

CONCURRENT SESSIONS

Speaker Designation: Speakers who are members of ACOEM are indicated with an asterisk (*) throughout this program. The College would like to take this opportunity to recognize their contribution to ACOEM.

SUNDAY, APRIL 23, 2017

7:00 am-8:00am

Session 099: New Member Orientation **No CME/MOC Credit Offered**

TRACK(S): Other

Are you a potential or new member of ACOEM? Are you a current member who would like to become more involved? Then come to this informal event and network with component, section, and national leaders of the College. Discover ways to get involved and reach the maximum potential of your membership. Continental breakfast will be provided. This session may be of particular interest to residents and recent graduates.

9:00am-10:30am

Session 102: Monitoring Longitudinal Lung Function Measurements using SPIROLA **CME/MOC: 1.5**

TRACK: OEM Clinical Practice

Wesley David Boose*, MD, MPH, US Naval Hospital Guam, Agana Height, GU

LCDR Cara N. Halldin, PhD, CDC/NIOSH, Morgantown, WV

Stella E. Hines*, MD, MSPH, University of Maryland School of Medicine, Baltimore, MD

Michael J. Hodgson*, MD, MPH, OSHA, Washington, DC

Eileen Storey*, MD, MPH, CDC/NIOSH, Morgantown, WV

ACOEM and the American Thoracic Society recommend longitudinal monitoring of pulmonary function tests to detect early signs of excessive lung function decline. Medical surveillance programs that include periodic spirometry can identify workers with excessive lung function decline, providing an opportunity to intervene. Spirometry Longitudinal Data Analysis (SPIROLA) Software is a free tool that can assist with longitudinal spirometry monitoring and detect those at risk for excessive decline. This session will introduce SPIROLA's capabilities to help monitor longitudinal lung function in individuals and among groups, as well as monitoring test quality. Examples of how to use SPIROLA in research and clinical practices will be presented, as well as how spirometry falls under OSHA's record keeping and respiratory protection rules. This session may be of particular interest to residents and recent graduates.

9:00am-12:15pm

Session 101: Introduction to OEM **(for newcomers to occ med only)** **CME/MOC: 3.0**

TRACK: Other

Robert M. Bourgeois*, MD, MPH, FACOEM, Bourgeois Medical Clinic, Morgan City, LA

Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA

Pamela L. Krahl, MD, MPH, US Navy/Uniformed Services University of the Health Sciences, Bethesda, MD

Douglas Wayne Martin*, MD, FACOEM, FAAFP, FIAIME, Unity Point Clinic – St. Luke's Occupational Medicine, Sioux City, IA

Mark A. Roberts*, MD, PhD, FACOEM, Exponent, Inc., Chicago, IL

Daniel G. Samo*, MD, FACOEM, Northwest Medical Group, Chicago, IL

Are you aware of family, urgent care, or internal medicine physicians, nurse practitioners, or physician assistants who are not trained in OEM but are interested in adding some OEM competencies to their "tool kits"? If so, let them know about this great opportunity to learn more about OEM! Are you seeing patients with occupational illnesses or injuries such as musculoskeletal injuries with impairment for joints and the spine or opioid-related issues in the workplace? Are you asked to develop return-to-work plans for your patients? This session will provide a brief introduction on the ways that primary care physicians and other practitioners can benefit from the many resources of OEM. This session is intended for those who are new to the field of occupational medicine. This session may be of particular interest to residents and recent graduates.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

CONCURRENT SESSIONS

SUNDAY, APRIL 23, 2017

9:00am-12:15pm

Session 103: Occupational and Personal Risk Factors in Illness and Injury: The NIOSH Compendium Project CME/MOC: 3.0
TRACK: OEM Education and Scientific Research

- L. Casey Chosewood, MD, MPH, NIOSH, Atlanta, GA
- Judith Green McKenzie*, MD, MPH, FACP, FACPM, FACOEM, University of Pennsylvania, Philadelphia, PA
- Michele Kowalski-McGraw*, MD, MPH, Lehigh Valley Health Network, Mountain Top, PA
- Dalia E. Nessim*, MD, MPH, University of Texas Health Northeast, Tyler, TX
- Sudha P. Pandalai, MD, PhD, NIOSH, Cincinnati, OH
- Paul Schulte, PhD, NIOSH, Cincinnati, OH
- Natalie V. Schwatka, PhD, Center for Health, Work & Environment, Colorado School of Public Health, Aurora, CO
- Eric Wood*, MD, MPH, FACOEM, University of Utah Rocky Mountain Center for Occupational and Environmental Health, Salt Lake City, UT

The compendium of occupational and personal risk factors (ORFs/PRFs) in disease and injury is designed to inform general medical and occupational medicine practitioners, researchers, as well as employers, workers, and other stakeholders that there are many instances where ORFs and PRFs can combine to affect disease or injury. Compendium projects undertaken by NIOSH researchers in collaboration with clinicians, researchers and medical residents at several occupational medicine residency programs in the US and methodological considerations for examining occupational and personal risk factors in the workplace will be discussed. Examples of ORF/PRF outcome interrelationships presented will focus on obesity, physical inactivity, prescription opiate and benzodiazepine use, ethnicity, and exposure biomonitoring and health effect biomarkers for occupational and personal risk factors. Future considerations and ORFs, PRFs, and issues in Total Worker Health® will be discussed. This session may be of particular interest to residents and recent graduates.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

Session 104: Research Laboratory Biohazard Exposure Management..... CME/MOC: 3.0
TRACK: OEM Clinical Practice

- Amy Behrman*, MD, FACOEM, University of Pennsylvania, Philadelphia, PA
- Roger M. Belcourt*, MD, MPH, FACOEM, University of California, Davis, CA
- T. Warner Hudson*, MD, FACOEM, FFAFP, UCLA Health System and Campus, Los Angeles, CA
- Robert E. Kosnik, MD, DIH, University of California, San Francisco, CA
- Tom Winters*, MD, FACOEM, Occupational Environmental Health Network, Marlborough, MA

Research laboratory workers risk exposure to a range of viral, bacterial, and fungal pathogens. These agents are often zoonotic and increasingly involve viral vector constructs with oncogenic as well as infectious disease potential. This case-based session will address exposure prevention, counseling, surveillance, and post-exposure management for a range of laboratory pathogens including Lentivirus vectors, Herpes B virus, Q fever, Brucella, pox viruses, Burkholderia, toxoplasmosis, and Meningococcus. Occupational medicine physician roles in developing and executing treatment protocols, collaborating with researchers and veterinary staff, and participating on institutional biosafety committees will be reviewed. This session was organized by the Medical Center Occupational Health Special Interest Section.

10:45am-12:15pm

Session 105: Occupational Spirometry Highlights: Pitfalls and Interpretation CME/MOC: 1.5
TRACK: OEM Education and Scientific Research

- Mary C. Townsend*, DrPH, MC Townsend Associates, LLC, Pittsburgh, PA

Occupational spirometry is often performed to comply with federal regulations and industry requirements. However, the technical quality of such testing is often mediocre, producing inaccurate results and leading to incorrect inferences about worker health. To increase practitioners' awareness of the impact of spirometry's many aspects, this session draws on requirements and best practice guidelines for occupational testing. Recent regulatory requirements for spirometry in miners and in silica-exposed workers will be reviewed. Major spirometer issues, requirements for valid tests, volume-time and flow-volume curves and what they tell the technician and the practitioner, and interpretation of test results will also be covered. Testing errors will be demonstrated. Session participants are encouraged to print out OSHA 3637-03 2013: Spirometry Testing in Occupational Health Programs: Best Practices for Healthcare Professionals from www.osha.gov/Publications/OSHA3637.pdf.

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SUNDAY, APRIL 23, 2017

1:30pm-2:30pm

Session 106: Occupational Dermatoses: What the Practicing Occ Doc Needs to Know..... CME/MOC: 1.0

TRACK: OEM Clinical Practice

Heather P. Lampel*, MD, MPH, FACOEM, FAAD, Cary Dermatology, Cary, NC

Workers in many occupations are at risk for development of work-related or work-exacerbated skin conditions. Identification and appropriate management of occupational dermatoses, including but not limited to allergic and contact dermatitis, are important to reduce lost work time and to correctly identify workers who may need restrictions, job reassignment, and/or vocational rehabilitation. A case-based approach will be used to discuss the epidemiology, risk factors, clinical presentation, and initial management of common occupational skin conditions, including irritant, allergic, and contact dermatitis. The session will also include a discussion about indications for referral to dermatology specialists for specific skin conditions. This session may be of particular interest to residents and recent graduates.

Session 107: Cutting-Edge Sustainability Models for Health Care Employers: Delivering Well-Being to Patients, Employees, and the Community CME/MOC: 1.0

TRACK: Environmental Health and Risk Management

Ismail Nabeel*, MD, MPH, FACOEM, Mount Sinai Health Systems, New York, NY

Emily Senay*, MD, MPH, Icahn School of Medicine at Mount Sinai, New York, NY

Many hospitals and academic medical centers have addressed the issue of environmental sustainability through the “greening” paradigm. Under this paradigm, hospitals seek to become green or “less bad” by recycling more, reducing energy, and supporting employee and patient wellness programs that reduce environmental footprints. These efforts either stand alone or run alongside operations or the executive suite. In contrast, over the past decades many businesses and corporations have not only been able to reduce their carbon footprint, but are now aspiring to do “more good” (increase human well-being). This concept is known as NET positive. This session will discuss cutting-edge sustainability concepts and make the case for a new health care business paradigm where hospitals embrace NET positivity and become leaders in delivering well-being to patients, employees, and community members.

Session 108: Protecting Health Care Workers in Hospitals: The PRO PPE Sentinel Surveillance System for Contagious Pathogens CME/MOC: 1.0

TRACK: Management and Administration in OEM

Muktar Aliyu*, MD, DrPH, FACOEM, Vanderbilt University Medical Center, Nashville, TN

Melanie Swift*, MD, FACOEM, Vanderbilt University Medical Center, Nashville, TN

Mary Yarbrough*, MD, MPH, FACOEM, Vanderbilt University Medical Center, Nashville, TN

In the event of a pandemic, a new highly contagious pathogen, or bioterrorism, health care worker (HCW) safety relies largely on the effective use of personal protective equipment (PPE). During the H1N1 influenza and Ebola outbreaks, hospitals experienced supply and training challenges related to implementing new CDC recommendations for PPE. The federal agencies who develop new recommendations are not privy to PPE inventory management systems in hospitals, and the strategic national stockpile cannot predict local demands without data on PPE makes and models for which HCW have been trained. Within a facility, stakeholders such as supply chain, occupational health, and emergency preparedness often operate independently. Nationally, there is a lack of clarity regarding US preparedness to protect HCWs while caring for large numbers of highly infectious patients in hospitals. This session will describe the development of a national surveillance system to monitor PPE supply and effective use in hospitals in collaboration with CDC-NIOSH. This session was organized by the Medical Center Occupational Health Special Interest Section.

Session 109: Cluster Busters: The Approach to Cancer Clusters and the Limitations of Environmental Epidemiology CME/MOC: 1.0

TRACK: Regulatory, Legal, Military, and Governmental OEM

Coleen P. Baird*, MD, MPH, FACOEM, US Army Public Health Center, Aberdeen Proving Grounds, MD

Cancer is common and rates vary by type, and the age/sex of the population of interest and their habits, environments, and genetics. Because of or in spite of this, it is not common for a group to perceive that a cancer (or cancers) is occurring too frequently among their ranks. Cancer-cluster evaluations are frequently requested of state or local public health departments and may be requested based on the perceptions of a concerned community or workplace. This session starts with an overview of cancers of interest to the military and potentially associated with military service. Cancer clusters will be discussed with an overview of several clusters evaluated by the US Army Public Health Center. The steps in these assessments will be discussed and some lessons learned or points to consider will be presented. The limitations and challenges of epidemiological approaches to environ-

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mental exposures and cancers will be discussed. This session was organized by the Federal and Military Occupational and Environmental Medicine Special Interest Section.

2:45pm-3:45pm

Session 110: Becoming and Maintaining Board Certification in OEM CME/MOC: 1.0

TRACK: Other

Clare Bonnema, MLIS, American Board of Preventive Medicine, Chicago, IL
Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA

Members of the American Board of Preventive Medicine (ABPM) will discuss specifics regarding the rules for acceptance as a candidate to sit for the initial certification examination, as well as for the four parts required for recertification under maintenance of certification: 1) professionalism; 2) lifelong learning; 3) cognitive examination; and 4) practice performance. Extensive Q&A with attendees has been a hallmark of this session. Additional information is available on the ABPM web site at www.theabpm.org. This session may be of particular interest to residents and recent graduates.

Session 111: Application of Advanced Neuroscience Theories to the Treatment of Workers with Painful Musculoskeletal Conditions CME/MOC: 1.0

TRACK: OEM Clinical Practice

Russell Gelfman*, MD, MS, Mayo Clinic College of Medicine, Rochester, MN

The number of Americans affected by chronic pain exceeds the number affected by diabetes, heart disease, and cancer combined. It is one of the most common reasons for seeking health care, is a leading cause of short-term disability, and is the most common cause of long-term disability. It represents a significant portion of the 20% of injured workers who contribute to 80% of the costs involved in workers' compensation. Despite these statistics, the average physician is often poorly informed about current neuroscience theories of pain and the benefits and risks of various treatment options for pain. As a result, acute and chronic pain is often inadequately treated. This presentation will review current theories of pain on the continuum from acute to chronic and review treatment options in light of this knowledge to improve the care of injured workers who experience disabling musculoskeletal pain.

Session 112: Using Cutting-edge Informatics Tools to Enhance Occupational Health Services in Academic Medical Centers..... CME/MOC: 1.0

TRACK: Management and Administration in OEM

Amir Mohammad*, MD, FACOEM, VA Connecticut VHA/Yale School of Medicine, Orange, CT
Ismail Nabeel*, MD, MPH, FACOEM, Mount Sinai Health Systems, New York, NY

This session will review the different electronic medical record (EMR) and surveillance database Infrastructure currently used in two separate academic medical centers (Veterans Health Administration and Mount Sinai School of Medicine). The session will provide a better understanding of how to incorporate fundamental of informatics principles for an effective usage of EMR (connectivity, usability, care delivery, big data) within the occupational medicine setting. Newer tools demonstrating pattern recognition based on informatics and analytical tools to help with clinical or population study focused intervention within the field of occupational medicine. Review and analysis of data warehouse to support occupational health services. Introduction of NIOSH-funded research pilot project, Using Informatics principles to enhance occupational medicine understanding among primary care physicians. Use of smart FHIR, SNOMED, and wearable technologies to enhance occupational health services.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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2:45pm-3:45pm
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Session 113: Pregnant Worker: Current Challenges and Current Concepts **CME/MOC: 1.0**

TRACK: OEM Clinical Practice

Joseph Leonce Charlot*, MD, MPH, MRO, CIME, RWJ Barnabas Health Corporate Care, Clara Maass Medical Center, Belleville, NJ

The proper occupational medicine management of the pregnant worker is important to promote a safe pregnancy and a healthy child. Attending this session will provide you clinical tips to help you handle the current challenges of the pregnant worker. You will become familiar with resources and concepts to make you an effective occupational medicine provider to the pregnant worker population.

Session 114: Journal Club for the Practicing OEM Physician . CME/MOC: 1.0

TRACK: OEM Education and Scientific Research

Ronda B. McCarthy*, MD, MPH, FCOEM, City of Waco Employee Health Services, Concentra, Waco, TX

Judith Green McKenzie*, MD, MPH, FACP, FACPM, FCOEM, University of Pennsylvania, Philadelphia, PA

This session will use a journal club format to allow physicians an opportunity to refresh their ability to critically appraise scientific evidence and discuss with their peers how it translates into professional practice. The session will provide a forum for practicing physicians to participate in a guided critical appraisal of the scientific literature. After a brief overview, attendees will be guided through the structured steps by experienced faculty using a

round-table discussion format. A current high impact article will be reviewed. The salient elements to be examined are study hypothesis, study design, selection of the study population, data collection methods, statistical analysis, the role of chance, bias and confounding on internal validity, external validity, and context. Both article and template will be provided prior to the conference. This session was organized by the History and Archives Special Interest Section.

Exhibit Hall Reception



SUNDAY, APRIL 23, 2017

4:00pm - 5:45pm
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Join the ACOEM Board of Directors and the Program Planning Committee for the Opening Reception in the exhibit hall. Network with friends over food and drink, see what exciting products and services the exhibitors are showing, and view the impressive poster presentations.

SUNDAY, APRIL 23, 2017

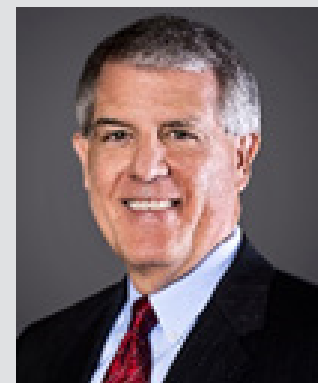
6:00pm - 7:30pm
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Session 100: AOHC Opening Session: AOHC Opening Session: Induction of New Fellows, C. O. Sappington Lecture, and Awards Presentation
CME/MOC: 1.0

TRACK(S): Other

The opening session of the 101st annual meeting of the American College of Occupational and Environmental Medicine will feature the induction of new Fellows and the C.O. Sappington Memorial Lecture. Named for Clarence Olds Sappington, MD, DrPH (1889-1949), a noted consultant in occupational diseases and industrial hygiene, this lecture is presented annually at AOHC to serve as a forum to address major issues in occupational and environmental medicine. ACOEM past president, **Ronald R. Loeppke, MD, MPH, FCOEM**, with US Preventive Medicine Inc., will deliver this year's Sappington lecture on, "Leveraging the Power of Prevention in the Global Quest for Better Health and Safety."

AOHC Opening Session



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MONDAY, APRIL 24, 2017

7:00am-8:00am

Session 200: What Constitutes Excellence: The Best Corporate Health and Safety Programs in America CME/MOC: 1.0
TRACK: Other

Stewart R. Curtis, DO, MPH*, Idaho National Laboratory, Idaho Falls, ID

Fikry W. Isaac*, MD, MPH, FACOEM, Wellworld Consulting, Sarasota, FL

The Corporate Health Achievement Award (CHAA) was first presented in 1997 to recognize organizations for their outstanding, comprehensive array of programs dedicated to protecting and improving the safety, health, and productivity of their workforces. During this session, 2017 CHAA recipients will discuss those aspects of their health programs that may serve as model practices for occupational and environmental medicine and highlight qualities of excellence identified by reviewers. These companies continue to demonstrate that building a culture of health and safety by focusing on the well-being and safety aspects of the workplace yields greater value when compared to companies that do not adhere to CHAA standards. This year's recipient is the Idaho National Laboratory.

Session 201: Opportunities for Integrating Health and Protection and Health Promotion CME/MOC: 1.0
TRACK: Management and Administration in OEM

Janis Davis-Street*, MS, EdD, CHES, Chevron, Houston, TX
Stephen A. Frangos*, MD, MPH, FACOEM, Chevron Corporation, Houston, TX

Total Worker Health® (TWH) is a NIOSH/CDC strategy that proposes that integrating occupational safety and health with work-site health promotion results in a “synergism of prevention” to improve the health of the workforce. This session will identify two key areas where health promotion programming has begun to be integrated with health protection practices in multiple settings within a multinational oil company. The evidence base supporting health as an enabler of safety and productivity will be presented with specific focus on sleep and obesity. Leveraging standard process improvement techniques, the session will describe the evolution of whole-person health strategies that focus on sleep health and weight management as a means of

improving health, safety and human performance. Success factors and challenges that accompany the implementation of TWH in a decentralized company will be discussed.

Session 202: Becoming an ACOEM Fellow CME/MOC: 1.0
TRACK: Other
Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA

Fellow is the highest classification of membership in ACOEM. Fellowship distinguishes and recognizes members of the College for their training, accomplishments, and experience in occupational medicine at the national, component, and local levels, as well as the member's academic and scientific contributions. The Committee of Fellowship Examiners feels passionately that the College needs more Fellows and that those who are making significant contributions to the College and the field of occupational and environmental medicine deserve special recognition. Come to this session to learn about the Fellowship application process.

Session 203: The Independent Medical Examination CME/MOC: 1.0
TRACK: Regulatory, Legal, Military, and Governmental OEM

Douglas Wayne Martin*, MD, FACOEM, FAAFP, FIAIME, Unity Point Clinic – St. Luke's Occupational Medicine, Sioux City, IA

This session will cover the basics and fundamentals of providing an independent medical examination (IME). The session will cover how to start an IME practice and some of the business pitfalls to avoid. It will discuss the methodology of record review and also skills for performance of history taking and for the physical exam. Lastly, the session will cover the importance and significance of creating a well-written and defensible report. This session was organized by the Private Practice in Occupational Medicine Special Interest Section. This session may be of particular interest to residents and recent graduates.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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MONDAY, APRIL 24, 2017

7:00am-8:00am

Session 204: ACOEM Legislative and Government Affairs Update: Recent Wins and Ongoing Challenges for the Public Affairs Council..... CME/MOC: 1.0

TRACK: Regulatory, Legal, Military, and Governmental OEM

- Pamela Hymel*, MD, MPH, FACOEM, Walt Disney Parks and Resorts, Anaheim, CA
- Robert K. McLellan*, MD, MPH, FACOEM, Dartmouth-Hitchcock Medical Center, Lebanon, NH
- Patrick O'Connor*, Kent & O'Connor, Inc., Washington, DC
- Paul J. Papanek*, MD, MPH, FACOEM, Cal/OSHA, Long Beach, CA

This session will cover ACOEM's recent activities in government affairs including what ACOEM is doing about health care reform, opioid policy, OEM residency funding, TSCA, lead poisoning, DOT and sleep apnea, OSHA regulations, GINA; and other topics of current interest. The session will also highlight a number of difficult policy issues that ACOEM faces as a nationally recognized policy leader in OEM and preventive medicine, including controversies about gun safety legislation, global climate change, and credentialing of health care providers. Lastly, the session will help the attendee understand the political climate in Washington as it relates to the house of medicine.

Session 205: Restoring Function and Return-to-Work after Spinal Cord Injury: PEAK Strategies..... CME/MOC: 1.0

TRACK: OEM Education and Scientific Research

- Candace Tefertiller, PT, DPT, NCS, Craig Hospital, Englewood, CO

Approximately 12,000 individuals sustain a spinal cord injury (SCI) each year. In 2016, the mean age of individuals who experienced a SCI was 40.2 years which means that the majority were also engaged in the workforce. Historically, it has been challenging for individuals to return-to-work after an SCI due to ongoing health-related issues, as well as mobility limitations. However, there have been recent technological advancements that have facilitated greater recovery of function and mobility after a SCI allowing many individuals to return to their previous employment. These advancements have also led to the development of activity-based therapy community centers which provide ongoing access and support. This presentation will review recent technological advancements that have resulted in improved mobility and wellness outcomes and will be supported by case studies depicting healthy and productive individuals who have returned to work after a SCI.

8:30am-10:00am

Session 206: OEM and Human Factors: Collaborative Efforts and Update..... CME/MOC: 1.5

TRACK: OEM Clinical Practice

- Andrew S. Imada, PhD, Human Factors and Ergonomics Society, Santa Monica, CA
- William S. Marras, PhD, CPE, Ohio State University, Columbus, OH
- Amy May, MC, CPE, The Boeing Company, Seattle, WA
- David Rempel*, MD, FACOEM, University of California, San Francisco, CA
- Mark A. Roberts*, MD, PhD, FACOEM, Exponent, Inc., Chicago, IL

Today's workplaces are challenged to accommodate for a multitude of factors from generational differences, anthropomorphic changes, varying operational processes, as well as cultural diversity. This session will explore the role of human factors and ergonomics professionals in the workplace on improving safety and health. Brief presentations will be made on the application of a systems approach to workplace safety and health; design principles to accommodate workers, especially those who are overweight and aging; and accommodating the injured worker in return to work. The moderator will encourage comments and questions from the audience. The goal will be to identify workplace situations where these factors work well with OEM to achieve a common goal of maintaining a healthy and productive workplace and workforce.

Session 207: What You Can Do with the COHE Model: Implications for Action..... CME/MOC: 1.5

TRACK: Management and Administration in OEM

- Paul Allen*, MD, Confluence Health, Wenatchee, WA
- Dianna Chamblin*, MD, The Everett Clinic, Evert, WA
- Jennifer Christian*, MD, MPH, FACOEM, Webility Corporation, Wayland, MA
- Nicole Cushman, COHE Alliance of Western Washington, Tacoma, WA
- Benjamin D. Doornink, St. Luke's Rehabilitation Institute, Spokane, WA
- Karen L. Nilson*, MD, Valley Medical Center, Renton, WA

- Thomas Wickizer, MD, Ohio State University College of Public Health, Columbus, OH

This session explores the implications of Washington State's highly successful community-based Centers for Occupational Health and Education (COHE) program for occupational medicine physicians outside Washington State, whether they are in clinical practice or in entrepreneurial, managerial or executive roles. This session begins with a brief overview of the COHE

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community-based “best practices” model for management of work injuries and its well-documented good results: increased worker and employer satisfaction, improved functional outcomes, reduced lost work days and job loss, and a \$4,000 reduction in mean cost per claim. The majority of the session will be spent exploring main opportunities to exploit COHE’s success in other settings. Take advantage of the quantitative evidence that the COHE program has produced to market occupational medicine practices or related businesses and implement an approach similar to COHE outside Washington. The COHE model is a public health/healthcare delivery innovation to upgrade the quality of care across whole communities or regions. Employers or insurers in other jurisdictions may view an adapted COHE model as a good solution for areas in which there is a shortage of trained occupational medicine physicians. This session was organized by the Work Fitness and Disability Special Interest Section.

Session 208: MRO Controversies CME/MOC: 1.5

TRACK: Regulatory, Legal, Military, and Governmental OEM

Karl Auerbach, MD, MS, MBA, FACOEM, Pulse Occupational Medicine, Greece, NY

Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA

Paula Lantsberger*, MD, MPH, FACOEM, Occupational Medicine Associates, Spokane, WA

Douglas Wayne Martin*, MD, FACOEM, FFAFP, FIAIME, Unity Point Clinic – St. Luke’s Occupational Medicine, Sioux City, IA

The session is intended to cover topics that are not traditionally the focus of standard medical review officer (MRO) educational or training programs. The session will include updates on Department of Transportation focal points from the prior year and also address difficult MRO issues, including medicinal or state specific legal recreational marijuana use, and fitness-for-duty issues. The session will end with an MRO Jeopardy game show comprised of audience contestants that is used as a fun way to refresh MRO knowledge and its application. This session was organized by the Medical Review Officers Special Interest Section.

Session 209: What We Can Learn About Back Pain and Work Using Population-based Data from the NHIS.. CME/MOC: 1.5

TRACK: OEM Education and Scientific Research

Matthew Groenewold, PhD, CDC/NIOSH, Cincinnati, OH

Ming-Lun Lu, PhD, NIOSH/CDC, Cincinnati, OH

Sara Luckhaupt*, MD, MPH, NIOSH, Cincinnati, OH

Low back pain (LBP) is one of the leading contributors to OSHA-recordable injuries/illnesses and workers’ compensation claims. But cases of LBP included in these statistics likely only represent a small proportion of all LBP cases related to work because there are many barriers to both the recognition of work-relatedness and to reporting. Population-based data about LBP among all US adults, including workers, is available from the National Health Interview Survey (NHIS). The annual core NHIS includes one question about LBP, and the 1988 and 2015 occupational health supplements (OHS) included additional questions about LBP and its risk factors. In this session, NIOSH investigators will describe the NHIS, new estimates of the burden of LBP, and the prevalence of physical and psychosocial risk factors for LBP among US workers based on the 2015 NHIS-OHS, and NIOSH’s efforts to develop a workforce musculoskeletal pain surveillance tool.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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MONDAY, APRIL 24, 2017

8:30am-12:00pm

Session 210: Resident Research Abstract PresentationsCME/MOC: 3.0

TRACK: Other

- John D. Meyer*, MD, MPH, FACOEM, Mount Sinai School of Medicine, New York, NY (Moderator)
- Craig Paul Anderson*, DO, Uniformed Services University of Health Sciences, Bethesda, MD
- Brent Jones*, MD, MHI, Uniformed Services University of the Health Sciences, Bethesda, MD
- Pearlene Lee*, MD, University of Maryland School of Medicine, Baltimore, MD
- Remington L. Nevin*, MD, MPH, DrPH, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD
- Mellisa Pensa*, MD, MPH, Yale Occupational and Environmental Medicine, New Haven, CT
- Gabriel C. Pepper*, MD, University of Colorado, Aurora, CO
- Charles F. Prezzia*, MD, MOH, The Rocky Mountain Center for Occupational and Environmental Health at the University of Utah, Salt Lake City, UT
- Dwayne Wilson*, MD, University of South Florida, Tampa, FL

This session will provide residents in occupational and environmental medicine with a forum to present current and cutting-edge research. This session may be of particular interest to residents and recent graduates. This session may be of particular interest to residents and recent graduates.

Session 211: OSHA/NIOSH Investigations: Exploring Newly Emerging and Persistent Occupational Scourges. CME/MOC: 3.0

TRACK: OEM Education and Scientific Research

- Bruce P. Bernard, MD, MPH, CDC/NIOSH, Cincinnati, OH
- Dawn L. Cannon, MD, MS, OSHA, Washington, DC
- Judith Eisenberg, MD, MS, NIOSH, Cincinnati, OH
- Kathleen Fagan*, MD, MPH, FACOEM, OSHA, Washington, DC
- Richard J. Thomas*, MD, MPH, FACOEM, Federal OSHA, Washington, DC
- Aaron Tustin, MD, MPH, OSHA, Washington, DC
- Douglas Wiegand, PhD, CDC/NIOSH, Cincinnati, OH

NIOSH and OSHA investigators will present a series of presentations on recent workplace investigations and health-hazard evaluations. Faculty will describe the workplace settings, the specific approaches involving workplace exposures and medical aspects of the cases, the investigation results, and the recommendations to employees, employers, and other stakeholders. Implications for occupational medicine practice, regulations, research, worker and employer education, and public health practice will be

explored. Issues to be addressed will include a combination of newly emerging occupational exposures and illnesses, as well as those exposures which remain the scourge of workers decades after the health risks have been recognized. Time for questions and discussion will be included. This session may be of particular interest to residents and recent graduates.

10:30am-12:00pm

Session 212: Interdisciplinary Approaches to Addressing the International Epidemic of Chronic Kidney Disease of Unknown Origin (CKDu) in Agricultural Workers. CME/MOC: 1.5

TRACK: Management and Administration in OEM

- Claudia Asensio, DrPH, RN, Pantaleon Group, Guatemala City, Guatemala
- Jaime Butler-Dawson, PhD, MPH, University of Colorado School of Public Health, Aurora, CO
- Lee S. Newman*, MD, FACOEM, Center for Worker Health and Environment, Colorado School of Public Health, Denver, CO
- Liliana Tenney, MPH, Center for Health, Work & Environment, Colorado School of Public Health, Aurora, CO

Recent research has confirmed that workers employed by sugar cane plantations and other agribusinesses are in an international epidemic of chronic kidney disease of unknown origin (CKDu), also referred to as Mesoamerican Nephropathy. CKDu largely affects adult men who do not have traditional causes of chronic kidney failure and who work under conditions of high heat and physical exertion in Latin America and parts of Asia. Many theories have been proffered to explain this epidemic. Our team of physicians, exposure scientists, physiologists, epidemiologists, and others is collaborating with companies in Guatemala that are committed to corporate social responsibility to address CKDu, using a Total Worker Health® approach. This session will report what is currently known about the epidemiology, risk factors, mechanisms, interventions, and implications. The session will also examine the pivotal role that occupational medicine can play in addressing this global threat to worker health and productivity. This session was organized by the Rocky Mountain Academy of Occupational and Environmental Medicine.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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Session 213: Responsibilities of the Occupational and Environmental Medicine Physician in the Treatment and Prevention of Climate Change Related Health Problems..... CME/MOC: 1.5

TRACK: Environmental Health and Risk Management

- Margaret Cook-Shimanek, MD, MPH, Resources for Environmental and Occupational Health, Missoula, MT
- Tee Guidotti*, MD, MPH, FACOEM, O+EH&M, Washington, DC
- Ronda B. McCarthy*, MD, MPH, FACOEM, City of Waco Employee Health Services, Concentra, Waco, TX
- Ismail Nabeel*, MD, MPH, FACOEM, Mount Sinai Health Systems, New York, NY
- Mellisa Pensa*, MD, MPH, Yale Occupational and Environmental Medicine, New Haven, CT
- William B. Perkison*, MD, MPH, FACOEM, University of Texas School of Public Health, Houston, TX
- Poune Saberi*, MD, MPH, Hospital of the University of Pennsylvania, Philadelphia, PA
- Paul Schulte, PhD, NIOSH, Cincinnati, OH

An overview of the occupational health effects of climate change on workers will be presented. Following an audience discussion, a panel will present their proposed ACOEM position paper stating the responsibilities of the occupational and environmental medicine physician in the treatment and prevention of climate change related health problems. This session was organized by the Environmental Health Special Interest Section, in conjunction with the Underserved Occupational Populations Special Interest Section.

Session 214: Sit Versus Stand: Optimal Combinations for Managing Low Back Pain CME/MOC: 1.5

TRACK: OEM Clinical Practice

- Jack P. Callaghan, PhD, CCPE, FCSB, University of Waterloo, Waterloo, ON, Canada
- Fred Gerr*, MD, FACOEM, University of Iowa, College of Public Health, Iowa City, IA
- David Rempel*, MD, FACOEM, University of California, San Francisco, CA

Among office workers, low back pain can be associated with prolonged sitting or standing. This session will review recent epidemiologic findings linking low back pain among sedentary workers to the duration of sitting or standing in the workplace. In addition, recent laboratory studies of sedentary workers with low back pain have investigated a range of patterns of sitting and standing to identify combinations that are associated with the greatest relief of pain. Both, epidemiological and laboratory/mechanistic studies examining effects of sitting and standing on back pain will be reviewed.

10:30am-3:00pm

Session 215: What Physicians Need to Know About Health Care Ergonomics: Safe Patient Handling and Beyond CME/MOC: 3.0

TRACK: OEM Education and Scientific Research

- Laura Breeher*, MD, MS, MPH, Mayo Clinic, Rochester, MN
- Debra Milek*, MD, PhD, MPH, University of Washington, Seattle, WA
- Wilma Traughber, MSN, RN-BC, Vanderbilt University Medical Center, Nashville, TN
- Andrew I. S. Vaughn*, MD, MPH, Mayo Clinic, Rochester, MN
- Mamie Williams, MPH, MSN, FNP-BC, Vanderbilt University Medical Center, Nashville, TN

Musculoskeletal injuries are the leading cause of disability in health care and related fields. While 11 states have established requirements for safe patient handling (SPH) and there have been efforts to create a national requirement for SPH programs, for most health care workers patient handling remains a major hazard. Representatives from major medical centers will share lessons learned from experience with implementing and supporting safe patient handling programs. Data demonstrating the value and efficacy of SPH will be discussed. Innovative ideas for proactively addressing ergonomic challenges posed by other healthcare activities will be highlighted, including tips and tools for increasing comfort and reducing injuries in diverse areas throughout a facility from housekeeping to imaging. The Rapid Entire Body Assessment (REBA) tool will also be introduced which can be used for objective measurement in ergonomic evaluation of a task. During the session, participants will gain practical experience with a hands-on opportunity with ergonomic equipment. This session was organized by the Medical Center Occupational Health Special Interest Section.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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MONDAY, APRIL 24, 2017

1:30pm-3:00pm

Session 216: TED2 - The Best of OEM: Top OEM Contributions to the World CME/MOC: 1.5

TRACK: Other

Constantine Gean*, MD, FACOEM, Liberty Mutual Insurance Company, Glendale, CA

Kent W. Peterson*, MD, FACOEM, Occupational Health Strategies, Charlottesville, VA

TED1, presented at the 2015 AOHC in Baltimore, focused on practical skills and tools for improving presentation effectiveness in order to take presenters from “good” to “great” to “outstanding.” TED2 speakers will apply these skills in short, dynamic presentations that succinctly communicate OEM’s top contributions to the world, to employers, workers and communities. The session will address the question, “What is OEM’s competitive advantage?” (Restated, what simple key lessons could employers and workers learn from a hundred years of OEM experience?) Top contributions are selected based on dialog, literature reviews and interaction with the speakers. The session will showcase well-documented, evidence-based workplace policies, programs, practices skills and tools that give OEM professionals competitive advantage. TED1 speakers will coach bright, articulate future OEM leaders to summarize the best evidence of OEM’s top contributions to society.

Session 217: Drug Formularies in Workers’ Compensation CME/MOC: 1.5

TRACK: OEM Clinical Practice

Robert Goldberg*, MD, MPH, FACOEM, HealtheSystems, Lafayette, CA

Paul J. Papanek*, MD, MPH, FACOEM, Cal/OSHA, Long Beach, CA

Alex Swedlow, California Workers’ Compensation Institute, Oakland, CA

In the last few years, several states have recently moved to implement drug formularies in their workers’ compensation systems. Additionally, at least two commercial formularies are already in widespread use for patients treated under workers’ compensation. This session will describe the general structure and operation of drug formularies, provide information and their use in practice in several states, and will provide a practical introduction to currently available workers’ compensation drug formularies.

1:30pm-3:00pm

Session 218: OEM and Workplace Wellness: Paving the Way for Value-Driven Population Health..... CME/MOC: 1.5

TRACK: Management and Administration in OEM

Harris Allen, PhD, Harris Allen Group, Atlanta, GA

Paul Brandt-Rauf*, DrPH, MD, ScD, FACOEM, University of Chicago School of Public Health, Chicago, IL

William B. Bunn*, MD, JD, MPH, FACOEM, Medical University of South Carolina, Hilton Head Island, SC

Jeremy Nobel, MD, MPH, MS, Northeast Business Group on Health, New York, NY

As concerns over mediocre health outcomes and off-the-charts health care spending intensify, strategies for improving population health and health care value have been gaining traction along largely separate tracks. Their fusion and the synergies that result have yet to be explicitly embraced. Workplace wellness has evolved as a major exception as leading employers have become better performers in their stakeholder role – and propelled and modeled the use of an emerging science, value-driven population health (VDPH) – by blending elements from both and achieving major gains in health, well-being, and performance while reining in health care costs. OEM has a leading role to play in advancing the use of VDPH by these purchasers and broadening its uptake in the marketplace by other purchasers and stakeholders. This session will focus on how workplace wellness has helped forge the emerging science of VDPH and what OEM policymakers and practitioners can do to accelerate its uptake.

Session 219: The Beryllium Standard: From Science to Policy CME/MOC: 1.5

TRACK: Environmental Health and Risk Management

Alisa M. Koval*, MD, MPH, MHSA, Denver Health/COSH, Denver, CO

Lisa Maier*, MD, MSPH, FCCP, National Jewish Health, Denver, CO

Margaret M. Mroz, MSPH, National Jewish Health, Denver, CO

Lee S. Newman*, MD, FACOEM, Center for Worker Health and Environment, Colorado School of Public Health, Denver, CO

Michael J. Wright, United Steelworkers, Pittsburgh, PA

This session will bring together a group of experts in the science and policy of chronic beryllium disease (CBD), a lung condition that workers can develop when particles of beryllium or beryllium compounds are inhaled. In addition, beryllium is a known carcinogen linked to lung cancer. Currently, OSHA enforces a 40-year-old permissible exposure limit (PEL) for beryllium in general industry, construction, and shipyards, which does not adequately protect workers against health effects, especially CBD. This session will explore the historical context and epidemiology of occupational beryllium exposure and disease, as well as the current understanding of the mechanisms of health effects and the current state of diagnosis and treatment of CBD, from

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the viewpoint of both physician and patient. This session will not only be relevant to the current OSHA beryllium standard, but will present an approach that can translate science into policy that should be applied to other occupational hazards. This session may be of particular interest to residents and recent graduates.

Session 220: Compliance, Compassion, and Company: Differing Perspectives on Effective Return-to-Work Practices CME/MOC: 1.5
TRACK: OEM Clinical Practice

Kate Bischoff, SHRM-SCP, SPHR, tHRive Law & Consulting, LLC, Minneapolis, MN
Rebecca Briley, SHRM-SCP, EFCU Financial Federal Credit Union, Baton Rouge, LA
Peter Matos*, DO, MPH, FACOEM, FACPM, Traekos Health, Amana, IA

This session brings together experts in human resources, occupational medicine, and legal to present the perspectives of business, health, and compliance on effective return-to-work practices. The human resources perspective will describe the importance of adhering to a policy that focuses on the organization's mission and purpose while also following the law. An outline a successful FMLA process will be described. The perspective of the health care provider will emphasize the importance of good communication among all stakeholders, as well as access to expert occupational medicine physicians and active case management. The legal perspective outlines the laws that organizations must be aware of and the obligations that they have when bringing employees back to work. Return-to-work scenarios with practical applications will be discussed.

3:30pm-5:00pm

Session 221: Creating Your Own OEM Elevator Pitch CME/MOC: 1.5
TRACK: Management and Administration in OEM

Kent W. Peterson*, MD, FACOEM, Occupational Health Strategies, Charlottesville, VA

Can you confidently explain your work to a stranger during a 2-minute ride up an elevator? Can you gain attention, interest, and understanding in your profession in a few short sentences? Can you help your staff quickly explain to a caller what your office does? This hands-on workshop will guide you step-by-step through a process to create your own 2-minute OEM TED Talk. Come prepared to learn, create, coach and be coached, speak, critique and be critiqued, and triumphantly exhort your essence. You will leave with simple, powerful tools for self expression and your personally crafted OEM elevator pitch. If you are a star, you may win a spot on ACOEM's website. Participants only; not for observers.

Session 222: Multi-pronged Approach for Addressing Opioid and Chronic Pain Management in Colorado CME/MOC: 1.5
TRACK: OEM Clinical Practice

Richard Garrett May, MD, Pinnacol Assurance, Denver, CO
Liliana Tenney, MPH, Center for Health, Work & Environment, Colorado School of Public Health, Aurora, CO
Robert Valuck, PhD, RPh, FNAP, University of Colorado School of Pharmacy, Aurora, CO

Prescription drug misuse and abuse is a serious problem both nationally and in Colorado. Each year, overdose deaths from opioid painkillers alone number approximately 17,000 nationally and 300 in Colorado. Such deaths are now more common than alcohol-related traffic fatalities. The CDC calls prescription drug overdose deaths one of the four most serious epidemics facing the nation. Enough opioid painkillers are dispensed by pharmacies in the US to supply each and every American citizen with enough pills to take one every four hours, around the clock, for a month. To address this problem, Colorado convened experts from across the state to create the Colorado Plan to Reduce Rx Abuse and a consortium, which addresses public awareness, naloxone, disposal, surveillance, and provider and prescriber education. This session will discuss the statewide efforts and impact that has resulted from policies, workers' compensation, provider training, and new guidelines.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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MONDAY, APRIL 24, 2017

3:30pm-5:00pm

Session 223: Psychological Fitness-for-Duty Toolkit for Occupational Medicine: Threat Preparedness, Assessment, and Response..... CME/MOC: 1.5

TRACK: OEM Clinical Practice

Michael Coupland*, Rpsych, IMCS Group, Inc., West Palm Beach, FL

Les Kertay*, PhD, ABPP, FIAIME, R3 Continuum, Chattanooga, TN

Michael J. Levine*, MD, MPH, FACOEM, Occupational Medical Consultant, Williamsburg, VA

The occupational medicine physician is the gatekeeper in the preparedness and response to threats in the workplace. This includes employees who display behavior that is deemed to be threatening, from the employee's family members or significant others that bring domestic violence into the workplace, to non-employee violence or threat of violence that impacts the workplace. This presentation will guide participants in developing a plan, starting with a preparedness audit for the identification, referral triggers, and the preparation and report responses for undertaking a threat assessment psychological fitness-for-duty referral. The Psychological Fitness for Duty Toolkit will be updated with threat assessment referral triggers, case identifiers, and referral letters and forms. A threat response section will present the interventions that may be required arising from a threat arising from a threat assessment fitness for duty or arising from other workplace triggers.

Session 224: Promising Practices to Promote Commercial Driver Wellness CME/MOC: 1.5

TRACK: Management and Administration in OEM

Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA

Pamela Hymel*, MD, MPH, FACOEM, Walt Disney Parks and Resorts, Anaheim, CA

Michele D. Smith, PhD, MSN, CRNP, Erickson Living - Ann's Choice, Warminster, PA

Craig D. Thorne*, MD, MPH, MBA, FACOEM, Erickson Living, Baltimore, MD

Commercial motor vehicle (CMV) operators are expected to meet specific federal medical standards. It has been long recognized that as a population, CMV operators are at high risk for many medical conditions which could impact their certification as well as their long-term health and productivity. Some medical examiners may be able to play a dual role in the process, serving both as a certifying examiner and at the same time being able to actively promote health and wellness in their driver

population. This session will highlight many of the wellness opportunities and tools available that occupational health professionals may utilize to promote better health and wellness for drivers. Presenters include experts in commercial driver medical requirements and employee health, wellness, and lifestyle management. Specific promising practice examples from companies that have proactively instituted driver wellness programs will be presented.

Session 225: The New OSHA Silica Standard... CME/MOC: 1.5

TRACK: Regulatory, Legal, Military, and Governmental OEM

Kathleen Fagan*, MD, MPH, FACOEM, OSHA, Washington, DC

Robert Harrison*, MD, MPH, University of California, San Francisco, CA

Paul J. Papanek*, MD, MPH, FACOEM, Cal/OSHA, Long Beach, CA

The newly enacted OSHA silica standard takes effect in mid-2017 and includes new requirements for employers who may be clients of occupational medicine providers, along with new requirements for medical surveillance. This session will outline the background information about the reason for the standard's adoption, key elements of the standard, and controversies involved with surveillance exams of workers with findings consistent with various stages of silicosis, including TB screening, additional consults, and the longitudinal use of imaging studies. This session may be of particular interest to residents and recent graduates.

Session 226: Gulf War Illness: Clinical and Research Recommendations and Controversies..... CME/MOC: 1.5

TRACK: OEM Clinical Practice

J. Wesson Ashford, MD, PhD, VA Palo Alto Health Care System, Palo Alto, CA

Erin K. Dursa, PhD, MPH, Department of Veteran Affairs, Washington, DC

Victor F. Kalasinsky, PhD, Department of Veterans Affairs, Washington, DC

Peter D. Rumm, MD, MPH, FACPM, Post-Deployment Health Services, Department of Veteran Affairs, Washington, DC

Since the 1991 Gulf War, more than 30% of Gulf War veterans have presented to clinicians with a myriad of unexplained symptoms known commonly as Gulf War illness (GWI). This session will introduce this condition, also known as chronic multisymptom illness (CMI), and discuss ongoing differences in opinion on diagnosis and treatment. It will cover the main recommendations from the most recent Institute of Medicine Report: Gulf War and Health: Volume 10: Update of Health Effects of Serving in the Gulf War, 2016. It will explain how the VA Research Advisory Committee on GWI, veterans advocacy groups, and internal VA experts have agreed with or proposed alternatives to the IOM recommendations to assure that scientists and clinicians address

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the most appropriate directions for research and treatment. The session will also present cutting-edge research in this field, research the VA is funding or considering conducting, and how such research might change clinical practice.

5:15pm-6:15pm

Session 227: ACOEM's Maintenance of Certification, Part IV. CME/MOC: 1.0

TRACK: Other

Clare Bonnema, MLIS, American Board of Preventive Medicine, Chicago, IL
Denece Kesler*, MD, MPH, FACOEM, University of New Mexico, Albuquerque, NM

As one of the four parts required for recertification under Maintenance of Certification, ABPM diplomates are required to complete a practice performance assessment, also known as Part IV. This component utilizes a quality improvement model with opportunities for assessment of practice performance and improvement activities available in clinical practice, teaching, research, and administration. This session will cover ACOEM's Part IV program.

Session 228: So, You Want to Be an ACOEM Leader?..... CME/MOC: 1.0

TRACK: Other

Robert M. Bourgeois*, MD, MPH, FACOEM, Bourgeois Medical Clinic, Morgan City, LA
Barry S. Eisenberg*, CAE, ACOEM, Elk Grove Village, IL
Stephen A. Frangos*, MD, MPH, FACOEM, Chevron Corporation, Houston, TX
Nelson S. Haas*, MD, MPH, MA, FACOEM, Workplace Health, Augusta, ME
Paul J. Papanek*, MD, MPH, FACOEM, Cal/OSHA, Long Beach, CA
Tanisha K. Taylor*, MD, MPH, FACOEM, Barnabas Health Corporate Care, Lakewood, NJ

Experienced ACOEM members will share information on their journey in ACOEM and will share leadership tips that will help participants identify ways for further engagement in ACOEM. This session may be of particular interest to residents and recent graduates.

Session 229: Firearm Injury: Facts, Myths, and What Science Tells Us..... CME/MOC: 1.0

TRACK: OEM Education and Scientific Research

Garen Wintemute, MD, MPH, University of California, Davis, CA

Gun violence is a public health issue of grave significance, yet many doctors are misinformed – e.g., “Gag Laws” prohibiting physician-patient discussion of gun issues are largely a myth. Founding director of the University of California, Davis Violence Prevention Research Program, Dr. Garen Wintemute, will discuss what peer-reviewed research shows on firearm injury, including basic epidemiology, preventive strategies, and what evidence exists for interventions such as comprehensive background checks, criteria for denial of access to firearms, etc. The session will distinguish what is based on strong evidence, what is reasonable/educated guessing, and what is unfounded, myth, or just plain wrong. It will explore promising areas for potential policy intervention and how doctors in practice might apply potential interventions in clinical settings. Come learn the facts.

Session 230: A Guide for the Primary Care Physician in Evaluating Diisocyanate-Exposed Workers..... CME/MOC: 1.0

TRACK: OEM Clinical Practice

David I. Bernstein, MD, University of Cincinnati College of Medicine, Cincinnati, OH
Athena T. Jolly*, MD, MPH, FACOEM, UPMC Susquehanna, Williamsport, PA
Mark W. Spence, MD, International Isocyanate Institute, Inc., Midland, MI

Occupational health care providers are often asked to evaluate workers exposed to diisocyanates who are presenting with lower respiratory symptoms at work for respiratory sensitization to diisocyanates. In this scenario, providers need to consider a differential diagnosis that includes non-asthmatic etiologies, aggravation of a pre-existing asthmatic condition, and irritant induced asthma, and which objectively confirms the correct diagnosis using accessible clinical tools. This guide has been developed with the objective of assisting primary care providers, not experienced in the evaluation of occupational lung, to perform an initial evaluation of workers with suspected diisocyanate-related occupational asthma. The guide describes a variety of work-related asthma conditions that must be considered and provides a step-wise approach to the evaluation of work-related asthma. Limitations of this approach will be identified and the importance of an expert assessment by an industrial hygienist presented.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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MONDAY, APRIL 24, 2017

5:15pm-6:15pm

**Session 231: Conversion Disorder and Function
Neurological Conditions CME/MOC: 1.0**

TRACK: OEM Clinical Practice

Jonathan Rutchik*, MD, MPH, FACOEM, University of California,
San Francisco, CA

This session will review cases of patients with confusing clinical pictures, as well as identifying clinical pearls, diagnostic algorithms, and treatment protocols to help practitioners in these challenging situations. In addition, industrial causation and disposition will be discussed and neuropsychological assessment will be included in this didactic session.

AOHC Offsite Social Event at Wynkoop Brewing

MONDAY, APRIL 24, 2017

7:00 p.m. – 9:00 p.m.

Join your peers for a night of easy-going food, fun and friendship!

This event is included with AOHC registration. Guests may attend for \$60 with advance purchase on a space-available basis. All attendees and guests must wear the AOHC badge.

About Wynkoop Brewing and the Social Event: Wynkoop is located in the now-trendy area known as LoDo (LOwer DOwntown), just steps from Union Station and Coors Field (home of the Rockies). The main level features seating, patios and a large bar, while upstairs you'll find the pool hall with pool tables, dart lanes and shuffle boards. For a closer look at the brewing process, tours will be available which include four tasters along the way!

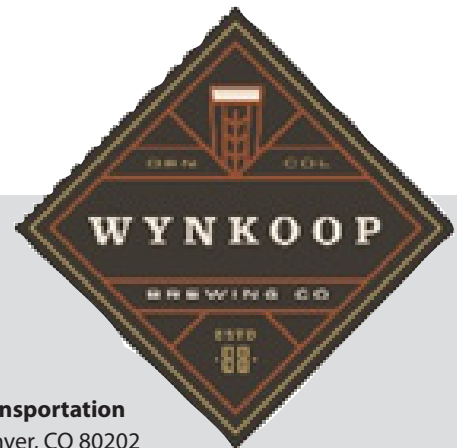
This is a very casual event, come and go as you wish. Food will be reception-style including street vendor tacos, mini pizzas, honey-smoked salmon, vegetarian choices and more. Beverages will include beer, wine and soft drinks. NOTE: must be 21 to request alcoholic beverages; prepare to show ID. Your AOHC name badge is required for entry.

**Session 232: IOMSC:
Update and Future Directions CME/MOC: 1.0**

TRACK: Other

Richard Heron*, MD, FRCP, FACOEM, BPPc, London, England
Ronald R. Loeppke*, MD, MPH, FACOEM, FAAP, US Preventive
Medicine, Inc., Brentwood, TN
Herman Spanjaard*, MD, Arboconsult, Halfweg, Netherlands

The International Occupational Medicine Society Collaborative (IOMSC) is a medical and scientific organization that provides an assembly for representatives of occupational and environmental medicine societies worldwide to: address and collaborate on issues of concern and opportunities; advance the specialty of occupational and environmental medicine; and promote the provision of evidence-based occupational and environmental medicine. The IOMSC has grown from 18 countries participating in 2013 to over 30 countries participating today--representing nations in 6 of the 7 continents. At its fourth annual meeting, members of the IOMSC endorsed a Constitution as a framework to move forward. The IOMSC is developing a business plan to foster continued growth of the organization. In addition to an update, this Session will provide an overview of some of the challenges and opportunities we share around the world as well as the potential projects and future directions of the IOMSC.



Location and Transportation

1634 18th St., Denver, CO 80202

Transportation will be provided between the Sheraton and Wynkoop beginning at 6:45 p.m., circulating between the two locations. Last bus departs Sheraton at 8:30 p.m. and last return departs Wynkoop at 9:15 p.m. Or you can take downtown Denver's continuous FREE 16th Street MallRide shuttle from right outside the Sheraton, get off at Wynkoop Street and walk about a block to the right. If you need to stretch your legs after a long conference day, you can walk – it's a little over a mile from the Sheraton.

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Speaker Designation: Speakers who are members of ACOEM are indicated with an asterisk (*) throughout this program. The College would like to take this opportunity to recognize their contribution to ACOEM.

TUESDAY, APRIL 25, 2017

7:45am-12:00pm

Session 801: Denver Fire Academy

Worksite Visit CME/MOC: 3.0

TRACK: OEM Clinical Practice

Fabrice Czarnecki*, MD, MA, MPH, FACOEM, Transportation Security Administration, Arlington, VA

Alisa M. Koval*, MD, MPH, MHSA, Denver Health/COSH, Denver, CO

Participants will experience components of the most widely used pre-placement functional evaluation, the Candidate Physical Abilities Test, and will have the opportunity to climb stairs, drag hoses, carry equipment, force entry, raise ladders, drag dummies, breach ceilings, and experience what firefighters should be able to do as part of their academy training. The tour of the training facilities will allow participants to learn more about the demands of a firefighting occupation and have an opportunity to discuss with expert trainers the policies, practices, and procedures used to safely train effective firefighters, including NFPA 1582. This worksite visit was coordinated by the Public Safety Medicine Special Interest Section. Attendees must wear long pants; loose, comfortable, breathable clothing for under fire gear; and closed-toed athletic shoes (gyms shoes acceptable). This worksite visit is at capacity and we are unable to accept on-site registrations. Please note that pre-registration and an additional fee were required to attend. For those registered, buses will depart from the lobby level of the Sheraton promptly at 7:45am. Please note, those who miss the bus will not be allowed to participate and no refunds will be given.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

8:30am-10:00am

Session 301: The Ludlow Massacre and Beyond: Occupational Medicine and Corporate Welfare in Early 20th Century Colorado CME/MOC: 1.5

TRACK: Other

Victoria Miller, Steelworks Center for the American West, Pueblo, CO
Fawn-Amber Montoya, MD, Colorado State University, Pueblo, CO
Jonathan Rees, MD, Colorado State University, Pueblo, CO

This session will summarize and discuss the implications for occupational medicine of the Ludlow Massacre, the culmination of the great Colorado Coalfield War of 1913-1914. John D. Rockefeller, Jr., the primary owner of the Colorado Fuel and Iron Company, used this dispute as a reason to increase many aspects of that firm's corporate welfare program including its pioneering medical programs. The ramifications of those actions echo through the American industrial landscape down to this day.

Session 302: Drilling Down: US Oil and Gas Extraction Worker Safety and Health Trends and Current Issues CME/MOC: 1.5

TRACK: OEM Education and Scientific Research

Robert Harrison*, MD, MPH, University of California, San Francisco, CA

Bradley S. King, PhD, MPH, CIH, CDC/NIOSH, Denver, CO

Kyla Retzer, MPH, CDC/NIOSH, Denver, CO

Sadie Sanchez*, MD, MPH, Denver Health Center for Occupational Safety and Health, Denver, CO

The on-shore oil and gas extraction (OGE) industry recently experienced a boom period with the workforce doubling 2004-2014. Despite a downward trend in the OGE worker fatality rate during this time, the fatality rate remained seven times higher than in the general industry and was also elevated when compared to similar industries (construction, transportation). This session will provide an overview of the epidemiology of OGE worker fatalities and injuries and will review current knowledge of occupational exposures in the industry. Faculty will discuss a series of worker deaths (n = 10) specifically related to hydrocarbon gas and vapor exposures and low oxygen concentration environments, a hazard not previously documented in the oilfield. Signs and symptoms of exposure to hydrocarbons will be reviewed as well as how occupational health providers and other professionals can play a role in improving health and safety for the oil and gas workforce.

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TUESDAY, APRIL 25, 2017

8:30am-10:00am

Session 303: Hazardous Drug Workplace Safety and Compliance CME/MOC: 1.5

TRACK: Environmental Health and Risk Management

Thomas H. Connor, PhD, NIOSH, Cincinnati, OH
Michael J. Hodgson*, MD, MPH, OSHA, Washington, DC
Elizabeth Mease*, MD, MBA, FACOEM, Louis Strokes Cleveland VA Medical Clinic, Cleveland, OH
Vaiyapuri Subramaniam, PharmD, MS, FCP, FASHP, FASCP, Veterans Health Administration, Silver Spring, MD

This session will review challenges and opportunities in the implementation of an effective hazardous drug safety program in a large hospital network system. A NIOSH scientist, a pharmacist, an industrial hygienist, and a physician from the VHA will provide updates on the following topics: scientific information; requirement of <USP 800>; updates in safe handling guidance (OSHA, NIOSH, ACHP, ONS); appropriate engineering controls; PPE requirements; compounding and administration issues; disposal requirements; wipe sampling issues; development of an alternative duty fertility protection policy; and implementation of a hospital hazardous drug committee.

8:30am-12:00pm

Session 304: Commercial Driver Medical Examinations: Where They Are, Where They Are Going CME/MOC: 3.0

TRACK: OEM Clinical Practice

Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA
Kurt Hegmann*, MD, MPH, FACOEM, Rocky Mountain Center for Occupational and Environmental Health, University of Utah, Salt Lake City, UT
Charles A. Horan III, Federal Motor Carrier Safety Administration, Washington, DC
Christine A. Hydock, Federal Motor Carrier Safety Administration, Washington, DC
Matthew S. Thiese*, PhD, MSPH, University of Utah, Salt Lake City, UT

This session will provide an update on the National Registry of Certified Medical Examiners and other issues that affect the commercial driver medical examiner. Recent research on medical issues and commercial drivers will be reviewed. A panel will provide an opportunity for attendees to question experienced examiners and a representative from FMCSA on issues important to the commercial driver medical examiner. Questions to be ad-

ressed by the panel can be submitted to CDME16@gmail.com at least 48 hours prior to the session. This session was organized by the Transportation Special Interest Section.

Session 305: Lead and Beyond: The Global Impact of Regulations, Trade, and Company Practices on Population Lead Exposures: A Chance for OEM Collaboration? CME/MOC: 3.0

TRACK: Environmental Health and Risk Management

Perry Gottesfeld, MPH, Occupational Knowledge International, San Francisco, CA
Michael J. Kosnett, MD, MPH, Colorado School of Public Health, Denver, CO
Gerald Manley, RSR Corporation, Dallas, TX
Paul J. Papanek*, MD, MPH, FACOEM, Cal/OSHA, Long Beach, CA
Jean Xiao*, MD, MSC, MS, FACOEM, Waterfront Medical Services, PC, New York, NY

This session will showcase the impacts of environmental and workplace rule making, trade policy, and employer policies on the health of populations exposed to lead in the US and abroad. The session will demonstrate the strong ties that exist between developed and developing countries in terms of trade and regulation and the effect on the burden of disease due to lead poisoning. Additionally, the session will explore possible areas of collaboration between ACOEM and IOMSC in lowering global exposures to lead. Topics of discussion will include specific examples of regulatory policy that are likely to impact worldwide lead exposures: the role of US and Canadian regulations in exporting hazardous industries; economic impact of global lead poisoning; global initiatives to ban lead paint, gasoline and other products; potential global impacts of updating the OSHA lead standard; and impacts of lead manufacturing and recycling in China. This session was organized by the International Special Interest Section.

10:30am-12:00pm

Session 306: Unlearning Self-Defeating Thinking Habits: A Proactive Approach..... CME/MOC: 1.5

TRACK: Management and Administration in OEM

David Frances*, PhD, Quadrant Health Strategies, Inc., Beverly, MA

OEM promotes good nutrition, regular exercise, and healthful habits to prevent illness and injury. But OEM practitioners have lacked the tools to actively address one major contributor to health and productivity problems: common mental health disorders, estimated to cost American business at least \$225 billion/year. This session will present research-based concepts to address these problems in the workplace and introduce evidence-based techniques for self-improvement and demonstrate

CONCURRENT SESSIONS

a stigma-free training program by which to educate receptive corporate audiences. This session will review benefits and shortcomings of traditional efforts to address mental health issues in the corporate environment; present 50 years of research supporting the concept of cognitive health; describe how irrational, self-defeating thinking habits can be identified and unlearned; and demonstrate a lunch-and-learn program on cognitive health that has been piloted successfully at two global companies.

Session 307: ACOEM Court: You Be the Judge! CME/MOC: 1.5

TRACK: Regulatory, Legal, Military, and Governmental OEM

- Laurence John Free, Esq., Keating, Wagner, Polidori & Free, Denver, CO
- Alisa M. Koval, MD, MPH, MHSA, Denver Health/COSH, Denver, CO
- Paul Krueger, JD, Ritsema & Lyon, PC, Denver, CO
- Michael J. Levine*, MD, MPH, FACOEM, Occupational Medical Consultant, Williamsburg, VA
- Francesca K. Litow*, MD, MPH, FACOEM, Norfolk Southern Corporation, Norfolk, VA
- X. J. Ethan Moses*, MD, MPH, Peak Form Medical Clinic, Brighton, CO
- Sadie Sanchez*, MD, MPH, Denver Health Center for Occupational Safety and Health, Denver, CO

This session will present workers' compensation cases based on case files (or presenting facts that mimic what has occurred in files, adjusted to maximize educational value), wherein faculty will portray the roles of claimant's attorney, a defense attorney and physical defending/explaining the position taken with regard to restrictions, maximum medical improvement, accommodations in the workplace, or other issues impacting fitness to return to work. Participants will be engaged and will "vote" as to their "ruling" on each case, based upon the information presented. The faculty will then present and discuss the actual court decision(s) pertinent to each case. Although cases will be drawn from Colorado case files, the information presented will be based upon principles common to workers' compensation law in general and not limited to Colorado.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

Session 308: Hazardous Drug Exposure and Medical Surveillance..... CME/MOC: 1.5

TRACK: OEM Education and Scientific Research

- Melissa McDiarmid*, MD, MPH, DABT, FACOEM, University of Maryland School of Medicine, Baltimore, MD
- Richard D. Newcomb*, MD, MPH, FACOEM, Mayo Clinic, Rochester, MN
- Mark Russi*, MD, MPH, FACOEM, Yale New Haven Health System, New Haven, CT
- Melanie Swift*, MD, FACOEM, Vanderbilt University Medical Center, Nashville, TN
- Marcelo Targino*, MD, MPH, FACOEM, FACP, Johnson & Johnson, New Brunswick, NJ

Hazardous drug handling entails well recognized and common occupational exposure risks for health care and pharmaceutical personnel in a range of workplaces. Environmental controls may not fully mitigate exposure risk, particularly in health care settings, and medical surveillance for hazardous drug handlers is recommended in national guidelines. However, the specificity and clinical value of surveillance tests are controversial. The session will include evidence for current recommendations, analysis of risks and value for specific tests, evaluation of current surveillance practices in health care and pharmaceutical populations, and operational challenges in medical surveillance. This session was organized by the Medical Center Occupational Health Special Interest Section, in conjunction with the Physicians in the Pharmaceutical Industry Special Interest Section.

1:30pm-3:00pm

Session 309: Current Issues Affecting the Health and Safety of Underserved Occupational Populations in the US and Abroad..... CME/MOC: 1.5

TRACK: Other

- Bruce Goldstein, JD, Farmworker Justice, Washington, DC
- Rafael Y. Lefkowitz*, MD, Yale School of Medicine, New Haven, CT
- Scott Morris*, MD, MPH, FACOEM, Valley Medical Center of the University of Washington, Seattle, WA
- Michael O'Malley*, MD, University of California, California Department of Pesticide Regulations, Davis, CA
- Molly Tran*, MD, MPH, MA, FACOEM, State University of New York-Downstate School of Public Health, Brooklyn, NY

This session will explore current issues affecting the health and safety of different underserved occupational populations in the US and abroad. It will also review some of the relevant legal and regulatory changes faced by this marginalized group of workers. Additional populations will include those caught up in human trafficking and bicycle transportation workers. Clinical, toxicological, regulatory, and legislative issues involving pesticide

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monitoring and skin cancer will also be addressed. This session was organized by the Underserved Occupational Populations Special Interest Section.

TUESDAY, APRIL 25, 2017

1:30pm-3:00pm

Session 310: Interaction of Health Care Worker Health and Safety on Patient Health and Safety CME/MOC: 1.5

TRACK: Management and Administration in OEM

Todd Hohn, CSP, Pacific Gas and Electric Company, San Francisco, CA

T. Warner Hudson*, MD, FACOEM, FFAFP, UCLA Health System and Campus, Los Angeles, CA

E. Andrew Kapp*, PhD, CSP, CHMM, Underwriters Laboratories, Inc., Northbrook, IL

Ronald R. Loepcke*, MD, MPH, FACOEM, FAAP, US Preventive Medicine, Inc., Brentwood, TN

Robert K. McLellan*, MD, MPH, FACOEM, Dartmouth-Hitchcock Medical Center, Lebanon, NH

There is growing agreement that the health and safety of patients is inextricably linked to the health and safety of health care workers. Therefore, health care employers need to put a new emphasis on ensuring the health and safety of their own workers. It requires striving to achieve greater parity of resources, alignment of workplace incentives, institutional commitment, and a new focus on accountability for healthy and safe employee environments beginning with senior leadership. ACOEM and Underwriters Laboratories, Inc., convened a summit to identify recommendations for both how best to integrate worker and patient health and safety programs and how to evaluate the effectiveness of these programs. This session will review these recommendations and provide examples from hospital and health care systems to demonstrate how some employers are beginning to construct models that promote this new vision for health care worker safety and wellness. This session was organized by the Health and Productivity Special Interest Section.

Session 311: Evidence-Based Workers' Compensation (WC) Management..... CME/MOC: 1.5

TRACK: Management and Administration in OEM

Edward J. Bernacki*, MD, MPH, FACOEM, Dell Medical School, Austin, TX

Heather Holt Kraus, Esq., Semmes, Bowen & Semmes, Baltimore, MD

Nimisha Kalia-Satwah*, MD, MPH, MBA, Johns Hopkins University, Baltimore, MD

Robert Alan Lavin, MD, MS, University of Maryland School of Medicine, Baltimore, MD

Xuguang (Grant) Tao*, MD, PhD, Johns Hopkins School of Medicine, Baltimore, MD

Larry Yuspeh, Johns Hopkins University School of Medicine, Baltimore, MD

This session will address recent trends in WC injuries and WC cost; development of predictive models for WC cost using epidemiological/bio-statistic tools; impact of opioid, benzodiazepines, sedatives, and antidepressants on WC cost; early use and discontinuation of opioids may be associated with better outcomes; and beneficial impact of occupational clinics on injuries and WC cost. This session may be of particular interest to residents and recent graduates.

1:30pm-5:00pm

Session 312: Public Safety Medicine Update 2017: The Cutting Edge CME/MOC: 3.0

TRACK: OEM Clinical Practice

Fabrice Czarnecki*, MD, MA, MPH, FACOEM, Transportation Security Administration, Arlington, VA

Michael J. Levine*, MD, MPH, FACOEM, Occupational Medical Consultant, Williamsburg, VA

Patrick McKenna, DO, MPH, US Navy, Norfolk, VA

Richard J. Miller*, MD, Peachtree, GA

Daniel G. Samo*, MD, FACOEM, Northwest Medical Group, Chicago, IL

This session is designed to present the most up-to-date medical guidance, controversies, and central issues surrounding the evaluation and care of firefighters, law enforcement officers (LEOs), and emergency medical service workers. There will be an overview of updates to ACOEM's *Guidance for the Medical Evaluation of Law Enforcement Officers*. Specific clinical cases of how the Guidance has been used for evaluation of LEOs with various medical conditions including spine conditions, hip injuries, and psychiatric issues will be presented. There will be a discussion of the extensive updates to NFPA 1582 and how to use the document to evaluate firefighters with conditions such as car-

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diac enlargement and heat stress. There will also be time for a presentation on any late-breaking topics, as well as a question and answer session for discussions with leading public safety medicine practitioners. This session was organized by the Public Safety Medicine Special Interest Section.

Session 313: Inhalational Hazards and Respiratory Health Effects from Post 9/11 Deployment to Southwest Asia . CME/MOC: 3.0

TRACK: OEM Clinical Practice

Deanna K. Harkins, MD, MPH, US Army Public Health Center, Aberdeen Proving Grounds, MD
Drew A. Helmer, MD, MS, War Related Illness and Injury Study Center, VA-NJHCS, East Orange, NJ
Silpa Dhoma Krefft*, MD, MPH, National Jewish Health, Denver, CO
Geoffrey S. Plumlee, PhD, US Geological Survey, Reston, VA
Cecile S. Rose*, MD, MPH, National Jewish Health, Denver, CO

This session will provide an overview of inhalational hazards (desert dust particulate matter, burn pit emissions, fuel combustion products) that military personnel and civilian contractors frequently encounter during post-9/11 deployment to Iraq, Afghanistan, and other regions in southwest Asia. This session also will feature discussions of epidemiology and clinical manifestations of the emerging spectrum of post-9/11 deployment-related respiratory diseases such as asthma and bronchiolitis. Clinicians and researchers from the military and civilian sectors will present updates from the ongoing VA Airborne Hazards and Open Burn Pit Registry, current prevention efforts, disease detection and management recommendations, and future research needs.

3:30pm-5:00pm

Session 314: Migration and Work: Understanding Populations in the Americas and the US..... CME/MOC: 1.5

TRACK: Other

Linda Forst*, MD, MS, MPH, University of Illinois, Chicago, IL
Matthew Keifer*, MD, MPH, Medicine and Public Health University of Washington, Seattle, WA
Jorge A. Morales Camino*, MD, MS, PhD, FACOEM, Proctor & Gamble, Cuajimalpa de Morelos, Mexico

This session will address the special health and safety issues experienced by immigrant US workers in the construction and health care industries. It will present the population demographics, health and safety hazards, and examples of prevention programs targeted to these groups. Recommendations for addressing acute and chronic occupational illnesses and injuries in these underserved occupational populations will be presented. This session was organized by the Underserved Occupational Populations Special Interest Section, in conjunction with the International Special Interest Section.

Session 315: Communicating Effectively with Non-Occupational Health Colleagues on Differing Opinions in Managing Fitness-for-Duty and Return-to-Work..... CME/MOC: 1.5

TRACK: Management and Administration in OEM

Philip Adamo*, MD, MPH, FACOEM, Baystate Health, Springfield, MA
Gladys L. Fernandez, MD, Baystate Medical Center, Springfield, MA
Michael J. Levine*, MD, MPH, FACOEM, Occupational Medical Consultant, Williamsburg, VA

Simulation-based education has become a part of health care training, assessment of performance, and team-based competency evaluations nationally and internationally. The role of simulation for teaching and assessing knowledge, skills, and behaviors has been described and effectively implemented across undergraduate and graduate academic centers for more than a decade. The body of evidence supporting this as an adjunct for educating and evaluating new skills, assessing retention of skills, and maintenance of proficiency is increasing and this is the basis for much of the ongoing training. Simulation can be a supportive adjunct to the assessment of effectiveness and identification of needs and challenges as well as training and remediation of skills related to challenging interpersonal communications, conflict resolution, and team-based approaches to patient care. This session will include role play scenarios for audience engagement. This session was organized by the OEM Practice Council.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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TUESDAY, APRIL 25, 2017

3:30pm-5:00pm

Session 316: Partnering with Workers' Compensation Insurers to Reach Small Enterprises in Need of Health Promotion and Health Protection CME/MOC: 1.5

TRACK: Management and Administration in OEM

Karen Curran, Pinnacol Assurance, Denver, CO
Lee S. Newman*, MD, FACOEM, Center for Worker Health and Environment, Colorado School of Public Health, Denver, CO
Natalie Schwatka, PhD, Center for Health, Work & Environment, Colorado School of Public Health, Aurora, CO
Erin Shore, MPH, University of Colorado, Aurora, CO

The literature supplies evidence on the impact of employee health on productivity and traditional health care costs, but does it also impact workers' compensation costs and claims? Additionally, health promotion programs may succeed in mid- to large-size companies, but what can be done to reach the small enterprises where the majority of Americans work? This session will examine the nexus of workers' compensation, health promotion, and small businesses by presenting three studies that illustrate innovative approaches. Topics will include the impetuous for promoting worker well-being from the perspective of Pinnacol Assurance, Colorado's major workers' compensation carrier and the interaction between work organization, workers' personal health, and workers' compensation claims and costs. Data from a successful dissemination program for small businesses that applies Total Worker Health® principles "scaled" to improve adoption and success will be discussed.

5:15pm-6:15pm

Session 317: Neurological Fitness-for-Duty CME/MOC: 1.0

TRACK: OEM Clinical Practice

Jonathan Rutchik*, MD, MPH, FACOEM, University of California, San Francisco, CA

This session will cover recent and timely cases of police officers, firefighters, commercial drivers, aviation, and other safety-sensitive individuals who have neurological diagnoses. Such diagnoses include head injuries, headaches, seizures, strokes, mental incapacitation, limb pain, tremors, and neurodegenerative disorders. Discussion will include the various recommendations and regulations in order for practitioners to assist employers in the return-to-work process while considering the American Disabilities Act. This session may be of particular interest to residents and recent graduates.

Session 318: Mitigating the Health Risk of Hydrogen Sulfide and Other Workplace Hazards in Oil and Gas Production..... CME/MOC: 1.0

TRACK: Environmental Health and Risk Management

Michael S. McKee, PE, Caerus Oil and Gas, LLC, Denver, CO

Workplaces hazards abound in the exploration for and production of oil and gas. These hazards can range from pressurized lines and equipment to explosions and fires to exposure of hazardous vapors such as hydrogen sulfide. This session will present an overview with a specific discussion of current best practices regarding the mitigation of exposure to hydrogen sulfide, a particularly dangerous substance that can be present in oil and gas work. Specific case reports will highlight best practices to mitigate workplace hazards, with emphasis on the mitigation of hydrogen sulfide in the corporation's operation on the western slope of Colorado. The speaker is the environmental, health and safety manager for a private oil and gas production corporation in Denver.

Session 319: Patient Satisfaction Measurement in OEM CME/MOC: 1.0

TRACK: Management and Administration in OEM

Douglas Wayne Martin*, MD, FACOEM, FAAFP, FIAIME, Unity Point Clinic – St. Luke's Occupational Medicine, Sioux City, IA
Glenn Pransky*, MD, MOcCH, FACOEM, Liberty Mutual Research Institute, Hopkinton, MA
Matthew S. Thiese*, PhD, MSPH, Rocky Mountain Center for Occupational and Environmental Health, University of Utah, Salt Lake City, UT

Patient satisfaction measures are increasingly used to evaluate and improve quality in all types of medical practices. With these tools, it is important that they be appropriately designed for the practice and adequately tested to ensure that they reflect and promote quality care and do not create financial incentives that may lead to lower quality or excessive medical care. The unique aspects of OEM practice require development of OEM-specific measures and thoughtful interpretation of results. Several unique features of OEM practice (work status as a primary outcome, potential conflicts between employer and patient interests, medico-legal context of work injuries; performance of regulatory examinations, and others) create OEM-specific concerns which imply a need for an OEM-specific approach to patient satisfaction assessment. This session will review the background, development, and current status of the ACOEM Patient Satisfaction Survey Tool. This session was organized by the Private Practice in Occupational Medicine Special Interest Section.

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Session 320: US Military OEM Update CME/MOC: 1.0

TRACK: Regulatory, Legal, Military, and Governmental OEM

Col Jon R. Jacobson, DO, MPH, US Air Force, Falls Church, VA

Pamela L. Krahl*, MD, MPH, US Navy/Uniformed Services
University of the Health Sciences, Bethesda, MD

William A. Rice*, US Navy/Uniformed Services University,
Bethesda, MD

This session is led by the specialty leaders and consultants for OEM from each of the US military services and is intended to familiarize learners with the occupational health programs of each of the services, highlighting the similarities and differences in major governing regulations. Greater understanding of these similarities and differences can benefit OEM practice on joint installations, provide insight into some of the challenges of integrating programs on joint bases, and offer suggestions of possible areas for research to address gaps in knowledge of current program status. This session was organized by the Federal and Military Occupational and Environmental Medicine Special Interest Section.

Session 321: Is There a Doctor on Board? Preparing for Airline Medical Events and Emergencies..... CME/MOC: 1.0

TRACK: Regulatory, Legal, Military, and Governmental OEM

Robert Orford*, MD, CM, MS, MPH, FACP, FACOEM, Mayo Clinic,
Scottsdale, AZ

There were 3.5 billion airline passengers in 2015, with 3-6 reported medical events and emergencies per 1,000 passengers daily. Physicians or other medically trained personnel on board are frequently asked to assist when a medical event occurs, but often have little knowledge of what resources are available to them, and what they should do. Aircrafts carry first-aid kits and expanded medical kits in addition to automated external defibrillators. Ground-based medical support from the airline medical department or from a contracted in-flight emergency medical service is also normally readily available. In addition to providing assistance for passengers in-flight, occupational health professionals should be prepared to offer preventive advice to traveling employees and patients. The Aerospace Medical Association's *Medical Guidelines for Airline Travel* will be discussed. Practical advice on how to prepare for and respond to medical events on board an aircraft will be provided.

Room locations for sessions are indicated on the Schedule-at-a-Glance, beginning on page 3.

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Speaker Designation: Speakers who are members of ACOEM are indicated with an asterisk (*) throughout this program. The College would like to take this opportunity to recognize their contribution to ACOEM.

WEDNESDAY, APRIL 26, 2017

7:00am-8:00am

.....
Session 401: Preventing Musculoskeletal Disorders: Screening and Workplace Interventions CME/MOC: 1.0

TRACK: OEM Clinical Practice

Ibraheem (Abe) Al-Tarawneh, PhD, Ohio Center for Occupational Safety and Health, Pickerington, OH

Bradley A. Evanoff*, MD, MPH, FACOEM, Washington University, St. Louis, MO

David Rempel*, MD, FACOEM, University of California, San Francisco, CA

Post-offer pre-placement (POPP) testing for carpal tunnel syndrome (CTS), low back pain (LBP), and other musculoskeletal disorders (MSDs) is used to prevent workplace injuries. Under this practice, workers with abnormal nerve conduction, radiographs, or other findings are not hired into physically demanding jobs. This presentation will review current evidence on the utility of POPP screening for CTS and LBP. The Ohio Bureau of Workers' Compensation recently expanded the financial resources and reach of its occupational safety and health programs. The impact has been a reduction of injuries by 13.2%. This session will present some of these programs with case studies exploring their impact. The Safety Intervention Grants Program provides matching funds to businesses for engineering controls to prevent MSDs. Participating businesses reduced the frequency and cost of injuries by 66% and 81%, respectively. This model program has components that should be useful to any size company.

Session 402: The Role of the Occupational Health Provider in Active Shooter and Bomber Situation CME/MOC: 1.0

TRACK: Management and Administration in OEM

Matthew Minson*, MD, Superior Energy Services/Texas A&M University, Houston, TX

Recent events in the US and abroad have brought greater attention to the health and medical response considerations for an active shooter or bomb-related incident. Understandably, the majority of emphasis has been focused on emergency service and public safety preparedness and response with an emphasis on integration and preparations. An area of medical practice that may and certainly will play a critical role is occupational health. Such an exploration and discussion, is the purpose of this presentation. Items discussed include top clinical issues associated

with mass shooting and bombing issues as per the National Academies of Medicine position paper; medical information sharing with EMS and health care systems (FEMA IS 907) and how regulatory and legal applications (PREP Act, Countermeasures Dispensing, and disaster declarations); direct care considerations, credentialing recommendations; proprietary and civil liability issues; and behavioral health and surveillance.

Session 403: Getting Your Start in Research.... CME/MOC: 1.0

TRACK: OEM Education and Scientific Research

Pamela L. Krahl*, MD, MPH, US Navy/Uniformed Services University of the Health Sciences, Bethesda, MD

Timothy M. Mallon*, MD, MS, MPH, FACOEM, US Navy/Uniformed Services University, Bethesda, MD

Contributing to the medical literature is critical to keep our specialty vibrant with sharing of ideas and advances, yet often, getting started in research can seem like an overwhelming undertaking. Demystify research by learning from three seasoned researchers who will share their experiences and give practical advice on how you can get your start. This session was organized by the Academic Occupational Medicine Special Interest Section. This session may be of particular interest to residents and recent graduates.

Session 404: Better WC Care through Better Documentation and Coding Requirements CME/MOC: 1.0

TRACK: OEM Clinical Practice

Marianne Cloeren*, MD, MPH, FACOEM, Managed Care Advisors, Baltimore, MD

The documentation requirements for workers' compensation care follow rules designed for a different purpose. Clinicians providing and documenting care consistent with evidence-based practice standards are usually not rewarded for this because the coding system does not recognize the different cognitive work needed for good care in workers' compensation. ACOEM is trying to change this with the publication of a position paper on *Defining Documentation Requirements for Coding Quality Care in Workers' Compensation*, and multiple support documents for putting these recommendations into practice. This multi-year effort has gained the interest and support of many industry experts. This session will review the status of this effort, share tools for implementation, and address how ACOEM members can champion this initiative. This session was organized by the Work Fitness and Disability Special Interest Section, in conjunction with the OEM Practice Council.

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Session 405:
Carbon Monoxide Neurotoxicity CME/MOC: 1.0
TRACK: OEM Clinical Practice

Jeffrey Brent, MD, PhD, University of Colorado, School of Medicine, Aurora, CO
 Jonathan Rutchik*, MD, MPH, FACOEM, University of California, San Francisco, CA
 David Schretlen, PhD, ABPP-CN, FAPA, Johns Hopkins University School of Medicine, Baltimore, MD

This session will introduce clinical vignettes of carbon monoxide exposures and will present the state of art for this evaluation, including history, physical examination findings, exposure assessment, and neuropsychological testing. The discussion will include the delayed neurological and neuropsychological syndrome, as well as the challenges of neurological and neuropsychological testing with the goals of presenting a guide to be able to confidently separate anxiety, depression, PTSD, progressive dementia, and true neuropsychological abnormality from common normal variant testing results.

8:00am-10:00am

Session 400: Annual Membership Meeting and Awards Presentation Breakfast
 CME/MOC: 1.0

This session will feature the annual membership meeting and awards presentations, along with the induction of new ACOEM officers and directors, including ACOEM's new president. In addition, Dr. Gregory R. Wagner will present the William B. Patterson Memorial lecture on, "Ethical and Policy Challenges to Government OHS Science: Past, Present, and Future."



10:15am-11:15am

Session 406: Exposure, Metabolomics and Biomarkers, and Health Outcomes, Part I CME/MOC: 1.5
TRACK: Regulatory, Legal, Military, and Governmental OEM

Dean P. Jones, PhD, Emory University, Atlanta, GA
 Timothy M. Mallon*, MD, MS, MPH, FACOEM, US Navy/Uniformed Services University, Bethesda, MD
 Karan Uppal, PhD, Emory University, Atlanta, GA
 Douglas I. Walker, Tufts University, Atlanta, GA

This session will discuss the examination of deployment exposures and describe various metabolomic and environmental biomarkers related to burn pit exposures. This session was organized by the Federal and Military Occupational and Environmental Medicine Special Interest Section.

10:15am-12:30pm

Session 407: Diagnostic and Interventional Treatments for Upper Extremity Injuries Using Musculoskeletal Ultrasound for OEM Physicians CME/MOC: 2.0
TRACK: OEM Clinical Practice

Bharat C. Patel, MD, DABIPP, DABPMR, FIPP, Deuk Spine Institute, Melbourne, FL
 Kristine Swinton Robinson, MD, FACEP, Department of Emergency Medicine, West Virginia University School of Medicine, Morgantown, WV
 Yusef Sayeed*, MD, MPH, Meng, CPH, CMRO, Deuk Spine Institute, Melbourne, FL
 Michael P. Schaefer, MD, R-MSK, Cleveland Clinic, Cleveland, OH
 Keziah Sully, MD, Deuk Spine Institute, Melbourne, FL

This session is specifically designed for health care providers who are exploring musculoskeletal ultrasound to enhance the evaluation and management of the patients with upper limb injury and complaints. Covering the shoulder, elbow, and wrist joints in detail, this course will present a systematic and focused assessment with ultrasound. The session will include both live scanning and when and how to intervene. The participant will develop ultrasound pattern recognition of the major tendons, ligaments, nerves, and muscles surrounding these joints. The case discussions will focus on pathologies that are commonly encountered. In addition, the session will cover regenerative medicine topics including platelet rich plasma, stem cell therapy, and the current state of the evidence.

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WEDNESDAY, APRIL 26, 2017

10:15am-12:30pm

Session 408: Review and Update of 15 Years of the World Trade Center Health Program CME/MOC: 2.0

TRACK: OEM Clinical Practice

Michael Crane*, MD, MPH, Mount Sinai School of Medicine, New York, NY

Laura E. Crowley, MD, Icahn School of Medicine at Mount Sinai, New York, NY

Jacqueline Moline*, MD, MSc, FACOEM, Northwell Health, Great Neck, NY

Julia Nicolaou, MPH, Icahn School of Medicine at Mount Sinai, New York, NY

Faith Ozbay, MD, Icahn School of Medicine at Mount Sinai, New York, NY

This session will cover aspects of the World Trade Center Health Program (WTCHP) as it is pertinent to the practicing occupational medicine physician. The WTCHP is funded by NIOSH and dedicated to monitoring and surveillance of those responders and volunteers who were exposed to dust and debris at the World Trade Center disaster site. The WTCHP identifies and provides medical care for a range of physical and mental health conditions directly related to this exposure. These diseases include, but are not limited to: rhinitis, sinusitis, gastroesophageal reflux, asthma, chronic obstructive pulmonary disease, interstitial lung disease, traumatic injury, anxiety, depression, and post-traumatic stress disorder. The WTCHP provides medical monitoring and treatment services for WTC-related conditions, benefits counseling, and collects information to identify new potentially WTC-related conditions.

Session 409: Providing a Warm Hand-off: Connecting Safety-Net Providers with Occupational Health Consultation CME/MOC: 2.0

TRACK: OEM Education and Scientific Research

Cristina Demian*, MD, MPH, University of Rochester Finger

Lakes Occupational Health Services, Rochester, NY

Tillman Farley, MD, Salud Family Health Center, Fort Lupton, CO

Katherine H. Kirkland*, DrPH, MPH, Association of Occupational and Environmental Clinics, Washington, DC

Scott Morris*, MD, MPH, FACOEM, Valley Medical Center of the University of Washington, Seattle, WA

Nicholas K. Reul*, MD, MPH, Washington State Department of Labor and Industries, Olympia, WA

Rosemary Sokas*, MD, MOH, FACOEM, Georgetown University, Washington, DC

Low-wage, high-risk working populations often employed at small or marginal enterprises and frequently lack access to occupational health services. However, these workers may have access to safety net primary care through a network of federally qualified health centers and their look-alikes. Primary care clinicians in these settings often feel unprepared to address occupational health, are burdened addressing many other health needs, and are often unaware of existing occupational medicine expertise for referral or curbside consult. Potential resources include occupational health clinic networks in two states, Washington and New York, and occupational health and migrant clinicians network organizations, each of which has implemented programs to facilitate occupational health services. This session will review the needs and resources, examine what works and what doesn't work, and explore approaches that the Underserved Occupational Populations Special Interest Section or ACOEM might pursue to develop and evaluate solutions. This session was organized by the Underserved Occupational Populations Special Interest Section.

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Session 411: Medical Marijuana..... CME/MOC: 2.0

TRACK: OEM Clinical Practice

Kenneth R. Hosack, MA, Craig Hospital, Englewood, CO
Maria Michas*, MD, MPH, FACOEM, University of Massachusetts
Health Care, Worcester, MA
Paul Tauriello, Colorado Division of Workers' Compensation,
Denver, CO

Marijuana is the most commonly used illicit drug in the US and the drug most frequently detected in workplace drug-testing programs. Multiple states have enacted marijuana laws that conflict with federal laws. This session will address the workplace effects of medical and recreational marijuana, including practical responses to challenges and issues related to impairment.

11:30am-12:30pm

Session 410: Exposure, Metabolomics and Biomarkers, and Health Outcomes, Part II CME/MOC: 1.5

TRACK: Regulatory, Legal, Military, and Governmental OEM

Phillip K. Hopke, PhD, Clarkson University, Potsdam, NY
Timothy M. Mallon*, MD, MS, MPH, FACOEM, US Navy/
Uniformed Services University, Bethesda, MD
Professor Julie Thakar, PhD, University of Rochester, Rochester,
NY
Mark Utell*, MD, Strong Memorial Hospital and the University of
Rochester, Rochester, NY
Collynn Woeller, PhD, University of Rochester, Rochester, NY

This session will help participants understand the tools used to identify molecular signatures associated with deployment exposures and to identify biological processes and disease pathways that are impacted. The session will discuss epigenetics, microRNAs, and inflammatory biomarkers, and changes to pre- and post-deployment, and the relationship with health outcomes in deployed service members. Advances in large database statistical applications will be examined. This session was organized by the Federal and Military Occupational and Environmental Medicine Special Interest Section.