

2016 President's ANNUAL REPORT



New England College of Occupational and Environmental Medicine

CT, MA, ME, NH, VT, RI

With a great team, much was accomplished in 2014, 2015 and 2016 and we look forward to 2017. Nationally and regionally our specialty of Occupational and Environmental Medicine remains strong in a dynamic healthcare and policy landscape. NECOEM continues to have an impact with our clinical work, research, education contributions, and influence of public policy. Our College also continues to enjoy financial health and stability and our annual conference is recognized nationally and regionally as a destination for collegiality, intellectual enrichment, professional development, and networking.

When I assumed the role as NECOEM President in 2015, we set several goals and objectives aligned with our mission and with the Board of Directors and Executive Director. In addition, the NECOEM Board held a successful strategic planning retreat in September 2016 to refresh our strategy and action plan. We established working groups aligned with our strategic priorities. We have made great progress in the following areas.

Vision: As the New England regional component of ACOEM, NECOEM is a not-for-profit organized community of physicians that strives to improve the health and safety of workers, workplaces, and environments.

Mission: NECOEM provides leadership to promote the optimal health and safety of workers, workplaces, and environments by:

- educating health professionals, employers, employees, payers, and the public
- encouraging research and the development of new knowledge
- championing the highest possible quality of OEM practice
- guiding workplace and public policy
- advancing the field of occupational and environmental medicine.

1. **Impact:** Goal - We must maintain the strong, respected educational impact we have with our annual conference and other meetings. The strategy to achieve this objective continues to be a balance of “cutting edge, innovative” topics combined with practical and useful topics aligned with ACOEM’s core competencies for Occupational and Environmental Medicine providers. *Results – The annual conference, outreach and education committees, Board of Directors, Executive Director and our membership continue to have a significant impact. We also have a refreshed and updated mission and vision statement that both highlights our focus areas and aligns NECOEM with ACOEM.*
2. **Use of Technology:** Goal - Increase our web presence and improve our use of technologies to achieve our goals of education, membership, outreach, public policy guidance, and promotion of Occupational and Environmental Medicine. *Results – We have upgraded our website with a refreshed appearance and supporting platform. In 2016, our Education seminars shifted towards a webinar based platform with our collaboration with Harvard School of Public Health that allows us to broadcast a live lecture on desktop and mobile devices. In addition, we will be piloting additional web-based meetings in 2017 using a new technology to NECOEM. We look forward to this technology-enabled method of virtually gathering our membership to discuss important educational and professional topics.*
3. **Membership & Outreach:** Goal - We must continue to attract and welcome new members, keep our long-time members involved, and extend our reach to individuals and groups that make up the rich ecosystem of Occupational & Environmental Medicine. This means that we must continue to attract nurses, nurse practitioners, physician assistants, ergonomists, HR professionals, researchers, and attorneys to our events. *Results – Membership increased for the first*

time in 4 years. We have a diverse annual conference planning committee (Nurses, Physicians, Physician Assistants) that put together an excellent program this year to attract a diverse group of attendees. NECOEM membership increased for the first time in four years and we need to continue aggressive membership and outreach activities.

4. **Enhance NECOEM's collaboration and association with ACOEM:** Goal – Activities supporting this goal include being more proactive with NECOEM and OEM's role in the dynamic health care environment and leveraging our ACOEM House of Delegates presence to promote our mission. *Results – We have three Board members who are active in the ACOEM House of Delegates and Dr. Neil Hass is currently serving as Speaker of the House of Delegates after previously serving as Recorder. NECOEM's three delegates to the ACOEM House of Delegates: Tom Luna, Claudia Hix, Philip Parks with Jackie Cook moving into Tom Luna's position..*

Thank you' s:

On behalf of the Board of Directors and our membership, I would like to express gratitude to Dianne Plantamura and acknowledge her continued superb management and coordination of NECOEM's operations throughout the year. In addition, I would like to thank the chair of our annual conference planning committee, Matt Lundquist, MD, MPH. Dr. Lundquist returned to lead the planning committee for the 2016 annual conference, and with the planning committee, put together a fantastic program. Dr. Kenji Saito assumed the role of chair of our Education Committee has been instrumental in refreshing our approach to educational events throughout the year with the introduction of web-based meeting technologies and a collaboration with the Harvard School of Public Health. Dr. Susan Upham has done a stellar job as editor of the NECOEM Reporter newsletter along with assistant editors Tom Luna, MD, Abhijay Karandikar, MD, MPH. And, you may have recognized that we have a new and updated website that we will continue to build upon in 2017 and beyond. A big "thank you" to our webmaster, Kathryn Costello and Dianne Plantamura for their hard work to refresh the website along with Board Member Diane Chen, MD, MPH as chair of the Outreach Committee. We thank our Membership Committee Chair, Dr. Peter Lee, for his continued contributions with our membership increasing for the first time in four years. Our colleague and past-ACOEM President, Dr. Bob McClellan did a fantastic job facilitating the NECOEM Board's strategic planning retreat. And, finally, we congratulate and welcome Dr. Ron Blum who will take over as NECOEM's next president at our annual conference.

Parting thoughts: It has been an honor to serve as NECOEM president and I am proud of all that NECOEM, our Board of Directors, and our membership continues to do for our specialty in support of our mission and vision. If you are involved with NECOEM as a member or Board Member, please stay engaged. If you would like to be more involved, please do that—this is your organization. If you are unsure how to get involved, please contact Dianne Plantamura, Ron Blum, myself, or one of the Board of Directors. Let's make 2017 another impactful year for NECOEM and our membership.

Respectfully,



Philip Parks, MD, MPH, FACOEM

Annual Report 2016 Executive Director

Thank you for your continued confidence. I have the fortune to work with a responsive and hardworking Board of Directors who see innovation and education as key tools in growing the vision and mission of NECOEM.

I would like to thank each one of the 18 board members who have donated time and service to: education and web projects, the fabulous newsletter, membership and outreach, fundraising, organizing and rewriting NECOEM's policies and procedures and its Vision and Mission statements and much more. Their support and guidance has always been available to me. In addition, please join me in expressing appreciation to Philip Parks, for his leadership these past two years. Philip was instrumental in planning the full day board retreat this fall which allowed the board much needed time for discussion about NECOEM's goals, plans and operation. Thank you too to Bob McLellan, a most excellent facilitator for the retreat. (See Philip's report for an in-depth report of the retreat.)

The NECOEM office hummed along this year with the usual demands of a vibrant organization. Email requests for past confirmation of CME's and CEU's are always a part of the day. Layout and fulfillment of the thrice yearly newsletter is fun and a challenge. Creating advertising for events, working with the webmaster for secure and clean web announcements and promotion of events is ongoing. Members and others email questions/requests/ideas. Conference sponsorships must be raised. Board meetings must be planned and objectives tracked. New in 2016 and with the collaboration of the Harvard Occupational and Environmental Medicine Residency of the Harvard Education and Research Center (ERC), and under the leadership of Kenji Saito, NECOEM offered two webinars. Please let us know if you found these programs effective. Of course, at this time of year, conference participant, vendor and sponsor registrations are pouring in from various forms of registration: web, fax, telephone, or a combination of all. Chasing information from speakers, from incomplete registrations, etc. is a major part of my day.

There is always room for NECOEM members to become involved. Whatever your passion, let us know.

Do keep me informed about changes to address and email and feel free to call or email the office at any time.

Respectfully submitted,



Dianne Plantamura, MSW, CSS
Executive Director

NECOEM Treasurer's Report FY 2016

As in the past, major revenue sources were: 1] Annual Conference registrations - 70%, 2] Annual Conference vendor and sponsors - 17% [down from 18K to 13K and no Moore Medical 1K], and member dues -12% [collected and distributed from ACOEM]. Major expenses were: 1] Cost of AC meeting facilities and food – 42%, 2] Executive Director compensation – 28%, 3] AC miscellaneous expenses - 9%, 4] speaker's fees – 4%, 5] MAOHN AC profit sharing – 6%, 6] web master services – 5% [increased significantly this year, from \$800 -> nearly 10K], 7] dinner meetings - 2%, and newsletter -2%

The FY16 totals do not include all the income nor the expenses from the upcoming 2016 Annual Conference. In past years, the Annual Conference has always generated net income, though registration totals can significantly impact the net amount.

We do remain financially sound and stable with a healthy reserve. However, after having those reserves increasing from 2010 to 2014, we have seen a trend downward over the last 2 years as revenues decreased and expenses increased.

6-Year Balance NECOEM: January 2010-November 2016

There are no anticipated significant new or increasing revenues or expenses projected in our FY2017 operating budget. So, assuming a stable membership and AC conference attendance, we might experience another negative cash flow in 2017. If this does occur, we have available options of increasing our registration fees for the AC and/or our NECOEM component dues. Both have been below benchmarks and have remained relatively flat over the last 5 years. We might also seek general underwriting support to our organization though this might be at the expense of AC contributions. We might also look to trim some expenses in regard to web, or demands on Executive Director hours.

We do continue to have resources for programmatic investments to support our education and outreach missions but we should be careful about making commitments to additional operating expenses.

In addition, I suggest changing our fiscal year from October 1 to July 1 since the Annual Conference income and expenses are fully ledgered by that time and our fiscal status is stable and more clearly assessed. We can then plan our AC and other programmatic activity accordingly.

Our financial documents and accounts undergo a comprehensive tax and bookkeeping review by Cooney and Associates of Hanover MA at the end of each fiscal year. This review will be completed by the end of December 2016.

Respectfully submitted,

David V. Diamond, MD, CSS, FACOEM
October 31, 2016

Annual Conference 2016 Report

The Annual Conference Committee is very excited about this year's conference, entitled "Integrating OEM in the Workplace and Beyond." We had many wonderful ideas and we feel we incorporated areas from all over our diverse fields. Highlights include Michael Erdil, MD, FACOEM, the 2016 Harriet Hardy Award Winner, whose talk is entitled "Perspectives on a Journey Looking for Evidence and Searching for Practical Solutions in Occupational Medicine." The William B. Patterson Memorial Lecture on Excellence will be delivered this year by Robert McLellan, MD, MPH, FACOEM on "To Work or Not to Work: Clinical Decision Support in the Electronic Health Record to Provide Return to Work Guidance for Primary Care Providers." Featured clinical topics this year include talks on evidence-based chiropractic care, outpatient burn management, as well as approaches to hip examinations. Dr. Tom Luna will also be delivering an aerospace lecture as we explore the "far reaches" of preventive medicine. Finally, Dr. Ron Blum and Dr. Jay Poliner will also again provide an early-bird DOT Medical Examiner session. I am privileged to be chairing the conference for a third time.

There are 12 hours of Category I CME credits, contact hours, CCM credits, and ABIH credit as well as 11.25 hours of MOC credit available. As always, there will be ample opportunities for networking and exploring vendor exhibits. MaAOHN and NECOEM Annual Meetings will take place on Friday during the noon luncheon.

We will again host a President's Dinner Reception and Poster Competition, with the buffet dinner included in our very modest registration fee.

Our conference continues to be an outstanding value for the CME and networking that it provides, central to our newly revised mission statement.

Respectfully submitted,

Matthew Lundquist, MD, MPH, FACOEM

2016 Education Committee Report

This year's Education seminars shifted towards a webinar based platform with our collaboration with Harvard School of Public Health that allows us to use BlueJeans to broadcast a live lecture on desktop and mobile devices. The inaugural webinar speaker was the former acting U.S. Surgeon General and an Occupational Medicine specialist, Boris D. Lushniak, MD, MPH (Rear Admiral, USPHS (Ret), Chair and Professor, Preventive Medicine Uniformed Services University). The next webinar will be on November 10, 2016 and it will address Accommodating the Health Care Workforce. A new collaboration with Raytheon on November 17, 2016 will offer a live seminar and tour of a National Defense Manufacturing Plant & Injury/Illness Safe Stay/Return to Work Strategies conference.

Date: June 14, 2016

Location: Webinar

Title: A Shift to Prevention and Wellness - Can We Do It?

Presenters: Boris D. Lushniak, MD, MPH, Rear Admiral, USPHS (Ret), Chair and Professor, Preventive Medicine Uniformed Services University
CME Provider: Accreditation Council for Continuing Medical Education(ACCME), through the American College of Occupational and Environmental Medicine
CME Eligible: 1.0 AMA PRA Cat I Credits
Organizer/Moderator: Kenji Saito, MD, JD and Ann Backus, MS
Attendees: 49
Summary: The website tallied 49 online registrations, 40 were MD/DO's plus two medical students (others were RN, CWO, PhD). There were 11 who completed the CME verification and only two completed evaluations online (others could have sent in evaluations directly to ACOEM).
Costs: \$250 for ACOEM CME application
Admin time: \$2500 (too much, but at least half of this was training, learning amongst us all). This second webinar has hardly any cost associated with it...
Webmaster time: \$200 (rough estimate).

Date: November 10, 2016

Location: Webinar

Title: Accommodating the Evolving Health Care Workforce: A look at Privacy and the ADA

Presenters: Leslie Joseph, PhD, JD

CME Provider: N/A

CME Eligible: N/A

Organizer/Moderator: Kenji Saito, MD, JD and Ann Backus, MS

Attendees: as of 10/31/16, we have 25 registrants (with 120 views).

Summary:

Representing nearly twenty percent of gross domestic product, health care has the potential to contribute either to the creation or the alleviation of apparently endemic employment problems for people with disabilities. Workers within health care are likely familiar with the availability and feasibility of accommodations. Costs of health care are likely shared through third party payers, so any costs of workplace accommodations will be widely shared. Thus health care is a likely place for employment for people with disabilities. Yet employment in health care for people with disabilities can appear to pose intractable problems not found elsewhere in the workforce. One problem is that people with disabilities may find that their employers do not see how they can perform their jobs with accommodations; relatedly, concerns may be raised about patient safety or the quality of patient care. Another problem is that if people with disabilities are treated in the very facilities where they seek employment, they may be particularly concerned that the privacy of their medical information be appropriately protected. Similar issues arise with aging members of the health care workforce, who may or may not have disabilities. This session will discuss these and other issues for people about the ADA, privacy, and disability within the health care work force.

Date: November 17, 2016

Location: Raytheon in Andover, Massachusetts

Title: Tour a National Defense Manufacturing Plant & Injury/Illness Safe Stay/Return to Work Strategies

Presenters: multiple speakers (see agenda below)

CME Provider: Accreditation Council for Continuing Medical Education(ACCME), through the American College of Occupational and Environmental Medicine

CME Eligible: 3.75 AMA PRA Cat. I credits

Organizer/Moderator: Education Committee, Dianne Plantamura, MSW, CSS

Attendees: As of 11/1/16, there are 20 people registered

Summary: This will be the inaugural NECOEM, Raytheon and Premise Health collaborative program to educate their local physicians.

Objectives

List two solutions that prevent human heavy lifting in the workplace

Describe two benefits of a timely return to work for the injured/ill worker

List one state or federal law that applies to the injured worker

Explain two challenges that may prevent a successful return to work

List two accommodations that can be offered an employee returning to work after an illness/injury

Agenda:

10-10:15 am Jason Elwood VP Operations

Welcome and Raytheon Overview – An explanation of services and products, employee culture, and worker exposures at this worksite.

10:15 – 11:30 am Dib Paul Director IADC Environmental Health and Safety

Plant Walking Tour – A guided tour of large defense company with explanations of ergonomic solutions to lifting and repetitive motion challenges. Observe of job tasks in action and understanding the worker environment. Learn safety and environmental health strategies for worker safety and productivity. Experience Raytheon's innovations in the Immersive Design Center to see a multidimensional view of technologies.

11:30 – 11:45 am break

11:45 – 12:15 (working lunch) Dan Knight Sr Manager Workers' Compensation

A multidiscipline approach to Injury/Illness Management - Co-ordination between the Benefits Department, employee, supervisor, treating healthcare provider, and third party administrator(insurance) is key a successful and safe stay or return to work for the ill or injured employee. State and federal law compliance, swift and efficient communication among key stake holders and employee engagement will be discussed.

12:15 -12:45 Arnold Soslow MD Sr Physician

On site Health Centers - The benefits of healthcare professionals located on company sites shall be discussed. Services such as emergency response, illness/injury assessment, triage, and urgent care as well a provided by occupational health professionals for employees at the worksite.

12:45 – 1 pm Donna Ferreira ANP, MS, COHN-S, FAAOHN

Wellness - At work Wellness Programs are available at this site. Wellness includes nutrition and weight loss opportunities, smoking cessation, flu vaccines, biometric evaluations, travel medicine, and educational programs on topics including colon cancer, Zika virus, and many more.

1-1:45 pm Alan Rodgers MD

Strategies for managing the ill/injured worker- The treating healthcare professional is crucially important in the successful management of worker compensation as well as non-work related cases. Collaborative strategies among the treating healthcare professionals, insurer, employer, employee, union, on site occupational health professionals will be discussed. Innovative accommodations, workplace restrictions, job modifications, and ergonomic solutions will be explored. A case study will demonstrate the life of an injury claim from incident to return to full duty.

1:45 – 2 pm Dib Paul Director IADC Environmental Health and Safety

Wrap Up and Questions

Respectfully submitted,
Kenji Saito, M.D., J.D.
Education Committee Chair

“The NECOEM Reporter” Editor’s Report 2016

There were three publications of “The Reporter” in 2016, each one focusing on various topics related to the practice and experience of the OEM physician. NECOEM reaches out to its members and other colleagues by mailing out about 550 newsletters per issue. They are also posted on the website and made available at multiple conferences.

I am pleased to report that we continued to remain an open and flexible forum for members and others to share their expertise by authoring OEM related articles. There has been strong support from our membership and thanks go out to this year’s contributing authors:

► Drs. Manoj Moholkar, Thomas Luna, Kris Arnold, Reid Boswell, Abhijay Karandikar, Jonathan Torres, Dana Sparhawk, Ron Blum and Susan Upham.

► Attorney Diane Fernald and Carrol Latter of the MRM Group.

The Board has taken time this year to discuss the status of the newsletter’s goals and functions and whether future directions should be changed. To do so, we will be gauging the memberships’ ideas and interests in the newsletter using data collected from a survey to be conducted in late 2016. Otherwise, the Board advises no significant changes.

The following lists the articles by publication for 2016.

<i>Issue #47</i> <i>Fall 2016</i>	<ul style="list-style-type: none">• Do No Harm• Workplace Cotinine/Nicotine Testing• Out of This World Exposures• Integrating OEM in the Workplace and Beyond• WHAT IS IT?
<i>Issue #46</i> <i>Summer 2016</i>	<ul style="list-style-type: none">• The Integrated Disability Prevention (IDP) Approach• Haiti: An Occupational Doctor Steps Out Of His Comfort Zone• Snapshots AOHC 2016• New England Residents’ Research Represented at AOHC• Answer to last issue’s WHAT IS IT?
<i>Issue #45</i> <i>Spring 2016</i>	<ul style="list-style-type: none">• Doctors on the Edge: The Physician Burnout Epidemic• You Gotta Be Crazy: Tales of my Practice in Rural Maine• NECOEM’s Quest Laboratories Tour• Three in One: Occ Doc, Attorney and ...Sushi Chef

- International Conference on Physician Health
- WHAT IS IT?

The newsletter could not be constructed without the help of a dedicated team of workers. Many thanks go out to the support of our Associate Editors, Drs. Thomas Luna and Abhijay Karandikar, who volunteer ideas and review/edit articles, as well as Dianne Plantamura, who creates the layout, offers input and ideas, and manages the printing and distribution.

Respectfully Submitted,

Susan Upham, MD, MPH, FACOEM

2016 NECOEM Membership Report

NECOEM continues to have one of the strongest membership bases of all ACOEM component societies. In 2016, added 31 new members and rank 4th with 247 members behind Western OEMA (536), Central States OEMA (531) and Texas COEM (262). NECOEM accounts for ~6% of all ACOEM memberships. For the first time in at least 4 years, NECOEM membership did not decline but rather increased (31 new vs. 22 not renewed). Compared to 2015, the uptick represents a ~1% bump. On the other hand, ACOEM has seen declines in membership since 2003 (exception of 2012 and 2013).

State by state drill down for 2016 active members reveals the following:

- MA: 93 Members
- CT: 68 Members
- ME: 33 Members
- NH: 19 Members
- RI: 15 Members
- VT: 8 Members
- Other: 14 Members (AP, FL, LA, NC, NJ, NY x6, QC, TX, WI)

2016 New or Rejoined Members:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Benjamin D. Schanker, MD, MPH, MBA • Susan L. Rooks, APRN, FNP • Melissa Mieszczanski, PA-C, ACLS, BLS • David P. Rainey, MD, MEd • Michael S Chin, MD • Clifton J Wilcox, MD • Brian J Linde, MD • Michael Woods, MD, MMM • Joyce A Harsch, MS, MSN, CCM, CLNC, COHN, COHN/CM, COHN-S • John J. James, MD • Brian J. Quinn, MD, MPH • Joanna Krasinski, ANP-C, MSN, COHN-S • Nia Foderingham, MD, MSPH, MBA | <ul style="list-style-type: none"> • Jane S. Goodman-Page, ANP, MS • Camila Tyminski • Nathan A Moss, MD • Terence P. Doorly, MD, FACS, FRCS • Ashley Klein DiMeola, DO • Reena Zachariah, ANP • Peter H. Lowry, MD, JD • Jay P. Patel, MBA • Landon Roussel, MD • Nancy E. Lynch, APRN, MS • Brian T. Morris, MD, MPH, MBA, JD • Paul Medrek, MD, MPH • Pattharawalai Phichalai, MD, MPH • Daniel Theodore Stopka, MD • Howard J. Jones, MD, MPH • Kathryn L. Johnson, MD, MPH, FACPM, FACOEM |
|--|--|

- Kent I. Stahl, MD
- Paul Carrier, MD

New members by membership type:

- Active Members: 12
- Associate Members: 7
- Fellow: 1
- Residents: 9
- Students: 2

Analysis of “Not Renewed Members” highlighted:

- CT: 6, MA: 9, ME: 3, NH: 3, PA: 1
- Active Member: 11, Associate Member: 5, Fellow: 3, Resident: 1, Retired Fellow: 2
- Positions include Medical Director, Nurse Practitioners, Physician Assistant, Consultant and Physician.

The 2016 Membership Committee comprised of Dianne Plantamura, Josh Schwartzberg, and Phil Lerner. Following ACOEM’s recommendations, we contacted via telephone all members that would benefit from a nudge to renew their ACOME/NECOEM memberships. If a direct conversation was not possible, voicemails were left and emails were sent.

In addition to retaining members, the committee explored pathways for adding new members. The idea of offering corporate memberships (10 memberships package at a 20% discount) to ACOEM was not accepted. We maintain the position that active recruitment of new members in addition to the current focus on retention of members with ACOEM is worthy of exploration.

Respectfully submitted by Peter Lee, Chair; and Dianne Plantamura, Josh Schwartzberg, Phil Lerner on November 8, 2016

NECOEM Report on the 2016 ACOEM House of Delegates (HOD)

NECOEM was represented in the ACOEM House of delegates in 2016 by Claudia Hix, Tom Luna, Abhijay Karandikar and NECOEM President Philip Parks. Additionally, NECOEM member Phil Adamo served as the outgoing Speaker of the House and NECOEM member Nelson Haas was the incoming Speaker of the House, with the transition occurring at the end of the 9 Apr 2016 HOD meeting in Chicago. Jaqueline Cook began her new role representing NECOEM at the HOD with the 4 Nov 2016 meeting.

Notes from the HOD meeting 9 Apr 2016 in Chicago:

Internal Affairs Work Group. The proposal on “Section Policies and Financial Balances” has been coordinated through several work groups and is being sent back to the Board. Some sections maintain very high balances. ACOEM auditors noted the need to use section funds for member’s benefit in a more timely manner. Sections need a plan on how to spend their money.

Clinical Practice Work Group. The following resolution was approved, “ACOEM Endorsement of the Interstate Medical Licensure Compact”. This resolution asks that ACOEM produce and publish a

position statement supporting the Interstate Medical Licensure Compact. [Nov 2016 update: the Board supports]

Scientific Affairs Work Group. The following resolution was approved, “Allow Oil and Gas Companies to Protect their Workers”. This resolution asks ACOEM to send a letter to the Bureau of Land Management urging action to update rules that currently prevent the use of feasible alternative technologies for tank gauging/sampling that do not require hatch opening. This is expected to reduce exposure to benzene. [Nov 2016 update: Board approved]

Education Work Group. The following resolution was approved, “ACOEM Policy Leadership on Quality Processes in Utilization Review”. This resolution asks that a group be formed to produce a national guidance paper on best practices for Utilization Review quality in Worker’s Compensation settings.[Nov 2016 update: Board supports; will be sent to Council on OEM]

OEM Council. The council has been working on: Patient Satisfaction Survey; OEM Competencies; Coding Initiatives.

Unfinished Business. “Member Representation and Internal Advocacy” was approved.

New officers/positions. Douglas Martin is the new Speaker-elect; Darryl Lesoski is the new Recorder.

Notes from the HOD meeting 4 Nov 2016 in Elk Grove Village, IL:

Treasurer’s Report: 1) The Learning Management System will be coming on line over the next 3 years for distance learning; 2) the AOHC is the largest component of ACOEM’s revenue (34%); 3) membership has declined but publications and education have increased as components of revenue; 4) total revenue YTD is \$3,646,006.

Executive Director’s Report:

Membership continues to be a challenge. There are 1143 full dues payers >age 60 (44% of membership). The pipeline of newly boarded OM physician specialists is too low to sustain the specialty – only 80-90 are coming in each year while losing more than 200 a year. Membership now 4100, down from 4208 last year. Retention rate is 83.9% - which is actually pretty good. We acquired 530 new members – great, but the goal was 630. Exit survey: #1 – changed careers; #2 - retired; #3 – employer no longer paying dues; #4 – personal financial problems. We have a growing number of students/residents – now 316. We have a growing number of associate members (408)(nurses, PAs, industrial hygienists, etc.) ACOEM is reaching out to 1) board certified OM nonmembers; 2) nonmembers in related fields of preventive medicine, family medicine, and internal medicine; 3) to nurses and PAs with occ med connections; 4) to lapsed members.

New benefit – members can subscribe to MD Guidelines, including ACOEM OM Clinical Practice Guidelines, for \$175 (it is \$675 for nonmembers).

ACOEM is working on: 1) online course development – the Learning Management System, with release expected in early 2017; 2) website redesign (stage one), public portion [ACOEM most recently redesigned the MYCOEM portion]; Law Enforcement Officer Guidelines, first edition, is almost ready to go public; 3) growth of international members; 4) concept of developing an on-site Learning Center at ACOEM headquarters - would hold 40-50 people.

Membership Report: ACOEM is developing an ambassador program to go to medical schools and similar venues. ACOEM will provide training, talking points and materials for all speakers.

ACOEM AMA Delegation Report: the AMA has a HOD, similar to ACOEM's HOD, composed of members from the state medical societies and from specialty service societies. OM is small specialty so ACOEM only has 1 delegate and 1 alternate. Larger specialties have more delegates. It takes a long time to learn how the AMA resolution process works, so terms really need to be at least 3 or 4 years – probably more like 8 years. It also takes that long to develop the relationships necessary to get anything done. The AMA has 2 meetings a year – usually Jul and Nov. Delegate expenses are generally covered.

Internal Affairs Report: Scott Levy was the reporter candidate and was approved by the HOD.

President's Report: 1) ACOEM is the preeminent OM organization not just in the US but in the world; 2) the primary focus over this year is the new ED/CEO search; 3) ACOEM is in solid financial position; 4) the average ACOEM member age is 55 y/o; 5) only 42% of members are boarded in OM; 6) board certified fellows are our most stable members

Resolutions:

Component Membership. Asks ACOEM to support the combining of regional components with membership of less than 50. Approved by HOD.

Musculoskeletal Ultrasound Training in Residency. Requests ACOEM to advocate to the ACGME to promote musculoskeletal ultrasound training in OM residency training. The HOD opposed.

Treating Provider Acting as MRO. There is a potential conflict of interest when the treating provider also acts as MRO for the same case. This proposal requests a resolution acknowledging the conflict of interest and recommending that treating physicians NOT also act as MRO for same case. The HOD referred it to the clinical practice committee.

Making Occupational Health Policy Equitable Across the States: Leveling the Playing Field in OSHA Enforcement. The HOD requests the Board to establish a task force to evaluate this issue. The HOD approved.

NECOEM Outreach Report 2016

In 2016, the NECOEM outreach committee continues the project launched in 2015 to increase student and resident awareness and knowledge about the field of occupational and environmental medicine (OEM). We are currently in phase two of the project, where we collect slide sets for each topic of interest (see Table 1) from committee members and board members.

In addition, the committee recognizes that online presence is an essential tool to increase scope of exposure of the field of OEM to medical students, residents and professionals in related diverse fields. To this end, during the Board retreat, a website development project team was created, and many of our outreach committee members are also involved in the new project. We are focusing efforts to increase web traffic and relevance of the NECOEM website as an outreach tool. The efforts include updating the website to incorporate links to professional organizations in the diverse fields in the practice of OEM, and to serve as resources of OEM relevant information, in the forms of educational slides or videos, and

FAQ's to address specific target audiences. We will also increase our presence in social media, as well as referral web traffic from other professional websites. Through these efforts, we will increase outreach to medical schools and residency programs. Our goal is to have the website project updated by December 2017.

Table 1. ((Reference: NECOEM Outreach Report 2015)

CORE OUTREACH TOPICS
Definition of the field (What is OEM?)
Physician career satisfaction
Relevance to current events in health care
Importance of OM and cost of work injuries
What makes it fun and exciting and rewarding
What makes OM different?
Common occupational and environmental cases
Role of OM in medical practice
Role of OM in the community
Scope of OEM careers and career paths
Transition of OM over time
Importance of taking an occupational history
Keys to successful OEM career
Structure of the training
The professional organization of OEM
Elective and training opportunities

MENU OF OTHER TOPICS
Work injuries and illnesses
Acute musculoskeletal
ACO, patient-centered medical homes, ACA

Functional assessments
SSDI and health related absences from work
Hot environmental topics and public health careers
Careers outside clinical practice
Ethics
Role of OM in the community
History of workers' compensation
History of occupational medicine
Total worker health
Wellness

(Reference: NECOEM Outreach Report 2015)

Respectfully submitted by Diane Chen, MD, MPH, October 22, 2016