

NECOEM Reporter

INSIDE THIS ISSUE:

Podcast	1,2,5
HOD Resolutions	1,4,5
WBP Memorial Lecture	3
Mission Statement	6
Medical Causality	7

Save the Date!
NECOEM/OEMAC
How to Decrease
Cardiovascular Mortality
in Your Fire Department
September 27
Old Sturbridge Village



www.necoem.org

Save the Date!
NECOEM/MaAOHN
Annual Conference
December 4 and 5, 2008
Challenges in OEM:
Making a Difference

Closed head injuries in OH, Occupational dermatology, ankle and foot trauma in OH, climate change and public health, DOT update with Natalie Hartenbaum, use of EMG studies in OM, musculoskeletal management in sports vs occ, injuries with Thomas Gill, MD, Medical Director Boston Red Sox, MRO update, MRSA update, legal/cultural issues with emerging immigrant workforce, workers comp issues, identifying patient deception, incident command, chemical exposures and Parkinson's Disease, ergonomics and computers, OSA screening for DOT, rehab of neck pain and much more

NECOEM Introduces the First Occupational and Environmental Medicine Podcast

Scott Mirani, MD

Through its internet web site NECOEM proudly launched an exciting and innovative method of education and outreach called a "podcast" in January this year. The NECOEM podcast now offers selected lectures from its annual conference and dinner meetings throughout the year. The term "podcast" is really a combination of the words "ipod" and "broadcast". To put it simply, "podcasts" are audiofiles



that can be downloaded from the internet and played directly on computer or on a portable digital devices (e.g ipod). Why use a podcast? A

podcast enables anybody with an internet connection to listen to a wide variety of discussions, speeches and interviews from around the world. Its beauty lies in the tremendous convenience it provides to the user. A downloaded lecture on a portable digital device can be listened to when they want, how they want and where they want. The ability to listen to a podcast while commut-

(Continued on page 2)

Spring 2008 House of Delegates Proceedings and Resolutions

Neil Haas, MD, MPH, MA

The American College of Occupational and Environmental Medicine Spring 2008 House of Delegates (HOD) session on April 11 at the American Occupational Health Conference (AOHC) in New York City was the most significant since I started representing NECOEM in 2005. At this session, NECOEM was repre-

sented by me and James McEleney, MD of Massachusetts. David Egilman, MD of Massachusetts served as an alternate and submitted three resolutions.

Opening Remarks

The opening remarks at the Spring



(Continued on page 4)

Podcasts (Continued from page 1)

ing for example can be particularly appreciated by many busy medical professionals who may want to use this time productively.

In a world where students can now obtain degrees without ever sitting in an actual classroom, a podcast is just another tool that allows individuals to access and listen to lectures without ever being close to the institution. Currently many prominent educational organizations are beginning to incorporate lectures thru podcast technology such as John Hopkins University, University of Chicago, Massachusetts Institute of Technology and Duke University. The University of Tennessee Department of Internal Medicine now records all resident lectures such as grand rounds and lunch round presentations in the form of podcasts. The University Of Utah Department Of Biomedical Informatics provides weekly seminars thru podcast technology with the seminar being considered an approved source of continuing medical education (CME) credits.

Many prestigious medical journals now offer weekly podcast summaries of their issues including *The Journal of the American Medical Association*, *The New England Journal of Medicine* and *Lancet*. In the United States, medical specialty podcasts exist for radiology, orthopedic surgery, neurology, internal medicine and psychiatry among others. Podcasts for various subspecialties are also emerging such as in critical care medicine

and electrodiagnostic medicine. Until January of this year, there were no medical specialty podcasts offered in the field of occupational and environmental medicine. There are however several related educational podcast lectures which may be of interest to the occupational medicine physician offered by various US schools of public health (e.g. Stanford University, University of Washington, and UC Berkley) In addition, there are related podcasts offering educational



material for the safety officer and industrial hygienist such as the *Occupational Hazards Radio Podcast*

Creating an OEM Podcast

The NECOEM podcast was created from the website www.podshowcreator.com, a web based service for organizations and individuals interested in hosting and managing an audio or video podcast. Recordings from three lectures from the 2007 NECOEM / MaAOHN annual conference were converted to an mp3 format suitable for the NECOEM podcast. For a very reasonable monthly fee, NECOEM was provided with a plan to store media files and create their own personal URL or

“podsite” (www.necoem.podshowcreator.com.) Additionally, NECOEM is given a daily statistical report on which regions of the US and the world (including country, city and zip code) are downloading the lectures.

In the first five months of the NECOEM podcast, there have been more than 800 visits and approximately 500 downloads of the lectures offered. Visitors were in 40 US states and one out of every 5 hits originated outside the USA. It is apparent from these figures that the interest level exists for the podcast technology. With the relative lack of podcasts on occupational and environmental medicine topics in particular, a tremendous opportunity for organizations such as NECOEM exists to participate in this unique educational initiative.

Top 6 states to visit NECOEM podcast site

1. California
2. New York
3. Virginia
4. Massachusetts
5. Oregon
6. Minnesota

Countries which have visited NECOEM podcast site

1. Australia
2. Canada
3. China
4. Mexico
5. England
6. Finland
7. Germany
8. Hong Kong

(Continued on page 5)



William Bradford Patterson Memorial Lecture: Excellence in Occupational and Environmental Medicine

Bill Patterson was a leader in occupational medicine and public health, who dedicated much of his professional career to improving the quality of clinical practice and outcomes. He was a superb teacher and valued mentor, who positively influenced many NECOEM members. Bill was always interested in sharing his insights, and identifying more effective methods of practice improvement and providing feedback to clinicians. At the time of his passing, he was actively involved in research on improving patient-provider communication, and finding ways to help workers at risk for prolonged disability. You can learn much more about his contributions and legacy at <http://www.williambradfordpatterson.com/>

Each year, the New England College of Occupational and Environmental Medicine dedicates a lecture at the Annual Conference in honor of William Bradford Patterson, focusing on Excellence in Occupational Health. The Organizing Committee of the Annual Conference selects a leader in occupational health who best embodies these virtues, and can share their insights on how to achieve excellence in our field. This speaker provides the opening talk for the second day of the conference.

NECOEM is pleased to announce that the first William Bradford Patterson Memorial Lecture in Excellence will be given by **Kurt T. Hegmann, MD, MPH, Associate Professor and Center Director, Rocky Mountain Center for Occupational & Environmental Health** and it is entitled: **The Art of RE-Learning What We Think We Already Know.**

Glenn Pransky
Director, Center for Disability Research
Liberty Mutual Research Institute for Safety

HOD (Continued from page 1)

2008 HOD reflected the challenges facing ACOEM. Robert McLellan, MD of New Hampshire, ending his year as ACOEM president, addressed HOD. He specified two primary concerns for ACOEM and its members: supporting training in occupational and environmental medicine; and cultivating effective governance and leadership. ACOEM's treasurer, Natalie Hartenbaum, MD of Pennsylvania, assured us that our organization is financially sound. Income from the membership, publications (including the ACOEM *Occupational Medicine Practice Guidelines*), and educational offerings account for most of the income. The 2007-2008 HOD speaker, Marilyn Howarth, MD of Pennsylvania, remarked about the importance of the HOD as the best-representative of ACOEM's components and, along with Karl Auerbach, MD of New York, spoke of challenges ACOEM faces. Presentation of the participants are available on the ACOEM website, in the Members Only area on the HOD Reports/Resolutions page. Minutes of the Spring 2008 HOD were not posted as of June 1, 2008.

Challenges for ACOEM

ACOEM is assuming a more-prominent role in applying medical evidence to occupational medicine and workplace safety, and representing occupational health professionals with workers' compensation administrators and governmental agencies. Concurrently, ACOEM, along with many other professional organizations, experiences declining membership. An additional challenge ACEOM has faced in recent years is the increased stress of travel and the cessation of co-sponsorship of the American Association of Occupa-

tional Health Nurses of the spring conference. In response to the changing environment, ACOEM is defining better its role and restructuring.

Restructuring

ACOEM's structure has been simplified to allow more consistency in component by-laws and function. Realignment has reduced the number of components, ACOEM's geographic constituents, from 31 to 25. No state will be split between components when Missouri unifies this year as part of one component. Further realignment may add to ACOEM's effectiveness, with as few as five or six components allowing the most-efficient use of resources.

ACOEM's fall conference (the State of the Art Conference - SOTAC) has been eliminated. ACOEM will focus its resources on and present the most-current information affecting occupational health professional during the spring conference.

ACOEM's *Practice Guidelines*, medical review officer, board review, and other courses will continue. A second annual conference that is shorter than SOTAC may be held in conjunction with an ACOEM course or with an ACOEM-component conference.

Future of the House of Delegates

The future of the HOD is in question. Currently, ACOEM has two bodies that collaborate in setting policy, the HOD and the ACOEM Board of Directors (BOD). The BOD meets four times annually, has a predictable composition, and members with seniority and consistent commitment to their roles in ACOEM. However, the BOD is smaller than the HOD and its mem-

bership is not proportionately-representative of ACOEM constituents. The HOD has been meeting only twice annually, and with the form of the fall conference under consideration, the second annual meeting may not occur in the future. Participation in HOD has not been consistent for some delegates, thus continuity in the HOD is variable. The nature of the HOD makes its productivity inconsistent. One approach to address low frequency of meetings and variable participation in the House was to have a "Year 'Round House," where delegates would interact on an informal but ongoing basis outside of formal HOD sessions. This approach was advocated by Dr. Auerbach (Speaker 2005-2006) and Peter Blumenthal, MD of New Jersey (Speaker 2004-2005), but the past success of the Year 'Round House has not been apparent.

Resolutions

During the Spring 2008 HOD session, 12 resolutions were considered, ten of which are described on the ACOEM website, on the HOD Pending Resolutions page. Action on the Spring 2008 HOD resolutions, including the votes of Dr. McEleney and me, are described along with elaboration on addresses given to the HOD on the NECOEM website.

Encouraging with regard to HOD commitment, NECOEM's new alternate, Dr. Egilman, submitted three resolutions: "Reducing Workplace Fatalities and Injuries" (Resolution 08S-05-SA) was approved by the House; two other resolutions were found by the External Affairs Working Group to have merit but need revision, and

HOD (Continued from page 4)

were tabled. The tabled resolutions of Dr. Egilman are under consideration for support by the NECOEM BOD, and include a call to Congress to restructure the US Toxic Substances Control Act (TSCA) of 1976 (Resolution 08S-04-EA), and to support universal, single-payer health care in the United States (Resolution 08S-06-EA).

Restructuring TSCA

The rationale behind "Calling on the US Congress to Restructure the Toxic Substances Control Act of 1976" is that TSCA is deficient in enabling the US Environmental Protection Agency adequate authority and resources to test, regulate, and track chemicals produced in or imported into the US, and has not served to motivate investment in cleaner technologies. The resolution contains a call "to fundamentally restructure TSCA" to include requirements for better assessment and dis-

closure of chemical hazards, expanded resources for federal and state agencies to assess chemical hazards, the eventual elimination of use of persistent bioactive toxins, and promotion of investment in environmentally-sustainable chemical technology and education.

A full text of TSCA can be found on the EPA's website (<http://epw.senate.gov/tsca.pdf>). US Government Accountability Office reports about TSCA can be found by searching "TSCA" on GOA's website (<http://www.gao.gov/>).

Universal Health Insurance

The resolution in support of universal, single-payer health care, "Health Insurance," has stimulated debate among members of the NECOEM BOD. Although there is no disagreement that everyone should have health care, some NECOEM-BOD members advocate a universal, single-payer health care system as pro-

moting workplace health, alleviating some of the pressure in un- and under-insured workers to misuse the workers' compensation system, and within the goals of ACOEM. Other NECOEM-BOD members feel the method of payment for health care is out of the scope of ACOEM's interests and our attention is best focused on issues more central to the workplace than general health-care.

The NECOEM BOD will reconsider its support for both of these resolutions at its September 2008 meeting.

The NECOEM BOD welcomes comments and input from NECOEM members regarding the tabled resolutions. Please send comments to NECOEM's executive director, Dianne Plantamura, at diannep@NECOEM.org.

Podcasts (Continued from page 2)

9. India
10. Italy
11. Japan
12. Korea
13. Macedonia
14. Mexico
15. New Caledonia
16. New Zealand
17. Portugal
18. Saudi Arabia
19. Sweden
20. Switzerland
21. United Arab Emirates
22. Uruguay
22. USA

The NECOEM podcast site is still in its infancy but has been met with a favorable response. Future im-

provements this year will be to provide better audio quality of the recordings, incorporate a pre-set introduction to each episode and several post recording production details necessary to make the podcast a truly professional initiative.

Podcasts will become a very important teaching tool in the years to come. It is evident that as the world changes rapidly, busy professionals and students are increasingly interested in having the ability to access information without being attached to a physical location or computer. Podcasts are simple and user-friendly and are readily available to anybody in the world with internet access. With a "global"

medical specialty such as occupational and environmental medicine, OEM professionals from all around the world can use this exciting digital tool to obtain education, share ideas and continue to be aware of important emerging topics in our field.

Dr. Mirani is Medical Director of Southcoast Hospitals Group OEM. He is the recipient of the 2006 Moore Medical Award for outstanding service to NECOEM.

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NECOEM EDUCATIONAL MISSION STATEMENT

Approved May 8, 2008

By the Board of Directors

Mission

The educational mission of the New England College of Occupational and Environmental Medicine (NECOEM) is similar to that of our parent organization, the American College of Occupational and Environmental Medicine (ACOEM). That is, to promote and protect the health of people at work and in their environment through preventive service, clinical care, research, and evaluation. The officers and directors of NECOEM believe that continuing medical education (CME) is necessary to achieve this mission. Our primary goal is to provide the educational activities that strive to enhance the professional capabilities of physicians practicing occupational and environmental medicine, promote their life-long learning, and foster their self-

directed learning. Our secondary goal is to promote educational activities that seek to enhance the professional capabilities of non-physician professionals in occupational and environmental health. Our third goal is to promote awareness of occupational and environmental medicine through education and outreach to those with little or no knowledge of this field.

Target Audience

Educational activities of NECOEM are specifically designed for physicians who practice occupational and environmental medicine either on a full-time or part-time basis. Physicians and students who are contemplating entry into this field may also attend. A secondary, but important target audience, is non-physician health care professionals and professionals from other disciplines relevant to preventing and addressing occupational and environmental health problems. Recipients of outreach educational activities are those with little or

no knowledge of this field.

Overall Goal

The overall goal of NECOEM educational activities is to address occupational and environmental medicine training needs within the New England region, to develop clear objectives for meeting those needs, to design sound educational programs based on those objectives, to deliver those programs in a variety of formats, to evaluate those programs, and to use such evaluations in planning future events.

Scope of Activities

The scope of NECOEM educational activities will include, but not be limited to, conferences, postgraduate seminars, scientific sessions, free-standing courses, dinner meetings, newsletters and maintaining an updated website.

Review of Mission Statement

This mission statement was initially approved November 23, 1994. It will be reviewed by the NECOEM Board of Directors and amended as necessary no less than every three years.

Congratulations

NECOEM would like to congratulate Dr. Glenn Pransky for receiving the Robert A. Kehoe Award of Merit during the AOHC Opening session on April 13, 2008 in New York City. Robert Kehoe, MD is past president of ACOEM and a pioneer in the field of occupational and environmental medicine. The award was given to Dr. Pransky for his significant academic contributions as Director of the University of Massachusetts' Medical Center Occupational Residency Program (1985-1999), and chair of ACOEM's Residency Directors Section. Dr. Pransky is also widely published, has been the investigator for numerous grants, and has lead numerous activities in work related musculoskeletal research. Dr. Pransky teaches at the University of Massachusetts and Harvard School of Public Health and is scientific journal reviewer for a number of OEM and public health publications. He is the Director of the Liberty Center for Disability Research, Liberty Mutual Research Institute for Safety.

Incentive Program for ACOEM members to recruit new members

ACOEM members will receive an incentive payment for each new member they recruit. Incentives will be paid for recruiting physicians who have **never been members of ACOEM**, or who have **not been a member since 2003**. Incentives will be paid only to ACOEM members and only for recruiting full dues-paying Physician Members, not Affiliate, Associate, Retired, or Student/Resident members. The incentive payment is a **\$100 credit** toward any ACOEM course, conference, or ACOEM product for **each new member recruited**. The maximum payment to any ACOEM Member in 2008 is \$500.

For more information, contact Miles Hoffman, ACOEM Membership Manager, at
mhoffman@acoem.org; telephone: 847-818-1800, ex. 378.

Medical Causality in Litigation Settings

A NECOEM Maine Dinner Meeting

also available on podcast

Ron Blum MD, FACOEM, NECOEM Board member

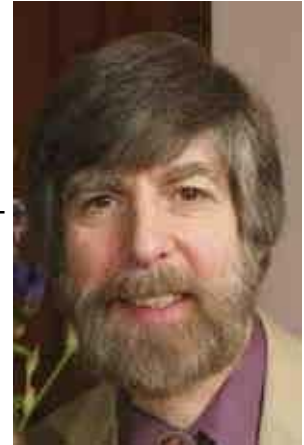
If you haven't ever attended a Maine NECOEM dinner meeting, you have missed a unique venue, fine cuisine, and stimulating CME programming. This year's fourth annual held May 15 was no exception. "Medical Causation in Litigation Settings" may not have been an exciting title, but the two, oft rival, attorneys' presentation and discussion was dramatic and engaging. The extended Q & A bespoke the interest provoked and demonstrated the value in continuing this medical-legal dialogue. Michael Freidman represents employers and insurers primarily, while his colleague David Leen defends employees currently, but had represented the employer and insurance side in years past.

These very experienced attorneys shared their perspectives on physicians' interface with the legal system, whether in federal jurisdiction, state trial court, or an administrative setting. The latter is where most Workers Compensation claims are handled, an approach that is more expeditious, but allows for less input by medical providers. Explanation of the jurisdiction of various venues, Rules of Civil Procedure and Rules of Evidence was basic information, not generally tendered in our medical training. The Rules are usually irrelevant in the administrative setting, where depositions are uncommon, and the reputation and presentation of

the physicians may have more standing than testimony and evidence in a trial court. Addressing the cynicism that exists amidst the legal and medical professions, Mr. Friedman characterized this as a conflict in perspective. While acknowledging that Occupational physicians have a better understanding of the system than many of our medical colleagues, he noted that, "doctors think they know more than they do."

As explanation, offering that the medical profession is science based, and thus presumed by physicians to inherently prevail. The legal profession focuses more on the human elements, the subjective information physicians draw on in deriving their opinions. He proposed that physicians' improved understanding of legal interpretation would serve to minimize this conflict. They went on to discuss burden of proof, standard of proof, and medical versus legal causation. For example, the "preponderance of the evidence" is the standard used in judicial and administrative matters. This is often explained by a 51% analogy, while the "clear and convincing" standard, typically used for mental injuries in Maine, uses a 75% analogy. This compares to the criminal standard of "proof beyond reasonable doubt" of 99.9%.

The attorneys explained some of the reasons a physician's best medical judgment is not always accepted in the legal setting for reasons that have nothing to do with medicine, whether in an Independent Medical Evaluation or in testimony. A lawyer may deliberately try to undermine the physician's position to the benefit of their client. The approach will vary whether in front of a jury, judge acting without a jury, or administrative official. The physician's credentials, potential bias, personal gain, and practice experience are fair game. Detailed medical descriptions are often avoided when a jury is involved. However these may be most important to a lone judge, who is less moved by the non-scientific challenges. When faced with conflicting medical opinions, such officials will be influenced by the physician's thoroughness and professionalism. Not seeing or reviewing all available medical records, opinions stated in guarded terms, such as "possible" or "consistent with," or reports with misspellings or simple errors,



(Continued on page 8)

New England College of
Occupational and Environmental
Medicine

22 Mill Street,

Voice/Fax: 978-373-5597
Email: necoem@comcast.net

NECOEM Reporter,
Editor: Craig Curtis, MD
NECOEM President:
Tom Gassert, MD, MSc
Executive Director:
Dianne Plantamura, MSW, CSS

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 200 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.

The editorial board welcomes letters to the editor. Write or email to NECOEM at the above address. The editor reserves the right to edit letters for publication purposes.

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Medical Causality (Continued from page 7)
such as confusing right and left or noting the wrong gender, may weaken the value of a medical opinion.

Discussion beyond the prepared remarks addressed a broad variety of topics, taking advantage of our access to the receptive attorneys. Many topics raised were worthy of further exploration, including the lawyer's perspective of the role and approach to the IME, the interpretation and influ-

ence of video tapes of plaintiff employee's activities, the doctor's role as patient advocate, an aggravation of a preexisting condition, secondary "injury" (the sore right knee after left knee surgery), determining cause when there are multiple factors, and the potential role of a single payer system in reducing the need to determine causality. All totaled, it was a fulfilling and enjoyable evening, and as one of our Massachusetts's members commented, "well worth the trip."



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