSurveyReport.pdf
[xiv]*Allergist report*.(n.d.). Retrieved from http://www.acaai.org/press/Documents/AllergistReport08Final.pdf
[xv]Airborne allergens: Something in the air. National Institute of Allergy and Infectious Diseases. NIH Publication No. 03-7045. 2003.
[xvi]Ann Allergy, Asthma, Immunol 2010;104(6) 530-5.

SCHWARTZ MSL

PHYSICIANS PRACTICE
YOUR PRACTICE YOUR WAY

August 23, 2012

# New Practice Revenue Sources: United Allergy Services

By Audrey "Christie" McLaughlin

This week's pick for new revenue sources is another service that provides a much needed treatment for allergy sufferers, paving the way for them to leave behind their OTC allergy medication for good, while creating a brand new revenue stream for the clinic. Unlike some of the other revenue sources we have reviewed and recommended, United Allergy Services does not function as an "ancillary" service but rather as incident to the physician.

United Allergy Services (UAS) was founded in 2009, and is the first company to support primary-care physicians in providing safe and convenient allergy testing and treatment via individually customized immunotherapy.

Partnering with UAS provides a fully-staffed and operational allergy center that seamlessly integrates into a physician's office. UAS manages the functional aspects of the center, such as the personnel, supplies, and equipment needed to perform the testing and subsequent treatment. UAS staffs the allergy center with a UAS-certified clinical allergy specialist trained in the latest techniques for allergy testing that actually exceed federal standards.

The physician(s) manage the clinical side, retaining full control of their patients, and sometimes equally important, not losing the patient by referring every allergy patient to a specialist. The clinical process begins when patients discuss their allergy symptoms with their PCP, and the physician determines if they are a candidate for testing and treatment. (The ideal candidate is over the age of two and suffers from seasonal and environmental allergies.) The physician then orders the allergy skin scratch test, to confirm the patient's specific allergen sensitivities. Each patient is different, as are the allergens in a geographic location; UAS tests for the 48 most common allergens in a specific geographic area.

Once a patient's allergy scratch test has confirmed sensitivities to allergens, the physician coordinates and supervises a customized treatment plan that meets the patient's specific needs. Usually this involves a thorough discussion of allergen-avoidance therapy, and in appropriate cases immunotherapy treatment.

Until recent years, when UAS came on the market, the only real relief for allergy sufferers has remained in the hands of allergists, who treat by administering immunotherapy, the only treatment clinically proven to address the underlying cause of seasonal allergies. Allergists are a small community and are forecasted to decline in numbers in the future, and can only scratch the surface of the number of allergy sufferers in the U.S. (some estimates are around 60 million allergy sufferers).

Aside from the obvious benefits of the treatment to the patient, most insurance plans cover allergy testing and treatment in the PCP's office, including Medicare, and some state Medicaid programs. And the clinical allergy specialist will verify insurance and review benefits prior to testing.

UAS is changing patients' lives with effective treatment, partnering with physicians to increase a patient's quality of life, and workforce and school productivity, by providing a highly in-demand service. The patients feel great and the clinics have a higher rate of patient retention.

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Physician's MONEY DIGEST®

September 17, 2012

# Allergy Testing Not Ancillary for Medical Practices

By Ed Rabinowitz

At a time when physicians are looking to boost practice revenue, many are adding ancillary services as a way of improving their bottom lines. One of the more popular services is an in-house lab. Advocates say that when well planned, an in-house lab can generate practice income while saving time for both physicians and their patients.

But what about adding a service that becomes a core component of your medical practice rather than just secondary? What about adding the ability to test and, if need be, administer immunotherapy to allergy patients right in your office?

"There are 50 million people symptomatic for allergy in the U.S., a figure that has doubled since 1995," says Nick Hollis, chief executive officer of United Allergy Services (UAS). "And it's projected to double again in the next 10 years."

## Not a lab

Hollis shies away from references to UAS's product as a lab; a misnomer, he calls it.

"When people think of a lab they sort of think of a lot of space, a tremendous amount of infrastructure that needs to go in there, and that's just really not the case," Hollis explains.

What UAS delivers to the medical practice is a highly trained technician, college educated in the biosciences, who has gone through a rigorous training course the company has put together. That individual is placed inside the physician's office and works side by side with the physician's staff and the physician to provide the testing as well as immunotherapy services.

"We are really a white label inside the physician's office," Hollis says. "I think the decision for a physician is do they want to advance the quality of their care in this area. And that's what we let them do."

## Not turnkey, but profitable

Hollis explains that the UAS service is not a turnkey operation and requires active involvement from the physician, who doesn't necessarily need to administer the test, but has to inspect it, which UAS teaches the physician how to do.

If the patient is administered immunotherapy, every dosage is custom formulated there in the medical practice.

“The doctor needs to be involved in that process by checking on the patient on a regular basis,” Hollis says. “It’s a light touch, but it’s not hands off. It’s really an extension of the physician’s existing practice into better allergy care.”

According to Hollis, the allergy marketplace is sizeable. He points to national statistics indicating that one in five patients are symptomatic for allergies; that for people under the age of 45, it’s the third largest chronic disease category in the U.S.

“With the move toward the patient-centered medical home, a lot more focus is going to be put on chronic disease management, and it will be happening with the primary care practice,” Hollis explains. “Our company was designed to take advantage of the shift as more and more sub-specialties end up in the primary care physician’s lap.”

That shift could also signal more profits for the medical practice. Hollis says that if a physician were to see and/or test one patient per day, the practice could expect to see additional revenue on a monthly basis in the ballpark of $10,000 to $15,000.

“That’s net for them in their pocket,” he says. “It’s a considerable amount of money when compared to what they’re being paid today for other procedures. It’s an attractive offer for the primary care physician.”

## Total staff involvement

Hollis says that for medical practices considering adding an allergy testing and immunotherapy service, it’s important that the entire practice staff be engaged, and to treat the condition like any other chronic disease.

In order for the physician to expand into allergy care, it means making a few adjustments. For instance, the person at the front desk now has to identify potential allergy patients; nurses should ask questions while getting vitals about respiratory issues and allergies. The physician will also be trained to ask those questions, Hollis says.

“So, it’s not really a burden, but it’s an understanding that you’re offering a new service line or a new standard of care in your office, and it has to go through all areas of the office,” he says. “Otherwise, there’s just a breakdown in the service.”

UAS was founded three years ago, and according to Hollis, has experienced 300% compound growth over that time period. More than 1,000 physicians currently have access to the company’s service, as well as many large hospitals systems.

“Receptivity is profound, but it’s really a question of demand,” Hollis says. “Patients are coming in and asking, ‘Doc, what can you do for me?’ Sending them home with steroids and antihistamines just isn’t cutting it anymore.”

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PhysBizTech

# The opportunity for in-office allergy testing and treatment

December 18, 2012 | Frank Irving – Editor

In an age when many physician practices face tightening business margins, some are exploring new services they may be able to offer patients. One such area is the in-office treatment of patients who suffer from allergic rhinitis.

*PhysBizTech* recently contacted Fred Schaffer, MD, chief medical officer of United Allergy Services (UAS), a company specializing in delivering allergy testing and customized immunotherapy services, to gain insight into the scope of opportunity for in-office allergy treatment. His observations appear in the following transcript.

**Q: What are the demographics of allergy sufferers across the United States in terms of total numbers of potential patients? Male/female split? Are there age groupings in which allergies are more prevalent than others?**

**A:** More than 60 million Americans currently suffer from allergic rhinitis. Allergic rhinitis is typically more prevalent in females then in males (with the exact percentages in the available medical literature varying).

Allergic rhinitis has been associated with, and often found to precede, other chronic medical conditions, including allergic asthma, upper respiratory tract infections, recurrent sinusitis, dental disorders, sleep disorders, and due to persistent disease morbidity, depression. The Centers for Disease Control and

Prevention recently reported that not only has the prevalence of asthma increased from 7.3 percent in 2001 to 8.4 percent in 2010, but that minority and lower income populations are being hit hardest. African Americans and Hispanics manifest the highest asthma prevalence, respectively 11.2 percent and 16.1 percent in contrast to that of Caucasians (7.7 percent) and Asian Americans (5.2 percent). Today, 11.2 percent of individuals living below the poverty line have asthma.

**Q: Is the number of allergy sufferers increasing in the U.S.?**
**A:** Yes, the prevalence of allergic rhinitis is on the rise. Since 1995, the number of Americans suffering with allergic rhinitis has doubled. It is ranked as the third-leading chronic disease in the United States among individuals younger than 45 and the fifth leading chronic disease among all Americans. [Editor's note: See citations 1 and 2 in list of references supplied by Dr. Schaffer. Citations appear at the bottom of this interview.]

**Q: The "scratch test" for environmental allergens is the gold standard for determining what may be troubling a patient. What makes the scratch test so effective and reliable?**
**A:** Skin testing (i.e., skin puncture tests or SPT) is considered to be the gold standard based on the test's sensitivity and specificity in comparison to other available forms of allergy testing. [Citation 3] Other testing modalities have been helpful in assessing a handful of food allergies, but there is no equivalent to skin puncture testing for the majority of aeroallergen allergies available to date. Furthermore, these studies are significantly more expensive than SPT, can require up to a week to acquire results, and the number of tests covered by insurance companies is limited in many states. In contrast, SPT results are available in 20 minutes, are less expensive and are often fully covered by third-party payers.

As every patient is uniquely reactive to different allergens, physicians working with UAS test patients by SPT for 48 geographically specific allergens, including: products from dust mites, cockroaches, proteins from pet hair and dander, molds, feathers and pollens from trees, grasses and weeds.

**Q: Why are primary care physicians well positioned to provide care for allergy patients?**
**A:** Primary care is the only entity charged with the long-term care of the whole patient. The primary care provider is typically the first and often times the only medical provider seen by a patient with allergic diatheses. Putting immunotherapy into the hands of primary care providers ensures that one physician is meeting with the patient on a regular basis, discussing all related

health issues and overseeing any allergy concerns that could arise.

There are only about 2,800 practicing board certified allergists, an insufficient number to provide care for the 60 million Americans with allergic disorders. [Citation 3] The need for allergy care is expected to rise by 35 percent in 2020, while the availability of certified allergists will diminish by almost 7 percent. [Citation 4] This discrepancy between need and available care provides the primary care physician with an expanding role in preventative health care, as it applies to allergy. This method of treatment also aligns with the healthcare reform goals to create coordinated patient-centered medical homes (PCMHs).

**Q: Why does it make sense for physicians to consider partnering with a healthcare services company for the care of allergy patients within a practice, especially in the small-practice environment?**
A: Few primary care physicians are familiar with the complexity or have the experience of establishing and directing healthcare specialty support services. As a result, many primary care physicians have turned to healthcare businesses like UAS to assist them in providing specialty services. In addition, working with companies like UAS saves physicians time, while allowing them to expand the level of care they are able to provide each patient. For example, UAS manages all functional aspects of an allergy center, freeing the physician to focus on the clinical side. UAS provides all personnel, technology services, ongoing education for the physician and his or her staff, reimbursement assistance, quality assurance, and supplies and equipment needed for the allergy center to function smoothly and efficiently.

**Q: Do patients ever ask, "Shouldn't I see an allergist?" If so, what is the response?**
A: Yes, primary care physicians often simply inform their patients that allergists are a specialty community who are best trained and equipped to manage patients with the most serious allergic conditions and reactions. UAS protocols are very specific on which patients are appropriate candidates for testing and immunotherapy within the primary care office, and which need to be referred to a board-certified allergist. Below is a list of the types of patients who should see a board-certified allergist for care.

- Those with severe or uncontrolled asthma.
- Patients with serious comorbidities such as cardiovascular disease, neoplastic disorders, COPD, etc.
- Those with significant MAST cell and Eosinophilic disorders.

- Patients who experience moderately severe collagen-vascular or systemic disorders or uncontrolled seizure disorders.
- Patients using beta blockers or other contraindicated medications.
- Women who are pregnant.
- Patients with previous anaphylaxis to aeroallergens.

**Q: Do you have some numbers you can share about the success of patients who have undergone a full course of treatment?**

**A:** When patients have undergone a full course of treatment, the UAS model has shown significant improvement in clinical scores. For example, 94 percent of patients surveyed reported improvement in allergic rhinitis symptom scores, 86 percent reported improved quality of life scores and 79 percent reported a significant decrease in medication scores. [Citation 5]

**Q: Is the treatment expensive for patients?**

**A:** Typically, no. Most insurance plans cover allergy testing and immunotherapy and insurance is verified prior to testing. Furthermore, receiving treatment through a primary care physician often saves patients money when compared to seeing an allergist. Studies have also shown that there can be a 41 percent decrease in healthcare costs when immunotherapy treatment is utilized . [Citation 6] There are also significant long-term benefits that are a direct result of a course of immunotherapy which include the diminished chance of developing allergic asthma and new allergies.

**Q: Is the care model and treatment protocol applicable to treatment of other diseases?**

**A:** Currently, this model is very specific to allergic rhinitis and allergic asthma and UAS only treats these allergic patients. However, it could likely translate well to other disease states in the future, such as the use of immunotherapy to ameliorate atopic dermatitis. Particularly as the PCMH grows as a healthcare delivery model, primary care physicians will be expected to address a wider range of diseases. It makes sense for them to consider adopting this model to treat a variety of specialty conditions.

**Citations**

1. Chronic conditions - a challenge for the 21st century. National Academy on an Aging Society Washington, DC 1999

2. Meltzer E.O., Blaiss M.S., Derebery M.J., et al. Burden of allergic rhinitis: results from the Pediatric Allergies in America survey. J Allergy Clin Immunol 124. (Suppl 3): S43-S70, 2009.

3. Physicians Providing Allergy and Immunology Services. August 2005. Retrieved from http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Education%20and%20Training/FinalSurveyReport.pdf

4. Allergist report (n.d.). Retrieved from http://www.acaai.org/press/Documents/AllergistReport08Final.pdf

5. Schaffer, FM, Welchel, L., and Garner, L. , . "The Safety of Home Immunotherapy Utilizing the United Allergy Services Protocol. Manuscript in preparation. (2012)

6. Hankin CS, Cox L, Wang Z, et al. Does allergen specific immunotherapy provide costs benefits for children and adults with allergic rhinitis? Results from a large-scale retrospective analyses jointly funded by AAAAI and ACAAI. Oral presentation to be presented at the 2011 Annual Conferences of the American Academy of Allergy, Asthma and Immunology. San Francisco (CA), March 18 -22, 2011.

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## Reduced Physician Compensation and Other Trends in Primary Care

*By Debra Wood, RN, contributor*

*January 22, 2013* - Primary care forms the backbone of the nation's healthcare system, providing patients with information about preventive and self-care strategies and ideally coordinating care with specialists and other providers. Yet as 32 million more Americans prepare to join the ranks of the insured, the country not only lacks sufficient numbers of primary-care physicians, but medical students increasingly are choosing to specialize.

Their decisions may have to do with income and earnings potential, along with increasing bureaucracy and other changes in healthcare delivery.

"There is lack of income coming in," said New Jersey internal medicine physician Amit Malhotra, MD. "And the income is unstable. They want you to do more with less time."

Jeff Bullard, MD, founding physician and medical director of MaxHealth Family Medicine in Colleyville, Texas, agreed that primary care and other physicians are feeling frustration about the uncertainty associated with healthcare delivery and continued declines in income.

Jeff Bullard, MD, created an alternative delivery model that has positively affected patient health and the financial solvency of his practice.

The *Physicians Practice* 2012 Physician Compensation Survey found that almost 40 percent of primary-care physicians make less than $150,000 annually, while only 10 percent of radiologists earn less than that amount. Almost 21 percent of primary-care physicians reported that their income was down by more than 10 percent in 2012, compared to 2011, and another 16 percent indicated income drops of less than 10 percent. Conversely specialists saw a moderate increase in income in 2012.

A UC Davis Health System study reported in September 2012 that primary-care physicians' earnings averaged as much as $2.8 million less over the course of their careers than their specialist colleagues.

J. Paul Leigh, lead author of the study, professor of public health sciences and researcher with the UC Davis Center for Healthcare Policy and Research, said, "Without a better payment structure, there will be extraordinary demands on an already scarce resource."

**More employment**

Malhotra predicted even more physicians will become hospital/health system employees and earn comparable compensation to what they received in private practice.

"Physicians see many changes, including the Affordable Care Act (ACA), and all of these changes are driving physicians to have stability in income by being employed," Malhotra said.

Malhotra also cited costs of operating one's own practice as another factor contributing to the trend toward employment. The employed primary-care physician gives up any worries about raises in rent, computer upgrades and other factors associated with owning and operating a practice.

**More government incentives**

This year, the ACA increases Medicaid payment reimbursement rates to primary care physicians to at least 100 percent of associated Medicare rates.

Ideally, that would entice more physicians to treat Medicaid patients, but Martin Serota, MD, chief medical officer of AltaMed Health Services in Los Angeles, which operates 43 Federally Qualified Health Clinics and a Program of All Inclusive Care for the Elderly (PACE), does not believe that money will be enough to convince providers to treat Medicaid patients. He cites two reasons: (1) specialists did not receive a boost, and they will likely continue not accepting Medicaid; and (2) the Medicare rate is not high enough to serve as a good incentive.

Congress also recognized the need for more primary care practitioners during passage of the ACA. At that time, the Association of American Medical Colleges estimated the nation would need approximately 21,000 more primary care physicians in 2015. The act includes $250 million in new funding to train additional physicians, nurses, nurse practitioners (NPs) and physician's assistants (PAs).

**More physician extenders**

Larger practices are adding layers of nurse practitioners and physician assistants while physicians transition to a more supervisory role, said Dike Drummond, MD, an expert in physician burnout prevention and physician engagement at TheHappyMD.com in Mount Vernon, Wash.

Amit Malhotra, MD, anticipated more physicians will become hospital employees or seek other options.

"There will be extensively more [physician extenders]," agreed Malhotra, adding that it erodes the physician–patient relationship. However, he said they provide a needed service in areas lacking physicians. Malhotra also raised the issue of liability and malpractice issues associated with physicians overseeing NPs and PAs who are sued.

**More alternatives in private practice**

As income declines and pressures increase, physicians are looking for alternatives.

"The 'normal practice' of medicine, which is based on high-volume at the primary-care level, is only one model," said Drummond, who expected more physicians will set up direct care/concierge practices, which allow them to decrease the volume and spend more time with the patient, without taking a pay cut. The physician charges patients an annual fee, which he said have declined in recent years to the point most people with a good job can afford.

Various companies, such as SignatureMD in Santa Monica, Calif., can help with marketing, regulatory and business functions

"The number of physicians converting their practices to concierge medicine has increased 500 percent over the last five years, and now with the Affordable Care Act looming on the horizon, the trend is accelerating," said Matt Jacobson, CEO and founder of SignatureMD.

Drummond also noted that some physicians are shifting to micropractices, in which patients pay cash for a visit and overhead is limited to 10 percent to 15 percent of revenue, with no staff, only one exam room and a cell phone.

"You get time with your patients and an adequate income," Drummond said. "I can only see 'Obamacare' increasing demand for this on the part of doctors and patients."

Malhotra suggested more payors reimburse for video and telephone consults, which would eliminate the need for some patients to come into the office, allowing the physician to see more patients. Some health plans have begun covering such visits, but he said it's often different to determine if the patient is covered for those off-site services.

Bullard has taken a different approach with his privately owned practice. While trying to avoid the need to become a hospital employee, he and his colleagues came up with the idea to better serve his patients with the addition of a mental health center, a physical medicine and rehabilitation center, a sports medicine center, a cosmetic medicine center, a full-service gym and weight loss center, and an allergy center in collaboration with United Allergy Services.

"It's hard to find little profit centers in a practice where you can truly impact patient health and financial solvency of the practice," Bullard said. But he has found that with his current mix of services.

Bullard expects more physicians will similarly diversify. Many have visited MaxHealth to learn how to replicate the alternative model of care.

"It's going to touch more and more patient lives," Bullard said. "It shifts from a chronic disease-state management model, which is what primary care offices have grown into, to a preventive and all-encompassing model of treating the patient prior to illness."

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