

A New Mission for Occupational and Environmental Medicine

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At last!

Occupational Medicine has a bright future.

- OEM has turned a corner.
 - Leading indicators show good prospects.
 - Demand for services appears to be expanding again.
- OEM is inherently cyclic and we are entering another cycle.
- Task ahead of us is to take advantage of turn-around and consolidate our gains.



Realities of OM

- OM is largely supply-, not *really* demand-driven
- Specialty image improving, needs promotion
- Credentialing: merit badge approach because training certification system is not working
- Lateral entry by practitioners in other specialties
 - This is a potential strength
- OM practice has suddenly become very attractive
 - Ease of entry
 - Regular hours
 - Diversity of duties
 - Free of most HMO and MCO aggravations
 - Intellectually stimulating, good science



Learning from the Past

- OM lost a major battle in the 1950's in the AMA, which was then dominated by general practice
- "Corporate practice of medicine" a threat
 - Conflict over providing primary care at worksite
 - OM was not fee for service – therefore suspect
 - OM perceived in structural conflict of interest
 - Group practices were also opposed
- ABPM certification was partly a response to this, to upgrade occupational medicine's standing.



In this generation we can set things right!

- "Corporate" organization of practice is now a reality throughout medicine
- New respect for occupational medicine: we can change our standing!
 - New appreciation for our contribution
 - Leadership in evidence-based practice
- Applying medical knowledge more broadly than individual clinical practice.

Occupational medicine has adapted to modern times but the rest of medicine is still in denial.



OM shows resilience.

Downsizing	Rightsizing?
Delaying	Loss of institutional memory
Outsourcing	Closing "medical departments"
Decentralization	Community-based services

For 20 years now, we have been experiencing continuous "restructuring". This is challenging.



What actually happened?

- Increased demand for basic services – more work for everybody!
- Many occupational physicians made transition to managed care, disability management, wellness
- Despecialization of occ med services
 - More emphasis on acute care, musculoskeletal, workers' comp issues
 - Less emphasis on prevention, toxicity
- Business case –forgetting what we do



Diversity of Practice Options

- Acute case and FTW
- Prevention and chronic disease management
- Workers' compensation, IME and AME
- Medicolegal services
- Environmental medicine
- Managed care, inc. medical review for health benefits, liabilities
- Niche areas: EAP, MRO, insurance IME, DoT, govt, corporate med directors, many others



What's driving the future of OM?

- Value added
- Health care trends in US
 - Favorable to OM
 - Highly unfavorable to the rest of medicine
- Liability and rising healthcare costs
- Regulatory policy
- WC reform
- Preparedness activities



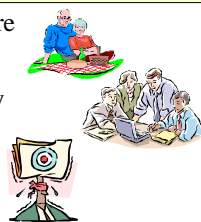
A New Concept for OH

- OM physicians are public health professionals for the employed population
- OH/WC constitute a parallel healthcare system, with different capabilities and drivers
- OH services – a “triple threat”?
 - Support productivity
 - Protect workers health
 - Protect the future of the enterprise



Priorities for Occupational Medicine in 2006

- Excellence in Healthcare
- Health and Productivity
- Workforce Protection



#1 Excellence in Healthcare



Excellence in Healthcare

ACOEM takes the lead, emphasizing prevention:

- ACOEM OM Clinical Guidelines, 2/e – a hit!
- OSHA – ACOEM Ergonomics Alliance
- Utilization Management Knowledgebase – a new tool!
- OEM physicians are now recognized as experts in important clinical and public health fields
 - Occupational and environmental toxicology
 - Musculoskeletal disorders and ergonomics
 - Population medicine
- ACOEM continues to gain credibility and influence



#2 Health and Productivity



Already an opinion leader!

- Harvard Business Review, Presenteeism. October 2004.
- ACOEM Health-Related Productivity Roundtable. The Health of the Workforce and Its Impact on Business. 2003.
- ACOEM and The Benfield Group. Strategic Management Needs in Health and Productivity. 2003.
- ACOEM with Thomas Jefferson University. Health-Related Work Loss and Productivity. 2002.
- Brady W, Bass J, Moser R, Anstadt G, Loeppke R, Leopold R. Total corporate health care costs. J Occup Environ Med. 1997. *Very influential over last decade!*

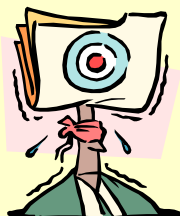


Health and Productivity

- Committee on Health and Productivity
 - ACOEM Health and Productivity Management Toolkit
 - Productivity dialogues (CDC, National Safety Council, Business Groups on Health)
 - Survey on trends in the marketplace
- Section on Work Fitness & Disability, Committee on Staying at Work
 - Project on ACOEM Value Added: targeted to payers and providers
 - RTW: AMA task force and ACOEM Statement



#3 Workforce Protection



Start with the Premise: “People are the critical resource.”

- Dual Mission for Occupational Medicine:
 - Protection of the individual **worker** or employee
 - Protection of the **workforce** as critical infrastructure
- Dovetails well with existing OM functions
 - Surveillance and medical monitoring
 - On-site services
 - Disaster planning
 - Advising senior management on health issues



Emergencies threaten workers and business continuity



Anthrax assault, 2001: Media under siege

Terrorism

Natural disasters

Misadventure



Hurricane Katrina, 2006: businesses destroyed (RTE, Ireland)



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Occupational physicians have done disaster planning for years.

- Now, it's a core function.
- This is a natural extension of our work.
- Homeland security is compatible with :
 - Protection of worker's health
 - Protection of health of the workforce



On May 11, 2004, the Stockline Plastics factory, in Glasgow, exploded, killing nine people, including two company directors, and injuring 37, of whom around 15 were seriously wounded. The four-story building was largely destroyed.



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A New Message for Employers

Traditional



"Occupational health services can make your company more profitable."

New Message



"Occupational health services could save your butt in a real emergency."



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Supporting Business Continuity

- Threat to life and business continuity – maybe literally survival
- Protection against catastrophic loss of business value
 - Protection of life and health of key personnel
 - Protection of life and health of experienced workforce
 - Disaster planning and emergency management
- Examples:
 - Financial sector in NY, NJ, DC
 - Communications and transportation sectors
 - Chaos surrounding SARS in 2003



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OH Services & Emergency Management: A Good Fit

- Employers' and site emergency management plans
- Connectivity to community health resources
 - Mutual assistance
 - Homeland security
 - Emergency response
 - Public health
 - Vaccination programs
 - Surge capacity
- On-site capability to evaluate threats (inc. CBRNE)
- Rapid response to protect key personnel, workforce
- Early and safe return to work in an emergency
- Dual benefit! Return on investment even without an event.



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Challenge: Equipping the OH Professional to Fulfill This Role

OH professionals need:

- OH-specific information on emergency preparedness, response and consequence management
- Timely communications to/from government authorities and peers
- Management tools for terrorist threats or emergency
- Electronic forum for peer-to-peer interaction
- Best practices library



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Response: ACOEM “Assets”

- Initiative by ACOEM Emergency Preparedness Committee
- OH Advisory Committee (OHAC) established, 20 members
 - Occupational Health Subcouncil of Healthcare Sector Council
 - Sponsorship by Deputy Assistant Secretary for Public Health Emergency Preparedness, DHHS:
 - “To facilitate sharing of information about threats, vulnerabilities, incidents, potential protective measures, and best practices, in the health sector”
- Occupational Health and Disaster Expert Network (OHDEN)
 - Proof of concept during Katrina
 - Pandemic website is accessible public face: www.ohden.net/pandemic
- Internal ACOEM Pandemic Flu initiative in progress



The Path Forward



Steps on the Path Forward

- Versatility and problem-solving skills
- Management expertise, cross-training
- Watch patterns in health care organization and finance – they create *opportunities* as well as problems
- Keep eye on the long term; manage the short term
- Added value and better outcomes, not just cost savings



The Future of Occupational Medicine

...is what we create.
Nothing will be given to us.

