



TWO NEW CLINICS INAUGURATED

Clinics at Cardinal Santos Hospital and Raffles Corporate Center bring services closer to patients in Greenhills and Ortigas areas.



At Raffles Clinic (from left): Jay Martinez and Sandie Cabral (Med Techs), Dr. Cathy Kuy (OB Gyne), Dr. Ma. Paz Alahambra (Pediatrician), Dr. Herbert Ayucardo (Surgeon), Lynette Chua and Ma. Cristina Gianan (Nurses).

IntelliCare recently inaugurated two (2) major facilities to continuously improve its services to valued clients based at the Greenhills and Ortigas areas.

At the new Raffles Clinic at Suite 801, Raffles Corporate Center in Ortigas, the services rendered are as follows: Medical consultations; X-ray, laboratory and ECG diagnostics; minor OR procedures, annual physical examination (APE) and pre-employment exams; and for medical services- Internal medicine-pulmonary, general practitioner, surgery, cardiology, gynecology and pediatrics.

On the other hand, the clinic at Cardinal Santos Hospital services patients mostly from industrial and commercial establishments in the Greenhills and nearby areas.



At Cardinal Santos clinic. (front row): Pen Pen Sabuga (Senior Manager), Dr. Louie Agregado, Cathy Salazar (Sec.), Cherie Diaz (PRO) and Chille Mabanag (PRO Asst. Mgr.). Second row: Andy Torat (Admin Asst.), Ed Jose (AM), Tito Velasquez (Admin Asst.) and Dr. Ricardo Jocson (Medical Director).

Straight TALK

with CITO BELTRAN
and Pres. MARIO M. SILOS



Straight Talk host Cito Beltran (left), with our President, Mario M. Silos as special guest.



(The following are excerpts from the recent interview between ANC TV Host Cito Beltran and our President, Mario M. Silos);

- CB: Tell us where you are now, is there a mid-life crisis? What is it you really want?
MMS: Well, I looked at the HMO industry then and learned that demographic changes are happening in this world and was radically moving towards an older population in Japan, U.S. Australia and Europe. I saw an impact as it will outstrip other segments of the economy in terms of costs. It will create a double whammy of an aging population and steadily escalating costs.
- CB: After your experience in insurance, how did you eventually get into the HMO industry?
MMS: I believe my training in banking, pre-need, insurance, financials, actuarial, and marketing are sufficient enough to start in the business. These together with a good management team helped us in creating a novel product which can contribute to the growth of the economy. Of course, it has to make sense actuarially. It passes the extreme test when it can help others.
- CB: That is your business plan, but what about your passion to it?
MMS: It is now ten (10) years in the making. I was looking at the future, you know, and where I stand then on the issues of the day. A lot of people were saying that it was safer to go abroad with the economy in the doldrums. But I really believe that there was a room for us here, something positive can come out inspite of all those negative news like - runaway inflation, the falling peso, the Asian crisis, local power crisis, the political scenario, etc. I realized that to survive this atmosphere you and your team shall put your life and soul in it and dedicate these efforts in the name of the company, as your contribution to nation building. At that point you got to have a commitment. There is a need for a paradigm shift. If there is a choice between darkness and light, I guess it is obvious that my choice is the company. It is my passion, light and life.
- CB: What does it require to run an HMO Company?
MMS: You set a structure complete with a national network of doctors, clinics, hospitals and a management team to generate services which meet the need of a synergistic delivery of required demands of your patients, providers and friends. Services that are responsive and available, accessible and affordable. You have to design a product which appeals to your clients and will definitely answer their needs according to their financial and medical requirements.

Meet Our PROs [Patient Relations Officers] - A Test of Endurance and Professionalism

They are our frontliners - this group of sturdy young men and women who are out in the field everyday to greet and cheer our patients -- before, during and after confinement -- and who deals with other medical personnel in the HMO industry. We feature two (2) of their asst. managers, Chille Mabanag and Exelda Millevo, to get the pulse of their work.

An Interview with

PRO Chille Mabanag



When I was hired by IntelliCare, Inc. in October of 1999, all I wanted was to have a job to serve as a source of income. But when I became a part of this company, there was more than one reason why I decided to stay. I felt then that I was a part of a big family. I started as a liaison officer and I enjoyed meeting & interacting with people from all walks of life. I can say that being in the Customer Service Team has never been an easy task but definitely a very challenging and fulfilling one. I've learned to love my work especially during those times when I felt a sense of satisfaction knowing I have extended help and assistance to someone in times of need.

Honestly, I do not have a specific person as a role model. I try to excel in anything I do not because I wanted to pattern myself from the footsteps of someone else but because I wanted to be the best that I can be. The race is against my own self. I try to make each day a learning experience for me, a chance to constantly better myself. In any given task assigned to me, I always want to make sure that

the outcome is a product of the best in me. Although my family and loved ones have served as my greatest inspiration to strive hard, one guiding principle has helped me a lot: "To gladly offer to the Lord whatever task is at hand, be it a simple or a major one."



One critical situation at work that I have experienced that is still fresh in my mind right now was when I received a call

regarding a patient who had a vehicular accident and was brought to a non-accredited hospital. I was advised that the patient has to be transferred to an accredited hospital via ambulance because the non-accredited hospital doesn't have enough facilities to perform the needed operation on the patient. I immediately tried to contact our affiliates knowing that it was a critical condition. Although I exhausted all means, there was a delay because no ambulance was available that time. I was surprised when I called the hospital and learned that the patient then desperately decided to be transferred using a private transportation. I silently prayed that nothing would happen to the patient but a few minutes later, my heart melted when I received a message informing me that the patient passed away. My knees weakened and I felt a bit of guilt thinking I wasn't able to do anything to save the life of the patient that time but my associates assured me that I have done the best I could.

Bonding with my family is very important to me that is why I always make sure that we share quality time together. My husband and I regularly go out on dinner dates and when we go home to the province every weekend to be with our son, we go to mass together, eat out, play and almost do anything together. We also make sure that when my son has school affairs, we find ways to be there. Again, the activity doesn't have to be special. For me, even the simplest thing becomes a wonderful moment as long as we share it together and enjoy being with each other's company.

Aside from my work, I personally believe that relationship with my co-workers is as important because I know that the success of a certain task will not solely depend on me but with the combined efforts of my work associates. Thus, in dealing with them, I always try to understand and to accept each individual for

who he/she is. I remain honest, show my true self without pretensions and maintain an open channel of communication so as to prevent any disagreements. And in cases when misunderstandings can't be prevented, I try to be as humble as I can be to accept my mistakes, learn from them and start all over again.

To the present generation of employees, I can say that sincerity, dedication and commitment are needed to be a part of any company especially of one that boasts of excellent service. This is because when you are selling service, the product doesn't come in a pre-wrapped package. Each client has variable expectations and an own perception of their wants and needs. You have to be constantly flexible and adjustable to understand each individual but at the same time putting into consideration the good of the company as well. I would like to add that for one to be truly happy and enjoy the fruits of his labor, it is of utmost importance that one learns to LOVE the work that he/she does.

I have been personally amazed by how this company grew so fast in just a short span of time. The company was so young when I came in six years ago. The office was then at Skyland Plaza, then after some time it was transferred to Pryce Center and eventually at Feliza Bldg now. The employees were numbering to less than a hundred then, now we are more that three hundred. Our membership has also increased tremendously and we have now more than three hundred thousand clients. We have changed our name to Asalus Corporation (IntelliCare). In all these transitions, I have been, I shall say, a witness to this company's ups and downs, its struggles, endeavors and most of all its successes. Not to mention, we have become one of the top three HMO's in the industry. Now as we celebrate our tenth year anniversary, we definitely had gone a long way, but I believe that we can still achieve more. There is still so much room for growth. Wherever and whatever IntelliCare is now, I am proud to say that I have made my simple and humble contributions. And whatever will become of IntelliCare in the near future, I can always lift my head up high and say "I am a part of it!" for I know there's no other way we'll ever go but up.

PRO Exelda Millevo



What is an ordinary day for you?

A typical day is spent handling clients' concerns and overseeing the day-to-day activities of the Liaison Officers. From time to time, I am faced with irate clients and difficult colleagues. These challenging situations help me improve my problem-solving skills, teach me to anticipate possible crises and allow me to practice grace under pressure.

How do you cope with many demands of your work? Do you follow a formula in dealing with the many temperaments in your work?

My day always starts with a thankful praise for the new day and a petition to the Lord to grant me guidance and tons of patience as I go through my day. This formula always works for me. Having irate customers is a normal occurrence in our job. I may never fully please and satisfy all of them but I achieve inner satisfaction in knowing that I gave it my best shot.

I keep a schedule of priorities. I have a timetable and a planner so as I could keep track of my work pace. I organize my paper works, so as not to clutter my desk.

Tell us about yourself? About your family?

I am the youngest of two siblings. My parents are both teachers. Teachers that they are, they have imparted me not just with knowledge gained in school but also enriched me with the wisdom gained from experience. I lived half my life in Bicol and spent my grade school and high school in a private Catholic school. I am a registered nurse and a graduate of Bicol University. I am happily married to a graphic artist for 3 years now. I joined the company in February 2001 as Medical Liaison Officer of Makati Medical Center.

I am a gentle and caring wife, a dutiful daughter, a considerate sister, a trusted friend and a fair and just employee. I am very family-oriented and most of my fondest memories are of my parents from whose names my own name was coined. My name Exelda was coined after my parents' names, Exequiel and Nilda. My father has greatly influenced my outlook in life. Among the many things that I learned from my father, that struck the most were his thoughts on how to live a fulfilled life. That the essence of living is to be able to choose the kind of life that you want to lead, to grow in it and ultimately, to make a difference. This has been my guiding principle in life. Though he passed away two years ago, he has been a permanent figure in my heart. I owe a large part of who I am now to him.

Continued on page 5

CALL CENTER GROOVE

To have a glimpse of what is a daily grind and how life is in general at their busy working place, we interviewed Customer Service Section Chief, Ms. Cecille San Pedro. Below are the excerpts;

With the huge volume of calls a day, how do you keep your sanity intact?

- I keep my sanity intact by taking one call at a time and focusing on how to assist it the best way I can. I try to keep my composure and look at every problem as a challenge for me to overcome. As for criticisms of our unsatisfied clients, I don't take them personally. In fact, I try to empathize with them.

What keeps you going to work day in and day out despite a tensed atmosphere?

- What keeps me going to work everyday is the fact that I not only have a responsibility to my clients but also to *Intellicare* as well. Despite the tensed atmosphere, I'm glad because my officemates are there, to help lighten up the day. We are a family in the office which makes this place my second home.

Varied calls carry many complaints. Have you found a set of formula to best counter these?

- I try to be courteous and composed especially when there are so many complaints. I understand where that client is coming from because I used to be at the other end of the line. After gathering information about their problems, I analyze them and look for the best possible solution and give them options on what to do. I try my best to put myself on their shoes so that I could understand their situation.

Amongst your group, do you see a deterioration of relationships because of the working environment characterized by pressure from callers?

- It's inevitable for that to happen. There are times when the pressure is just too much that it really gets to you. Good thing we were taught the importance of team work. Even though we argue once in a while, we still respect each other's opinion and willing to admit our own mistakes.

How do you guys relax?

- Clients could get in touch with us in any place at any time through our cellphones. If we do have time to relax, we would just unwind at home and sleep. Or we'd go out with our officemates.



Ms. Cecille San Pedro



What can you say of your present accommodation?

- To lessen the bulk of calls received by the call center staff, we suggest proper orientation of members regarding their coverage. This must be implemented.

Are your staff and officers cooperative enough to support you in your job?

- The Officers are always there to lend a helping hand; to give advice regarding problems I cannot handle. My staff are very cooperative to the extent of working overtime during holidays and days they are needed.

As *Intellicare* gets to be known for service excellence, your department is at the forefront of this transition. What is that you need to do to help lift our expectations?

- We have to work twice as hard. In the Customer Service department, we always remind ourselves that we should work together as a team. This is one of the reasons why our department is very good. Each one of us brings something different on the table.

Who are your role models?

- Our role models are our officers who have made so much to make the company what it is today. They are the people who we look up to in this business. We have so much respect for them and we have learned a lot from them.

Define what is a 'non-toxic' day?

- No such day exists, because everyday, there's a new challenge to overcome. I have dedicated my life in helping others. The fact that I could represent the company in helping others is reward enough for me.

Testimonial

Jhocy Matic HR-ESS

From: Ever Espanol [ever.espanol@jollibee.com.ph]
Sent: Tuesday, January 24, 2006 11:01 AM
To: 'Jhocy Matic, JB-HR'
Subject: INCIDENT REPORT OF HOSPITALIZATION

Hi M' Jhocy,

As discussed, I already forwarded my Official Receipts from x Hospital for reimbursement on the ff.: EENT fee P850.00 and Ambulance P2,500.00.

Also, as relayed to you on the phone, I was admitted at x Hospital last January 9, 2005. But instead of getting well, I felt my condition had worsened.

From a simple case of dizziness (which I later found out to be Vertigo) I became too weak and wouldn't stop vomiting. Nursing students in x hospital would get my blood pressure endlessly until the wee hours in the morning which kept me awake, restless & harassed.

Their EENT doctor (which I had to pay in cash!) told me I had Vertigo but they never gave me proper medicines for almost two days. They just added "vitamin C" to my I.V. solution (dextrose) which made me sicker because they refrained me from eating anything. And my stomach became even more acidic and made me vomit more than 10x the whole day.

When we asked the student in white, who kept on coming in and out of my room, as to when they will give me proper medications for Vertigo, the nursing students just kept on telling us they had to get permission to God knows who, for the administration of my medicines.

And so between 8-9 PM on January 10, still without medicines, my family and I decided that I'd be transferred to Chinese General Hospital via ambulance. After few objections and discussions, x Hospital released me around 11:30 PM.

Good thing the *Intellicare* people, Mr. Roy Urrutia and Jun Salugsugan were very helpful and reliable, I was immediately attended to and was able to get a room at Chinese General Hospital. If not for their dedication to help patients like me, I would have probably suffered longer at x Hospital. But because of the commitment they displayed despite coordinating beyond their working hours, I was relieved. And for that I will forever be grateful to them.

I was discharged from Chinese General Hospital feeling better last January 13, 2006.

Thank you very much.

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E D I T O R I A L

By: Ernesto M. Reyes, Jr., Executive Editor

DIFFERENTLY-ABLED, THE SPECIAL PEOPLE

There is a saying attributed to Winston Churchill which goes, "Success is not final and failure is not fatal. What counts is the courage to go on." This, in a way, should be a good reflection about the struggle of today's PWDs (*Persons with Disabilities*).

The continuing need for a new and more tolerant attitude of the society toward PWDs has paved the way for their placement in competitive employment and enhanced social image.

According to a report from the National Statistics Office (NSO) (December 2001), there are at least 919,292 people in the Philippines who are disabled, both mentally and physically. Of these, 392,620 are visually impaired, followed by about 75,041 who fall under the mentally retarded category. The increase in the number of schools and institutions which cater to the needs of some people with exceptionalities is also an indicator of the growing number of children with disabilities. The results of a California study In 1999, claimed that instances of autism have risen dramatically, approaching epidemic proportions. It therefore compels society to recognize the special needs of the handicapped.

And society is responding, yet perhaps slowly. Take for instance the PWDs demand for special considerations in voting places during elections. (This should be



at the ground floor of school buildings).

There is the continuing sponsorship of pharmaceutical companies of Paralympics games. Through this activity, it is hoped that the needs of these special individuals, their potentials and capacity to contribute to the upliftment of the quality of life are recognized.

The young people-paraplegics, blind, deaf-mutes and those afflicted with Down's Syndrome of the Earth Savers Movement have conquered their physical and /or economic disabilities and

transformed their handicap into artistic outputs charged with a singular message: Stop violence against mankind and Mother Earth by fighting poverty and pollution, and campaign against conflicts and human rights abuse. They provided dance and song support for the black concert of Miss Deaf America and stage mini-concerts some years back.

The cast is "diverse yet socially-integrated: the singers are blind; the dancers, deaf, the actors, physically and mentally challenged, economically disadvantaged street children and those from the urban poor and indigenous communities."

There is also the Songfest, sponsored by *Gintong Saklay* to help accelerate integration of PWDs into the mainstream of our society as well as improve their social and economic stature.

In San Juan, Metro Manila, the *Sangguniang Bayan* will establish the OPDA (Office of Persons with Disability Affairs), a division under the Office of the Mayor. Through this special agency, programs and services will be extended to them which will ensure their full participation in all aspects of community life.

The Magna Carta for Disabled Persons in 1992 broadly provides for the raising of awareness on the plight of the handicapped, their aspirations and contributions to society as active members of the national working force.

As a final tribute, we salute the differently-abled in displaying their true character and strength, determination and compassion. They do not want our pity and donations, all they want is equal opportunity and the chance for them to show that they are useful members of the society.

The United Nations is currently deliberating on a Convention of the Rights of PWDs.

**The Persons First,
Not Their Disabilities**

By Man Libo-on, Jr.
Consultant

Using politically correct terminology is a relatively new development. People of different races are now identified in terms of their place of origin not their physical description. This progress, however seems to be a long road yet to travel when referring to persons with disabilities. In the field of education, inclusion, rather than segregation has taken root in much the same way as equal opportunity in work. These are big leaps over the old view that even considered disabilities as fruits of sin. Despite these indicators of progress, our society's language when referring to people with disabilities remains stagnant. It is time to raise the level of progress by changing the way we think, our mental models or shifting our paradigms. That is easy to say, difficult to do.

The shift in paradigms can begin with what has been called "People First Language." Essentially, this means considering the persons first and not their disabilities. They have disabilities but disabilities do not make up the persons. Disabilities do not think, feel and act. Persons do. As composed of body, mind and spirit, persons have a profundity untouched by disabilities. Thus terms like "handicapped," "crippled" or "disabled" refer to conditions, not persons. They run counter to the human rights and other fundamental freedoms that are the birthrights of all peoples of the world. A great man once observed "The opposite of a true statement is a false statement. The opposite of a profound truth can be another profound truth." Yes, one can be differently-abled and at the same time be a person!



HOSPITAL HUMOR



By: Donna Martinez

A Doctor's Alphabet

ANTIBODY: against everyone
 ARTERY: the study of fine paintings
 BACTERIA: back door to a cafeteria
 BENIGN: what you'd be after you are eight
 BOWEL: letters like A, E, I, O or U
 CAESAREAN SECTION: a district in Rome
 CARDIOLOGY: advanced study of poker playing
 CAT SCAN: searching for one's lost kitty
 CAUTERIZE: made eye contact with her
 COMA: a punctuation mark
 CONGENITAL: friendly
 CORTIZONE: the local courthouse
 D&C: where Washington is
 DILATE: to live longer
 ENEMA: not a friend
 ER: the things on your head that you hear with
 FIBRILLATE: to tell lies
 GENES: blue denim slacks
 HEMORRHOID: a male from outer space
 IMPOTENT: distinguished, well known
 LABOR PAIN: hurt at work
 MINOR OPERATION: somebody else's
 ORGAN TRANSPLANT: what you do to your piano when you move
 PARALYZE: two farfetched stories
 PATHOLOGICAL: a reasonable way to go
 PHARMACIST: a person who makes a living dealing in agriculture
 PROTEIN: in favor of young people
 RED BLOOD COUNT: Dracula
 RHEUMATIC: amorous
 SECRETION: hiding anything
 TABLET: a small table
 TERMINAL ILLNESS: getting sick at the airport
 TIBIA: a country in North Africa
 TRIPLE BYPASS: better than a quarterback sneak
 TUMOR: an extra pair
 URINE: opposite of "you're out"
 VARICOSE: very close
 VEIN: conceited

Today's other Joke:

Lady outside phone booth to Doctor on phone: "Excuse me, Doctor, you've had the phone

for the past 30 minutes but you haven't said a word."

Doctor: "Pwede ba, I'm talking to my wife."

Doctor in the Hospital

(The Country Orange Register, U.S.)

Father died in his 90s of female trouble in his kidneys.
 The pelvic examination will be done later on the floor.
 The left leg became numb at times and she walked it off.
 A week after operation she spiked a fever.
 At the time of onset of pregnancy, the mother was undergoing bronchoscopy.
 Patient left his white blood cells at another hospital.
 She had a miscarriage at the age of four months.
 The patient's head was in neutral.
 By the time she was admitted to the hospital, her rapid heart had stopped and she was feeling much better.
 Discharge status: Alive but without permission.
 Coming from Detroit, this man has no children.
 Patient stated that if she would lie down, within two or three minutes something would come across her abdomen and knock her up.
 This 14-year-old boy argued with a lawnmower, which then attacked him.
 Patient's abdomen is at war.
 The patient's past medical history has been remarkably insignificant with only a 40-pound weight gain in the past three days.
 This 90-year-old lady was admitted to the hospital as an emergency because of sudden onset of entire left leg.
 Patient is a real gas factory.
 The nursing home where the patient lives was noted to sputter, cough and run a fever.
 The patient is a 71-year old female who fractured her little finger while beating up a cake.
 Healthy appearing, decrepit 69-year old white female, mentally alert but forgetful.

The patient was sent home in plaster. Patient states where she was bitten by both legs of a dog.

She was apparently quite active while sitting.

According to witnesses, the patient was weaving down the street when he suddenly turned into an automobile. She slipped on the ice and apparently her legs went in separate directions in early December.

The patient was admitted to the hospital on the day of admission. Patient states table hit her.

Patient had acute onset of severe Sunday evening.

The patient had reportedly been doing very well when, after breakfast, she suddenly lost her right arm and was unable to speak.

The patient has been pregnant and denies any reason for this.

The patient was provoked by the food on her plate.

Patient was struck by the car in her nose.

cont. from page 2

How do you bond with them?

Now that the only parent I have is my mom, I see to it that whenever she is in Manila or when I go home to Bicol, we spend each moment on activities we mutually like. We hear mass together, we go shopping together, I treat her out to a relaxing massage, spa and for a vacation during special occasions. I also love to chill out with my brother and his family by swapping stories and laughing a lot. I savor all the precious moments that I have with my husband, whether it be watching our favorite shows (*Lost* and *Survivor*), sharing a good book, him teaching me how to paint, us on a trek up the mountain, star gazing, watching the horizon at sunsetor just sitting down and doing nothing at all.

Define relaxation or getting away from work?

Squeezing vacation in my schedule is so difficult, but when I am

blessed with the time, I make it a point to go out of town with my husband for a night or two, away from the city. We are both passionate about the mountains and the ocean, so a little backpacking, beachineering, mountain climbing and a good book on the side would be some ways to relax and unwind. It is such a joyful breather to commune with nature... But since we are in a service oriented company our official phone is always reachable (as long as there is cellular signal) even during vacation.

Who are your (work) role models?

A role model should not be equated with rank or position. I look up to each of the wonderful people in the company, whether an officer or a staff member, so long as he / she embodies the passion for excellence, drive to serve and to represent the company's values in the best way possible.

If given the chance would you go back to school?

I believe in lifelong learning and education, whether it be in the classroom or in the school of hard knocks. I have so much pride in my bachelor's degree diploma and license as a registered nurse but it does not guarantee that I know everything. One needs to continue the quest for knowledge to achieve one's goals In life thus, I would be so happy to have the chance to go back to school.

How do you improve yourself as an employee? What do you suggest so there will be a better working relationship with other departments?

My passion for reading keeps me updated on the current news and trends. It also provides and offers a fresh perspective and broadens the way I perceive situations. Through this, I am able to reaffirm existing beliefs and assimilate some new insights as well. This greatly helps when dealing with clients. Self-improvement also consists of turning negative situations into positive ones. Mistakes are inevitable, but I do not wallow in it. Instead, I try to be pro-active and anticipate possible situations and come up with contingency plans in case things turn awry.

To foster a harmonious working relationship with other departments, the communication lines should be kept open. Being cordial also elicits wonderful results.

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Medical Update: Pneumococcal Disease

1. What is pneumococcal disease?

Pneumococcal disease are infections caused by the bacteria *Streptococcus pneumoniae*, also known as pneumococcus. The most common types of infections caused by this bacteria include middle ear infections, pneumonia, blood stream infections (bacteremia), sinus infections, and meningitis.

2. Which children are most likely to get pneumococcal disease?

Young children are much more likely than older children and adults to get pneumococcal disease. Children under 2, children in group child care, and children who have certain illnesses (for example sickle cell disease, HIV infection, chronic heart or lung conditions) are at higher risk than other children to get pneumococcal disease. In addition, pneumococcal disease is more common among children of certain racial or ethnic groups, such as Alaska Natives, Native Americans, and African-Americans, than among other groups.

3. How prevalent is pneumococcal disease?

Each year in the US *Streptococcus pneumoniae* causes approximately 700 cases of meningitis, 17,000 cases of bacteremia or other invasive disease in children under the age of 5. Children under 2 average more than 1 middle ear infection each year, many of which are caused by pneumococcal infections. *Streptococcus pneumoniae* is the most common cause of bacteremia, pneumonia, meningitis and otitis media in young children.

4. Who is at most serious risk?

Children at increased risk of pneumococcal infections include those with anatomic or functional asplenia (including sickle cell disease), patients taking immunosuppressive chemotherapy, those with congenital and acquired immune deficiency (including HIV infections), those with chronic renal disease and healthy Native American, Alaskan Native, and African American children. Children less than 60 months of age in out of home care are at 2-3 fold higher risk of experiencing invasive pneumococcal infections than children in home.

5. What are the symptoms of pneumococcal disease?

Meningitis:
High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2

years. These symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms may include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. In newborns and small infants, the classic symptoms of fever, headache, and neck stiffness may be absent or difficult to detect, and the infant may only appear slow or inactive, or be irritable, have vomiting, or be feeding poorly.

Pneumonia:

In adults, pneumococcal pneumonia is often characterized by sudden onset of illness with symptoms including shaking chills, fever, shortness of breath or rapid breathing, pain in the chest that is worsened by breathing deeply, and a productive cough. In infants and young children, signs and symptoms may not be specific, and may include fever, cough, rapid breathing or grunting.

Otitis media:

Children who have otitis media (middle ear infection) typically have a painful ear, and the eardrum is often red and swollen. Other symptoms that may accompany otitis media include sleeplessness, fever and irritability.

Blood stream infections:
Infants and young children with blood stream infections-also known as bacteremia-typically have non-specific symptoms including fevers and irritability.

6. How serious is pneumococcal disease?

Pneumococcal disease is a very serious illness in young children. Pneumococcal infections are now the most common cause of invasive bacterial infection in U. S. children. In the United States it is estimated that pneumococcal infections cause 200 deaths, 700 cases of meningitis, 17,000 cases of bacteremia, 4.9 million cases of otitis media (ear infections) annually in children under 5 years of age.

Meningitis is the most severe type of pneumococcal disease. Of children under 5 years with pneumococcal meningitis, about 5% will die of their infection and others may have long-term problems such as hearing loss. Many children with pneumococcal pneumonia or blood stream infections will be ill enough to be hospitalized; about 1% of children with blood stream infections or pneumonia with a blood stream infection will die of their illness. Nearly all children with ear infections

recover, although children with recurrent infections can suffer hearing loss.

7. How is pneumococcal disease spread?

The bacteria is spread through contact between persons who are ill or who carry the bacteria in their throat. Transmission is mostly through the spread of respiratory droplets from the nose or mouth of a person with a pneumococcal infection. It is common for people, especially children, to carry the bacteria in their throats without being ill from it.

8. How is pneumococcal disease treated/cured?

Pneumococcal disease is treated with antibiotics. Over the last decade, many pneumococci have become resistant to some of the antibiotics used to treat pneumococcal infections; high levels of resistance to penicillin are common.

9. Can pneumococcal disease in children be prevented?

The FDA recently licensed a new vaccine for the prevention of pneumococcal disease in children. The new pneumococcal vaccine, Prevnar® (manufactured by Wyeth-Lederle Vaccines), is a vaccine in which the serotypes are conjugated (or linked) to a protein. This new pneumococcal conjugate vaccine has been shown to be highly effective in preventing invasive pneumococcal disease in preventing invasive pneumococcal disease (such as young children. In a study of the new vaccine among 37,000 infants in California, the vaccine was over 90% effective in preventing invasive disease among the children studied. The children who received the new vaccine also had 7% fewer episodes of otitis media and a 20% decrease in the number of tympanostomy tubes (ear tubes) placed. The vaccine was also shown to decrease the number of episodes of pneumonia.

Urinary Incontinence

By Eric A. Trinidad
Associate Editor

Urinary incontinence has been defined as a condition in which involuntary loss of urine is a social or hygienic problem and is objectively demonstrable. It is more common in women than men by a 2-1 ratio. However, 18% of men are affected by incontinence sometime in their lifetime and should not be ignored. For this group, their social lives, confidence, activities and even independence can be completely taken away if the condition is not acknowledged and addressed.

But only one of every ten men who suffer from incontinence will seek treatment. The consequences of this silence are many and can dramatically affect everyday life from the most basic activities to sexual relationships and physical fitness.

There are 3 forms of incontinence in men, each with its own symptoms. These include stress incontinence, urge incontinence and neurogenic bladder or overflow incontinence.

Stress incontinence is the most common form. It is characterized by bladder leakage as a result of an increase in abdominal pressure such as cough, sneeze or laugh. This occurs because an individual urethral pressure falls below their bladder pressure resulting in a failure to stop small amounts of urine loss. Those with stress incontinence are usually dry at night.

Urge incontinence is characterized by urine leakage with a strong sudden urge to urinate. An individual's bladder pressure overcomes their urethral pressure resulting in a "failure to store" sometimes called the "key in the lock" syndrome. With urge incontinence, it is typical to urinate frequently with low amounts of volume voided and also to wake up frequently at night. Urge incontinence is most common in the elderly and its primary cause is enlarged prostate.

Overflow incontinence is also a common result of men with enlarged prostates. It refers to a bladder that has been "overstretched" or overworked over the course of many years and has gone untreated. As a result of the sustained, repeated stretch or overwork, when it is time to empty the bladder, it becomes very difficult to do so because the bladder has lost its contraction force to empty as it once had. Another name used to refer to this condition is "floppy bladder".

Each of these types of incontinence can be linked to prostate cancer, which is the most common male cancer other than skin cancer in the United States. A frequently recommended treatment for the localized disease is radical prostatectomy, which carries the long term morbidity that includes the development of impotence, incontinence or both.

(Source: *The Advance Magazine*)



New Clients

JULIE'S FRANCHISING



From left: Nick Dangcalan, Chito Recamadas, Rommel Ancheta, Jeremy Matti, Intellicare President Mario M. Silos, JFC President Robert Gandionco, JFC COO Virgilio Espeleta, Loret Maratas and Gerry Vargas.

BANK OF COMMERCE



From left: Mark Gamir, Eunice Manguiat, Atty. Marissa Espino, Elvie Muñoz, Gerry Vargas, Bank of Commerce FVP HRD Susan Alcala-Uranza, Bank of Commerce EVP-ESSS Arturo Manuel, Mario M. Silos, Jeremy Matti, Audrey Gallardo and Jun Roxas.

Sta. ELENA PROPERTY CADDIES



From left: Junie Ledesma, Sta Elena Property President Edward Tiu, Mario Silos and Paul Chuatico.

CAGAYAN DE ORO OFFICE NOW BIGGER AND BETTER

By: Honey B. Roble
Asst. Manager CDO-Operations



What used to be a cramped office manned with only 3 support staff, IntelliCare Cagayan de Oro (CDO) Office has now grown bigger and better in terms of servicing, manpower and volume of accounts.

The corporate look of the branch analogous to its IntelliCare Head Office & Regional Centers exude a sense of uniformity in availment procedure of benefits and consistency in the delivery of personalized service to clients.

Being a processing center in Northern Mindanao area, the branch extends its comprehensive services to members & medical providers to the province of Bukidnon, the Caraga Region and the far flung Zamboanga del Sur/Norte in the west.

Align with the company's goals, the branch top priority is to make known IntelliCare's competitive edge over other HMOs, incomparable service to clients thru substantial marketing move.

The New CEBU Office and Staff



DAVAO Office Inauguration



COMPASSION and SERVICE

By Marissa B. Ancheta



Dr. Ellen Sapuriada-Aranas originally wanted to be a medical technologist until her father suggested that a medical course might be

appropriate for her. She agreed and has never looked back since then.

Dr. Aranas graduated in 1978 from her pre-med course and finished her medical proper studies at Cebu Doctors College of Medicine. Early on she knew that one didn't have to be an intellectual to be a doctor. Focus was the key in surviving late hours of studies and 24-hour hospital duty. This was at the back of her mind as she finished her internship at Veterans Memorial Hospital. Finally, in 1984 she passed the

board, an achievement on her part and a fulfillment of a dream for her father.

At that time there was a mandatory requirement for all newly passed doctors to take on the rural health service for at least six months. She was assigned to serve in Bayombong, Nueva Vizcaya with ten other doctors. Dr. Ellen thoroughly enjoyed the experience that she extended her service for six more months. The Nueva Vizcaya experience is permanently etched in her heart. There she learned to be compassionate.

The hours were long and yet she found joy in serving the poor. She met many people from the barrios who couldn't even afford the basic medical consultation and treatment.

When she returned to Manila for her residency, Dr. Ellen knew that she definitely loves being a doctor and helping people especially those who can't afford to pay high medical expenses. She eventually took her residency in internal medicine at De Los Santos Medical Center and at St. Luke's Heart Institute for her fellowship in cardiology. In

1991, she began accepting patients in her clinic at De Los Santos and later at St. Luke's. The good doctor remembers it as a time of excitement and a bit of apprehension.



By: Marissa B. Ancheta

THE DOCTOR WHO DECIDED TO STAY



The hospital coordinator is a vital link to the medical services that an HMO provides to its clients. Asalus Times regularly features profiles of these coordinators for they are considered as partners of Intellicare in efficient yet compassionate healthcare management. The interviewee below is Dr. Eli Belarmino, an internist specializing in family medicine, at the Visayas Medical Community Center in Cebu City.

Asalus Times (AT): Tell us briefly about your personal background.

“ I was born in Cebu City on March 23, 1947 where I grew up and studied. I graduated from the Cebu Institute of Medicine in 1972. I belonged to the last batch of graduates under the five-year medicine proper. Now, medicine proper is taken for four years only. I am married to Gemma Belarmino, a medical technologist, with whom I have three children. My youngest is now a practicing oncologist in Cebu City and is married to Dr. Francis Jayson Villegas, an anesthesiologist and pain specialist. My second child is a nurse who is also married to a nurse. My eldest son is a manager at Hyundai Cars. I now have five grandchildren.”

AT: How long have you been a coordinator of Intellicare at the Visayas Medical Community Center?

“ I can’t exactly remember how many years I have been an Intellicare coordinator. It must be about 10 years.”

AT: Many doctors are now leaving the country for greener pastures. Some have even taken up nursing in order to acquire immediate employment in the US. Did you ever consider working abroad?

“ My desire for further training and practicing my profession abroad, in the US to be exact, was extinguished with the declaration of martial law in 1972, the year that I graduated. From then

on I lost all desire to earn a living abroad even at the early stages of my practice when I was still a struggling physician. I guess I am one of the lucky few who benefited with the coming of the HMOs. I will be a hypocrite if I say that Intellicare did not help me in my practice when I was assigned to be their coordinator. I am now financially rewarded and what’s more important I am given a chance to serve and treat a lot of patients. I don’t think I need to go abroad. I am doing well in my practice and there have been instances when I can no longer handle the patients referred to me. Thanks to Intellicare.”

AT: Have you received remarks from your doctor friends who are abroad about the futility of staying in the country?

“ They are actually envious of me because I have a good practice, earning enough and enjoying the comforts of home. Unlike them I don’t have to earn the day’s keep and then go home and do household work. They don’t have that luxury abroad. I don’t really consider it a sacrifice staying in the country. It’s actually the opposite.”

AT: What is the healthcare condition in the far flung barrios of Cebu? How difficult is it for them to get proper medical attention?

“ The health care conditions of those living in the far flung areas are

pathetic. There is so much to be done. This will deteriorate further with the exodus of our medical practitioners.”

AT: The exodus of medical practitioners is alarming the government. What do you think should be done to curb the exodus?

“ The Philippine government can not do anything to arrest the exodus of the medical professionals. The only way to prevent them from leaving most especially those in government service is to give just compensation . Sadly, our government is poor. This is exacerbated by corruption. Not all doctors in private practice are earning that much either because of the economic difficulties of their patients. Some patients barely can’t pay the doctor’s professional fees. But, of course, there are already established doctors who are exceptions and enjoy a thriving practice.”

AT: Can you cite some anecdotes about your patients that make you feel good in deciding to stay in the country?

“ I have developed long term relationships with some of my patients so much so that we joke around. Like they will ask me what is my secret for staying young and handsome.

But the best moments, of course, are when patients proudly tell their friends that I am a good doctor by saving them from death’s door. And then referrals for a consultation follow. This is a valued affirmation.”

Benefits Availment Procedures

In-Patient



If member is advised for confinement, notify Intellicare Hospital Coordinator or call Intellicare Customer Service Department for assistance



Proceed to Hospital Admitting and present accredited physician's and admitting order and Intellicare ID card.



Occupy a room category within the limits of your plan. If member upgrades his room category, there will be corresponding incremental charges [e.g. in the room and board, professional fees and ancillary medical services] depending on the type of upgrading.



Settle charges for non-covered services/items [e.g. miscellaneous expenses such as appliances, toiletries, extra food, exceeded MBL, unified Philhealth incremental charges, etc.] Intellicare Liaison Officer will collect this from you upon hospital discharge.



File Philhealth claim forms before or upon date of discharge.



For Follow-Up Consultations with Specialist, Always Secure a Referral Slip from any IntelliCare Hospital Coordinator. No referral slip for consultations and other services will be paid in cash.

IMPORTANT NOTICE:

- Incremental charges will be billed to the member for the following cases: a) **Voluntary upgrading room category**, b) **unfilled Philhealth** c) **exceeded MBL**, d) **excess in benefit limits**, e) **non-covered services/items**
- If treated in a non-accredited hospital, secure the following documents: **Official Receipts of the Hospital bill and Professional fee/s. Medical Certificate, Charge Slips, Itemized Statement of Account.** etc. upon discharge and submit to **IntelliCare** together with a fully accomplished **IntelliCare Reimbursement Form.**

INTELLICARE 24/7 CUSTOMER SERVICE NUMBERS: [Trunkline 894-3386
Cellphone 0920-9518452 Other cellphone numbers for emergency assistance [during office hours]: 0920-9073698 / 0920-9073699 / 0920-9026019 / 0920-9073707