



# MEDICAL DIRECTOR REPORT

Volume 2.1

*An Occupational and Environmental Health Network Publication*

## In this Issue:

OEHN News Briefs .....	1
Drug Testing in the Occupational Setting .....	2
OccMed Facts: Avian Bird Flu Update .....	3
Pre-Employment/Post Offer Examination.....	3
Pre-Employment/Post Offer Examination.....	4

## OEHN TEAM

### *Principals:*

Thomas H. Winters, MD  
FACOEM, Principal, President

Lee Okurowski, MD  
Principal, President, CEO

### *Program Management Staff:*

Sandra Stratford, MD  
MSc, Medical Director  
and Consultant

Dieter Affeln, MD  
Medical Director

David Rosmarin, MD  
Chief of Psychiatric Services

Robert Mullaly, MD, ABPP  
Psychiatric Services

Maureen Manning, MS,  
APRN, BC

Marie Robertson, RN

Lori Winters  
On-Site Manager

Sue Bonitatibus  
Disability Coordinator

Tanya Robinson  
Office Manager

Welcome to the OEHN Medical Director Report Publication. We hope you will take some time to read through the various columns, features, facts, and knowledge regarding our industry-Occupational Medicine. Our goal is to connect with our key partners, physicians, allied health professionals, and resources to enhance your knowledge of Occupational Medicine. We will be distributing this publication through e-mail each quarter. If you have an article, feature, or newsworthy piece, please send it along to [info@oehn.net](mailto:info@oehn.net). On behalf of the entire staff at OEHN, thanks for reading.

Regards,

Thomas H. Winters, MD, Principal and Chief Medical Officer

## OEHN News Briefs

### AIG Selects OEHN for Disability Reviews

OEHN was recently selected by American International Group (AIG) to provide long term disability medical record reviews for the Connecticut Insurer. OEHN's team of physicians will support AIG within their long term disability product line.

### Johnson Controls Selects OEHN

Johnson Controls Inc. has selected OEHN to provide a comprehensive medical surveillance program for their Harvard University employee base. Under the agreement, OEHN will service Johnson Control employees in the areas of vaccines, pulmonary function tests, physicals and as well as other employee health clinical services.

### Drug Testing in the Occupational Setting

More than 30 million drug tests are performed annually, including over 10 million that are federally regulated under the authority of the DOT, the Department of Defense, or other federal agency. Additionally, there are 20 million drug tests performed in the private sector. In 1990 larger employers were much more likely to have written policies (74%) and sponsor employee assistance programs (EAPs-79%), than to conduct drug testing (46%). A 1995 survey of 1200 companies showed that while 75% were still offering EAPs, 77.7% were now conducting drug tests, with 47% offering drug related education and 45% providing supervisor training on drug abuse. Drug testing numbers are highest among protective services, transportation, material moving, and precision production. *(continued on next page)*

### Millender Conference Returns

#### Scheduled for April 2007

After a three year absence, OEHN, in partnership with the New England Baptist Hospital, will return the Millender Conference to the New England Occupational Health market. "We're looking forward to hosting this year's conference and providing an enjoyable as well as educational experience for all attendees," said Dr. Thomas H. Winters, MD, and President of OEHN. The keynote speaker for this year's conference is Alan Curtis, MD, from the Boston Sports and Shoulder Center in Chestnut Hill, MA. Alan also serves as an on staff Orthopedic Surgeon at the New England Baptist Hospital. The event is scheduled for April 24th, 2007. CME's and CEU's will be available for credits at this conference. Additional details and registration information will be posted on the OEHN web site in the month of February 2007. Please visit the OEHN web site at [www.oehn.net](http://www.oehn.net).

### Executive Summary:

#### Disabilities in the Workplace

##### December 10, 2006

In an unexpected and alarming trend for U.S. employers and government policymakers, disability rates for adults in their prime working years have risen sharply in the past two decades, a 2004 RAND Corp. study shows. The number of people 30-49 years who cannot care for themselves or perform other routine tasks jumped more than 50% from 1984 to 2000, and smaller but significant rises also occurred among those aged 18-29 and 50-59.

*(continued on back page)*

### Establishing a Drug Testing Program

#### Federally Regulated vs. Non-federally Regulated Drug Testing Models

Federally regulated drug testing is governed by the DHHS, DOT, DOD, DOE, and other agencies.

Federal testing has detailed procedures for alcohol testing and using specimen collection, completion of custody and control forms, analysis of urine specimens by DHHS certified labs for amphetamines, cocaine, opiates, marijuana, and PCP.

Reporting of all results to an MRO for review and interpretation, reporting of results to the employer, referral to substance abuse professionals, confidentiality, as well as record keeping and statistical reporting are all mandatory.

DOT, considered to be the gold standard, has been legally tested and holds up in court.

Use of federal procedures is recommended even if the company is not covered by federal mandates.

#### Components of a Comprehensive Drug Free Workplace Program

The program should include a formal written policy that ensures fairness for all employees and minimizes litigation, avoiding conflicts with federal, state and antidiscrimination regulations. Additionally, the program should include an employee assistance program (EAP), supervisor training, employee education, and methods for detecting illicit drug users. Also important are the inclusion of drug panel guidelines such as the Department of Health and Human Services (HHS), which published Mandatory Guidelines for Federal Workplace Drug Testing Programs in April 1988, and the National Institute on Drug Abuse (NIDA) guidelines.

### Defining the Drug Problem

In 1999, 14.8 million Americans ages 12 and over used one or more illicit drugs during the previous month, a decrease of 41% from 1979.

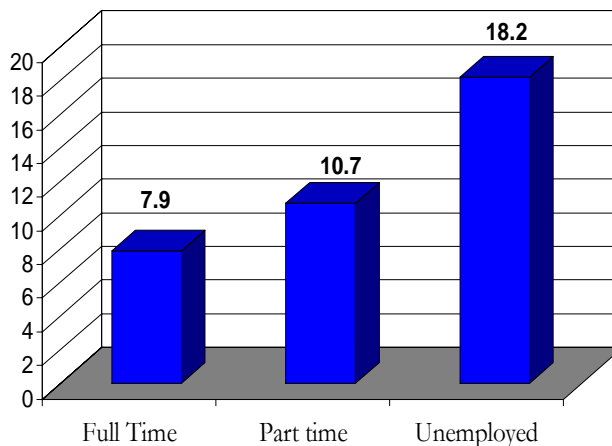
Of the 26 million people who in 1997 reported using marijuana, 6.4 million used it once a week or more frequently, 10.2 million used it monthly, and 9.3 million used it occasionally.

In 1999, 1.5 million people reported having used cocaine in the last month, 11.2 million used marijuana in the last month, and 13.3 million were heavy drinkers (5 or more drinks on 5 or more occasions in the past month).

Whereas the prevalence of illicit drug use has dropped over a decade, prevalence of frequent cocaine use has not changed, and recidivism after rehabilitation for illicit drug abuse is high compared to those treated for alcoholism.

Illicit drug use is particularly prevalent among employees aged 18-25 and higher among males than females and those with less formal education and lower income.

Current (30 Day) Illicit Drug Use: Percent Users by Employment Type



Source: SAMHSA 2003 National Household Survey on Drug Abuse, 2004

Illicit use crosses all industries, being highest in construction, wholesale, and retail trades (15.4%, 13.6%, and 12.2%, respectively) of full time employees aged 18-34. Because of mandated DOT drug testing, the transportation industry falls in the middle with prevalence of illicit drug use having dropped substantially over the last decade.

In a study of US Postal Service applicants, those who screened positive for drugs had 66% higher absenteeism, 77% greater likelihood of being fired, 143% more EAP referral, and 26% higher medical claims over a 3.3 year period than those who screened negative.

#### Value of Drug Testing in the Workplace

Did you know that 74.3% of current illicit drug users over 18 years of age are employed? This statistic becomes even more daunting when you consider that a drug user in the workplace will cost between \$11-13 k (per year) in healthcare costs, lost productivity, unemployment, injury and workers compensation. Studies have shown that over a 3 year period applicants who screen positive for drugs have:

- 66% higher absenteeism
- 77% greater chance of being fired
- 143% more EAP referrals
- 26% higher medical claims

In a study of Georgia Power employees, hours of absenteeism for those testing positive for drugs was 165 compared to 91 for those treated for drug abuse, 73 hours for those treated for alcohol and 41 for the average worker. Annual general medical benefits costs were \$1,314 for those testing positive for drugs, \$1,347 for those treated for drugs, and \$842 for those treated for alcohol.

#### Types of Worksite Testing

Pre-employment/Pre-placement: most prevalent form of drug testing. This is not considered a medical test under ADA, therefore testing can occur at any time during the interview process, including prior to an employment offer. Current drug users are not protected under ADA; ADA protects former illicit drug users. Other types of worksite testing include:

- Post accident/Post incident
- Reasonable Cause/Reasonable Suspicion
- Random
- Return to Duty and Follow-up

Did you know?

OccMed Facts

Avian Flu Update International

Top 10 Costliest Conditions

Per Person Yearly Cost

- 1. Hypertension \$392
- 2. Heart Disease \$368
- 3. Mental Illness \$348
- 4. Arthritis \$327
- 5. Allergies \$271
- 6. Diabetes \$257
- 7. Migraine/Headache \$214
- 8. Cancer \$144
- 9. Respiratory \$134
- 10. Asthma \$100

Source: (JOEM 46(4) April 2004)

Human Cases of Avian Bird Flu (H5N1)

12/27/06

Country	2003 Cases/Deaths	2004 Cases/Deaths	2005 Cases/Deaths	2006 Cases/Deaths	Total
Azerbaijan	0/0	0/0	0/0	8/5	8/5
Cambodia	0/0	0/0	4/4	2/2	6/6
China	1/1	0/0	8/5	12/8	21/14
Djibouti	0/0	0/0	0/0	1/0	1/0
Egypt	0/0	0/0	0/0	18/10	18/10
Indonesia	0/0	0/0	19/12	55/45	74/57
Iraq	0/0	0/0	0/0	3/2	3/2
Thailand	0/0	17/12	5/2	3/3	25/17
Turkey	0/0	0/0	0/0	12/4	12/4
Vietnam	3/3	29/20	61/19	0/0	93/42
<b>Total</b>	<b>4/4</b>	<b>46/32</b>	<b>97/42</b>	<b>114/79</b>	<b>261/157</b>

Source: CDC, 2006

OEHN Knowledge Corner

The Pre-Employment/Post Offer Physical Examination

Work related injuries cost companies billions of dollars each year. The direct cost of employee disability adds up to 6.3% of total US payroll (Watson Wyatt Worldwide and the Washington Business Group on Health, 2001). Employers are realizing the one method of combating rising costs is to screen prospective employees to determine their suitability for particular work and work environments. The purpose of a pre-placement evaluation is to ensure that the person examined does not have a medical condition that may be aggravated by the job duties or that may affect the health and safety of others. Over time the practice has changed from simply reviewing an employee's health status and history prior to a job offer to the current practice of offering employment and then ensuring the employee has the physical capabilities to perform the job.

Introduction of ADA (Americans with Disabilities Act)

The Americans with Disabilities Act (1992) affects employers with 25 or greater employees. According to the act, pre-employment physical exams may not be conducted on an applicant until after a conditional offer of employment has been extended. They are illegal prior to a conditional job offer. It is recommended that the conditional offer be in writing, and if hiring is contingent upon other conditions (such as passing a pre-employment drug screen), those conditions should be set forth in a conditional offer letter. Any disability-related inquiries and medical screenings of employees must be "job related and consistent with business necessity". Only applicants who are otherwise qualified for employment may be subject to a pre-employment physical exam.

After making the offer, but before active employment, an employer may make unrestricted medical inquiries, but may not refuse to hire an applicant with a disability based on results of such inquiries, unless the rejection is job related and justified by business necessity. The type of testing to be conducted at a pre-placement exam depends on the job for which the worker is being considered. It can be used as a screening tool to uncover unrecognized illness or as a "predictor" of future occupational illness or injury. Regardless, it is recommended that employers limit their inquiries to those physical or mental conditions that relate to an applicant's ability to perform the essential functions of the job for which he/she has applied.

## OEHN Knowledge Corner

### ADA: Accommodations and Essential Functions of the Job

ADA defines a qualified person with disabilities as someone who can perform the essential functions of the job-with or without reasonable accommodations; burden is on the company to make such accommodations.

#### Reasonable Accommodations Include:

- Job restructuring
- Part-time and/or modified work schedules
- Reassignment to a vacant position
- Acquisition or modification of equipment; use of assistive devices or redesign of the job
- Appropriate adjustment or modification of examinations, training, materials or policies
- Provision of qualified readers or interpreters

#### When Determining Essential Functions Consider:

- The employers judgment as to which functions are essential
- Written job descriptions prepared
- Amount of time spent on the job performing the function
- The consequences of not requiring the incumbent to perform the function
- The terms of any applicable collective bargaining agreement
- Work experience of past incumbents in the position
- Current work experience of incumbents in other areas

*(Disabilities in the Workplace: Continued from front page)*

Overall, about a fifth of Americans over the age of 5 have a disability, and the majority of these people are of working age. In 2004, 35% of working-age people with disabilities were employed either full time or part time, according to a National Organization on Disability/Harris poll. That was up 3% from a similar 2000 poll. Of those who said that they're disabled but not working, nearly two thirds said they'd like to work. Of those, 8% said they're not working because they can't find a job that accommodates their disability.

Has the Americans with Disabilities Act (ADA) helped bring the disabled into the workforce? Once recent study conducted by the University of Michigan found that disabled people are

indeed more likely to be accommodated at work than they had been before enactment of the ADA, and accommodations do a pretty good job keeping them in the workforce. But the study also found that the increase in accommodations has been only modest and that most amount to adjustments of work schedules. Perhaps most worrisome is the finding that, despite the letter of the ADA law, disabled workers tend to be paid lower wages as a result of their accommodations.

Limiting the scope has, however, made it easier for employers to win ADA suits. In 2003, they prevailed in 98% of federal court decisions, and annual American Bar Association study found. Employees have a better chance of winning at the U.S. Equal Employment Opportunity Commission (EEOC), where they prevailed on the merits 21.7% of the time in 2003.

As court decisions have gone against workers, ADA claims filled with the EEOC have dropped from the 1995 high of 19,798 to 15,346 in 2004.

Still, U.S. employers face a variety of knotty issues. One is the complicated interplay among the ADA, the Family and Medical Leave Act, Social Security Disability Insurance coverage, and a maze of state and local regulations protecting disabled workers. Another issue is the different viewpoints of courts. For example, some U.S. circuit courts have ruled that employees who can't get along with others might be considered disabled under the ADA, while others disagree. However the legal system plays out, people with disabilities represent a large and still not fully utilized labor resource that experts say will become increasingly important in years to come.

*Source: Institute for Corporate Productivity, 2005*

### OEHN Feedback Corner

**Your opinion matters to us. And we'd like to hear it. In fact, we need to hear it.**

"It was a pleasure to receive your newsletter. It was very informative and reassuring to know that your philosophy and knowledge of managing work related issues in a multidisciplinary way is expanding further into Mass and RI. 'Hats off' to Dr. Okurowski for the article in the Spine Journal. I totally agree with his conclusions of the 'risk factors' or 'bag pack factors' as I call them. I hope I am on a future mailing list."

-Diane L. Silva

Manager of Affiliate Relations, Best Doctors Occupational Health

### OEHN Overview

**Who are we?** OEHN delivers premier onsite Medical Director leadership and program oversight for employee and occupational health departments across the country. OEHN is supported by a team of Board Certified Occupational Health physicians, program management staff, project managers and consultants. Its network of twelve hospital clinics and a local, regional, and national network of occupational medicine resources provide labor unions, organizations, hospitals, disability management providers, and the government with a comprehensive portfolio of occupational medicine solutions.



Address:

1601 Trapelo Road  
Waltham, MA 02451  
Suite 176

Tel: 781.290.2210

Fax: 781.290.2215

Visit us on the web

[www.oehn.net](http://www.oehn.net)

Copyright 2007 OEHN