Looking for some great tips to energize and revitalize your program? Then meet us in beautiful, leafy Chicago this October.

R

YAN Associates/NAOHP is offering 226 pragmatic tips at its 26th annual national conference and expo. Spend Oct. 8–10 with us at the historic Drake Hotel and learn a bevy of new strategies to help you navigate these turbulent times in healthcare.

We developed 12 conference course topics based on a survey of NAOHP members. The focus will be on providing high-quality, cost-effective and revenue-generating services in the changing healthcare environment.

Courses include managing revenue and expenses, benchmarking, delivering exceptional on-site services, modern sales and marketing strategies, legal and regulatory aspects, integrating wellness services and urgent care services, drug testing, packaging multiple services and shaping the future of the industry.

In addition, special sessions will feature mini-presentations by vendors, how to interface occupational health with employee health and an open NAOHP board meeting.

The conference will be held at the luxurious Drake Hotel in the heart of Chicago’s Gold Coast on the Magnificent Mile. The Drake has 537 guest rooms and five restaurants. The Magnificent Mile is Chicago’s shopping hub, with the world’s best boutiques and restaurants a stone’s throw away from your room. Local attractions include the Museum of Contemporary Art and the Newberry Library.

Fun activities in store are three evening receptions, including one at the famous Gibsons Bar & Steakhouse, a Sunday golf outing at the Harborside International Golf Center, and watching the exciting Chicago marathon.

Attendees will have ample opportunities to exchange ideas, acquire knowledge and network with colleagues all against the backdrop of the Windy City.

Pre-conference
Oct. 6 - 7

Once again this year, the annual conference will be preceded by a two-day pre-conference, held on Saturday and Sunday, October 6 and 7. The pre-conference will fea-
To: NAOHP members
Re: Spring Quarter 2012 conference call
From: Stacey Hart, member services coordinator

The NAOHP board of directors held its quarterly meeting via conference call on May 24. Board Member Trena Williams was unable to attend.

Executive Director Frank Leone and Member Services Coordinator Stacey Hart were in attendance.

Opening comments
Board President Dr. Steven Crawford thanked all of the board members for their participation on the call.

2012 National Conference
Mr. Leone reported that the curriculum, including 12 courses and three special sessions, has been finalized for the RYAN Associates’ 26th annual national conference, October 8-10, in Chicago. He noted that the first course, Core Components for Profitable Occupational Health Programs has been developed as a separate pre-conference, October 6-7 at the Drake. All courses will provide a variety of lecture, panels and audience participation. As usual, the conference will also include many networking opportunities including three evening receptions and a Sunday golf outing at the Harborside International Golf Center.

Mr. Leone also announced that Ms. Emily Freidman, a noted independent writer, lecturer and health policy and ethics analyst, will be the keynote speaker at Monday morning’s general session on Oct. 8.

New member recruitment and renewals
Board member Mike Schmidt and Ms. Hart reported that final NAOHP membership renewals were sent out.

Members who had not renewed were contacted by NAOHP staff and board members via email and telephone. Ms. Hart noted that renewal numbers are very strong for the year. Mr. Schmidt also reported success in securing new NAOHP members.

NAOHP vendor program
Ms. Hart reported that vendor membership is up in 2012 and that she and Mr. Leone were able to meet and connect with new vendor prospects while attending and exhibiting at the UCAOA, AAOHN and AOHC conferences this spring. Dr. Crawford requested that NAOHP board members review what national vendors they work with in their own organizations in order to ascertain new vendors that might be useful resources for members.

Staff and clinician relationships
Mr. Leone reported that RYAN Associates has confirmed that they will co-host a pre-conference with ACOEM titled Workplace Wellness: The Healthy Worker Advantage on Saturday, October 6, 2012, from 8:30 a.m. to 5 p.m. at the Drake in Chicago. He also noted that he was a featured speaker at the annual UCAOA and AAOHN conferences in April and the AOHC National Conference in May.

Board Member Patrick Mcintyre suggested that the NAOHP could work with the Wellness Council of America (WELCOA) to become more engaged in the wellness area of occupational health, providing valuable resources to members. Mr. Leone noted that Integrating Wellness Services into Occupational Health is also a course topic at the national conference this October and will feature faculty experts in this area.

Member education and services
Ms. Hart noted that registration has opened for the RYAN Associates’ 26th Annual National Conference, Providing Healthcare Services to Employers: 226 Pragmatic Tips to Revitalize Any Program. Contact hours for continuing education in nursing will be applied for through the American Association of Occupational Health Nurses (AAOHN) and contact hours for continuing medical education will be applied for through the American Academy of Family Physicians (AAFP).

Mr. Leone reported that his summer seminar tour in nine cities (San Francisco, Cincinnati, Nashville, Philadelphia, Northern New Jersey, Boston, Cleveland, Detroit and

Continued on page 14
Course 1: Core Components for Profitable Occupational Health Programs. This course emphasizes cost-effective program management. It is intended both for those new to the field as well as those who want to refine their business-management skills. It’s also for those planning to take the NAOHP examination to obtain a certificate of competency in occupational health program management.

The pre-conference curriculum will also feature a review of the occupational health vision, achieving operational excellence, staffing models, product line development quality assurance, patient satisfaction, financial management and sales and marketing.

On Saturday Oct. 6, the American College of Occupational and Environmental Medicine will teach a course titled Worksite Wellness: The Healthy Worker Advantage. Industry leaders Dr. Ron Loepke and Pam Hymel will lead the course, to be held 8:30 a.m. to 5 p.m.

Sunday outings
Join all of Chicago to cheer on the runners of the Bank of America Chicago Marathon on Sunday morning, Oct. 7. The marathon starts in Grant Park at 7:30 a.m. and participants will wind their way through the city. Spectators can watch them run by just four blocks from the Drake on La Salle Street.

Then on Sunday at noon, tee off at the Harborside International Golf Center. All skill levels are welcome and players will be paired by skill level. Green fees run $95 and are payable in advance with conference registration.

Sunday evening join us at a welcome reception at the Drake to see some old friends and make new ones, sponsored by MediTrax.

Monday Oct. 8
On Monday, the conference kicks off with a special keynote presentation by Emily Friedman, one of the top minds and speakers on healthcare today. (See our interview with Ms. Friedman on page 5.) Ms. Friedman will be talking about occupational health’s evolving role in the healthcare reform era and is sure to raise some interesting points that will keep everyone talking over the following days.

Dive into courses two through four on Monday:
• Course 2: Integrating wellness services into occupational health programs
• Course 3: Benchmarking: when excellent really means excellent
• Course 4: Delivering exceptional on-site services

Then check out two special sessions in the afternoon:
• Vendor mini-presentations. A rapid-fire introduction to vendors that can serve you better. Learn in five minutes from each vendor what they have in store to save you time when the vendor exhibit opens on Tuesday morning.
• Interfacing occupational health with employee health

Monday evening celebrate 26 years of camaraderie and achievement in the breathtaking Drake Grand Ballroom for a gala reception, sponsored by UL PureSafety.

Tuesday Oct. 9
On Tuesday morning the vendor exhibit opens at 7:30 a.m. and courses continue starting at 8:30 a.m. with sessions that offer a range of tips on getting the most out of your programs.
• Course 5: Managing revenue and expenses
• Course 6: Drug testing: efficiencies and regulations
• Course 7: Legal and regulatory aspects of occupational health
• Course 8: Packaging multiple services under the occupational health umbrella
• Course 9: Integrating occupational health and urgent care services
• Course 10: Adapting to reform: the Illinois challenge

Information and registration

RYAN Associates provides a roommate matching service upon request at info@naohp.com.
Tuesday evening we have a special treat in store with a reception at the legendary Gibsons Bar & Steakhouse, sponsored by Integritas and Health Connections Networks. Gibsons has been the pinnacle of Gold Coast dining for more than two decades and is situated just three blocks from the Drake. The restaurant showcases steaks and chops, fresh fish and enormous lobster tails and is housed in the space made famous by Mr. Kelley’s, where Barbra Streisand and Frank Sinatra performed.

**Wednesday Oct. 10**

On Wednesday, speak your mind at the NAOHP open board of directors meeting at 7:30 a.m., then continue courses from 8:30 a.m. to noon with modern sales and marketing strategies and tactics, and shaping the future. The conference ends at midday so attendees have more time to enjoy all Chicago has to offer.

### NAOHP certification/re-certification

The NAOHP will offer a written examination for occupational health professionals to obtain a *Certificate of Competency in Occupational Health Practice Management* via proctor after the conference. RYAN Associates’ pre-conference course provides a foundation for the examination.

Professionals who successfully passed the exam more than three years ago must be re-certified to retain their status. Certificate holders who wish to become re-certified must complete eight approved units/ hours and a professional profile form available from the NAOHP. Call 800-666-7926 or visit [www.naohp.com](http://www.naohp.com) for additional information.

### Continuing education

**Nurses:** Contact hours for continuing education in nursing have been applied for through the American Association of Occupational Health Nurses (AAOHN), an accredited approver of continuing education by the American Nurses Credentialing Center’s Commission on Accreditation. Approval is pending.

**Physicians:** Contact hours for continuing medical education (CME credit) have been applied for through the American Academy of Family Physicians. Approval is pending.
Ryan Associates is pleased to announce that Emily Friedman, independent health policy and ethics analyst, will be the keynote speaker at our 26th annual conference in Chicago this October.

Ms. Friedman is a writer, lecturer and health policy and ethics analyst based in Chicago. She is a contributing editor of Hospitals & Health Networks and contributing writer to the Journal of the American Medical Association, Health Progress and other periodicals. Ms. Friedman has written more than 800 articles and editorials in the past 34 years and edited and authored several books on healthcare.

She has won many awards and honors, including being named an honorary life member of the American Hospital Association, an honorary life member of the American Medical Association, a Fellow of Academy Health (formerly the Association for Health Services Research), and an honorary lifetime fellow of the American Academy of Medical Administrators.

A dynamic public speaker, for the past two years she has been named among the top five speakers in healthcare by Speaking.com, and she spent three years on the list of Modern Healthcare’s 100 most powerful people in healthcare.

We spoke with Ms. Friedman, who gave us a preview of what NAOHP members will hear from her at the annual conference this fall.

**Q.** What are some of the realities facing occupational health professionals today?

**A.** You have to justify your existence or you will get thrown under the bus. Occupational health has to make the case that it’s not just about teaching checkers to 90-year-olds.

**Q.** How can occupational health justify its existence?

**A.** Occupational health is absolutely critical to getting people back into the workforce and giving people a sense of purpose again. But occupational health, as a service, needs to make a better case for itself.

**Q.** Where are the opportunities for occupational health under healthcare reform?

**A.** There are tremendous opportunities. I think accountable care organizations are being wildly oversold. But there is a creep towards integration in healthcare. Occupational health needs to be part of integrated care. Occupational health should be one of the voices arguing for continuity of care that crosses acute and chronic disease management.

**Q.** How can the profession show its value to payers?

**A.** To prove its worth, occupational health must be able to demonstrate stringent self-evaluation and monitoring as well as outside monitoring. It can’t fall down like home health has. It needs to focus on outcomes, measurements and comparisons. It should team up with physical therapy and other areas to help people achieve and maintain a high level of functioning – that’s an outcome.

**Q.** What other trends do you see in healthcare?

**A.** There’s no real commitment to keeping people healthy – and that includes occupational health. We’re all procedures. We’re all acute. We’re aging and we’re not doing enough to provide a continuum of social and medical care. There’s a massive growth of chronic disease in a system that doesn’t like chronic disease. If you live long enough, you are going to have a chronic condition. But our health system wants to treat episodes.

**On edge at the Supreme Court**

This issue of VISIONS went to press prior to the Supreme Court’s landmark decision on the constitutionality of the Patient Protection and Affordable Care Act of 2010. Visit www.naohp.com for reaction and news on what the decision means for occupational health.
What happens when a new state law cuts your reimbursement by one-third? Find out the challenges Illinois occupational health providers are facing after the enactment of a law last year aimed at reforming the state’s workers’ compensation program.

Course 10, held on Tuesday Oct. 9 at the NAOHP conference in Chicago, is titled Adapting to Reform: The Illinois Challenge.

Providers in Illinois say it is indeed challenging.

“The law has had a dramatic impact on occupational health in our state,” said Dr. David Fletcher, medical director of SafeWorks Illinois, a comprehensive occupational health services company and return-to-work program based in Champaign and Chicago, Ill.

SafeWorks has seen its reimbursement drop by about one-third since the law went into effect, Dr. Fletcher said.

“It’s a dramatic change,” he said.

Signed by Illinois Gov. Pat Quinn last spring, the law is intended to cut the cost of insurance and treatment of injured workers in the state by $500 million. Today, Illinois businesses spend $3 billion a year to insure and treat injured workers.

“The legislation will achieve significant saving for the state of Illinois, as well as attacking fraud and abuse,” Gov. Quinn said in a statement. “We have fundamentally changed our system, allowing Illinois to become more competitive and a better place to do business.”

The law slashed reimbursement rates to physicians and hospitals treating injured workers, and set rules for determining the scope of an injury. Additionally, it gave employers more control over where workers can receive treatment.

Most changes took place in September 2011.

The National Council on Compensation Insurance estimates that the changes will lower insurance premiums by 8.8 percent.

The law also puts a cap on disability payments for carpal tunnel syndrome, which could save employers $19 million a year, according to the governor’s office. It also denies injury claims due to drunkenness.

The law also institutes more requirements on impartiality of arbitration and ethical standards, Dr. Fletcher said.

The NAOHP course will bring together Illinois occupational health leaders, employers, attorneys and representatives from the state medical society to explain the law, it’s fallout and how to adapt to these fundamental changes.

Dr. Fletcher said the program is relevant for providers in other states.

“All states are constantly trying to tighten the reigns on workers’ compensation,” he said. “Illinois was under a lot of pressure because the economy is so bad. A prison scandal involving workers’ compensation was also a factor in the state seeking to get control of billing. It’s a big political issue.”

Some providers have had to cut staff and programs as a result of lower reimbursement. But others have found new opportunities through the legislation, which will be discussed at Course 10.

“I’ve had to become very creative,” Dr. Fletcher said.

Speakers for Course 10: Adapting to Reform: The Illinois Challenge

Mitch Weisz, Illinois Workers Compensation Commission
Dr. David Fletcher, medical director of SafeWorks Illinois
Dr. George Pappas, president and CEO of Tyler Medical Services
Dr. Charles Bush Joseph, professor, Rush University Medical Center, surgeon at Midwest Orthopaedics at Rush
Dr. Richard Kube, surgeon at Prairie Spine and Pain Institute
Robert Maciorowski, partner, Maciorowski, Sackmann & Ulrich
Patrick Gallagher, Illinois State Medical Society
Twenty-six years – that’s a long time – why is this conference still standing?

I feel that we have stayed focused and built on our experiences from year to year. By focus I mean that we have worked to remain within ourselves, and not get greedy when times are good. We try to remain true to what we do well. For example, each year we debrief our board following the conference. We are always learning what we need to do to be even better.

An organization can become stale after 26 years. Why is this year any different than other years? In other words, what’s new?

More than ever, this year’s conference is consumer-driven. Using input from our board we designed a list of about 30 topics that we might address this year and then sent a questionnaire to NAOHP members asking them to rate their interest in each topic. The 12 most highly rated topics became our curriculum. I guess you could say that this is a “registrant’s conference.”

What else is different?

Once we knew the core topics we asked senior contacts in each area for faculty recommendations. Most of this year’s faculty was identified in this manner and they offer new insights.

For example?

Sales and marketing comes to mind. It is a popular topic and I would usually wind up teaching most of it. This year we are bringing in the best and the brightest healthcare marketing specialists who represent the crème de le crème of expertise in such areas as branding and social media.

Tell us about this year’s keynote speaker?

It’s Emily Friedman – and I couldn’t be more excited. Emily is based in Chicago and is a noted health policy and ethics analyst. She is brilliant, proactive, and full of vigor. I have read and admired her material for years. We have had many great keynote speakers over the years, but Emily really stands out.

Your national conference social events have a great reputation. What do you have on tap this year?

You are right – our social events and networking get rave reviews. It probably goes back to my college days when I threw the best parties in town. Funny how seemingly non-descript skills can come back to help you later in your career.

Thanks to our generous sponsors (MediTrax, UL PureSafety, Integritas and the Health Connections Network), we are holding classic receptions all three nights. The first two are in lovely ballrooms and the stately Drake Hotel and the Tuesday night reception is at one-of-a-kind Gibsons Bar & Steakhouse only a few blocks away.

I hear there is a golf tournament.

Yes, we have reserved an hour’s worth of tee times at the nearby Harborside International Golf Center starting at noon on Sunday. We’re pairing everyone by skill level. Can’t wait!

What else is going on over that weekend?

Well, the Chicago Marathon is on Sunday; runners pass near the hotel. And Columbus Day weekend in Chicago is so much fun. The weather is usually great and Chicago is such a fantastic city. Plus the Cubs-White Sox World Series should be gearing up (laughing).

On the academic side, we just entered an agreement for ACOEM to offer their popular Worksite Wellness course on Saturday and we will be offering our veritable Core Components course through the weekend. Offering this as a stand-alone program makes it easier for newcomers to take the course over the weekend and free them up to enjoy the rest of the conference.

And the Drake hotel?

The Drake is the grand dame of Chicago hotels. Just breathtaking.

How about your goals for the conference? What do you wish to accomplish?

Like every year since 1987, it’s the same thing: to ensure that everyone leaves with pragmatic information to do their job more effectively. Roughly 10,000 people have attended prior national conferences and I can only hope that their conference experience made a real difference.

Finally, what do you think lies ahead? Are you optimistic?

A loaded question since I am inherently very optimistic, but I am bullish on things right now. We are seeing an enormous uptick in energy this year and feel that occupational health is well-positioned to become a more central force in healthcare over the coming years.

What final message do you have for our readers?

Love what you do. Occupational health is a wonderful place to be. And please make it to Chicago in the fall. This year’s conference has so much to offer.
What occupational health providers need to know about EHRs

“Knowing is not enough; we must apply. Willing is not enough; we must do.”
—Goethe

These wise words appear in the opening pages of a September 2011 Institute of Medicine report “Incorporating Occupational Information in Electronic Health Records.”

The 74-page report, available at www.iom.edu, highlights the importance of including occupational data in electronic health records, EHRs, and the feasibility of doing so.

The report is important because it brings to the fore the issue of patient management and how occupational health fits into the total picture of a patient’s health.

Providers are rapidly adopting EHRs. Yet, there is still a lot of uncertainty about what the federal government will require and how various systems will work together to best serve patients.

“We need to make sure occupational health is part of the transition to EHRs,” said Dr. Robert Harrison, clinical professor of medicine at the University of California San Francisco, who served on the 11-member IOM committee that drafted the report.

Driving the move towards EHRs is the HITECH Act of 2009. The law provides funds to the Office of the National Coordinator for Health Information Technology (ONC) to promote the implementation of health information technology in healthcare, and about $27 billion to the Centers for Medicare and Medicaid Services to use as incentive payments to physicians and hospitals to support adoption of EHRs.

The financial incentives require that most providers use a certified EHR and demonstrate “meaningful use” of EHRs. Certification requires data security, confidentiality, interoperability and functional capabilities. Hospitals not in compliance by 2015 with meaningful use criteria will face reduced reimbursement from Medicare and Medicaid.

Meaningful use criteria are being rolled out in three stages. The first two stages include no specific elements for occupational health. So, there are no requirements in the core or menu options to collect information on a patient’s industry, occupation or workplace.

But the IOM committee recommends these be included in stage three meaningful use criteria, expected in 2015 or 2016.

Why occupation matters in EHRs

The committee noted that each year nationwide, more than 4,000 occupational fatalities and more than three million injuries occur with more than 160,000 cases of occupational illnesses.

“Advances in incorporating occupational information in EHRs could lead to more effective policies, interventions and prevention strategies to improve the overall health of the working population,” reads the IOM report.

So for instance, knowing that a patient’s occupation is a house painter would help when he presents with symptoms of asthma, Dr. Harrison said.

“We recommended that, at a minimum, industry and occupation be included as a case variable in the EHR,” Dr. Harrison said.

However, there are technical and software hurdles to including these variables in EHRs, he said.

“It sounds easy but there are a lot of challenges in doing it,” Dr. Harrison said. “Like, how is that information coded? There may not be a code for a particular occupation.”

Also important is including past occupations in a person’s EHR, he said.

“At minimum, ‘current occupation’ should be included and updated, and it should be able to be tracked instead of just doing delete and replace,” Dr. Harrison said. “We need the ability to track occupation because certain health conditions have latency periods.”

Knowledge of work environment could help providers craft effective treatment plans, too. For instance, a night shift worker with diabetes might need additional monitoring because irregular hours tend to disrupt insulin
management, according to the IOM report.

This type of data can also help tailor recovery and return-to-work efforts, reduce health disparities, better engage patients and improve public health surveillance and monitoring, the IOM concluded.

Privacy and ethical concerns

While the benefits of including occupational data are profound, it is competing with a bevy of other information to be collected about individual patients.

Also at issue is the myriad privacy and ethical concerns of including occupational information in patient EHRs. The IOM committee recommended that the federal government convene a workshop including labor unions, insurers, providers, workers’ compensation-related organizations and EHR vendor to look at implications of including work-relatedness data into EHRs, with respect to workers’ compensation. The IOM committee also suggested that this workshop propose guidelines and policies for protecting patients’ non-work-related health data from inadvertent disclosure and to respect HIPAA, workers’ compensation and other privacy standards.

The American College of Occupational and Environmental Medicine agrees that privacy and security should be paramount. In a letter sent to Dr. John Howard, director of the National Institute for Occupational Safety and Health, NIOSH, in August 2011, the group wrote of these concerns.

“If OSHA or other federal agencies want to review medical records, employers rely on healthcare providers to disaggregate occupational from personal health information and open these job-related records to the auditing agency,” according to the letter. “A provider conducting mandated health assessments such as preplacement exams, DOT physicals or medical surveillance is acting as an agent of the employer and should not, without consent, have access to an examinee’s personal health information. Providers need to be able to easily communicate work capacity statements stripped of personal health information to a variety of stakeholders. And finally, an employee/patient should be able to complete a health risk assessment at work or in their primary care office and expect that this data will populate both their personal health record and be aggregated for an employer for purposes of population health management.”

The ACOEM is currently developing a position paper on EHRs.

Do I need to comply?

These kinds of firewalls are absolutely crucial, agreed Mary Stroupe, co-founder of Integritas, a certified EHR vendor in Salinas, Calif.

Ms. Stroupe added that many occupational health professionals aren’t paying enough attention to meaningful use and EHRs at their own peril.

“Most occupational health providers dismiss EHRs and national standards because they say, ‘I can’t get reimbursed so it doesn’t apply to me.’” Stroupe said.

But they will have to give patients access to their own records, she added, and patients will soon expect to get detailed personal health data electronically.

“Those without this will have a competitive disadvantage,” Ms. Stroupe said. “They will end up as a data island.”

She compared it to the first years of ATMs, when some banks weren’t part of the ATM network so customers couldn’t withdraw money from their accounts at any kiosk.

“It’s all going towards being anywhere in the world and being able to access your data,” Ms. Stroupe said. “People are going to be left behind if they don’t pay attention to standards.”

Occupational health professionals should be paying attention and advocating for their industry, agreed Dr. Harrison. “We need to be aware of this and be involved in the process with NIOSH,” he said. “And we should be working locally with vendors and IT managers to see how they could be collecting and adding valuable information into EHRs.”

Dr. Harrison added, “We’re all preaching from the same hymn book.”

IOM recommendations on occupational health and EHRs

1. Conduct demonstration projects to assess the collection and incorporation of occupation and industry data into the EHR
2. Set requirements and develop information models for storing and communicating occupational information
3. Adopt industry coding standards for the use in EHRs
4. Assess the feasibility of autocode occupational information collected in clinical settings
5. Develop meaningful use metrics and performance measures
6. Convene a workshop to assess ethical and privacy concerns and challenges of including this information in EHRs
7. Develop and test methods to collect occupational information
8. Develop clinical decision-support logic, education materials and return-to-work tools
9. Develop and assess methods for collecting standardized exposure data
10. Assess the impact of incorporating occupational information into EHRs on overall meaningful use goals

Source: Institute of Medicine
Binge eating hurts work productivity

Binge eating is costing companies millions, according to a study in the Journal of Occupational and Environmental Medicine.

Binge eating, or overeating combined with a sense of loss of control, results in an annual productivity loss of nearly $108,000 for an average company with 1,000 employees, said the study, conducted by Wellness & Prevention, a Johnson & Johnson subsidiary.

Evaluating health risk assessment (HRA) responses from nearly 47,000 adult employees, researchers found that 9.4 percent of the workers reported binge eating.

Frequent binge eating was the third highest health risk associated with excess productivity impairment, after depression and stress. Binge eating was more common among obese employees.

“These findings suggest that efforts to improve the health, productivity, and performance of employee populations should include routine screenings and interventions for binge eating behavior,” said Richard Bedrosian, director of behavioral health and solution development at Wellness & Prevention.

http://www.wellnessandprevention-inc.com

Flame retardants found in common foods, study says

A common type of flame retardant showed up in common grocery items including salmon, turkey and chili with beans, according to a study published in Environmental Health Perspectives.

Researchers tested 36 samples of food sold at Dallas supermarkets in 2009 and 2010. Out of those, 42 percent, or 15 samples, had detectable levels of hexabromocyclododecane, or HBCD, said Dr. Arnold Schecter, professor of environmental and occupational health at the University of Texas School of Public Health in Dallas.

Samples tainted with the chemical included sardines in olive oil, smoked turkey sausages, fresh catfish, fresh deli turkey and ham slices, fresh salmon and chili with beans.

The industry disagreed with the findings, according to WebMD. “Based on these findings, the real story is that HBCD was not detected in the majority of the samples, and in those where it was, it was well below levels where one might see adverse health effects,” said Bryan Goodman, a spokesman for the North American Flame Retardant Alliance of the American Chemistry Council.

Pediatricians caution on sensory-based therapy

The American Academy of Pediatrics is cautioning physicians against using sensory processing disorder as an independent diagnosis, under new guidelines published in June.

Occupational therapists use brushes, swings, balls and other equipment to help treat children with developmental and behavioral disorders. But the academy states it is unclear whether children with sensory-based problems have an actual disorder related to specific pathways of the brain, or if these problems are due to an underlying developmental disorder, according to the academy’s new policy statement.

As a result, the academy recommends that when sensory problems are present in a child, health providers should consider other developmental disorders, including autism, attention deficit/hyperactivity disorder, developmental coordination disorder and anxi-
Some insurers promise to keep popular aspects of federal health law

UnitedHealth Group, Aetna and Humana have announced that they will continue to offer several popular requirements of the federal health reform law no matter how the courts or Congress decide to repeal or change the law. The insurers said they would continue to allow dependents up to age 26 to gain coverage on their parents’ health plans, and would also offer preventative health screenings with no copayment. UnitedHealth Group also said it would not reinstate lifetime limits on coverage. The three insurers also said they would continue to follow new third-party appeals processes for claims denials. More insurers are expected to make similar pledges.

California grants $32 million to fight workers’ compensation insurance fraud

California Insurance Commissioner Dave Jones announced that nearly $32 million in grants will be distributed to District Attorneys in California in order to support their efforts in investigating and prosecuting workers’ compensation insurance fraud.

“Without question, workers’ compensation insurance fraud is problem that brings a significant cost with it in California,” Jones said. “During any time, but especially during these challenging economic times, this type of fraud places a significant added burden on the system. We have an obligation to provide protection to injured workers who require both care and compensation so they are able to get back to work as quickly as possible, while also rooting out fraud perpetrated by those seeking to game the system.”

Every year, the Fraud Assessment Commission determines the grant fund-

ing based on assessments placed on California employers. The California Department of Insurance leads the Workers’ Compensation Grant Review Panel that reviews and makes grant funding recommendations based on multiple criteria including previous year performance based on application submitted by counties. Subsequently, the panel then sends a recommendation to the Insurance Commissioner, who either accepts or amends the panel’s recommendation. Upon completion, the Commissioner’s recommendation is submitted to the Fraud Assessment Commission for their advice and consent. The Fraud Assessment Commission agreed with the Commissioner’s recommendations in their meeting on June 20, ratifying the grant allocations.

Thousands of Americans dying prematurely because of lack of health insurance

About 26,100 people between the ages of 25 and 64 died prematurely due to a lack of health coverage in 2010, according to a report released in June by Families USA, a not-for-profit group in Washington.

Each and every state sees residents die prematurely due to a lack of health insurance. In 2010, the number of premature deaths due to a lack of health coverage ranged from 28 in Vermont to 3,164 in California, according to the report.

The five states with the most premature deaths due to uninsured in 2010 were California (3,164 deaths), Texas (2,955 deaths), Florida (2,272 deaths), New York (1,247 deaths), and Georgia (1,161 deaths).

The number of uninsured Americans reached an all-time high in 2010, as nearly 50 million Americans went without health insurance for the entire year. For many of these uninsured people, the consequences of going without coverage are dire. The uninsured frequently face medical debt or go without necessary care, and too many of them die prematurely, according to Families USA.

“For almost 50 million Americans, not having health insurance isn’t trivial, or just an inconvenience or a minor budget challenge,” said Ron Pollack, executive director of Families USA. “Because of the way we currently provide and charge for health care, many millions of Americans without health coverage are denied regular access to quality care, and many of these people face an unjust sentence of a less healthy life and an earlier death.”

About 5.5 million more healthcare workers needed by 2020

The demand for healthcare services will grow twice as fast as the national economy over the next eight years, creating 5.6 million new jobs, according to a study by Georgetown University Center on Education and the Workforce.

The healthcare industry will grow from 15.6 million jobs in 2010 to 19.8 million jobs in 2020, comprising 13 percent of all jobs. By 2020, we will spend 1 out of 5 dollars we earn on healthcare, according to the report.

A total of 82 percent of those new jobs will require postsecondary education and training, according to the report.

“In healthcare, there really are two labor markets: professional and support,” said Anthony Carnevale, the director of the Georgetown Center and lead author of the report. “Professional jobs demand postsecondary training and advanced degrees while support jobs demand high school and some college. There is ‘minimal mobility’ between the two. And the pay gap is enormous. The average professional worker makes 2.5 times as much as the average support worker.”

Find the full report here: http://cew.georgetown.edu/healthcare
Regulatory Agenda is compiled by occupational health and safety industry experts at UL PureSafety, a member of the NAOHP vendor program. Visit www.puresafety.com.

American Society of Safety Engineers shares vision

Occupational safety has seen much progress thanks to better laws and standards, improved protective technologies and growing recognition of safety’s contribution to organizational performance, Terrie S. Norris, outgoing president of the American Society of Safety Engineers, said during a presentation at the society’s annual conference and expo in Denver. However, injury and fatality rates around the world continue to be a call to action for all stakeholders in occupational safety and health. “We must move past the plateau of complacency and cultivate a culture of prevention in our organizations, in our lives and in our communities,” she said.

Blunt tip suture needles recommended

The National Institute for Occupational Safety and Health, the Occupational Safety and Health Administration and the Food and Drug Administration issued a joint safety communication document that encourages healthcare professionals to use blunt-tip suture needles as an alternative to standard suture needles when suturing fascia and muscle. http://www.cdc.gov/niosh/topics/bbp/pdfs/Blunt-tip_Suture_Needses_Safety.pdf

Bus companies shut down in unprecedented sweep

The Federal Motor Carrier Safety Administration (FMCSA) shut down 26 bus operations, in the largest single safety crackdown in the agency’s history. Additionally, FMCSA ordered 10 individual bus company owners, managers and employees to cease all passenger transportation operations. The bus companies transported more than 1,800 passengers a day from New York to Florida.

Construction injury, fatality rates vary by state, study shows

States that report low numbers of non-fatal injuries among construction workers tend to have high fatality rates, while those with low fatality rates tend to report higher numbers of non-fatal injuries, according to a RAND Corporation study published in the American Journal of Industrial Medicine. Researchers found states with low non-fatal injury rates and high fatality rates tended to be in the South, have lower workers’ compensation benefits, be less unionized and pay lower wages. In contrast, states with high non-fatal injury rates and lower fatality rates tended to be in the West, pay higher benefits and wages, be more strongly unionized and perform more workplace inspections.

Drug testing rates escalate in California

A California Workers’ Compensation Institute (CWCI) study found that widespread use of narcotic medications to treat work-related injuries has fueled exponential growth in the use of drug testing over the past eight years. The volume increase generated about $98 million in medical expenditure in the state last year. In a survey sample of 450,873 drug screen encounters, the rate of screening escalated from 4,012 in 2004 to 186,023 in 2011. The increase coincided with dramatic growth in the volume of Schedule II opioid prescriptions dispensed to injured workers. Meanwhile, the average amount paid per drug testing visit quadrupled from $36 in 2004 to $148 in 2011, a significant shift for employers and drug screen providers.

International agency labels diesel exhaust carcinogenic

The International Agency for Research on Cancer (IARC), which is part of the World Health Organization...
(WHO), agreed on June 12 to classify diesel engine exhaust as carcinogenic to humans (Group 1). The decision is based on sufficient evidence that exposure is associated with an increased risk for lung cancer. It prompted calls for global action to reduce emissions and protests from automotive manufacturers. There has been mounting concern about the cancer-causing potential of diesel exhaust.

**Medical professionals must prepare for driver exams**

All commercial motor vehicle operators who are required to meet Federal Motor Carrier and Safety Administration medical standards must be examined by a medical professional listed on the National Registry of Certified Medical Examiners (NRCME) registry by May 21, 2014. Examiners are required to undergo training and take an exam to be listed on the registry. The American College of Occupational and Environmental Medicine (ACOEM) is offering training courses for examiners; [www.acoem.org](http://www.acoem.org).

**Prevention campaign aimed at construction falls**

Safety Pays—Falls Cost is a new construction-related fall prevention campaign sponsored by the National Institute for Occupational Safety and Health. Educational materials including posters, fact sheets and training tools are available at [www.stopconstructionfalls.com](http://www.stopconstructionfalls.com).

**Responding to mass casualty events**

With adequate funding, greater coordination, and more flexible approaches to research, rapid progress can be made in the way healthcare professionals, government officials, public protection agencies and communities respond to mass casualty events, according to an extensive new report. Refer to Allocation of Scarce Resources During Mass Casualty Events, Agency for Healthcare Research and Quality: [www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov).

**U.S., Mexico sign public health declaration**

U.S. Department of Health and Human Services Secretary Kathleen Sebelius and Mexico Secretary of Health Salomón Chertorivski signed a declaration adopting a shared set of technical guidelines to respond to public health events and emergencies of mutual concern.

**National prevention action plan released**

U.S. Surgeon General Regina M. Benjamin announced the release of the National Prevention Council Action Plan, described as the nation’s first health and wellness road map, on June 13. It is the next step in implementing the National Prevention Strategy to tackle obesity, tobacco and drug use, excessive alcohol use, and chronic diseases, including asthma.

**OSHA sponsoring contest: apps for young workers**

About 15 percent of the U.S. workforce is under 25 years old. To reach this audience, the Occupational Safety and Health Administration is sponsoring the Worker Safety and Health App Challenge, a contest to encourage the creation of tools to educate young workers on safety and health risks using real-life scenarios. Tools developed by contestants could take many different forms, including interactive games, social or professional networks and or data visualization. Submissions may be designed for internet browsers, smartphones, feature phones, social media platforms, or as native Windows or Macintosh applications. The grand prize is $15,000 and an innovator award from the Department of Labor. Contest registration must be completed by Sept. 16, 2012 to qualify for prizes.

**Recommended resource**

**Journal special edition focuses on returning veterans**

With the goal of preparing to manage the health concerns of returning U.S. veterans, the June edition of the *Journal of Occupational and Environmental Medicine*, an American College of Occupational and Environmental Medicine (ACOEM) publication, is devoted to the health effects of the wars in Iraq and Afghanistan. The special issue features 16 articles on a wide range of hazards and concerns of veterans. The health implications are enormous, as an estimated 1.4 million veterans have already returned from deployment, with another 1 million expected, ACOEM reports. Refer to Teichman R, guest ed.; Health Effects of Deployment to Afghanistan and Iraq; J Occup Environ Med. 2012;54(6):655-761.
RYAN Associates’ President Frank Leone is on a nine-city seminar tour. The half-day seminars (8:30 a.m. – noon) focus on selling and marketing occupational health and other related services to employers.

Seminar curriculum closely follows the content of Mr. Leone’s latest book Marketing Healthcare Services to Employers: Strategies and Tactics, a 367-page hardcover volume published by the Sea Hill Press in May 2012. The book is available for purchase at the seminar with personalized book signings scheduled during breaks and immediately following the seminar.

Seminar topics include:
• Effects of healthcare reform
• Developing integrated services
• Service line specific marketing strategies
• Service line specific marketing tactics
• Sales strategies and tactics
• Putting it all into action: a 52-week action plan

Remaining seminar schedule

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>July 18</td>
<td>Marriott Cleveland • Downtown Cleveland, OH</td>
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<tr>
<td>July 19</td>
<td>Doubletree by Hilton • Detroit, MI</td>
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<tr>
<td>July 20</td>
<td>The Sutton Place • Chicago, IL</td>
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<tr>
<td>August 29</td>
<td>The Westin Cincinnati • Cincinnati, OH</td>
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<tr>
<td>August 30</td>
<td>Loews Vanderbilt Hotel • Nashville, TN</td>
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All seminars are from 8:30 a.m. - noon local time
Visit www.naohp.com for more details on the tour

NAOHP News, continued from page 2

Chicago) kicked off and registration is strong in most cities. The seminar series coincides with the publication of his new book, Marketing Healthcare Services to Employers: Strategies and Tactics.

Member benchmarking

Mr. Leone reported that a joint venture is in the final stages with Press Ganey to provide national patient satisfaction benchmarking data for occupational health clinics.

Information management

Board Member Troy Overholt reported two recent large mergers in the area of IT for occupational health. UL has acquired PureSafety, which manages both the OHM and SYSTOC software, and eScreen has merged with Alere. Information management issues will also be addressed in the Shaping the Future: Where do we go from here? course at the national conference.

Publications

Mr. Leone reported that Ms. Rebecca Vesely is the new editor of the NAOHP member publication, VISIONS. Ms. Vesely has many years of experience as a senior writer in the healthcare industry, is an expert on healthcare reform and will bring a global perspective to the publication. Mr. Leone also noted that his new book Marketing Healthcare Services to Employers: Strategies and Tactics has arrived from the publisher and covers a broad array of tips and strategies for many types of healthcare service lines.

The next board meeting will be held by conference call in August.
To list your event, email Rebecca Vesely, VISIONS editor at rvesely@naohp.com

July – Aug 30
RYAN Associates Summer seminar and book signing tour: Marketing Healthcare Services to Employers; Cities nationwide
www.naohp.com

July 21 – 25
4th International Conference on Applied Human Factors and Ergonomics; San Francisco, Calif.
www.ahfe2012.org

Aug. 27 – 29
International Conference on Occupational Health & Safety Summit; Chicago, Ill.
occupationalhealth2012@omics-group.com

August 27 – 30
2012 Republican National Convention; Tampa Bay, Fla.

Aug. 27 – 30
International Conference on Occupational Health & Safety Summit; Chicago, Ill.
occupationalhealth2012@omics-group.com

Sept. 4 – 6
2012 Democratic National Convention; Charlotte, NC

Sept. 12 – 14
Northeast Association of Occupational Health Nurses Conference; Mount Pocono, Pa.
www.neaohn.org

Sept. 13 – 15
Western Occupational Health Conference; San Francisco, Ca.
www.woema.org

Sept. 17 – 20
Work, Health and Wellbeing: Strategic Solutions for Integrating Wellness and Occupational Safety and Health into the Workplace
Harvard School of Public Health
Boston, Mass.
contedu@hsph.harvard.edu

Sept. 17 – 19
M.C. Townsend Associates NIOSH-approved Spirometry courses; Mt. Pocono, Pa., Pittsburgh, Pa., and Baltimore, Md.; Fall 2012
www.mctownsend.com

Oct. 6 - 10
RYAN Associates’ 26th Annual National Conference and pre-conference
Chicago, Ill.
www.naohp.com

Oct. 21 - 24
Medical Group Management Association Annual Conference
San Antonio, Tex.
www.mgma.org

Oct. 25-27
Urgent Care Association of America Fall Conference
New Orleans, La.
www.ucaoa.org

Oct. 31 – Nov. 2
Occupational and Environmental factors in neurological disease and occupational and environmental medicine update
University of California, San Francisco
San Francisco, Calif.
https://www.cme.ucsf.edu/cme/CourseDetail.aspx?course_number=MDM13N01

To list your event, email Rebecca Vesely, VISIONS editor at rvesely@naohp.com
The following organizations and consultants participate in the vendor program of the NAOHP, including many who offer discounts to members. Please refer to the vendor program section of our website at: [http://www.naohp.com/menu/naohp/vendor/](http://www.naohp.com/menu/naohp/vendor/) for more information.

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Vendor, individual and institutional members of the NAOHP will receive a $100 commission for every referral they make that results in a new vendor membership. The commission will be paid directly to the referring individual or their organization. There is no limit to the number of referrals. In other words, if five referrals result in five new memberships, the referring party will receive $500.

If you know of a vendor who would benefit from joining the NAOHP Vendor Program, please contact Stacey Hart at 800-666-7926 x12.
Reed Group, Ltd.
The ACOEM Utilization Management Knowledgebase (UMK) is a state-of-the-art solution providing practice guidelines information to those involved in patient care, utilization management and other facets of the workers’ compensation delivery system. The American College of Occupational and Environmental Medicine has selected Reed Group and The Medical Disability Advisor as its delivery organization for this easy-to-use resource. The UMK features treatment models based on clinical considerations and four levels of care. Other features include Clinical Vignette – a description of a typical treatment encounter, and Clinical Pathway – an abbreviated description of evaluation, management, diagnostic and treatment planning associated with a given case. The UMK is integrated with the MDA for a total return-to-work solution.

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