

NECOEM Reporter

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A Chapter in Our History: The OEMAC/NECOEM MERGER

By Phil Lerner, MD, MPH, Tom Gassert, MD, MSc and Gerri Ruffa, MD

On July 25, 2009, the New England College of Occupational and Environmental Medicine (NECOEM) became the fifth largest of 23 regional components of the American College of Occupational and Environmental Medicine (ACOEM), when a merger between NECOEM and the Occupational and Environmental Medicine Association of Connecticut (OEMAC) was officially endorsed. These two very active components of ACOEM have had informal exchanges for many years, and because of close geographic proximity,

many individual members worked together professionally and took part in educational activities sponsored by each component.



OEMAC was established 46 years ago on June 19, 1963 to represent ACOEM members in Connecticut. NECOEM was established 69 years ago on September

9, 1940 to represent ACOEM members in Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

Recognizing the benefits of having closer ties of support in fulfilling our respective missions, the Presidents and Treasurers of each organization entered into negotiations in early 2007 to explore what could be done to help each other organizationally. Then with the support of our memberships and respective Boards of Directors, on July 1, 2007

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H1N1 Safety In the Workplace

By Abe Timmons, DO, MPH

When the "Swine Flu" hit the U.S. last spring, misinformation, rumors and near-panic surrounded the advent of the disease. Fueled by the hysterical media hype, people began taking drastic precautions such as keeping children home from school or wearing rubber gloves in public. Upon learning that droplets from

an infected person's sneeze or cough spread H1N1, many people opted to purchase small blue hospital masks and wear them in public to avoid getting the virus. Some parents even sent young children to school wearing the masks. Fortunately, the school year ended before the outbreak reached crisis proportions

in New England.

Now that schools from preschool to college are back in session, we are seeing new outbreaks of the disease. Colleges are combating the spread of the virus with campus quarantines, while many public schools are distributing the nasal

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What is GINA and what do you need to know?

By Philip Parks, MD, MPH

GINA is the acronym for the Genetic Information Nondiscrimination Act of 2008 (P.L. 110-223, 122 Stat. 881), which was signed into law on May 21, 2008. GINA amends ERISA, the Employment Income Security Act of 1974.

The intent of the GINA is to provide basic protection for all Americans against discrimination based on their genetic information. Specifically, the new federal law prohibits discrimination related to health coverage and employment based on individuals' genetic information. There are two sections to the law: Title I is the section of the law that pertains to health coverage (insurance). All entities that are subject to GINA are required to comply with all requirements and must also comply with State laws that are more specific or protective. For group health plans, Title I is scheduled to take effect at the start of the "plan year" (which may be different than the calendar year) beginning one year after GINA's enactment. By May 22, 2010, all group health plans must comply with GINA. For individual insurers, GINA took effect May 22, 2009. Title II pertains to employment and will take effect November 21, 2009.

What does GINA do?

Title I (Health Insurance): Together with nondiscrimination provisions in HIPAA (the Health Insurance Portability and Accountability Act of 1996), another significant amendment to ERISA, GINA summarily prohibits health insurers or health insurance plan administrators (including self-insured plans) from requesting or requiring the genetic information of individuals or individual family mem-

bers and from using genetic information for decisions related to coverage or rates (premiums, co-pays, co-insurance).

Enforcement of Title I: Department (s) of Treasury, Labor, Health and Human Services

Title II (Employment): The law generally prohibits most employers from using genetic information for the purpose of hiring, firing, or promotion decisions and for any purpose related to the terms of employment.

Enforcement of Title II: Equal Employment Opportunity Commission (EEOC)

The statute's definition of genetic information is very important. Inclusive in the definition is information about: an individual's genetic tests (including tests ordered as part of a research study), genetic tests of family members (defined as dependents and including 4th degree relatives), genetic tests of any fetus or embryo (including an embryo legally held for use in assisted reproductive technology), *the manifestation of a disease or disorder in family members (family medical history)*, and any request for, receipt of, genetic services or participation in clinical research that includes genetic services (genetic testing, counseling, or education) by an individual or family member.

What does GINA not do?

Genetic information does *not* include information related to gender or age. GINA is not retroactive.

GINA's requirements do not extend to life insurance, disability insurance, or long-term care insurance. GINA

also does not mandate or require insurance coverage for genetic testing (or treatment). Employers with less than 15 employees are generally exempt from GINA's requirements. GINA does not prohibit health insurers or health plan administrators from obtaining genetic test results and using the results in making payment or reimbursement decisions.

However, GINA allows the overall premium for an employer covered by a group health plan to be increased based on the manifestation of a disease or disorder of one individual. And, for individual insurers, GINA does not prohibit the health insurer from determining eligibility or premium rates for an individual based on the manifestation of disease or disorder in that individual.

What about the law is relevant to the practice of Occupational & Environmental Medicine?

Key points:

- If a health risk appraisal (HRA) is required by employers or insurers and/or if there are incentives (lower premiums, co-pays, etc) linked with completing the HRA, the HRA should be amended to exclude questions regarding family medical history. However, if health coaching or consultations occur after the health risk appraisal, individuals may be asked confidentially by a third party health coach (not the employer, insurer or health plan administrator) about their family medical history in an effort to advise them of health risks and to promote behavioral change. In general, commercial vendors of HRAs are recommending that

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In memoriam



It is with profound sadness that we inform you of the passing on September 16, 2009 of Marcia Trapé-Cardoso M.D., F.A.C.P., M.R.O., associate professor of clinical medicine, following a short illness.

Dr. Trapé joined the Health Center in 1992, as the medical director of the Employee Health Service. She achieved national recognition in the field of employee health with a focus

on work-related exposures to health care workers. Dr. Trapé has been an active member of the Board of Directors for the Occupational and Environmental Medical Association of Connecticut, a chapter of the American College of Occupational and Environmental Medicine. She has played an important leadership role in this organization holding several key positions most recently as a state delegate for the National House of Delegates. Dr. Trapé recently received the Irving J. Selikoff Professional Excellence Award from the Connecticut Council on Occupational Safety and Health. ConnectiCOSH is a non-profit, statewide organization which helps unions, individuals and communities win healthier and safer working and living conditions.

Dr. Trapé was passionate about ensuring the health and safety of employees including educating the Health Center

community on the importance of workplace safety, influenza prevention, hand hygiene, and blood borne pathogen exposures. She was a preceptor in the primary care program of internal medicine, a lecturer in the Masters in Public Health Program, and an adviser and teacher of graduate students, residents and medical students.

Dr. Trapé achieved many accomplishments in her professional career. Among those, she was an integral part of the Genesis Team that provided smallpox vaccinations to various state and acute care healthcare providers. Her research interests included reducing occupational injuries and illnesses in migrant and seasonal tobacco farm workers for which she had a grant from the CDC.

With Dr. Trapé's passing, UCONN loses an exceptionally dedicated and valued member of our faculty.

H1N1 (Continued from page 1)

vaccines free of charge. In the workplace, controlling the spread of H1N1 represents an acute challenge to employers. Not only is productivity at stake, the health of worker's family members—particularly children or those with other health issues—is also on the line. While healthy adults may not be seriously affected by H1N1, others at home may be more vulnerable to the disease. Therefore, preventing the spread of H1N1 in the workplace should be top priority in workplace health and safety this fall.

Since the arrival of the H1N1 flu strain last spring, there has been much confusion regarding the effectiveness of face-

masks and/or ventilators to prevent the spread of H1N1. Many workplaces have heard that N95 respirator masks are more effective than surgical masks, and are attempting to stockpile N95's in great numbers in anticipation of a pandemic. However, the recommendation is based primarily on studies of healthcare workers who are at the forefront in treating those hospitalized with influenza, and is not applicable to the general or working population whose typical exposure would likely be less severe. Further, N95 masks are respirators and fall under the OSHA standard on respiratory protection, which requires enrollment of the wearer in a Respiratory Protection Program, including initial and annual medical

screening, respirator fit testing, and education. These are time and resource consuming activities that if not addressed could lead to improper wear and false sense of security in regards to personal protection, and possibly an OSHA standard violation. One follow up study actually found that healthcare workers did not achieve the higher level of protection with wearing an N95 because they had not been appropriately trained or fit tested.

Protection of workers from H1N1 has posed other complexities, including when and how to test. Initially confirmation testing was being conducted at the state level, but this was suspended as

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H1N1 (Continued from page 3)

cases mounted and treatment decisions were not being affected by test results. In August 2009 the CDC issued an evaluation of rapid influenza diagnostic tests (RIDT's) for detection of novel influenza A (H1N1) virus. The findings indicated that overall sensitivity was low (40-69%) and directly correlated with virus load. This indicates that although a positive RIDT result could be used in making treatment decisions, a negative result would not rule out infection with

novel H1N1. The recommendation from this report was to treat patients with influenza like illness (ILI) empirically based on clinical suspicion or pursue more definitive testing with real-time reverse transcription-polymerase chain reaction (rRT-PCR) or virus isolation.

Due the complex technical nature of this evolving issue, including the use of face masks and respirators, it is recommended that those responsible for workplace health and protection reference the following websites for more complete and up to date information on the topic of H1N1 protection in the work-

place. The following websites offer reliable and updated information, please reference them as necessary.

CDC website <http://www.cdc.gov/h1n1flu/> or <http://www.flu.gov>

World Health Organization <http://www.who.int/csr/disease/swineflu/en/>

Society for Healthcare Epidemiology of America (SHEA) <http://www.shea-online.org/>

Center for Infectious Disease Research And Policy (CIDRAP) <http://www.cidrap.umn.edu/>

Occupational Safety & Health Administration (OSHA) <http://www.osha.gov>

Table 1. CDC Interim Recommendations for Facemask and Respirator Use for Home, Community, and Occupational Settings for Non-Ill Persons to Prevent Infection with Novel H1N1 1 2

Setting	Persons not at increased risk of severe illness from influenza (Non-high risk persons)	Persons at increased risk of severe illness from influenza (High-Risk Persons) 3
Community		
No novel H1N1 in community	Facemask/respirator not recommended	Facemask/respirator not recommended
Novel H1N1 in community: not crowded setting	Facemask/respirator not recommended	Facemask/respirator not recommended
Novel H1N1 in community: crowded setting	Facemask/respirator not recommended	Avoid setting. If unavoidable, consider facemask or respirator 4 5
Home		
Caregiver to person with influenza-like illness	Facemask/respirator not recommended	Avoid being caregiver. If unavoidable, use facemask or respirator 4 5
Other household members in home	Facemask/respirator not recommended	Facemask/respirator not recommended
Occupational (non-health care)		
No novel H1N1 in community	Facemask/respirator not recommended	Facemask/respirator not recommended
Novel H1N1 in community	Facemask/respirator not recommended but could be considered under certain circumstances 4 5	Facemask/respirator not recommended but could be considered under certain circumstances 4 5
Occupational (health care) 6		
Caring 7 for persons with known, probable or suspected novel H1N1 or influenza-like illness	Respirator	Consider temporary reassignment. Respirator

Merger (Continued from page 1)

OEMAC and NECOEM entered into a formal agreement wherein administrative consultative services were provided to OEMAC by the NECOEM Executive Director and officers were provided the opportunity to participate in each component's board meetings. The success of this two-year arrangement brought our missions into closer alignment and enhanced our respective educational activities. With this merger, NECOEM now represents 271 members residing in all six New England states.

In early 2009, the OEMAC Board of Directors recommended that OEMAC merge with NECOEM, as it was felt that a merger would yield numerous benefits to OEMAC members, including being part of a larger organization with substantially expanded educational and networking opportunities and increased operational efficiencies. The merger was overwhelmingly approved at the OEMAC annual business meeting on May 5, 2009. It was subsequently approved by the NECOEM Board of Directors and the American College of Occupational and Environmental Medicine (ACOEM) Board of Directors. The merger became effective on July 25, 2009. All former OEMAC members are now members of NECOEM for the remainder of 2009 and can renew with the NECOEM component. If a former OEMAC member prefers to join another contiguous component society, he or she should contact Nathalie Lacour at ACOEM at 847-818-1800 ext. 300, or member-info@acoem.org. In addition, all former OEMAC Board of Directors have been invited to join the NECOEM Board of Directors and continue to represent Connecticut member needs. CME and networking meetings will continue to be offered in Connecticut and will be planned by Connecticut based members of NE-

COEM. In addition, Connecticut based NECOEM members will be able to take advantage of CME and networking events in other New England states, as well as the podcasts, newsletters, website and other educational and informational resources that NECOEM provides.

NECOEM is now one of the largest of ACOEM's component societies. Strong, well funded component societies are critical to support the profession on the state and local levels. They have the resources to enhance the specialty by fostering personal and professional networking, the exchange of ideas, continuing education, recruitment and retention of members, advocacy on the state level, and communicating local and regional needs to the College as a whole. OEMAC members are proud to have been part of an impressive 46-year history and are excited about the numerous benefits that this merger will provide to OEMAC and NECOEM members as well as to our profession.

The Occupational and Environmental Medicine Association of Connecticut OEMAC (initially called OMAC) was founded on June 19, 1963. Since that time until its recent merger with NECOEM, it functioned as a small but vitally active individual ACOEM component chapter. At the time of the merger there were 83 active members. Meetings were held quarterly, and each meeting consisted of an educational activity for CME credit as well as an opportunity to network and engage with fellow physicians from academic and clinical medicine, industry and insurance/disability fields. Despite its small size, Connecticut boasts two Occupational Medicine Fellowship programs at Yale and the University of Connecticut. Several past officers of OEMAC have gone on to hold leadership positions in ACOEM and to distinguished occupational medi-

cine careers, such as Dr. Robert McLellan.

Personal Recollections of OEMAC

Other distinguished members include Dr. Eugene Marks, an early member of OEMAC who moved to Connecticut in 1968 and joined our local chapter. Dr. Marks has fond memories of his chapter meetings, which provided an opportunity to socialize and network with Occupational Medicine physicians from a variety of fields. Dr. Marks spent most of his career affiliated with DuPont Chemical, and was secretary and ultimately president of OEMAC prior to his retirement. He states that as far back as he can remember, there always was an educational component to the meetings. When asked how he felt about the merger of OEMAC and NECOEM, he thought that it would broaden the networking and educational opportunities available to members.

Dr. Jim Mooney, another longtime OEMAC member who retired from his position at the Phillips Company twenty years ago and retired from occupational medicine consulting ten years ago, is enthusiastic about the merger and hopeful for the future of Occupational Medicine in general. He encourages the former OEMAC members to continue to "compare notes and to help each other out". In his experience, occupational physicians can wield a great deal of influence with top executives in a company if they are knowledgeable and personable. Because many OEMAC members continue to feel that it was important to continue to provide CME and networking opportunities in Connecticut, NECOEM plans to continue to offer CME meetings in Connecticut, assuming there is sufficient member interest and participation. Overall, members look forward to a successful partnership for many years to come.

GINA (Continued from page 2)

questions related to family medical history be removed from HRAs.

GINA provides specific research provisions (related to genetic information and informed consent) and there is also a specific research exception.

Where do I find more information?

o Text of the law: <http://www.gpo.gov/fdsys/pkg/PLAW-110publ233/pdf/PLAW-110publ233.pdf>, accessed October 12, 2009.

o Department of Health and Human Services Fact Sheet: <http://www.genome.gov/Pages/PolicyEthics/GeneticDiscrimination/GINAInfoDoc.pdf>, accessed October 12, 2009.

Legislative News *From Massachusetts*

Reported by Robert Naparstek, MD

M.G.L. 452 6.00 has been amended in Massachusetts so that adjustors are no longer required to undertake Utilization Review for medical services within the first twelve weeks of care. The insurer is still mandated however to undertake U.R. before denying any request for medical services during this initial twelve week period. Treatment guidelines are in effect during this twelve week period. Although adjustors are not mandated by statute to respond to a request for medical services within two business days (as U.R. agents are) any delays

should be reported to The Department of Industrial Accidents, Office of Health Policy (617 727 4900, ext 574).

The HealthCare Services Board of the Department of Industrial Accidents voted to replace the Utilization Guideline #27 for Chronic Pain with that of the State of Colorado. That state's guideline is significantly more inclusive and up to date. Please go to the website to review it at www.dia.mass.gov

Spotlight: International Occupational Health and Safety

Europe Targets Work-Related Deaths

Every year 5,720 people die in the European Union as a consequence of work-related accidents, according to EUROSTAT figures (1). Besides that, the International Labour Organisation estimates (2) that an additional 159,500 workers in the EU die every year from occupational diseases. Taking both figures into consideration, it is estimated that every three-and-a-half minutes somebody in the EU dies from work-related causes. Most of these accidents and diseases are preventable, and the first step in preventing them is risk assessment. That is the message of "Healthy Workplaces. Good for you. Good for business.", the Europe-wide information campaign on risk assessment, launched by the European Agency for Safety and Health at Work (EU-OSHA). The campaign focuses especially on high-risk sectors such as construction, healthcare and agriculture, and on the needs of small and medium-sized enterprises. It will run over two years (2008-09).

Under EU law(3), all employers in the EU are required to carry out risk assessments. Risk assessment helps em-

ployers understand the action they need to take to improve workplace health and safety.

"Every occupational accident and disease is one too many", says Vladimír Špidla, Commissioner for Employment, Social Affairs and Equal Opportunities. "Even if they don't result in fatalities, the consequences are unacceptable, both for the people concerned and for the economy. Every year, millions of workers in the EU are involved in accidents which force them to stay at home for at least three working days at an enormous cost to the economy. Risk assessment is the key to reducing these figures. But it can only be the first step - implementation must follow."

The Healthy Workplaces campaign highlights the necessity for risk assessment in line with the Community Strategy for Health and Safety at Work (2007-2012), which aims to cut work-related accidents over this period by a quarter across the EU.

According to EU-OSHA Director

Jukka Takala, "with the Healthy Workplaces campaign we want to encourage enterprises to carry out risk assessment properly, involving everyone in the workplace. We want to promote good practice that can be adapted to other workplaces. Takala also highlights the key messages of the campaign: First, risk assessment is not necessarily complicated, bureaucratic or a task only for experts. This is a mistaken belief that is particularly common among SMEs. But there are plenty of tools available (such as checklists) that help in the process, and EU-OSHA promotes a simple

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NECOEM Member Profile

Kathryn L. Johnson

Captain, Medical Corps, U.S. Navy Reserve

CAPT Johnson was born in Paterson, NJ, but spent her school years in Darien, CT. She earned a Bachelor of Arts and Science from the University of Connecticut, a Master of Science in Industrial Organizational Psychology at Stevens Institute of Technology in Hoboken, NJ, and a Master of Public Health at the University of Connecticut Health Center. She was part of the second graduating USUHS class of 1981 and was the first woman to earn her Basic Paratrooper badge and Emergency Field Medical Badge at USUHS. She was one of eight students selected for a Joint Army and Public Health Mission to go to Ft. Chaffee, AR to care for the Cubans Refugees after the Cuban Flo-tilla. She was awarded the Humanitarian Service Medal for this mission.

After Medical School, CAPT Johnson completed her Internship at Camp Pendleton, did a GMO assignment at NAB San Diego and started her residency at NNMC San Diego. She completed her training in Occupational Medicine in Connecticut and became Board Certified in Occupational and Environmental Medicine as well as Public Health and General Preventive Medicine.

In 1986, CAPT Johnson was transferred to the Naval Hospital Groton as the Department Head

for Occupational and Environmental Medicine. After being promoted to Commander, she was made the Hospital's Director of Operational Health Services, being responsible for the Health care of the local military and civilians as well as satellite clinics in Staten Island, NY, Brooklyn, NY, Windsor Locks, CT, and Saratoga Springs, NY. She was also responsible for all Occupational Medicine and Industrial Hygiene services in the Northeast. She was the PRT "Ironman" on base two years in a row.

In 1993, after 16 years of Active Duty, CAPT Johnson transferred to the Reserves and became the Medical Director for Electric Boat Corporation and ultimately promoted to the Director of Safety and Health at the Corporate Office of General Dynamics in Falls Church, VA. She retired from GD and



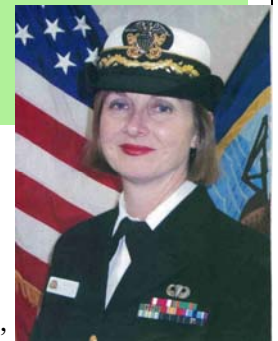
was the Connecticut Area Medical Director for Concentra and most recently has a Contract Occupational Medicine position at the Naval Branch Health Clinic, Groton, CT.

In the reserves, CAPT Johnson has been part of Hospital Detachments as

DET Senior Medical Officer and Occupational Medicine Physician. From 2002-2005, she was Department Head of Health Services for RED COM NE where she spearheaded readiness and training. In 2005, she was selected as the Officer in Charge of BUMED's Rapid Response Team, whereby she was responsible for deploying her group within 72 hrs of a request.

Her current billet assignment since January of 2008 is Commanding Officer OHSU San Diego whereby she travels over 3000 miles monthly to command an organization of more than 600 reservists. In the summer of 2009, she went on a deployment on the USNS Comfort, one of two Navy Hospital Ships. The Comfort was the same ship that assisted the Firemen during the attacks in NYC in Sept 2001. While on the Comfort, she supported a humanitarian Mission that offered medical, dental, optometry, veterinarian and construction support to the countries of Haiti, Dominican Republic, Antigua, Panama, Colombia, El Salvador and Nicaragua. Over 100,000 patients were seen.

Dr. Johnson has been part of the CT chapter of ACOEM since 1992, has been their delegate, secretary/treasurer, Vice-President and President-Elect and is now part of NECOEM.



New additions to www.necoem.org: Podcast and PowerPoint

"Maximizing Outcomes in Young Stroke Survivors" and "Challenges to Finding Solutions to the Health and Productivity Problem: Depression in the Workplace"

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NECOEM

NECOEM is a not-for-profit, regional component society of the American College of Occupational and Environmental Medicine, the pre-eminent organization of occupational and environmental physicians, associate and affiliate clinicians.

NECOEM has over 270 physician, associate and affiliate members and is dedicated to preventing and treating occupational injuries and illnesses. NECOEM provides continuing medical education for its members and other clinicians in order to enhance the care that they provide to men and women in the workplace. NECOEM is an advocate for workplace safety, occupational health research, raising public awareness of occupational and environmental health issues, providing guidance on public health policy, and recognizing outstanding achievement by individuals in occupational and environmental health.

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Europe (Continued from page 6)

five-step approach. Secondly, proper risk assessment also brings a number of business benefits, because making workplaces safer and healthier helps to reduce absenteeism and insurance costs, and increases worker motivation and productivity.”

“Risk assessment ultimately also helps to reduce the burden on national health care systems”, says Romana Tomc, Slovenian State Secretary of Labour, Family and Social Affairs. The present and upcoming EU Presidencies and the EU social partners all strongly support the campaign, as do the focal points – usually the national occupa-

tional safety and health authorities – in all 27 Member States. “This shows that occupational safety and health at work is a key issue for the European social model”, she adds.

***The European Agency for Safety and Health at Work** was set up by the European Union to help meet the information needs in the field of occupational safety and health. Based in Bilbao, Spain, the Agency aims to improve the lives of people at work by stimulating the flow of technical, scientific and economic information between all those involved in occupational safety and health issues.*

NECOEM Pre Conference Tour

Private guided tour of one of the first “green” hospitals. The Carl J. and Ruth Shapiro Cardiovascular Center embodies the latest advances in green design and technology. www.brighamandwomens.org/shapirocenter/AboutGreen.aspx

Tour and Conference Info at www.necoem.org

