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Welcome to the WOEMA WINDOW. This e-newsletter is sent to members by email on a monthly basis. The e-newsletter provides links to this page. Below are the items that appeared in the December 2021 issue.

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President's Corner

By Scott A. Krasner, MD, MPH, FCOEM

As I finish up my tenure as President, I ask myself if we have been successful, and I am reminded of a quote from Albert Einstein, "Success is doing the same thing, over and over again, but expecting different results." Wait...I'm sorry...he was referring to insanity, not success, though sometimes I wonder if they go hand in hand.

Each year we have a new President, each year we do things over and over again, and do we expect different results? Well, each year the situations are different, and the obstacles placed in our way are different, so maybe we do expect different results. Let me quote from Booker T. Washington who said, "I have learned that success is to be measured not so much by the position one has reached in life as by the obstacles which he has had to overcome."

In that sense, we have been quite successful as we have overcome the many obstacles placed in our path. Although the pandemic still impacts all aspects of our society, we were able to provide an in-person WOHC 2021 conference, with great success. We have updated and approved bylaws, no easy task, and have continued quite robust education programs. In fact, all of our committees have been more active.

So, to answer my own question, yes, we have been successful this past year, but I credit that to all the hard work and dedication of all of you who made it happen. So, to quote from Woody Allen, "Eighty percent of success is showing up." I do want to thank you for showing up, for participating, and for making WOEMA a success. I encourage all who want to join and help, just contact the WOEMA office.

Now I'll leave you with one final quote, from the late, great Coach John Wooden (yes I am a UCLA Bruin), "Success comes from knowing that you did your best to become the best that you are capable of becoming." Let's all continue with our success.

Memorable Moments of WOHC 2021

Hyatt Resort, Phoenix, AZ Sept 29-Oct 2, 2021

Submitted on behalf of the 2021 WOHC Conference Chair and Co-Chair and written by Alya Khan, MD, MS

[CLICK HERE TO VIEW PHOTOS FROM THE EVENT](#)

Can you believe WOHC 2021 came and went?! WOHC 2021 took place in the heart of downtown Phoenix at the beautiful Hyatt Regency, bringing together occupational and environmental health specialists from throughout the country for the first in-person ACOEM component conference of the year. There were an array of educational sessions as attendees participated in Post-Graduate hands on sessions, plenary sessions, a Resident Poster Awards ceremony, and a Fiesta Signature Event featuring a live mariachi band during Hispanic Heritage Month. Below are some highlights from the conference:

WOEMA President Dr. Scott Krasner

"...Now we are engaged in a great annual conference, testing whether those workers, or any work environment, so conceived and so dedicated can long be safe. We have come to dedicate the topics of this quest as a time for Renewal, Rejuvenation and Rising Above. It is altogether fitting and proper that we should do this..."

Keynote speaker, Dr. Robert Orford, Lessons from my career "...Decide what you want to do with your life. Though sometimes plans change unexpectedly..."

Speaker Will Humble "...reflect on your community's response to covid. How can your organization become a resource to inform positive changes?..."

A prominent presence of familiar faces and many new faces could be seen, such as the current president of ACOEM, Dr. Robert Bourgeois, as well as former presidents of ACOEM and WOEMA, such as Dr. Walt Newman!

We were pleased to have the participation of many exhibitors and sponsors to the conference. Each of these groups received a Navy Challenge Coin for their ongoing participation in the WOEMA family. The exhibitors were just as excited to meet again in person as our members were!

Can't wait for the next WOHC? Not to worry as it is less than 1 year away in heart of Wine Country in Napa, CA at the exclusive Silverado Resort & Spa from October 6-9, 2022 (Thurs-Sun). The Napa area and Silverado Resort will serve as the excellent backdrop for educational, networking, fun, and recreational activities during the course of the conference. It will be topped off with a not to be missed signature event at the historic resort with a "Roaring 20's" theme, so come dressed to impress! In addition to a PGA golf course, multiple pools, tennis courts, scenic trails, and kids' activities, you'll find plenty of opportunities to relax at the spa, get a good workout at the gym, or just unwind in your bungalow room in addition to getting your CME!

Dr. Alya Khan is the Occupational Medicine Residency Director and Assistant Clinical Professor at the University of California, Irvine School of Medicine. She completed her residency in Internal Medicine from Hackensack UMC Mountainside and Occupational Medicine from University of California, Irvine, and holds dual board certifications from the American Board of Internal Medicine and the American Board of Preventive Medicine. She also received a Master's degree in Environmental Toxicology from the University of California, Irvine.

ACOEM Fall HOD Update

By David Caretto, MD, MPH, MRO

The Fall Session for the ACOEM House of Delegates (HOD) was recently held on November 5th, 2021. The WOEMA delegation was present as Dr. Faiyez Bhojani called the meeting to order. We are delighted to see WOEMA member Dr. Chang Na installed for her first meeting as ACOEM HOD Recorder, her first step towards ACOEM HOD Speaker for the 2023-2024 session.

No new resolutions were introduced; however, WOEMA was pleased to see ACOEM develop and promote the "Candidate Forum" – A roundtable town hall where candidate for the 2021 ACOEM election discussed their leadership experience and goals for the college if elected. This forum was first discussed in the WOEMA legislative affairs committee meeting in Fall 2020 as a mechanism of ACOEM members to learn more about candidates they are electing. WOEMA captured their ideas and structure for the forum in a resolution (21S-01) that was presented and approved at the Spring 2021 HOD meeting. Way to go WOEMA Legislative Affairs Committee!

A new resolution was proposed from the floor by ACOEM's Environmental Health Section requesting a name change to Environmental Health and Toxicology Section. The HOD accepted resolution for consideration and after discussion, voted to postpone consideration of their section name change until the next HOD meeting. Other HOD activity included affirmatively voting Dr. Yusef Sayeed as the next ACOEM HOD Recorder Elect starting in Fall 2022.

One of the highlights of the ACOEM HOD is hearing directly from ACOEM leadership.

- **Dr. Robert Bourgeois, ACOEM President:** Thanks to all for supporting the College. COVID drove many education forums to online and this allowed ACOEM to be very active in advising hospitals and companies. These efforts subsequently introduced the college to new persons and organizations. Current ACOEM initiatives:
 - Advocacy Task Force – Goal is to increase residency funding, identify OEM as a primary residency, bringing greater visibility to medical students and mid-career physicians,
 - Presidential Task Force exploring accreditation process for OEM clinics to include branding and interfacing with insurance companies.
 - Sen Cassidy (LA) pushed measure to fully fund federally approved residency support to OEM.
 - MD Guidelines very popular – free benefit worth \$500.
 - Career workshop in September went well. Now starting a mentoring program. Building leadership skills for component leaders – planning now.
 - Governance – working to bring in younger members onto committees, succession planning is part of this.
 - Excellence in Media – if you have seen an OEM media product, members can nominate the author for this award.
 - ACOEM 2022 will be a hybrid meeting – in person and virtual options.
 - ACOEM Quarterly Magazine has gone well. Communications Committee engaged and sending out letters. Many webinars this year; COEA revamping the OEM Basics Course.
- **Dr. Tanisha Taylor, ACOEM Treasurer:** Membership funds are up slightly. Education is performing above budget – webinars have helped. Expenses down overall. \$4.1M in total cash. Most in investments. 12.5 months of budget maintained in cash or money market accounts.
- **Bill Bruce, ACOEM EVP:**
 - ACOEM Virtual Symposia have exceeded expectations with excellent feedback from attendees. 1300+ registrants. Webinars – hosted 49 in last 2 years. ACOEM is looking for components or sections to volunteer.
 - Social Media activity shows strong LinkedIn metrics. ACOEM Apple PODCASTS episodes have generated over 2000 listens.
 - Marketing: new project to reimagine our outreach – RFPs have been sent and ACOEM expects 5 bids. Marketing goals are to promote name recognition, increase membership, and highlight OEM impact to society.
 - CDC and CMS Grant Council of Medical Specialty Societies have a program to increase COVID 19 and Flu vaccine. CDC has identified ACOEM necessary to the success of the program. ACOEM has received a \$3M grant and will partner with 7 – 10 healthcare partners. ACOEM is excited to collaborate with CDC and anticipates that this exposure will increase future opportunities as well. Developing a work group to oversee this.
- **Dr. Laura Gillis, ACOEM Membership:** – ACOEM has total 3248 members, with 1660 active members. Current Initiatives include
 - ABPM Diplomate outreach to OEM boarded physicians to bring them into ACOEM.
 - Ambassador Program – for medical school outreach beginning with schools that already have ACOEM members. The Goal is to build a pipeline for OEM training programs.
 - New member welcome package (beyond email!).
 - Calling Campaigns – reach out to lapsed members and how ACOEM can serve them.

Future initiatives include identify and remove language barriers, improve marketing.

- **Dr. Jeffery Jacobs, ACOEM Component Relations Committee:** Liaisons working with Component Sections. There are Working Groups for Excellence Awards and for Management Software Solutions - committee is looking for volunteers. Developing ACOEM Leadership Training for component leaders which will include CME.
- **Dr. Pamela Krahl, ACOEM Sections Relations Committee:** Liaisons appointed, and goal is to bring back ideas and share best practices. Member Needs Survey has been developed and will send to sections to help them guide their efforts.

ACOEM HOD meetings are efficient for sharing of information and benchmarking. Attendees hear directly from ACOEM Leadership on the activities of the college and learn about the innovative projects being developed by their peers in ACOEM interest sections and other components. ACOEM members are free to draft and submit resolutions to HOD to shape the future direction of the college. ACOEM HOD makes visible the creative work of ACOEM members to support our service to our patients and workplaces. In an era of remote meetings, the fall HOD meeting created connectedness among ACOEM membership as we await the opportunity to connect again at AOHC 2022 in Salt Lake City.

David Caretto is an alumni of UCSF School of Medicine and Duke University Occupational and Environmental Medicine. He currently works as Medical Director for Employee Health Services for Sutter Health in the Sacramento Valley Region. He has served as Co-Chair of WOEMA's Education

Committee and serves on the Legislative Affairs Committee.

OEM/Physician Roles in the Insurance Industry

By Rupali Das, MD, MPH, FACOEM and David Berube, MD, MPH, FACOEM

On April 20, 2021, the first ever joint WOEMA/NECOEM virtual webinar offered a presentation of the key elements of Disability and Workers Compensation Insurance Medicine. The presentation reviewed how OEM physicians interface with the insurance industry and discussed some of the best practices that are aligned with optimizing high quality care, minimizing disability, and fostering efficient engagement with insurance companies. Here we summarize some of the principles reviewed in this meeting. We note that the opinions expressed do not necessarily represent those of our respective companies and should not be construed as medical or legal advice.

Insurance Authorization

One of the first topics reviewed was the fact that clinicians do not authorize payment of insurance benefits. It is important for them to realize that although they may express an opinion on whether insurance companies should pay or provide disability or workers compensation benefits, this is only their opinion. Because insurance companies must follow administrative and legal rules to make decisions, benefit requests may be denied in accordance with those rules. Keeping this in mind, clinicians should avoid leading their patients to believe they will receive disability income or workers compensation coverage when they advise their patients to stop working, to restrict their performance of certain activities, or to obtain medical treatment, as that could result in patient actions that create financial hardship if the request for benefit coverage is denied.

Documentation and Clinical Approach

Although clinicians do not make insurance company coverage decisions for their patients, the information they collect and present in medical records is considered a part of the insurance benefit review. Clinicians are expected to offer evidence-based care in their medical practice, and by doing so, provide clinically appropriate and timely treatments and re-evaluations, accurate assessment of medical impairment, medically-based determination of work capacity recommendations, and clinical care that includes a plan to optimize patient's functioning in all usual life activities, including work. Adoption of these principles, and their appropriate documentation in medical records, is especially important so that payers (insurance companies) can accurately understand the medical facts and rationale for the treating provider opinions.

Three Critical Clinical Tasks

When treating patients with potential disability and workers compensation claims, three common clinical tasks should be established in the care plan:

- An evidence based and well described rationale for the diagnosis and causation determination
- Provision of appropriate care and re-evaluation
- Creation of clinically appropriate activity restrictions and functional capacity assessment

Capacity for Work and Other Activities

Work and other activity capacity recommendations should be medically determined and created to align with the medical condition. For example, 'no work' is commonly used as a restriction, however, this phrase is not aligned with a medical condition nor specific activities that are not medically advisable. "No work" is a vocational and administrative recommendation that is not a clinically based determination. For example, "no work" does not describe physical or mental activities that should not be performed and does not address activity restrictions in a setting outside of the workplace. It may be helpful to consider the medical or mental activity restriction, regardless of the location in which it could be performed, as a first step, and then secondly, to describe additional restrictions while considering home, hobby, and work environments. This will ensure that the restrictions are related to the activities that are commonly performed. Restrictions should also include relevant dates, frequency, and intensity parameters and should be worded in a way that is easily understandable by the employer. This descriptive information should enable the employer and supervisor to determine whether accommodations can be made to enable the employee to work if possible.

Writing a Better Work Restriction

As an example, for an individual with a wrist injury, a poorly worded restriction might be "no work from date A to date B." However, a better approach is offered in the following bullets:

- No use of the left wrist more than occasionally from date A to date B
- No use of the left wrist more than occasionally with a force of greater than 5 pounds from date A to date B.
- No use of the left wrist more than occasionally with a force of greater than 5 pounds and/or with flexion extension greater than 15 degrees from date A to date B

It is evident from the above that the greater the detail provided, the more accurate the restriction will be, and the greater the likelihood that it would be accurately considered and followed by all parties. Regarding the descriptive elements, the range of the dates provided may cover the time period up to a follow-up evaluation, at which time there would be an assessment of the status of the condition (i.e., progress, complications, and/or recovery.) The activity frequency is generally described as occasional, meaning up to one third of the time period, such as within an 8-hour period, frequent, meaning up to two thirds of the time period, and constant meaning more than two thirds of the

time. The intensity of the activity, such as the amount of force involved with lifting, pulling, or pushing is also relevant to many types of injuries, as are range of motion restrictions.

An extreme restriction may be something like “no more than activities of daily living,” such as for a patient who is confined and unable to perform activities beyond toileting and bathing, etc. Additionally, note that a limitation can indicate an inability to perform an activity, such as due to the absence of a body part or its function. For example, a restriction for a left leg amputee may be “limited from performing activities that require use of the left leg, such as standing, walking, and use of a left foot press or pedal.” This might be updated if treatment with a prosthesis is successful.

Roles and Opportunities for OEM Physicians

We described a variety of roles OEM physicians may have in the workers’ compensation system, ranging from being the treating clinician for patients, providing peer review opinions or independent medical evaluations, and serving as medical experts and educators for insurance companies. We also reviewed several opportunities and best practices for physicians who provide peer review and IME evaluations:

- Full and impartial reviews, with no conflict of interest
- Opinions supported by a rationale from evidence-based medicine and the standard of care
- Answers that are understandable by non-clinical claim managers, and appropriately detailed and concise
- Restrictions with reasonable start and end dates or dates for reassessment
- Information that identifies poor quality care, missed diagnoses and tests or other care opportunities, such as coordination of care and other issues
- A clinical management action plan
- A prognosis for future improvement and updated restrictions when relevant
- Appropriate collaboration with treating providers about any unclear issues or opportunities

In summary, all parties are responsible for managing disability and workers compensation issues, and OEM clinicians have critical roles to promote optimal outcomes for employees and their employers through their interfacing with patients, employers, and insurance companies.

David Berube, MD, MPH, FACOEM, is the Chief Medical Officer, Lincoln Financial Group. He is also an Assistant Clinical Professor of Yale University and University of Connecticut Schools of Medicine, and Treasurer of NEOEM.

Rupali Das, MD, MPH, FACOEM, is the California Medical Director of Zenith Insurance Company. She is also a Clinical Professor at the University of California, San Francisco, and President of WOEMA.

Resident's Corner - 2021 Resident Poster Presentations



1st Place: The Differences in COVID-19 Mortality to State Business Lockdown Measures, Trevor Pugh, DO, University of Utah

<https://vimeo.com/591759114/1695c05b6e>



2nd Place: Return to Work, Demographic Predictors, and Symptomatic Analysis Among Healthcare Workers Presenting for COVID-19 Testing: A Retrospective Cohort from a U.S. Academic Occupational Medicine Clinic, Zaira Chaudhry, MD, MPH, Loma Linda University Medical Center

<https://vimeo.com/591762116/b3c84f2434>

3rd Place: Diving Into The Unknown: A Hazard Analysis for the Denver Fire Department Dive Team, Kelsey Smithart, DO, MPH, University of Colorado

<https://vimeo.com/592805242/8e0ef57223>

3rd Place: Engineering Controls for Reducing Transmission of SARS-CoV-2 Among Patients and Health Care Workers During Indoor COVID-19 Testing Procedures, Alex Rytting, MD, University of Utah

<https://vimeo.com/593018866/4498894c14>

Additional Submissions:

Infection with COVID-19 from Workplace Environmental Exposure in a Healthcare Setting, Christopher Granda, MD, University of San Diego

<https://vimeo.com/591746327/4e16c19e6a>

The Association of PFOA and PFOS in Drinking Water with Asthma ED Visits, Thomas Overton, MD, University of California Irvine

<https://www.youtube.com/watch?v=6T19hSGKMLk>

Coccidioidomycosis Meningitis in an Immunocompetent Worker: A Case Report, Rashmi Bhuyan, MD, University of California Irvine

<https://vimeo.com/591756535/ba6b843b1a>

The Man in the Irritant Mask: A Case Report, Robert West, MD, Loma Linda University Medical Center

<https://vimeo.com/591772288/90c785e77f>

South Korea's Public Health Responses to COVID-19 Pandemic, Ji Young Nam, MD, University of California San Francisco

<https://vimeo.com/591790791/a8d346dfd5>

Case Presentation: Small Bone, Big Cost, Samantha Ayoub, MD, University of California Irvine

<https://vimeo.com/591798413/aa8353d291>

Patient with Right Ankle Sprain After Running; Progression to Acute Septic Arthropathy and Osteomyelitis of the Fibula, Stephen Craft, MD, University of California Irvine

<https://vimeo.com/591815373/f205d837bc>

Do Reminder Emails Improve Student Health's Onboarding Efforts for Incoming Dental Students, Tamera Means, MD, Department of Family and Community Medicine
Meharry Medical College

<https://vimeo.com/593027798/45d7b8a357>

We sincerely thank [Medlock Consulting](#) for sponsoring the 2021 Poster Presentations!



WOEMA is a regional component of the American College of Occupational and Environmental Medicine (ACOEM) and is dedicated to high-quality medical care and ethical principles governing the practice of occupational medicine.

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