# Challenges and Innovations in Occupational and Environmental Health, Policy and Politics

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# Harriet Hardy (1906-1993): Occupational Medicine Pioneer

- OM for MA Division of Industrial Hygiene WW II
- Directed OM clinic at Mass. General 1947-1971
- Investigated diseases related to beryllium, asbestos, cadmium, lead and mercury
- First female professor at Harvard Medical School
- Practitioner, teacher, author, worker advocate and applied researcher

# Classic Challenge: Lead Poisoning from the Mystic Tobin Bridge

- Abatement of exposure to flaking exterior lead paint a public health dilemma
- Risk to workers and community
- Successful control required collaboration between professions
- Demonstrated effective approaches for protecting environment and workers!

Exposure to Lead from the Mystic River Bridge: The Dilemma of Deleading: NEJM 1982



# UMMS Occupational Health Program 1983-1997

"It reflects company wisdom to be ahead of problems before they arise. There are a variety of savings to any company which seriously addresses health and safety issues: lower workmen's compensation costs, lower health insurance costs, higher morale, maybe better productivity, lower absenteeism ..."

Dr. Barry S. Levy, director of Occupational Health Service at UMass Medical Center.

OHS at UMass Tries to Improve The Safety and Health of Workers

- Labor and Management advisory boards
- Hospital and workplace based Occupational Health Clinics
- OH Medical Student and Residency Education
- Encouraged curiosity, exploration across disciplines and collaborative solutions

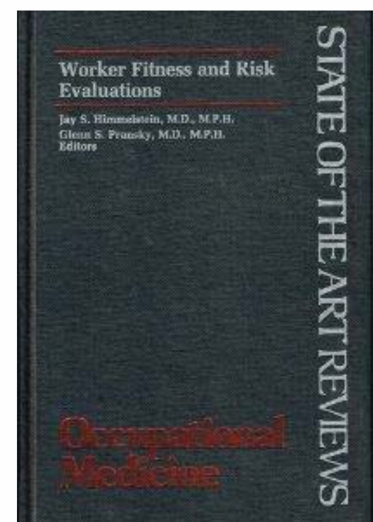
# Challenge: Health Providers and "Employability" Determinations

- Most frequent encounter for O&H providers
- Lack of evidence for making determinations
- Potential for unfounded discrimination
- What role should providers play in determining worker fitness and risk?



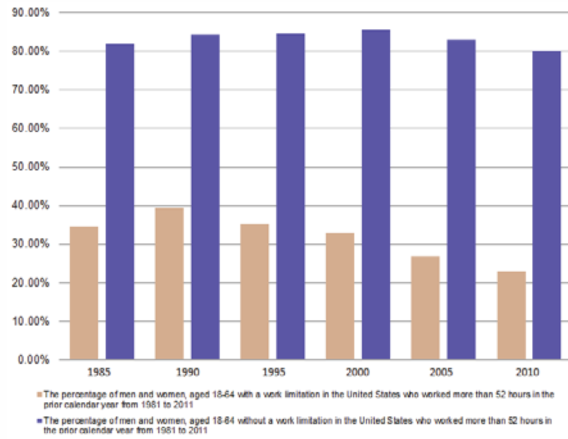
# Worker Fitness and Risk Evaluation 1988: Conclusions included:

- Except for rare instances, little scientific basis for excluding workers
- Emphasis should be on identifying potential functional limitations and risks, educating stakeholders and recommending appropriate accommodations
- Monograph contributed to new guidelines for pre-placement and return to work examinations



# Challenge: Disability Poverty Trap and Employment Barriers

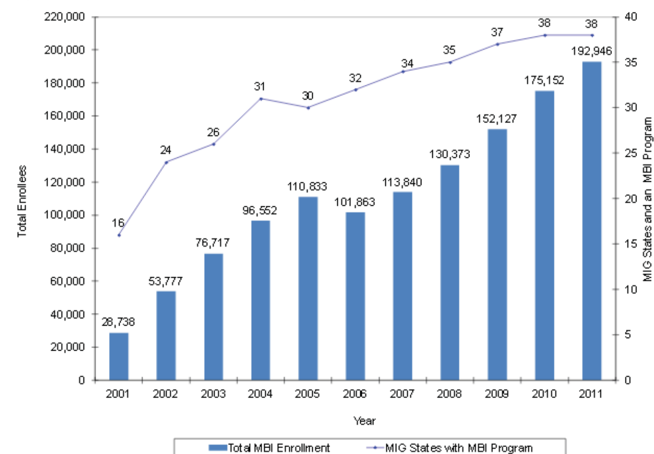
- Disabled workers and those born with disabilities often wind up on Social Security Disability and ‘trapped’ in poverty.
- Once “dis-abled”, difficult to return to workplace and regain economic self-sufficiency






# Medicaid Buy-In Program for Working People with Disabilities

- Access to Health insurance is a major barrier for disabled to re-enter the workplace
- Massachusetts CommonHealth Program model for nation allowed workers with disabilities to ‘buy-in’ to Medicaid
- Since 1999 grants to states have promoted Medicaid buy-in as way to remove barrier of health insurance to economic self-sufficiency.



# Work Without Limits

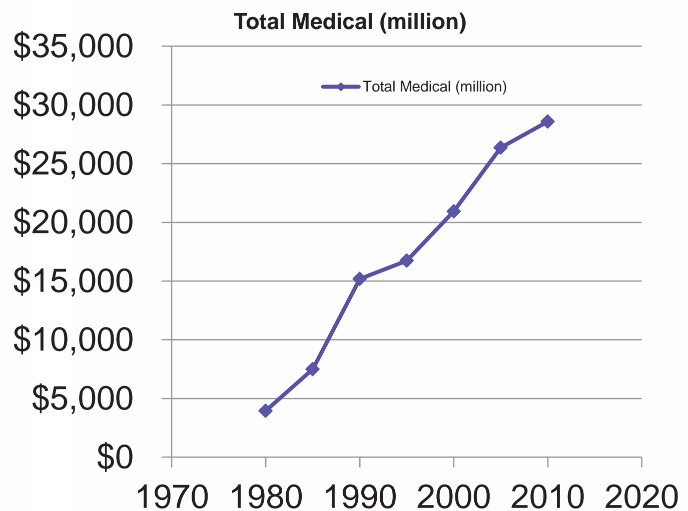
- Work Without Limits is a statewide network of engaged employers and innovative, collaborative partners that aims to increase employment among individuals with disabilities

# Lessons from across the disability spectrum

- Effective health care for people with disabilities includes:
  - Assuring that patients have access to appropriate preventive, clinical and rehabilitation services
  - Separating medical diagnosis from “ability” diagnosis
  - Going beyond the clinical presentation to consider and assist with patient’s social and work environments including assistive technologies and workplace accommodations
  - Raising expectations for participation in work and life!
- Promoting positive functional, employment and economic outcomes is a team sport!

# Challenge: Workers Compensation Policy and Politics

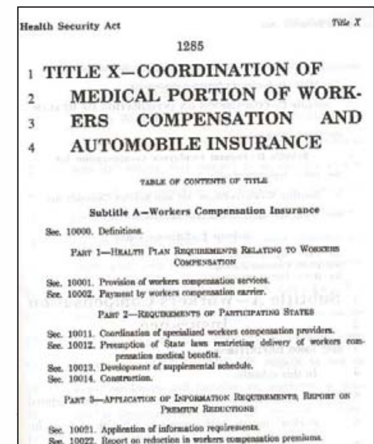
- 1980's saw dramatic increase in WC medical costs
- Employer costs increasing while cash benefits to workers declined
- Friction costs related to determining 'causation' and liability for medical and disability expenses
- Interest in creating "24-hour" integrated care systems regardless of "cause" of injury or illness






# Clinton Health Security Act (HSA) and Workers Compensation 1994

- Seen as a way to improve outcomes and interest small businesses in health reform
- HSA Title X would merge medical component of WC and Auto with traditional health insurance
- Despite potential advantages, consolidating health insurance was seen as threat to WC system stakeholders
- After failure at Federal level, states become focus for reform



Health Security Act — Title X

1285

1 TITLE X—COORDINATION OF
2 MEDICAL PORTION OF WORK-
3 ERS COMPENSATION AND
4 AUTOMOBILE INSURANCE

TABLE OF CONTENTS OF TITLE

Subtitle A—Workers Compensation Insurance

Sec. 10000. Definitions.

PART 1—HEALTH PLAN REQUIREMENTS RELATING TO WORKERS COMPENSATION

Sec. 10001. Provision of workers compensation services.
Sec. 10002. Payment by workers compensation carrier.

PART 2—REQUIREMENTS OF PARTICIPATING STATES

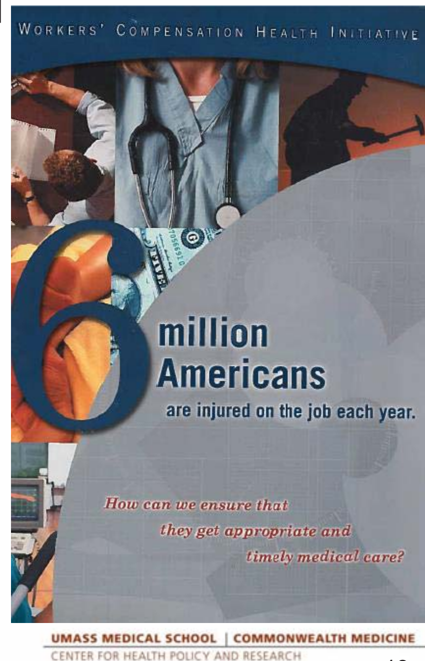
Sec. 10011. Coordination of specialized workers compensation providers.
Sec. 10012. Preemption of State laws restricting delivery of workers compensation medical benefits.
Sec. 10013. Development of supplemental schedule.
Sec. 10014. Construction.

PART 3—APPLICATION OF INFORMATION REQUIREMENTS, REPORT ON PREMIUM REDUCTIONS

Sec. 10021. Application of information requirements.
Sec. 10022. Report on reduction in workers compensation premiums.

# Robert Wood Johnson Foundation Workers Compensation Health Initiative (WCHI) 1995-2001

- The *WCHI* supported demonstration and evaluation projects testing new models for improving the quality of workers' compensation health care and containing costs
- Managed care found to contain WC costs more effectively than traditional fee-for-service
- Effective communication among patients, employers, providers key to cost savings, improved patient satisfaction, and employment outcomes






# Challenge: Health Insurance in the US

- Health costs leading cause of bankruptcy
- “skinny” health plans limit access and affect decision making
- Impact of ‘pre-existing condition exclusions

Jesse and Emily Colorado 2004

# Innovation: Massachusetts Health Reforms of 2006

- Medicaid expansion to 133% of FPL
- Subsidized private insurance to 300% FPL
- Insurance market reforms
- Individual and employer “mandates”
- Result: Near universal coverage >98%

# The Patient Protection and Affordable Care Act (ACA) 2009

- Similar to MA
- Medicaid expansion
- Subsidized private coverage to 400% FPL
- Individual and employer mandate
- National law dependent on state implementation

# ACA Challenges and Opportunities

- Implementation Challenges
  - Political opposition and delay
  - Legislated deadlines complicate technology
  - Inconsistent implementation across states
- Long-term Opportunities
  - Coverage expansion to working poor
  - Public health integration with clinical systems
  - Integration of human services eligibility



# What To Expect Moving Forward…

- Website problems will be fixed…eventually
- Implementation is key and outcomes will vary
- Political opposition hinders ACA implementation and improvement
- ACA is a complicated and imperfect law but will continue to benefit millions of people by removing financial barriers to health care

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