The Occ Doc Interface: Where Primary Care Meets the Workplace

Sunday April 29, 2012
10:30am – 1:15pm

Introduction:
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Presenter:
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Overview of Medical Perspectives
How the approaches fit
- Connect homes, employers, communities
- Connect Primary Care, Public Health and OEM
- Seek a shared “culture of health”
- Integrate concepts across sectors
- OEM physicians play a key role as integrating agents
Session Overview

I. Cases Studies – explore some complexities, pitfalls, challenges of Occupational Medicine
   A. Injury
   B. DOT Exam
   C. Fitness for Duty
   D. Return to Work
      • Seen through the eyes of Docs, Employers, Insurance Companies
      • INTERACTIVE!

II. Review & Trends

III. Q & A with Box Lunch

Case Study 1 – Musculoskeletal Injury

- CC – 24yo Hispanic male warehouse worker with R knee pain
- History – Was moving boxes at work on Mon morning and felt pain in right knee. C/o difficulty with squat, knee bend, stairs and "prolonged" walking.
- PMH/SH/ROS – unremarkable
- PE – R knee very tender laterally, trace swelling, + effusion, walks with a limp, ligament exam negative, Extends to 5°, flex to 90°
- Assessment:
  • ? Knee strain
  • ? Meniscus tear
  • ? Ligament tear
  • ? Other

X-ray: should you get one?

  • Do x-ray if
    - age 55 or older
    - tenderness at head of fibula
    - isolated tenderness of patella
    - inability to flex to 90 degrees
    - inability to take 4 steps immediately and in the office

- Do these rules apply to this patient?
Plan
2. Physical Measures - ? RICE
3. Physical Therapy – now vs later vs none?
4. Work
   a) Can he do his regular job?
   b) Does he need work restrictions?
   c) What restrictions are appropriate?
      a) Seated work only?
      b) No stairs, ladders?
      c) Minimal walking vs No walking > 30 min without 5 min sitting?

Plan
5. He asks for 3 days off to “rest” his knee.
   Do you give it to him?

6. He needs to be off work “because there is no light
duty available.” How do you handle this?

Employer Perspective
1. Causation – AOE/COE
   A. Did the injury really occur “at work”?
      • Was the injury at work witnessed?
      • Is disciplinary action in progress?
   B. Are other causes possible/probable? What else is going on?
Employer Perspective

B. Are other causes possible/probable? What else is going on?
- MORNING box "moving" was done with a fork lift & hand cart – no lifting or twisting involved...
- Employee plays in a competitive soccer league on weekends
- He was seen limping from his car to the warehouse door
- Co-workers say he hurt his knee playing soccer on Sat
- Slide-tackle witnessed on Sat – carried off of field – seen on sideline with ice on R knee

Pearl – WHEN IN DOUBT, GET MORE INFORMATION
Call and speak with the supervisor

Employer Perspective

2. Medications
- Were prescription medications really necessary?
- Could OTC medication have been used instead?

3. Physical Therapy
- Was it really needed?
- Is PT over-utilized (e.g. modalities)?

4. Off Work – is it really necessary?
- ***What is the consequence of a “lost time” injury?
  > Lost productivity, cost of replacement worker, increased work comp insurance cost, decreased contracting competitiveness/bonuses, etc.

Employer Perspective

5. Work Restrictions
A. Are they reasonable?
- “Sitting work only” – can he walk from the parking lot?
- “No stairs” – can he climb 2 stairs into the building?
- “No lifting > 1 lb” – can he pour milk on his cereal?
B. Are they clear?
- “Limit walking” – how much is too much?
- “No excessive lifting” – how much/often is “excessive”?
Employer Perspective

C. Can the employer accommodate the restrictions?
   • YES = the employee will work a modified position (“light duty”) and continue regular pay
   • NO = the employee will be placed off work and pay MAY be 2/3 of regular wage – paid by insurance company

Pearl – Know how “your” employers handle work restrictions, what light duty is available etc.

Insurance Company Perspective

1. Share employer concerns re: causation
2. “Medical only cases” – less expensive (usually)
   • Employee can do reg work or light duty
     ➢ Only cost of medical care expected
     ➢ No direct payments to employee anticipated
     ➢ When to use UR?
     ➢ When to use Nurse Case Manager (NCM)?
3. “Lost-time cases” – usually more expensive
   • Employee is off work – can’t do reg work or light duty
     ➢ Pay (reduced) employee wages and medical care costs
     ➢ Use UR - probable
     ➢ Use NCM - probable

Case Study 2 – DOT Exam

History – 54 yo black male with HTN and type II DM, presents for renewal of DOT physical.
Subjective – feels good, no complaints
PMH – HTN, DM – on meds for both. On close questioning, states “I had a mild heart attack 2 mths ago while visiting my sister in NY. I’m doing great now though.”
Medication – HCTZ, Atenolol, metformin, gliburide
ROS – negative.
   • Did you ask about hypoglycemic episodes?
DOT Exam Complexity

1. Can he be certified today?
   a. HTN – yes, if BP < 180/110
   b. DM – yes, if no h/o symptomatic hypoglycemia

2. How long can he be certified today?
   a. HTN – < 1 yr. < 3 mths (1 time) if BP 160-179/100-109
   b. DM – yes, if no h/o severe* symptomatic hypoglycemia

*e.g. seizure, LOC, hospitalized, help required. Examiner judgment required.

DOT Exam Complexity

3. Further testing needed before certification?
   a. HTN – no. (? do BP checks)
   b. DM – no. (? Do HgbA1C)
   c. MI – Yes if TMST (≥ 6 mets, 85% max HR) – no ischemia, Card echo – EF>40%, Cardiology clearance
      • Must also wait at least 2 mths after MI

DOT consensus conference guidance

- Cardiovascular Advisory Panel Guidelines
- Conference on Diabetic Disorders and Commercial Drivers (and others including Neuro, Psych, Vision, Hearing)

Case Study 3 – Fitness For Duty (FFD)

***Can the employee safely perform the essential job functions***

Situation: Employer calls you about someone they are sending in...

“John is one of our truckers. He hurt his back fishing yrs ago and it acts up once in a while. He says its only hurting a little right now but he's walking slow and kinda hunched over and not acting like himself. We're concerned about whether he really can handle his job duties right now.”

Employer concerns:
- Impaired workers are a drain on productivity.
- Employers also have a legal obligation to mitigate unnecessary risk from an unfit worker.
FFD
Pt History - long h/o intermittent LBP with waxing & waning symptoms. Treated previously with NSAIDS, pain meds, PT, home exercises and ESI x 2. Doing will until last week when pain increased. No new event/injury.

PMH/SH/PSH – unremarkable

PE – shuffling, antalgic gait
tender lumbar paraspinals bilat with decreased ROM lower ext

FFD
Decisions: If he continues his job...
• Will that present a "significant" risk to him?
• Will that present a "significant" risk to others?
• Could work restrictions or other "reasonable" accommodations mitigate any risks?
• Could any "testing" help with the decision making?
• What other information do you need?

Feedback to Employer / HIPPA
Info about injury / work abilities - NO PHI!
Case Study 4 – Return to Work (RTW)

***Employee is returning after having been off***

History – 54 yo morbidly obese white male office worker, noted by co-workers to fall in hallway, followed by "shaking" for several minutes. Incoherent afterwards for "a time". Sent to ER by ambulance. Employee returns to work a few days later saying doctor said he's OK to work. Employer sends him to you, asking if he's OK to do his job.

Decisions: If he returns to his job…
• Will that present a "significant" risk to him?
• Will that present a "significant" risk to others?
• Could work restrictions or other "reasonable" accommodations mitigate any risks?
• Could any "testing" help with the decision making?

RTW

Americans with Disabilities Act (ADA) implications

**DISCLAIMER: I am a doctor, not a lawyer…see a lawyer for legal advice!**

- ADA makes it illegal for an employer to discriminate against someone, due to a disability, who is otherwise able to perform the essential job functions
- Disability defined as an ongoing condition that limits, or can be seen as limiting, one or more major life activities

1. Is the employee covered by the ADA? (i.e does he have a covered disability?)
2. In doing his job, is there a significant risk of substantial harm to self or others?
3. ADA ramifications for the employer – Reasonable Accommodations.

Review

A. Injury
B. DOT Exam
  • Upcoming National Certification Exam
C. Fitness for Duty
D. Return to Work

• WHAT SEEMS SIMPLE CAN END UP BEING VERY COMPLEX!!
Trends

• How is the workforce changing?

• What’s happening to the number of Occ Docs?

Aging Workforce

The Labor Force Participation Rate of the Older Population (55 years and older) in the U.S., 1948-2010

Aging Workforce

Labor Force Participation Rates of the Aged 55+ U.S. Population by Gender; Selected Years 1950–2010
Physician Manpower
Percentage Change in Physician Numbers
By Specialty
1996 - 2006

Resources
1. Referral
   • Get to know your Occ Med colleagues
   • Develop a referral pattern for complex cases – like you would for Ortho or Cardiology
   • Let your Occ Med colleagues know if you are accepting new patients

Resources
2. Education
   • American College of Occupational and Environmental Medicine (ACOEM)
     ➢ http://www.acoem.org/courses.aspx
   • Regional ACOEM Chapters
     ➢ http://www.acoem.org/About/ComponentsSections/ComponentList.aspx
   • In California: The Western Occupational and Environmental Medicine Association (WOEMA)
     ➢ http://www.woema.org/events.vp.html