The Importance of Providing After-Hours Coverage

By Justin Caldwell, Ed.D, Director of Workforce Health, Riverside Medical Center

In a world where time is money it becomes apparent that organizations must look at providing services to companies that make it easy for the company to operate and perform at the levels they expect to. This concept is no different for Occupational Health companies. As providers of occupational medicine, it is the goal to provide high level customer service that make companies choose a provider without hesitation.

To further explore look at companies such as Chick-Fil-A, Culvers, Amazon, and Starbucks just to name a few. These companies have gone above and beyond standard service levels to provide customers an option that is different than

continued on page 4
Thank you. Thanks. Thanksgiving. During this season, we are bombarded with all things Thanksgiving. The food, the family, and the football. We see the holiday hype in commercials, recipes, travel plans, and Black Friday sales. The common theme is still one of giving ‘thanks,’ a concept we can all support regardless of what the calendar demands.

There are so many ways to be grateful and appreciative. We’ve all been recipients of many kind gestures and praised for a job well done. Yet doing the right thing isn’t always easy, convenient, or timely, but it is always the best option. As we approach ‘the holidays,’ it’s even more appropriate to pause for a moment of reflection. Consider how can we make our programs more competitive, our staff a better team, and even how can I be a better leader. Think about how we can each be more thankful for the opportunities to do a great job and praise the work of others.

I’ve had the great pleasure of attending over 18 annual NAOHP National Conferences - traveling from one coast to the other and many spots in between. That brings us to a thankful discussion about attending ‘Nationals.’ The single, most significant benefit to me of each and every conference is the networking: maybe it was just a moment with another participant between sessions, a lively group discussion at lunch, or a spirited one at the evening reception. It made a difference. Some tidbit, suggestion, confirmation, or challenge resonated with me - true ‘aha’ moments. Thankfully these moments are plentiful, and I was there to experience it firsthand.

Sure, the faculty is great, and the presentations are thought provoking and strategic, but it’s the opportunity to meet other attendees from very similar or very different programs than mine that resulted in the best, most applicable information. All this was made possible by an educational conference attracting experts in the field, including experienced professionals, vendors, and sponsors all contributing to program excellence.

If you missed the 2019 conference, not to worry. NAOHP is already planning for 2020! We will be at The Drake in Chicago, October 4-7, 2020. Now is the time to add it to your budget, your strategic plan, and your calendar. The programming will be comprehensive and timely. Think what you could do with every ‘aha’ moment and perhaps what fun you could have in Chicago with a couple of additional vacation days. Thankfully, there is time to plan. See you there, and happy Thanksgiving!

Mary Alice Ehrlich
NAOHP Board Member

Letter from a NAOHP Board Member

Mission Statement
To provide our members with strategic solutions in helping them build and enhance successful programs to benefit their clients, employees, and business communities.

Town Hall Forums
Noon Eastern • 11AM Central
10AM Mountain • 9AM Pacific

These weekly 30 minute Town Hall Forums are FREE to all NAOHP members. A different occupational health-related topic is presented and discussed with professionals from across the country. In these short half hour sessions, use this educational opportunity to reinforce the things each occupational health professional should know. Each week a different login and dial in number is emailed to all members days prior to the forums.

Renewing Membership or a New Member?
We have three types of memberships for NAOHP/Ryan Associates:
· Single Membership - $299
· Corporate Membership - $599 includes up to 10 representatives from your organization
· Vendor Membership - $799 includes up to 20 representatives from your organization

Contact Us
800-666-7926 • info@NAOHP.com
NAOHP.com

Submission Information
To share your news, suggestions, or accomplishments, email Cindy Ross at cross@NAOHP.com.
Freshen up your workflow and boost outcomes.

Drive Complete Occ Med Compliance and Billing
+ Automate Employee Health Documentation
- Conquer employer protocols
- Expert coaching for workflow and compliance
- Integrated with all HIS

nethealth.com/see-Agility

© 2019 Net Health. All rights reserved.
The Importance of Providing After-Hours Coverage

their competition. This is exactly what Occupational Health companies should be doing for their customers, providing a service unmatched by their competitors.

One of those differentiators to provide is after-hours coverage. After-hours coverage can be an array of different elements. The service can be as simple as providing after hour phone triage or as complex as providing a provider on site after hours during peak needs of the customer. To elaborate, this service should be a service that is beneficial to the customer and can be easily explained to the customer to show return on investment. Just because an occupational health company provides after-hours coverage does not mean the customers will ask for the service or even know how it will benefit them in the end. It is up to the company to portray the benefit to the customer.

Make sure that when a company is approached for after-hours coverage the investigative work and questions have been done before a quote or answer is given. The occupational health providers should know the inner workings of the company and be able to determine how often the after-hours service may or may not be used. The worst mistake is for a provider to offer the service and have the company take advantage of the service and then the provider failed to realize how often the service would be utilized and now margins erode, and staff morale can possibly become an issue.

Several types of after-hours coverage can be provided by providers. The service can be on call nurse triage via phone, on call for mid-level providers and physicians for injuries, on-call drug screens or breath alcohol testing for companies, on-site nurses for extended coverage after hours, or just about anything the company needs. The key is to be able to customize a program that meets the needs of the customer. This is done when a provider is fully educated on what the work flow of the company is and how they operate.

One of the important elements to remember for an on-call after hours program is to make sure to have a policy for how charges will be applied. Make sure to include everything from labor, supplies, travel, premium pay, and anything else that might be part of an after-hours program. At a minimum the profit margin should be somewhere between 50 and 75 percent. Typically, providers will see that on call after hours coverage can be extremely profitable if structured correctly and executed properly.

Execution is the key concept to make sure this goes off without a hitch when providing this level of service. If someone is on call after hours, one needs to make sure that person is available and it is also necessary to have at least one, if not two back up people on call. The last thing a company wants is to pay for on call coverage and not have access to the service when it is needed. It is also necessary to be extremely detailed in the response time for after hours coverage. A policy should detail out how long before a company can expect a response and then from that point, how long before the next step, whether it is a call back or an onsite response.

Providing after hours coverage is a great way for providers to add more money to the bottom line. This service should always be offered at a premium. Remember, if a company needs after-hours coverage there is a reason that they are inquiring, or a reason that the service is being offered as an option. This can be a high margin service line that can see a lot of growth if priced and executed properly. 

Justin Caldwell, Ed.D
SAVE THE DATE

NAOHP NATIONAL CONFERENCE

CHICAGO • OCTOBER 4-7, 2020

Experience Real Chicago® at the iconic Drake Hotel. Situated atop Chicago's Magnificent Mile connecting you with shopping, dining, and the famous Chicago Gold Coast area overlooking beautiful Lake Michigan. The Drake Hotel is rich in history and architectural integrity and is in the National Register of Historic Places of America.

REGISTER EARLY AND SAVE 25%
REGISTRATION OPENS FOR EARLY BIRD SPECIAL DEC 1ST!
NAOHP.COM • 800-666-7926
Education vs. Addiction,
A Mother’s Tale

By Angela Moore, Vice President, Workplace Solutions, Abbott – and Secretary with DATIA (Drug and Alcohol Testing Industry Association)

The best job I have ever had in my life is raising my two amazing daughters. The next best job has been a lifetime role in shaping the drug testing and occupational health industry. As a working mom, the dinner table for my family has often included a lot of ‘free education’ on a myriad of topics associated with illicit drug use, prescription drug use, legal and regulatory implications of drug use, legalization and cultural acceptance of drug use, and a lot of unsolicited advice to my children regarding the importance of a drug safe lifestyle.

To say my work has come home with me over the years is an understatement, and yet within my own family, I did not realize how razor thin the line between educated and addicted could be until I was faced with it in a manner I could never have expected. I’ve spent my entire 25+ year career in the drug testing and occupational health space. Drug safety is a central topic in my household, and I DID NOT REALIZE how easily these lines could be crossed.

It was the summer of 2017, and my daughter was returning from a trip overseas. We were spending six weeks in New York City on assignment, and she arrived from Paris not feeling well. A trip to the local urgent care resulted in a strep test, a blood draw, and a prescription for antibiotics. In the spirit of antibiotic stewardship, the provider was careful to direct my daughter to ‘take your prescription until it is all gone.’ The pharmacy was also diligent in their instructions to complete the full antibiotic regimen.

Fast forward a couple of days, and her symptoms had worsened. Still running a high fever with an extremely swollen sore throat, she was miserably sick in our apartment in a strange city. I called the local urgent care back, and they shared that her lab work confirmed she had mononucleosis. Given her current state, they suggested we proceed immediately to the nearest ER for treatment.

I’ll spare the details of our experience in the NYC emergency room scene. Suffice to say it was a memorable experience for us! Within a few hours of our arrival, my daughter was given IV fluids, a steroid shot, and another prescription for her severe throat pain. We were happy to be sent on our way.

At the pharmacy, we picked up our full bottle of Oxycontin and headed back to the apartment. As we settled in my daughter asked, “I take these pills until they are all gone, right?” Her words hit me like a brick, and my mind started racing through the events of the day.

The ER doctor said nothing about the risk of what was being prescribed for her pain. He told her to rest, drink fluids, and take her medicine to feel better. The pharmacist said nothing about the risk of addiction with the 21-day supply of narcotics she was given. The pharmacist said to take with food and don’t drink alcohol while on the medication. I asked my deliriously ill daughter what she remembered about her instructions. Nothing about the ER doctor directions, and the written material carried
no warnings. She remembered being annoyed at the pharmacist for verifying her birthday on her ID and then telling her (at 18 years old, with her mom) not to drink alcohol. Then, she remembered the instructions she received from her first urgent care visit and prescription. “Take your prescription until it is all gone.” This was the razor thin line.

What if I wasn’t there for that question? What if she was by herself or didn’t have anyone else to ask that could give her the right answer? What could have happened if she finished that entire bottle of narcotics, because she thought that is what they said and didn’t know what it could do to her? Why didn’t she know what I know about synthetic opiates and the high risk of addiction? A different answer to her simple question could be the difference between a bright future and a life tragically altered by addiction.

In the occupational settings we serve and in our communities at large, the education we provide related to drug safety and drug risk is critical. Employees, parents, caregivers, and youth require information to make important decisions about prescription drug use, recreational drug use, and how to protect themselves and their loved ones from the inadvertent harm that could come from missing out on basic, accurate information.

I share my experience with others to illustrate how addiction is an avoidable tragedy and how through education we enable healthy choices. You can lend your expertise toward teachable moments that can have a real impact on health and within your circle of influence keep sharing your narrative, because the lives in your care need to know about drug safety. As a mother, I was very fortunate to be present for that teachable moment in my family. I was educated in drug safety, so I could provide the appropriate guidance. Thankfully, we avoided crossing the fine line between education vs. addiction.

Focusing on drug safe workplaces will drive more productivity, less absenteeism, and reduced turnover. Employers will save money on benefits utilization, have fewer workplace injuries, and decrease theft when they invest in strong drug deterrence strategies. Working in a drug safe environment also leads to higher job satisfaction, a more positive corporate culture, and a more impactful brand experience for customers. There are many clear financial benefits to having a strong drug deterrence program, but the most important element is not testing for drug use, it’s the education.

Consider offering comprehensive drug safety education as a key topic in your annual safety training curriculum, as part of your corporate wellness initiatives, and incorporate educational programs regarding drug safety into your community outreach activities. Remember, the best drug abuse prevention programs are well advertised and with a design to achieve deterrence, not detection. You are uniquely positioned as an occupational health professional to help someone make a better choice for themselves or their loved ones by simply sharing what you know.

The electronic OCC Health for Healthcare employee health record

Enterprise Health manages requirements for hospital and healthcare employees — health surveillance, case management of worksite illness and injury, and reporting to OSHA — on a single solution, separate from patient data. Proving hospital employee health doesn’t have to be an epic undertaking.

Learn more at enterprisehealth.com
The Value of a Medical Review Officer

Of all the service agents involved in the testing process, the MRO bears the most significant responsibility for the accuracy and integrity of the testing process.

Ideally, a business’ drug and alcohol testing program is mostly unseen, running in the background to keep employees safe and the company protected. Workers get tested, and results most often go to the human resources professionals, who process them accordingly. Drug testing companies, especially those who offer mobile on-site drug testing, help their clients keep things moving with minimal interruption. However, as simple as they make the process seem, there’s a great deal going on behind the scenes to ensure the testing process is handled with impartiality and the utmost professionalism.

One significant member of a company’s drug testing team is the medical review officer (MRO). This medical professional is responsible for safeguarding the integrity of each testing sample. While drug testing companies rely on their collectors to obtain the specimen and laboratories to examine samples through forensic toxicology, respectively, the MRO is responsible for reviewing the process in its entirety and following it through to completion.

What Qualifications Are Required of the MRO?

Before pursuing a career as an MRO, a person must first be a physician holding licensure as a Medical Doctor (MD) or Doctor of Osteopathy (DO); however, being a licensed physician is not all that's required for becoming a professional MRO. To gain certification from the Medical Review Officer Certification Council (MROCC), the gold standard within the profession, a physician must first complete an approved MRO training course. These courses are provided by institutions such as American College of Occupational and Environmental Medicine and American Osteopathic College of Occupational and Preventive Medicine.

Upon completing a thorough training course, the physician is then eligible to take an exam administered by the MROCC. If the individual passes the exam, only then is the physician awarded his or her MRO certification. Requalification training is required of all MROs, generally every five years, after which the MRO must successfully complete a competency exam like that required in the beginning. These steps help ensure MROs remain well equipped and prepared to handle all of that which is required of them by the U.S. Department of Transportation (DOT).

To What Degree Does the MRO Impact Workplace Drug and Alcohol Testing?

Of all the service agents involved in the testing process, the MRO bears the most significant responsibility for the accuracy and integrity of the testing process. Their tasks include acting as a liaison with the SAMHSA-certified lab4 that performs their testing, monitoring the processing of specimens, and following up with other medical professionals to complete their analysis.

MROs must follow a number of regulations in order to maintain compliance with federal standards while working with agencies that fall under the authority of DOT.

Responsibilities of a medical review officer per DOT Rule 49 CFR Part 40.123:

- Acts as a gatekeeper for the accuracy of the drug testing process
- Ensures integrity of the testing process, including quality

The Value of a Medical Review Officer
assurance reviews of specimen collections and external lab certification and reliability

- Communicates any service agent performance issues with employers, collection sites, and laboratories
- Collaborates with the Office of Drug & Alcohol Policy & Compliance (ODAPC) and/or DOT agencies, as needed
- Facilitates the timely processing of test results reporting
- Reviews laboratory results
- Evaluates explanations for non-negative findings
- Investigates and intervenes with drug tests resulting in canceled, adulterated, substituted, or invalid findings, including problems with blind specimens
- Protects the confidentiality of the testing information
- Perform functions in accordance with DOT regulations

Is the MRO Responsible for Verifying Prescriptions?

One of the more critical aspects of an MRO's job is to verify an employee's claim he is taking a medically necessary medication and this substance is what caused the non-negative drug test result. In these cases, the MRO will conduct a verification interview with the employee, at which time the employee must provide contact information for the physician who prescribed the medication and the pharmacist who dispensed the prescription.

The MRO then contacts the dispensing pharmacist to obtain proof that the prescription was legally dispensed to the employee. If the MRO is suspicious of the situation, the DOT encourages him or her to contact the employee's licensed, reporting physician.

In this function of their role, MROs are verifying the honesty of the employee's claim. If it is found to be accurate, the MRO reports the test result as negative. If the MRO cannot verify the employee's claim, the test result will report as positive. Regardless of the finding, the written test result will include a statement from the MRO such as, "interview conducted" or "interview conducted and documentation processed."

In a few instances, the employee has the opportunity to provide the MRO with the information requested after the MRO has issued a positive test result. This scenario often applies to post-accident testing where the employee suffered significant injury, requiring immediate medical intervention to include pain management. The legitimate medical explanation from the hospital was not readily available to the MRO when the initial verified drug test result was issued. The MRO may take in the new evidence, within 60 days of the original verification interview, and change the test result to negative. If the documentation is provided more than 60 days from the original interview, the MRO is required to consult with ODAPC prior to changing the result.

Another scenario the MRO is increasingly faced with is an employee whose drug test result is positive for marijuana, leading to a claim that the employee holds a state license to use medical
marijuana. Although some states have legalized the use of marijuana for specific underlying medical conditions, following a licensed physician’s recommendation, DOT excluded this claim as a valid medical explanation for transportation employees. DOT issued a 2009 memo, further clarified in a 2016 ODAPC Medical Marijuana Notice, on the premise that marijuana remains a Schedule I listed drug of the Controlled Substances Act, meaning:

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.

Regardless whether the MRO is reviewing a test result for a DOT-mandated employee or a non-DOT employee, the approach remains the same, as the MRO is governed under the U.S. DOT federal guidelines. The bottom line is a Schedule I listed drug can’t be prescribed by a physician.

**Is an MRO Granted Certain Protections?**

Through its regulations, the federal government offers special consideration to MROs who are providing a valuable service. After all, MROs play a key role in maintaining workplace health and safety throughout the country.

MROs carrying out verification duties are exempt from the Health Insurance Portability and Accountability Act (HIPAA), a fact DOT clarified in a 2012 memo. In it, the agency stated MROs “do not need and must not attempt to obtain an employee’s permission in order to confer with prescribing physicians.”

This means MROs do not need written authorization to contact an employee’s reporting physician or issuing pharmacist to confirm a claim of medical explanation for a positive drug test result. This is a significant legal exemption of the federal medical privacy law that is provided to MROs.

However, if you can forgive the Spider-Man pun, with great power comes great responsibility. With the exemption from HIPAA for the express purpose of verifying a medical explanation for a positive drug result, MROs maintain responsibility for protecting the privacy of employees’ personal medical information.

In certain cases, an MRO must evaluate whether a legally prescribed medication may cause an employee to be unfit to perform certain tasks required of their job. A physician who prescribed painkillers for a FMCSA driver with legitimate chronic hip pain may not have realized the full extent of how the medication could interfere with his or her work duties.

The MRO is to advise the employee during the verification interview that if they have reason to believe the legally prescribed drug impacts his or her ability to perform safety-sensitive duties, they are required to take action. According to 49 CFR, Part 40.135(c), the MRO is to allow five days for the employee to have his or her prescribing physician contact the MRO to discuss other options to the medication currently prescribed.

After the conversation, if the MRO cannot make contact with a prescribing physician, or if the employee declines the MRO’s request to have the treating physician call, the MRO may legally inform the person’s employer of the situation. At that point, the employer will need to decide whether to keep the FMSCA driver on the job, having been alerted to the potential fitness-for-duty risk by the certified MRO.

**Is an MRO Necessary?**

An MRO is a required service agent for all agencies regulated by the DOT. They are not mandatory for non-DOT employees. However, an MRO review affords the employer greater legal protection at a critical time, when assessing liability. It is considered a best practice to utilize an MRO for all laboratory-based drug test results, so all employees are afforded a non-biased, clinical, and professional assessment by a licensed physician.

**References**

samhsa.gov/workplace/resources/drug-testing/certified-lab-list, transportation.gov/odapc/mro, content.govdelivery.com/bulletins/gd/USDOT-27c2ef
URINE DRUG SCREEN SPECIMEN COLLECTION ALGORITHM AND NOTES

1. Proper identification of Donor
   a. Acceptable forms of identification include:
      i. A photo identification issued by the employer or any Federal, state, or local government agency, or
      ii. Identification in person by an employer or employer representative
      iii. If Donor is self employed or an Owner-Operator without valid ID, they may use two non-photo IDs if the signatures of the
         IDs match their signature on the CCF. If the signatures do not match, annotate in the Remarks section “Signature
         identification is unconfirmed”.
      iv. A faxed or photocopied identification document is not acceptable.
   b. Consent Forms
      a. Donors for Non-DOT collections must sign an Informed Consent and Release Form for a urine drug screen, consenting to perform
         a drug screen test and to release the result to the employer, before collection procedure begins.
      b. Donors for DOT-required urine specimen collection shall not be asked to sign any forms other than the Custody and Control Form.
   c. The urine specimen should be collected immediately after the Donor has been properly identified and checked in, even if they say they
      do not need to void at that time. Instruct Donor that most individuals can produce 45 ml of urine.
   d. The shy bladder time limit begins as soon as the Donor fails to produce a specimen containing 45 ml of urine, whether it is the first or
      the second specimen. This time limit is 3 hours for a DOT collection, and 1 hour for a Non-DOT collection.
   e. Actions that constitute a “Refusal”.
      a. Donor admits to any action that would substitute or adulterate a specimen.
      b. Donor behaves in any disruptive or confrontational manner at the collection site.
      c. Donor does not comply with instructions at the collection site.
      d. Donor does not consent to or complete an observed specimen collection when one is required.
      e. Donor is found to possess any device or material that could be used to substitute or adulterate a specimen.
   f. If any of the conditions in #5 (above) occur, specimen collection is immediately terminated, and the DER is immediately notified that
      an adequate specimen was not obtained and reason for the failure.
   g. You may instruct the Donor that leaving before a valid specimen is collected, for any reason, will be reported to the employer.
   h. Items, such as suspected urine, plastic bags with fluid in them, artificial or mechanical objects for providing substituted urine, etc.,
      should be returned to the driver. A full description in an attached memorandum for record, copies of which should be sent to the MRO
      and the employer.

Above chart provided by Dr. Dennis Murphy, MD, Medical Director of Self Regional Healthcare
Cornerstones to a Successful Occupational Health Program

By Mary Alice Ehrlich, Executive Vice President, MED-1

Success is purposeful planning, artful execution, and endless revisions. Success isn't accidental. Luck can play a role, but it's not enough. A successful occupational health program is based on five core competencies. Embracing one and being mediocre with the other four will not result in success. Artfully executing all five core competencies can result in program success.

- Comprehensive Services
- Financial Performance
- Customer Service
- Sales and Marketing
- Clinical Excellence

A review of a few key concepts for each of these competencies is warranted. For many readers, it's a review and a reminder, but I'm hopeful it will spark some reflections and call to action too.

Comprehensive Services

First, remember every occupational health program is different. The service offerings from program to program can vary greatly. True, most occupational health 'clinics' offer drug screens, physicals, and injury care, but do they offer MRO and physical therapy services? Are the hours 8AM-5PM or 24 hours a day? Does the clinic offer mobile services (audio testing, drug screens, physicals), flu shots, and case management?

To achieve this core competency, define the magnitude of your services and stay alert to the potential addition of value added, revenue-generating services. Do all you can to differentiate your program from the competitors.

Financial Performance

Revenue is a great outcome, and profitability is the goal. A core competency in financial performance is to know your direct and indirect costs for each service and supply. Understand the revenue cycle and monitor routinely, not less than monthly. Be diligent. Things have a way of slipping by those with good intentions. Trending is important. Any monthly report is just that, monthly, but trending data over time provides a great landscape of where you've been. Once you and your team have a grasp on data trending, you can project future financial impact and have some fun with effective cost control initiatives and service development.

To achieve this core competency celebrate metrics. Share not only with leadership but identify data points relevant to staff and share those too. Do all you can to avoid single factor focus (drug screen charges) and monitor supply costs associated with all services.

Customer Service

Customer service, like charity, begins at home. In this case, exercising professional inter office personnel customer service is a great investment. Our staff members need to be consistently delivering customer service and can only do that if they have a full inventory and get resupplied routinely. Generally, we think of customer service as what the patient and the employer require. True, but its broader than that. Every program has a reputation amongst their work force. Being an employer known for its internal customer service focus requires consistent and fair labor practices, respect and feedback, innovative educational programs,
and leadership. Many areas of the country are facing hiring and retention challenges given the very mobile work force. Employees that feel valued is the first step in fulfilling staffing requirements.

To achieve this core competency, communicate standards of customer service: respect, confidentiality, communications, conduct, and timeliness. These standards are applicable when addressing internal and external customers and can be key in reputation management.

**Sales and Marketing**

I have always embraced retention as a key component in an effective sales and marketing initiative. A current client is the best sales representative we can have. Understanding the market is easier if you can understand why your current clients are with you. A simple satisfaction survey will give you the facts of why customers are utilizing your services. The facts that delight them and frustrate them will become apparent. Seeking new sales is an art form and worthy of a much longer discussion, but a few basics for consideration: know your differentiations, listen, seek to understand and be willing to be a customized solution, be responsive, avoid being sales focused, and be customer focused.

To achieve this core competency, exercise communications that are unexpected. Follow-up is extremely important. Returning calls and emails is time consuming, but the return is priceless. Offer educational presentations, maybe as simple as coffee with the medical director or explaining drug screen panels. Keep presentations simple. The goal is to be seen as a solution, and the result is new and retained clients.

**Clinical Excellence**

Clinical excellence is not limited to the ‘clinical’ staff members. It encompasses the professional team members, clerical and clinical too. Competency, credentialing, skill review, and certifications are all factors in clinical excellence, but consider the clerical (receptionist, billing, referrals) team members and their impact on customer service satisfaction and overall contributions to the patient experience. These individuals are key to every program. Their orientation and productivity and involvement in clinical functions is vital.

To achieve this core competency, include the entire team in communications and process improvement. That doesn’t mean everyone is at the table but be open to sharing what you can. If you host a competency update/fair for clinical members, do one for the clerical team too. Emphasize customer service, phone skills, and accurate message capture. The goal is to avoid the non-clinical staff feeling less than valued.

These core competencies form the basis for a successful and valued occupational health program. Building a firm foundation will provide your program with the ability to grow and flourish in a competitive market.

The Importance of Understanding the Core Standards of Occupational Health

Obtaining your certification in the “Core Occupational Health Program Management” Course sets you one step ahead of the competition.

Join hundreds of occupational health professionals (both clinical and non-clinical) in achieving your individual certification with NAOHP.

The certificate program was developed by RYAN Associates (part of NAOHP) in 2001. The goal of certification was, and is, to establish a standard of excellence specific to those operating in the occupational health field. The certificate exam is offered in conjunction with RYAN Associates’ Fundamentals course which offers an introduction to the history, operations, marketing strategies and patient service relative to the delivery of occupational health services.

Your two week study guide will cover the best practices of occupational health including:

- OHP Model Overview
- Service Lines Defined
- Financial and Data Management
- Staff Competencies
- Productivity
- Quality Management
- And More...

Additional Information – Contact Donna Lee Gardner at dlgardner@NAOHP.com

Mary Alice Ehrlich

NATIONAL ASSOCIATION OF OCCUPATIONAL HEALTH PROFESSIONALS
Post–Offer Employment Testing: Ensuring Your Employees Are Fit For Work

By Dena Kirk, MBA, OTR/L, CEAS, CWCE, Administrative Director, SIH Occupational Medicine and Rehabilitation

Are you hiring employees who are FIT FOR WORK? Do you have a process in place to “capture” those employees with a previous injury or those who are at risk of sustaining an injury? If you are unable to accurately answer these questions, maybe you should consider implementing post-offer employment testing at your facility.

For many companies, pre-employment medical physicals and fitness screenings are often overlooked. Having the ability to identify and manage inappropriate or fraudulent worker’s compensations claims directly impacts bottom line profitability. It is important to identify and document pre-existing impairments in workers entering jobs with risk factors for musculoskeletal injuries. How do companies do this? They initiate baseline examinations of prospective employees to evaluate whether the employees can perform the essential functions of the position. This is called post-offer employment testing.

Post-offer employment testing is a growing area of interest in business and industry. This type of testing is a medical screening under the ADA and may occur during the post-offer stage of the hiring process. The primary purpose of the test is to determine if an applicant can perform the essential functions of the job. Evaluating strength, flexibility, balance, endurance, and coordination provides information as to whether the applicant meets the physical demands of the job. The second purpose is to make the testing process beneficial to the applicant and to the employer by instructing the employee in proper posture, body mechanics, material handling strategies, and injury prevention techniques. The third purpose of the post-offer employment test is to provide recommendations regarding reasonable accommodations if the applicant is a qualified person with a disability and can meet the essential functions of the job with reasonable accommodations.

The ADA requires only post-offer employment testing be conducted as a separate, second step of the selection process, after an individual has met all the other job requirements. The employer may make a job offer to such an individual, conditioned on the satisfactory outcome of a medical examination. If the employer requires post-offer employment testing, all entering employees in that particular job category must meet the essential functions of the job, as outlined in the testing. The testing does not have to be given to all entering employees in all jobs, only to those in the same job category.

For example, Company A identifies three out of the 16 positions at their facility are the most physically laboring positions and have also been identified as having the highest injury rates. Therefore, Company A would implement post-offer employment testing for all employees entering these physical labor jobs, rather than those entering sedentary or clerical jobs. The ADA does not require an employer to justify its requirement of a post-offer employment test. An employer may wish to conduct a post-offer employment test to determine if the employees have the physical or mental qualifications necessary to perform certain jobs. If a job requires continuous heavy level work (100#), the test would be useful to determine whether the applicant’s physical condition would permit him/her to perform the job.

The traditional “employee physical,” including solely the medical physical examination by the physician only gives employers information about whether or not the employee has achieved the medical clearance to perform the job (blood pressure, heart rate, urinalysis/drug screen, etc.). The post-offer employment test looks at the physical requirements. For example, does a 23-year-old, 123-pound female meet the essential functions of a construction worker? If the applicant can safely lift, push, pull, and carry the required physical demands of a construction worker, which are between 75# and 100#. If yes, the applicant would “meet” the essential functions of a construction worker. Does a 40-year-old, 185-pound male meet the essential functions of a “roof bolter” in the coal mine? If the applicant safely meets the requirements for range of motion and pushing/pulling the required amount (100#), but does “not meet” the functions of kneeling, squatting, lifting, and carrying, then the prospective employee would “not meet” the essential functions of a “roof bolter” in the coal mine. In both instances, the employer is only given information describing “met” or “not met,” in regard to the applicant’s performance. In such an instance where the applicant did not meet the essential functions of the test, the employer has the final decision as whether or not to hire the applicant.

What are the goals of implementing post offer employment testing?
- Reduce injuries
- Educate employees
- Reduce costs

What are the risks of not implementing post offer employment testing?
- Increased workers compensation costs
- Inappropriate or fraudulent work-related injury claims
- Lost productivity
Excessive turnover or replacement costs
Increased future liability and legal expenses

Are you ready to start implementing post-offer employment testing? What about the process? Although the process of establishing the test can be time consuming, once the test is developed, you have implemented a screening tool to identify if the applicant meets the required essential functions to do the job.

The process we use to assist employers with implementing post-offer employment testing includes the following:

- Review current injury data and select those positions which are at high risk for work related injuries.
- Perform a job analysis for each “high risk” position.
- Integrate the functional portions of the job analysis into each job description.
- Develop a test, which includes the most physically demanding parts of the job.
- Establish test validity to ensure the test measures what it is supposed to measure. We do this by selecting a sample of incumbents (current employees) to perform the test we developed. It is beneficial to make sure that the current employees can “meet” the physical demands of the test and to ensure the test is not too hard or not too easy, but it is a good representation of what is physically required on the job.
- The employees give feedback and make recommendations regarding the test. If needed, the test is then modified to outline the recommendations identified by the employees.
- Institute the post-offer employment testing into the employment process and add this as a policy for the positions you have identified to test.
- Consult with your legal counsel and senior management staff to review the process to ensure you are ready to proceed with testing.
- The test is then ready to begin implementing with new hires for the identified positions.

There are many businesses and industries who have implemented post-offer employment testing. Our team has assisted these employers with developing the right tools and resources in order to successfully mitigate health risks related to hiring and retaining employees. The question is this, “Are you ready to jump on board and start reducing your worker’s compensation costs?”

If you would like information regarding the legislative guidelines related to employment practices, visit the Equal Employment Opportunity Commission (EEOC) at EEOC.gov or the Department of Justice – America’s With Disabilities Act at USJOJ.gov.

Only NAOHP members are invited to post as many job openings for FREE on NAOHP website – another NAOHP membership benefit.

**JOB OPPORTUNITIES**

Go to NAOHP.com for details of these and other positions.

Manager, Occupational Medicine
Memorial Care – Fountain Valley, CA

Employer Liaison, Account Service Representative
Self Regional Healthcare – Greenwood, SC

Nurse Practitioner or Physician Assistant, Occupational Medicine
Asante Health System – Medford, OR

Advanced Practitioner, Occupational Medicine
Southern Ohio Medical Center – Portsmouth, OH

Medical Director, Occupational Medicine
Hurley Health Services – Flint, MI

Physician, Occupational Medicine
Carilion Clinic – Roanoke, VA

Physician, Occupational Medicine
Ottumwa Regional Health Center – Ottumwa, IA

Physician, Occupational Medicine
Beacon Health System – South Bend, IN

Physician, Occupational Medicine
HSHS Medical Group – Springfield, IL

Physician, Occupational Medicine
HSHS Medical Group – Decatur, IL

Dena Kirk
Recent studies show muscular strength is strongly associated with disease prevention. How strong is your workforce?

Let IPCS help you:
- Reduce medical, workers’ comp, pharmacy and disability claims
- Increase workforce efficiency, safety and performance

Connecting Muscular Strength to Wellness for a Healthier More Productive Workforce

IPCS, a leader in muscular health assessments, can provide testing for new hires, returning injured workers and incumbent workers through its Physical Capability Evaluation (PCE™) and Physical Strength Risk Assessment (PSRA™). Our testing creates the opportunity to build a healthier workforce and place a stronger worker into physically demanding jobs which positively impacts your bottom line!

Contact us today for more information!
www.ipcs-inc.com  (330)463-5757
Silica Check List

☐ Competent person on site?
Name: ___________________________________________
Job title: _________________________________________

☐ Do you see dust in the air?

☐ Tasks being performed:
☐ Abrasive sandblasting  ☐ Milling  ☐ Bushhammering
☐ Mixing  ☐ Cutting/sawing  ☐ Polishing
☐ Demolishing/disturbing  ☐ Roofing  ☐ Drilling
☐ Sacking/patching  ☐ Earthmoving  ☐ Sanding
☐ Grinding  ☐ Scarifying  ☐ Jackhammering
☐ Sweeping/cleaning

☐ Is there a written silica exposure control plan in place?

☐ Controls being used:
☐ Water delivery system  ☐ Vacuum dust collection

☐ Are workers trained on silica hazards and controls?

☐ PPE: ☐ Dust mask  ☐ Half mask  ☐ Full mask

---

TIPS & TOOLS OF THE TRADE

### Assigned Protect Factor (APF)

(requires medical clearance and fit testing)

<table>
<thead>
<tr>
<th>APF 10</th>
<th>APF 10</th>
<th>APF 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dust Mask</td>
<td>Half-face</td>
<td>Full-face</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Equipment/task</th>
<th>Engineering/work practice control methods</th>
<th>Minimum assigned protection factor (APF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>≤ 4 hrs/shift</td>
</tr>
<tr>
<td>Stationary masonry saws</td>
<td>Integrated water delivery</td>
<td>None</td>
</tr>
<tr>
<td>Handheld power saws (any blade diameter)</td>
<td>Integrated water delivery: Outdoors Indoors/Enclosed Area</td>
<td>None</td>
</tr>
<tr>
<td>Handheld power saws for cement board cutting (diameter 8 inches or less)</td>
<td>Dust collection system (99%): Outdoors Indoors/Enclosed Area</td>
<td>None</td>
</tr>
<tr>
<td>Walk-behind saws</td>
<td>Integrated water delivery: Outdoors Indoors/Enclosed Area</td>
<td>None</td>
</tr>
<tr>
<td>Drivable saws</td>
<td>Integrated water delivery</td>
<td>None</td>
</tr>
<tr>
<td>Rig-mounted core saws or drills</td>
<td>Integrated water delivery</td>
<td>None</td>
</tr>
<tr>
<td>Handheld and stand-mounted drills (impact and rotary hammer)</td>
<td>Dust collection system (99%) or shroud Use HEPA filter when cleaning holes</td>
<td>None</td>
</tr>
<tr>
<td>Dowell drilling rigs for concrete</td>
<td>Dust collection system (99%)</td>
<td>APF 10</td>
</tr>
<tr>
<td>Vehicle-mounted drilling rigs for rock/concrete</td>
<td>Dust collection system with capture hood/shroud and low-flow water spray enclosed cab with water on drill bit</td>
<td>None</td>
</tr>
<tr>
<td>Jackhammers and handheld powered chipping tools</td>
<td>Integrated water delivery. Dust collection system (99%) or shroud: Outdoors Indoors/Enclosed Area</td>
<td>None</td>
</tr>
<tr>
<td>Handheld grinders for mortar removal (tuckpointing)</td>
<td>Dust collection system (99%)</td>
<td>APF 10</td>
</tr>
<tr>
<td>Handheld grinders not for mortar removal</td>
<td>Integrated water delivery: Outdoors Indoors/Enclosed Area</td>
<td>None</td>
</tr>
<tr>
<td>Walk-behind milling machines and floor grinder</td>
<td>Integrated water delivery: Dust collection system (99%). Use HEPA filter when indoors.</td>
<td>None</td>
</tr>
<tr>
<td>Small or large drivable milling machine</td>
<td>Supplemental water spray. Exhaust ventilation on drum.</td>
<td>None</td>
</tr>
<tr>
<td>Crushing machines</td>
<td>Supplemental water spray or mist. Ventilated booth for operator.</td>
<td>None</td>
</tr>
<tr>
<td>Heavy equipment used for: Demolition, fracturing, grading or excavation</td>
<td>Operate equipment from enclosed cab. Apply water as necessary.</td>
<td>None</td>
</tr>
</tbody>
</table>
OSHA Updates

By Donna Lee Gardner, Senior Consulting Principal, NAOHP/Ryan Associates

U.S. Department of Labor Approves New Respirator Fit Testing Protocols to Protect Workers from Airborne Contaminants

The U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) issued a final rule that provides employers with two new fit testing protocols for ensuring that employees’ respirators fit properly.

The new protocols are the modified ambient aerosol condensation nuclei counter (CNC) quantitative fit testing protocol for full-facepiece and half-mask elastomeric respirators, and the modified ambient aerosol CNC quantitative fit testing protocol for filtering facepiece respirators. Both protocols are variations of the original OSHA-approved ambient aerosol CNC protocol, but have fewer test exercises, shorter exercise duration, and a more streamlined sampling sequence.

These two quantitative methods add to the four existing in Appendix A of OSHA’s Respiratory Protection Standard, which contains mandatory respirator fit-testing protocols that employers must choose from to protect employees from hazardous airborne contaminants. The rule does not require employers in general industries, shipyard employment, and construction to update or replace their current fit testing methods, and does not impose additional costs.


U.S. Department of Labor Proposes Revisions to OSHA’s Beryllium Standards for Construction and Shipyards

OSHA has finalized its June 27, 2017 proposal to revise the construction and shipyards standards.

In the final rule, to be published on September 30, 2019, OSHA:

- Does not implement the proposal to revoke all of the standards’ ancillary provisions
- Extends the compliance dates for the ancillary provisions to September 2020 to account for OSHA’s new proposal to revise or remove specific provisions
- Maintains enforcement of the permissible exposure limit

In a forthcoming rulemaking, OSHA will publish a proposal to amend the beryllium standards for construction and shipyards by more appropriately tailoring the requirements of the standards to the exposures in these industries. The proposed changes would maintain safety and health protections for workers, facilitate compliance with the standards, and increase cost savings.

Learn more here: osha.gov/news/newsreleases/trade/09272019.

Donna Lee Gardner
Helping to Meet Your Occupational Health Needs

3bExam - Total Exam Management to simplify and streamline your physical exam process and forms. Focused on delivering industry leading solutions to Certified Medical Examiners, Urgent Care Clinics, Occupational Health Practices, and Third Party Systems. 3bExam includes: Intelligent Data Collection, Document Management, a Company Portal and Automatic Reporting to the FMCSA for DOT Exams. Thousands of users and over 1 million exams to date! SIMPLE. ACCURATE. COMPLIANT. 844-222-3926 • 3bExam.com

Abbott is the global leader in point-of-care diagnostics. With the acquisition of Alere, Abbott's offering of industry-leading services is unmatched across key health areas. Our eScreen systems provide next-generation employment screening solutions for drug testing and occupational health services, equipping you with a fully digital workflow. Alere is now Abbott. 800-881-0722 • escreen.com

ATI Worksite Solutions offers a wide array of onsite occupational services, offering a comprehensive approach to injury care, prevention, and early intervention. Our focus is being remarkably efficient at preventing injuries, but you can also feel confident that if an injury does occur, we will expedite recovery and return to work.

Bill Dunbar and Associates (BDA) provides revenue growth strategies to clinics and hospitals throughout the United States. BDA’s team of professionals and certified coders increase the reimbursement to its clients by improving documentation, coding, and billing. BDA offers a comprehensive, customized, budget-neutral program focusing on improving compliance along with net revenue per patient encounter. Additionally, BDA Health Informatics (BDA-HI) provides actionable healthcare information and decision-making tools for populations, providers, and patient-specific health, treatment, and cost challenges. BDA-HI works with clients to deliver information and intelligence for deeper insights and better decision-making. 317-247-8014 • billdunbar.com

Bizmatics Inc. is a healthcare technology company serving the needs of ambulatory medical practices of all sizes and specialties. PrognoCIS – their cloud-based EHR Software provides physicians with tools that promote quality and value-based care for their patients. PrognoCIS helps boost a practice’s efficiency by seamlessly integrating workflows like patient scheduling, documentation, billing and patient engagement. Some of the features of PrognoCIS that help achieve this herculean task include Practice Management, Medical Billing and Revenue Cycle Management, Telemedicine, Patient Portal, and e-prescription. Bizmatics clients include physician practices, specialty medical centers, community health clinics, diagnostic laboratories, medical imaging centers, and virtual clinics (telemedicine). 1-877-693-6748 • sales@bizmaticsinc.com

Carosh Compliance Solutions offers privacy and security services and support specifically designed for the unique needs of small and mid-sized healthcare organizations. We assist you design, implement and manage privacy and security programs that minimize your risk of having a breach and help you pass regulatory compliance. Services range from standard risk assessments and privacy officer training to breach investigation and remediation to the required audits of your privacy and security programs to customized services that include serving as your Chief Security and/or Chief Privacy Officer. Our goal is to demystify and simplify HIPAA compliance for you and your staff… so you can focus on what you’re best at: Taking exceptional care of your patients. Carosh.com • Info@Carosh.com
Outsourcing Q&A with Donna Lee Gardner

I saw a statistic in a presentation from NAOHP many years ago that stated “it is difficult for an occupational medicine clinic to be profitable if their expenses are made up of more than 55% of staff expense”.

Question: Is it inclusive of leadership and billing areas?

Answer: Yes, total staff expenses and all the revenue, if the expenses are greater than 55% of the total revenue then it is difficult to make any margin.

The revenue has to cover ALL expenses for all departments so leadership overhead and all billing is included; any activity that has staffing for the clinic is considered in this evaluation. That’s why, over time, many clinics have found it profitable to outsource certain functions to decrease staffing costs in the long run.

Question: What are some functions occupational medicine clinics consider first and what vendors are used?

Answer: For starters, MRO is a good one to outsource, IMEs if you don’t have the certified docs, WC billing (try to keep retail billing in as that is important to review what your clients are doing), rehab if you don’t have the space, and wellness if you don’t have the certified health coaches, to mention a few.

- The MRO is usually lab dependent
- Billing? Many programs outsource their billing as they don’t have the expertise in clinic for the WC insurance billing
- Wellness? Some programs don’t all have the staff certifications to provide comprehensive health coaching - nor the space to do it
- HIPAA compliance monitoring? You need special expertise to do it right and not all programs have the experienced IT department to provide this.

Need Help in outsourcing? Refer to the NAOHP preferred vendor list (in VISIONS and on the NAOHP website.)

ChartBase

ChartBase is an award-winning software solution tailored to the operational and business needs of occupational healthcare providers, empowering you with the information-management tools needed to provide excellent service to your clients. ChartBase maintains company-specific testing, treatment and billing protocols while bringing paperless efficiency to the process of assessing, treating and reporting work-related injuries. Give your clients the flexibility they demand with the ChartBase Employer Web Portal. Get reimbursed as quickly as possible with integrated electronic billing. Contact us for more information or to schedule a demo.

info@ChartBaseMedical.com • ChartBaseMedical.com

Clinical Reference Laboratory

Clinical Reference Laboratory is one of the largest privately held certified laboratories in the country. We have a passion for better outcomes powered by greater insights and are committed to progressing in ways that help our customers achieve success.

Discover how our commitment to quality, innovation, analytics and service excellence create an advantage for our customers.

800-445-6917 x5427 • Brenda.Wilson@crlcorp.com

DHS Group

DHS Group specializes in health and wellness applications and integration for employers, health plans, hospitals, health providers, and consultants. With unique expertise and technology, DHS Group helps clients gain greater control over their healthcare analytics and reporting, employee benefits, wellness and administration.

dhsgroup.com • 423-335-9454

Enterprise Health

Enterprise Health is the only comprehensive employee health record that combines occupational health and compliance and employee engagement with an ONC-ACB certified EHR — delivering a complete occupational health IT experience on a single, highly-interoperable, cloud-based platform — equipping enterprise clients and their employees for a healthier future.

enterprisehealth.com
93% of people who have muscle and joint pain never receive the care they need. This can lead to invasive surgery, time off work, and potential opioid addiction. To counter this, our Everflex team has designed a software solution that will guide individuals with common muscle and joint pain to the right care at the right time. Everflex creates individualized recovery programs that are designed to meet the unique needs of each individual. We have created a 24/7, self-service website that puts the science of musculoskeletal clinical practice at your fingertips, enabling you to match your symptoms to common muscle and joint disorders. Everflex makes lives better by delivering specific treatment exercises that are full-length and narrated by a physical therapist in the privacy of your own home and on your schedule.

805-250-3265 • everflexhealth.com

Immuware™ is the award-winning employee and occupational health compliance web-based software designed to quickly enable a connected online enterprise community to achieve faster compliance. Immuware captures, tracks, stores, reports and analyzes all your compliance data and fully automates the compliance process. With Immuware’s employee portal, employees can take ownership of their compliance. Employees, from any location with any tablet or smartphone, can instantly upload, consent, electronically sign, complete questionnaires, view and print their own records via the Immuware Employee Portal. Enable management to help achieve compliance with real-time information via easy to navigate dashboards and automated alerts. You protect your patients. Immuware protects you and your employee community.

Immuware.com

Industrial Physical Capability Services offers multiple physical strength evaluations allowing an employer to evaluate their workforce and lower healthcare cost. These evaluations can determine if a candidate is physically capable for a specific position, if an employee is physically capable to return to work, and the risk for disease among their current employees. When we compare today’s workforce to 2008, individuals are 13lbs heavier, have 23% less absolute knee strength, and 18% less absolute shoulder strength. With over 20 years of business and nationally spread, our clients experience ROI’s up to $15 for every $1 invested. IPCS prevents employers from HIRING THE CLAIM!

330-463-5757 • T Gilliam@ipcs-inc.com

Jellyfish Health helps care facilities gain consumer loyalty through the delivery of great digital experiences. What’s unique about the Jellyfish Health platform is its ability to enhance the way employers offer healthcare services to their employees. Participants are able to conveniently schedule onsite services IN REAL-TIME by location and event such as: flu shot vaccinations, health fairs/screenings, and education training classes. Jellyfish Health’s extensive platform addresses many participant touchpoints—including online appointment scheduling, pre-appointment form submission, text and email reminders and self-check-in. Jellyfish Health removes more of the friction and improves the overall experience, ultimately building consumer loyalty.

jellfishhealth.com

Jopari Solutions, Inc. is a healthcare information technology company supplying innovative healthcare Attachment management, integrated eBill compliance and flexible medical payments for Workers’ Compensation and Auto Medical markets. Jopari has established an extensive connectivity network linking payers, providers, practice management systems and clearinghouses, and offers innovative solutions to assist with the management of attachments. Jopari enhances Payers’ ability to manage medical bills and disbursements, allowing reductions in associated expenses in addition to compliance with applicable federal rules and jurisdiction eBill/ePay regulatory requirements. Jopari maintains best practice SSAE 16 Type II attested internal controls.

800-630-6030 x5700 • jopari.com

Kahntact Medical is your best source for reliable and affordable medical devices to help you grow your business. For more than 25-years, we’ve provided occupational health professionals with quality new and pre-owned medical equipment, sound booths and supplies…at a price you deserve. Instant chat online with our customer service team and ask about our pre-owned sound booths, which are refurbished and come with a 6 month warranty. Learn more about products and training programs on our website.

KahntactMedical.com

The Kinum Complete System includes 2 phases: Connect and Collect. Our methods of collecting accounts receivables is designed to assist you in faster debt recovery while keeping your costs to a minimum (an average of $10 per debtor for NAOHP MEMBERS). We accomplish this by first connecting with your patients with carefully timed and consistent payment reminders. Then we seamlessly recover the remaining debts through our superior collection agency, as well as, legal intervention when needed. Besides helping you with Patient Pay, we also assist with Insurance Resolution and OCC MED/COMMERCIAL claims. We also interface with major PMS systems.

800-850-5150 • vito.mazza@kinum.com
Net Health is the leader in software solutions for specialized outpatient care. Known for being Experts in The Art of the Right Fit®, our fully interoperable EHR solutions serve five medical specialty markets offering clients an end-to-end solution that includes practice management tools, clinical workflow documentation, revenue cycle management, and analytics. Agility’s occupational medicine EHR has a fully integrated practice management solution that is designed to meet the needs of both independent providers and hospital-owned facilities. Conquer employer protocols, billing complexity, and compliance.

800-411-6281 • Nethealth.com/see-Agility

NovCon provides software and services in the information security industry. NovCon has a range of offerings to fit your company’s infosec needs, from tools that allow system administrators to audit their network to services including full-network penetration testing. We offer security consulting and penetration testing for local admin use, HIPAA compliance, and PCI compliance. NovCon partners with audit companies that specialize in HIPAA and PCI certifications. The results are given to the client providing information on what potential holes were found in their security posture and recommended steps to mitigate them.

novcon.net • tramirez@novcon.net • 855-460-8206 ext. 110

One Call is the nation’s leading Workers Compensation network for diagnostics, physical therapy, durable medical equipment, transportation and translation. One Call provides a unique solution that allows Physicians to leverage our adjuster and provider relationships to obtain authorizations and/or schedule patients quickly. A partnership with One Call enables faster, more efficient, cost-effective claims resolution with a focus on injured workers’ care.

877-970-1188 • authrequests@onecallcm.com

Proficient Rx is the premier provider of prepackaged medications for Occupational Health Clinics, Urgent Cares and On-Site/Near Site Employee Health Clinics nationwide. Our experienced team will help you implement a fully compliant prepackaged medication program that will significantly reduce costs and pharmaceutical spend while enhancing employee convenience and satisfaction while resulting in faster return to work times. We provide an easy to use web based software for medication dispensing and monitoring, customizable formulary, a large selection of medications, injectables, creams and ointments so you can provide prompt treatment for employees. Immediate treatment of illnesses and injuries creates increased work consistency and enhances employee care.

(800) 787-7824 • info@proficientrx.com

Rapid Rad is committed to upholding the highest ethical standards in the industry and maintains long lasting relationships with our customers. By working with our customers based on your unique needs, we are able to build partnerships that foster trust, enhance communication and deliver results. Rapid Rad is dedicated to moving teleradiology forward by delivering forward thinking technologies and services. By offering custom technology and intelligent workflows, we are able to help our customers streamline process, lower cost and improve patient care.

rapidrad.com

SCP WellnessWorks is committed to being the premier source for linking the healthcare needs of a community with local healthcare providers. We also form partnerships between local healthcare organizations and employers to deliver integrated healthcare solutions, medical services, care coordination and wellness programs to an insured captive audience. SCP WellnessWorks is committed to helping healthcare organizations to become the provider of choice in their community.

337-609-8468

SHOEBOX is the first automated iPad audiometer optimized, and validated for use outside of a sound booth. Conforming to current ANSI S3.6 standards of a diagnostic audiometer, it is a complete solution for Occupational Hearing Conservation Programs. Used as part of an OSHA-compliant workflow to help meet specific reporting needs, SHOEBOX Audiometry is changing audiometric testing.

shoebox.md • info@shoebox.md

Splashlight Telehealth, a subsidiary of Splashlight Solutions, is a technology solutions organization influencing the quality of care through telehealth, eliminating gaps in the current process, and challenging issues head on. Splashlight Telehealth is committed to market-disrupting solutions that continuously improve healthcare delivery. Our determination and drive will significantly impact the health of businesses and patients.

splashlighttelehealth.com
SportGait provides a medical app for qualified physicians using validated decision support software in an easy to use Platform-as-a-Service. This ensures that sport and employment head injuries are treated with the same rigor as any other injury, by a doctor in the American medical system, not on the sidelines or in the workplace. Providers looking to offer a Safe-to-Safe continuum of care to an underserved market can learn more by contacting us at info@sportgait.com or visiting www.sportgait.com

Teleradiology Specialists is a virtual group practice specializing in Urgent Care, Occupational Health, and Primary Care radiology, currently providing reads in 50 states and expanding rapidly. We are focused on establishing and maintaining positive communication with the facilities we serve. Our team takes pride in providing excellent customer service and exceeding expectations for turnaround time. We are physician-owned, and we understand our highest priority is to provide quality reads promptly and consistently. Our commitment to excellent quality has been a determining factor in our growth. teleradiologyspecialists.com

UL EHS Sustainability empowers organizations to protect the well-being of workers, reduce risk, improve productivity, enhance compliance, and drive measurable business improvement through its EHS, occupational health, environmental, supply chain, sustainability, and corporate social responsibility platforms. 615-367-4404 • ulehss.com

WebForDoctors specialize in inbound and outbound lead development and patient acquisition for occupational medicine practices. Our outsourced occupational medicine sales program combines telemarketing, email campaigns, search-engine marketing, social media, and medical-content development to connect you with new patients and corporate clients. With our fully integrated package of traditional and online marketing, we help you nurture relationships, attract HR personnel and obtain warm leads, maximizing the return on your marketing investment. 312-298-9742 • webfordoctors.com

This award was established to recognize an occupational health professional’s contribution and dedication in this field. If you know someone who would be a perfect candidate for this award, then contact cross@NAOHP.com.

Mike Schmidt received the 2019 Frank Leone Award at the NAOHP National Conference held at the Phoenix Biltmore in September. Mike holds a Master’s Degree in administrative studies in healthcare and a Bachelor’s in social work and psychology. He has a long history in occupational health and is known as a results-driven leader with experience focused on business development, consultative sales, cross-selling, strategic marketing, and customer service. Although healthcare has seen many changes throughout the years, Mike has maintained a focus on being a passionate advocate for occupational health services, with best practices approach to planning, improvising, efficiencies, initiative, and consistency.
On Site Health Care

An employer may offer on-site healthcare to its employees for a number of reasons. The on-site clinic is a benefit for employees and helps to entice potential job candidates. The employer generally also benefits from having available healthcare on-site, as employees who take advantage of the clinic services tend to be healthier and have lower absenteeism rates. An employer must look at a number of factors, to truly measure its return on investment (ROI) in the on-site health clinic.

ROI is measured in different ways, particularly in the healthcare field. In addition, the employer’s initial investment may take several years to produce significant results. However, employers generally are looking for financial outcomes when reviewing their ROI. They want to reduce the cost of the healthcare benefits they provide to their employees and see the on-site clinic as a way to ensure employees have convenient access to healthcare services.

In 2015, a survey conducted by Mercer showed 85% of the employers who offered on-site clinics to their employees said it was a success. Respondents pointed to increased productivity and healthier employees as their measure. Of those employers who offer on-site clinics, “63% say it has successfully reduced lost work days, and 58% say it has been successful in helping members control chronic conditions.”

Despite these positive results, less than half of the survey respondents, 41%, were able to provide ROI data. “An ROI of 1.00 to 1.99 was most common (23% of respondents reported ROI in this range), and 13% percent reported an ROI of 2.00 or higher. Only 5% have an ROI of less than 1.00.”

There are a number of options for evaluating the impact of an on-site clinic. Employee usage is a key factor. When employees take advantage of the basic services such as check-ups, preventive medicine, and immunizations, they tend to be healthier and more productive at work. When on-site physicians coordinate care with the employees’ primary care or specialty providers, treatment for more complex conditions is more effective.

The efficiency of healthcare services provided by the on-site clinic can be a factor in measuring ROI as well. When the clinic takes advantage of technology such as electronic health records (EHRs) in maintaining patient data, the employer is likely to realize cost savings in its healthcare spending and, more importantly, the on-site physicians will be able to provide higher quality healthcare to the employees.

Measuring results a company’s return on investment (ROI) to their group health plan is best measured after a three year period. This is because at the end of the third year, the start-up costs and paid claim lag are mitigated by the savings from the clinic. It is important that employers estimate their ROI prior to opening an onsite clinic. Based on a 10-year history with onsite clinics and direct contracts, savings of between $2.80 and $15.60 should be realized per-dollar spent. It is important to consider that savings based on lost time (sick pay, short-term disability, temporary total disability and temporary partial disability) will be realized within year-one through reduced absenteeism and pre-absenteeism.
LOOKING FOR HELP WITH OCCUPATIONAL HEALTH SERVICES?
ALLOW US TO HELP YOU IMPROVE BUSINESS GROWTH AND EFFICIENCY

Sample of Just Some of Our Many Consulting Services:

- Integrating Occupational Health/Urgent Care/Employee Health
- Provide start-up programs
- Sales/Marketing Training in Occ Health
- Program Performance Turnaround
- Staffing Protocols and Job Descriptions
- Policies/Procedures Manuals/Handbooks
- Job Descriptions and Performance Standards
- Survey Research Market Analysis
- Documentation and Coding
- Charting and Billing Processes
- Provider and Staff Orientation/Training
- Onsite Employer Visits
- Program Certification for Best Practices

CONSULTING SERVICES CUSTOMIZED SPECIFIC TO YOUR NEEDS

CONTACT US FOR A FREE CONSULTATION!

MORE INFORMATION
800-666-7926 • info@NAOHP.com
Cardiomyopathy

By Dr. Lawrence Earl, National Academy of DOT Medical Examiners

Introduction

Recently FMCSA has stated that it no longer “endorses” the medical examiner handbook, a publication many examiners have used as their “bible” for guidance regarding commercial driver exams.

The truth is, it is out of date. As are many of the resources provided by FMCSA. Most of the expert panel reports in current publication are at least 10 years old.

The Cardiovascular Recommendation tables are a widely used resource by examiners who would otherwise find it impossible to remember all the recommended tests, measurements, cutoff levels and waiting periods for the myriad cardiovascular conditions encountered during the commercial driver exam.

Even the straightforward blood pressure table we used to rely on from the “old form” has been taken down and we’ve debated whether to stick to that or progress through the JNC 7 - 8 - 9 recommendations.

But these are based on the medical expert panel report from 2002 and were last “officially” updated in 2009.

Case Example

“I have a driver with hypertrophic cardiomyopathy, and it is considered hereditary. He never had any symptoms but because they found it in his family all of his family had work ups. His Cardiologist released him to drive commercially. His EF fraction is 55% and nuclear stress test was negative for ischemia.

The FMCSA examiner handbook (I know it is not endorsed at this time) advises non-clearance for DOT due to elevated risk sudden death from this condition. What is your opinion on this?”

In 2015, the medical review board published some updates to several cardiovascular conditions based on more current best practices.

The medical expert panel recommends these guidelines be updated to reflect current thinking that not all individuals with hypertrophic cardiomyopathy are at risk for sudden incapacitation or death. Specifically the panel recommends that individuals who meet all the following criteria are at low risk and may be certified to drive:

- No history of cardiac arrest
- No spontaneous sustained VT
- Normal exercise BP (e.g., no decrease at maximal exercise)
- No non-sustained VT
- No family history of premature sudden death
- No syncope
- Left ventricular (LV) septum thickness <30mm

The MEP noted that low-risk individuals must be followed closely for changes in risk status.

The MEP recommends changes to the text explaining the criteria that defines who should not be certified to drive a CMV, relative to those individuals with idiopathic dilated cardiomyopathy who do not have symptomatic HF. The current guidelines state that individuals with ventricular arrhythmia who present an LVEF<50% be precluded from certification. The MEP recommends that these criteria be changed to the following:

- Sustained ventricular arrhythmia for 30 seconds or more OR requiring intervention
- LVEF ≤40%

The full 2015 report can be found at fmcas.dot.gov/regulations/medical/recommended-changes-cardiovascular-disease-guidelines.

For More Information and Ongoing DOT Examiner Education

Questions about this or other DOT topics? Address to learl@NAOHP.com. Join us on our weekly webinar at urgentcarementor.com/dot-exam-webinar.
These weekly 30-minute Town Hall Forums are FREE to all NAOHP members. A different occupational health-related topic is presented and discussed with professionals from across the country. In these short half hour sessions, use this educational opportunity to reinforce the things each occupational health professionals should know. Recordings are available at no charge to members following the session.

JANUARY
8 OHS Core Competencies
15 Documentation for the Injured Worker
22 Employee Health Services & Occupational Health Services – Together or Separate?
29 How to Evaluate Your P&L

FEBRUARY
5 HIPAA and OHS
12 Fitness for Duty/FMLA Issues
19 Mobile Onsite Program
26 Job Descriptions for Employers (Regular vs Functional)

MARCH
5 Best Practice for WC Care Management
12 Staffing and Productivity for Blended Clinic
19 What OHS Services Require Formal Contracts? What Additional Services Do Not?
26 How to Develop “Shared Risk Services”

APRIL
2 What Opportunities Are There for “Virtual Services”?
9 OSHA Updates
16 DOT Updates
23 What Are the Core Components to Include in a Proposal?
30 Latest Software Programs for Your Clinic

MAY
7 What is Best Practice for Service Recovery?
14 What Data to Share with Clients?
21 What “Extra” Exams Should OHS Offer?
28 What Are the Latest Marketing Trends for OHS?

JUNE
4 What Educational Programs Are Best for Client Companies?
11 Staffing Models for Onsite Services
18 Performance Evaluations for Providers – What to Do
25 Searching for New Clients – Where to Start

AUGUST
6 What You Should Know About WC State Law and Why
13 Ideal Scheduling for Blended UC/OM Clinics
20 Cyber Security and Cyber Insurance - What to Do?
27 Physician Incentive Programs - What Works?

SEPTEMBER
3 Integrated Delivery System - Do I Need That?
10 Time Management - HELP I’m Drowning!
17 No Town Hall - NAOHP 33rd National Conference – Phoenix Biltmore
24 Special Town Hall on Conference Highlights

OCTOBER
1 The ideal Sales Role, Responsibilities, Salary/Incentives
8 The MRO Role - Do I Need One?
15 Bloodborne Pathogens, What Do I Need to Know?
22 What Is an “IME” - Do I Need to Offer This Service?
29 What’s Included in a “standard” New Hire Exam? The “Typical Requests” by Employers

NOVEMBER
5 Respiratory Surveillance and Fit Testing
12 Record Keeping Length of Times for Employee Health and OHS
19 HAZMAT Exams – Review of What and How to Do Them
26 Developing a Mentoring Program for Orientation of Staff

DECEMBER
NO TOWN HALLS
OCCUPATIONAL HEALTH EDUCATIONAL GUIDEBOOKS AND MANUALS

**JOB DESCRIPTIONS FOR OHS**
Member Price $175.00 (Non-Member $350.00)
This identifies the role, responsibilities, and expected competencies for each position needed in an occupational health program.

**Loss Management Manual**
Member Price $99.00 (Non-Member $247.50)
Provides clearly defined guidelines for evaluation and development of a client company loss management program. Provides evaluation process, necessary review of data, and implementation for the loss management client program.

**Occupational Health Forms Manual**
Member Price $199.00 (Non-Member $399.00)
OHS Programs provide and communicate patient monitoring, exams, screenings, and substance abuse testing to client companies. This manual provides samples of forms used in the many patient documentation processes for both the patient as well as the client company, and insurance company information.

**Clinic Operations & Care Mapping Manual**
Member Price $175.00 (Non-Member $375.00)
Provides the infrastructure for injury management and exams/screenings, as well as substance abuse testing. The Use of Care Flow Mapping is recommended to orient staff, ensure efficient clinic processes, and provide excellent monitoring of patient processes.

**Sample of Competency Manual**
Member Price $175.00 (Non-Member $375.00)
Provides general and specific competencies for all staff positions to ensure NAOHP requirements, staff compliance to standards, and monitors to ensure staff ongoing compliance for best practice.

**SAMPLE QUALITY ASSURANCE MANUAL**
Member Price $125.00 (Non-Member $325.00)
Identifies the organizations for occupational medicine that oversee best practice, provides samples of monitors, and provides treatment, infrastructure, and staffing samples for outcomes.

**Staffing Configurations**
Member Price $99.00 (Non-Member $247.00)
Provides staffing configurations, relationships, roles, responsibilities, and process.

**Standard of Care**
Member Price $250.00 (Non-Member $399.00)
NAOHP Program Standards require programs to establish standards for their practitioners; this manual meets those requirements, provides exam and treatment standards, and provides outcomes for each of the treatment standards for education, number of visits, and follow-up needs.

**"The Complete Resource Guide to Occupational Health Program Management"**
Member Price $495.00 (Non-Member $695.00)
This resource guide provides every form, chart, and checklist an occupational health program, urgent care clinic, or medical practice needs to fully and seamlessly deliver services.

---

TO ORDER ANY RESOURCES, EMAIL INFO@NAOHP.COM OR CALL 800-666-7926. TO SIGN UP FOR ANY NAOHP UNIVERSITY COURSES, VISIT NAOHP-UNIVERSITY.COM.
The loss/management service is a proactive approach to injury prevention. Since safety is an essential component of this service line, client companies receive assistance with safety program development and implementation. Supervisor training for accident reporting and investigation is provided to clients on site. The development of functional job descriptions and the establishment of temporary work assignments are also components of this service line. Client companies send all injuries to specific OHS facilities for injury care. Standards are developed to ensure injury management is standardized to provide emergency care, follow-up referrals, and company feedback for all injured worker medical data.

The optimal model for the provision of these services identifies the medical director as the authority in the occupational medicine field. A knowledgeable occupational medicine physician provides the occupational focus for all program services.

The development of a customized loss management manual for policy, procedure, and services to clients is recommended. This manual provides all the necessary templates for policy development, pre-placement screening, OSHA-mandated testing, educational needs, on-site care, safety program development, and a complete return-to-work program for the industrial client.

The development of this new product requires the following:

1. Care manager.
2. Certified safety professional. A certification program is provided by the National Safety Council. This role is needed if you are to competently provide oversight of safety services to clients. (The care manager could receive this certification.)
3. Outcomes that compare lost workdays, temporary alternate days, and medical costs.
4. This service requires an extensive client profile and data gathering before a contractual agreement can be reached. The sample loss management checklist and implementation plan (below), describes the process for data collection.
5. Integrate report card concept into your Sales and Marketing Plan. Include appropriate measures into a system-wide "measures-of-care" report.
   - Feature a story on outcomes.
   - Develop series of direct mail letters targeting employer groups and MCOs.
   - Train sales team on inclusion of outcomes into sales call script.

Additional details and information are included in the “LOSS MANAGEMENT COMPONENTS AND CONTRACT” Manual which covers contracts, service delivery, data management, customer service, care management, and more. Contact info@naohp.com or call 800-666-7926 to order your copy.
Improving the Patient Experience

By Scott Strother, COO, Well iQ

The Challenge

As the consumerization of healthcare persists, low switching costs, multiple service options and abundant information are all part of the competitive landscape on which healthcare providers must play in order to acquire and keep patients. Occupational Health has the added requirement of satisfying both employer and patient.

The Opportunity

When patients can participate in improving their experience, they become part of the solution, as opposed to passively hoping for better outcomes; this is the essence of Patient-Centricity. Similarly, when staff are recognized for delivering high standards of care, they become more engaged and focused on performance. This develops a type of shared accountability, which is a critical component of the patient experience. In order to accomplish this, the proper tools are needed - tools that can be effective, while driving transparency, and ultimately improvement.

The Consideration

One of the biggest obstacles to providing a good patient experience is the assumption that only the organization has influence on the process. In most cases, this is a valid assumption, given that the system is structured to place the bulk of the responsibility on the providers. Unfortunately, this not
only puts tremendous pressure on the organization’s standard of care, it completely ignores the client/patient’s role in this process. By Empowering the providers and incentivizing the patients to take more active roles in this process, this obstacle can be overcome.

Furthermore, if the bond of dependency between staff and patients can be strengthened, Accountability can develop, which allows expectations to be managed, and higher levels of performance achieved. Maintaining this balance frees organizations to focus on resource optimization and service recovery. However, this balance can’t be maintained without first establishing trust in the process. In order to do this, organizations must say what they are trying to accomplish, show everyone involved the efforts being made, and focus not on the flaws, but rather on celebrating successes.

Ultimately, the goal is Improvement, and how to consistently deliver a high standard of care to the customer. Good organizations realize that their customers include patients, clients and employees. It is only through engaging this entire group and proving competence at applying feedback to organizational change, that the organization can move from being reactive, to proactive, to preemptive in their standard of care.

Change is the common denominator for all of this. And while there are many obstacles to change, the biggest one is complacency. The idea that we are better off with what we know, as opposed to what we don’t, is the single biggest threat to organizational improvement. Leadership must provide clarity around where the company is, where the company is going, and how the company is going to get there. But perhaps most importantly, leadership must articulate what’s at stake, and their commitment to getting there.

The Solution

The first step in finding a solution for improving the patient experience is organizational awareness around current state. Asking the following questions: How are we capturing voice of patient and employer? What are patients saying about our practice and our staff? How are we approaching patient acquisition and loyalty? Are our employees engaged and committed, or is retention an issue? How are we training, recognizing and rewarding our employees?

The answers to these questions lend insight to the desired future state of your organization - thus allowing you invest in the tools needed to make the improvements necessary to bring that future state to fruition:

A survey can be a very useful tool for getting patient feedback. However, First and foremost, the tool must be usable. Most legacy survey products simply don’t compel patients to complete them; without a high completion rate, the data you have in insufficient. Keep it simple with little text and no expanding questions. It is also a great idea to provide the patient an incentive to complete the survey, such as an entry into a prize drawing.

Second, you want feedback that addresses not only organizational and departmental performance, but staff level performance. Furthermore, getting feedback in real-time allows for service recovery. All of this is critical to driving accountability and engagement.

Third, it is very important to encourage patients to share their experiences on public review sites, which is a vital part of the way new patients choose healthcare organizations and existing patients stay with healthcare organizations.

Finally, recognition and reward programs must be put into place in order to acknowledge everyone’s hard work. The importance of patient experience has to be underscored throughout the entire organization, and the bar for desired behaviors set high. Employees will strive to reach that bar, and be more loyal to the organization. As organizations process the feedback and demonstrate the ability to improve based on that feedback, patients will reward them with their loyalty as well.
About UL’s Occupational Health Solutions

UL empowers organizations to protect the well-being of workers, reduce risk, improve productivity, enhance compliance, and drive measurable business improvement through its occupational health and safety platforms. More than 2,000 organizations in 20 industries trust UL’s software solutions.

Building on its long-standing occupational health products, SYSTOC and OHM, UL recently released PureOHS, the latest occupational health medical record system.

PureOHS assists professionals with their occupational health initiatives in critical areas such as regulatory compliance and execution of surveillance programs. Whether you are a manufacturer, a healthcare facility, a municipality, or any other organization that is struggling to track your employees’ compliance with OSHA or CDC internal regulations, PureOHS can help. Benefits include compliance and reporting, email notification, employee and supervisor views, health fair workflow, fast implementation, mobile and secure data management. The modular design allows occupational health providers to build on new features over time and scale as their businesses grow. UL’s solutions are developed by industry experts and former occupational health providers.

Encounter Management

With PureOHS you can track encounters and easily distribute information to appropriate people and programs. Track cases including diagnosis, cause of injury, appointment scheduling, treatment plans, and medical notes.

Incident Management

Record, manage, and report incidents, near misses, or other conditions that could lead to injury or illness. Easily export required forms ready to upload to OSHA and identify key areas for safety improvement.

Health Fairs

UL’s PureOHS software is also designed to support employee health nurses during the busy workflow of health fairs. The PureOHS web-based application can be used on mobile devices such as iPads or Android tablets to manage employee immunizations on the go. PureOHS eliminates the hassle of dealing with paperwork by capturing and storing consent forms and signatures electronically.

Return to Work

PureOHS provides a complete set of tools to manage occupational and non-occupational (disability) cases. From integrated guidelines to a case management toolset, companies can manage injured employees back to work safely while streamlining communication.

Integrations

Automate the manual communication processes between employer and clinic systems while providing the tools of an enterprise employee health system to employers of all sizes. For example, UL SYSTOC customers can integrate with PureOHS to track employee immunizations.

Implementation

In a hurry? PureOHS can be implemented and ready to use as soon as you need it because no installation is required from your IT staff. Additionally, PureOHS accepts data from most human resource management systems so employee information can be uploaded automatically and updated on a regular schedule.

Because PureOHS can be used on the go, high-speed internet access is required. The following devices and current operating systems and browsers have been tested with PureOHS: PC (Windows OS and IE, Chrome), Android Phone and Tablet (Android OS and Chrome), Windows Phone (Windows Phone OS and IE), Mac (OSX and Chrome, Safari, Mobile Safari), iOS Phone and Tablet (iOS and Mobile Safari).

In addition, UL’s team of adult learning and safety specialists have created a suite of online health and safety training courses to give employees the skills and knowledge they need. You can create new content on any topic relevant to your employees and distribute through a learning management system.

If you are interested in learning more about UL’s occupational health solutions, contact Nick Teply, Nick.Teply@ul.com 615-277-3162 or visit us at this year’s NAOHP annual meeting in Chicago October 4-7, 2020.
Smart occupational health software solutions

UL works to keep employees healthy and safe on the job. Our PureOHS™ compliance management software gives you the tools you need to better manage occupational health programs so you can spend less time on paperwork and more time with your patients. From managing return-to-work, to surveillance and vaccination programs, trust UL’s tools to help you create safer workplaces.

To learn more, visit ULehssustainability.com/pureohs.
NAOHP is the best resource for occupational health operations, management, marketing, and more. As an NAOHP member, you’ll join a network of occ health/urgent care professionals who work in the industry and have a wealth of knowledge you can’t find anywhere else that you’ll need to have a successful program.

<table>
<thead>
<tr>
<th>Number of Memberships</th>
<th>Single $299</th>
<th>Corporate/Institutional $599</th>
<th>Vendor $799</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Weekly Town Hall Forums**
Catch the latest occupational health updates 30 minutes each week with some of the industry’s leaders

**Access to Occupational Health Benchmarking Results**
Learn how your program measures up in the industry

**Free Online Job Posting on the NAOHP Website**
Allowing members to post jobs free and reach a larger audience effectively

**VISIONS Quarterly** (both current and past issues)
Filled with tips and articles on having successful occupational health and blended programs

**NAOHP National Conference**
Substantial member discount to the three-day NAOHP Conference held each fall offering CME and CEU hours. This is one of the fastest growing annual conferences providing a wide range of in-depth professional development specially designed by and for occupational health and related professionals.

**Savings**
Additional discounts on publications, educational courses, consulting, and webinars

**Newsletter**
Bi-monthly articles on occupational health and the six pillars related to this industry

**Education and Resources**
Significant discounts to NAOHP University courses for providers, managers, and business professionals, including the exclusive “Occmed Market Analyzer”, sales and marketing classes, program manuals and guidebooks (top “Must Have” resources to operating a successful program), and more

**Access to NAOHP Consultants and Board Members for Advice**

**Connect and Network with Other Occupational Health Professionals Around the Country**

**Access to Full NAOHP Membership Directory**

**Your Logo and Company Summary in Each VISIONS Publication**

**Your Logo and Company Summary on NAOHP Website**

**Substantial Exhibitor Booth Discount at NAOHP National Conference**

**Promoting Your Business in Social Media and Eblasts to All NAOHP Members and Non-Members**

JOIN OR RENEW YOUR NAOHP MEMBERSHIP TODAY!
CALL 1-800-666-7926 OR GO TO NAOHP.COM
THE “GO TO” ORGANIZATION FOR OCCUPATIONAL HEALTH OPERATIONS

2020 MEMBERSHIP FORM – SPECIAL DISCOUNT PRICING
BELOW WHEN PAID BY 2-1-20

___ SINGLE · $299       ___ CORPORATE/INSTITUTIONAL · $539       ___ VENDOR · $699

CHECK ONE ___ NEW MEMBERSHIP    ___ RENEWAL MEMBERSHIP

NAME ____________________________________________________________
TITLE __________________________________________________________
ORGANIZATION __________________________________________________
ADDRESS _______________________________________________________
PHONE NUMBER _________________________________________________
EMAIL __________________________________________________________

EACH ADDITIONAL MEMBER’S NAME/TITLE/EMAIL
1. _______________________________________________________________
2. _______________________________________________________________
3. _______________________________________________________________
4. _______________________________________________________________
5. _______________________________________________________________
6. _______________________________________________________________
7. _______________________________________________________________
8. _______________________________________________________________
9. _______________________________________________________________
10. _______________________________________________________________

THREE OPTIONS OF PAYMENT

1. PAY BY CREDIT CARD    _____ VISA    _____ MASTER CARD    _____ AMEX    _____ DISCOVER
CREDIT CARD NUMBER ________________________________________________
EXPIRATION DATE ___________________________ SECURITY CODE ____________
Scan this form and email to cross@NAOHP.com. A receipt will be emailed to you once payment is processed. W-9 provided upon request.

2. PAY BY PHONE    800-666-7926

3. PAY BY CHECK    PAYABLE TO NAOHP
MAIL TO: 8389 DOUBLETREE DRIVE NORTH, CROWN POINT, IN 46307
NAOHP/Ryan Associates
8389 Doubletree Drive North
Crown Point, IN 46307

PREMIER NAOHP SPONSORS

net health
UL

CHOICE NAOHP SPONSOR

enterprise health

ASSOCIATE NAOHP SPONSORS

SPORTGALIT
CONCUSSION MANAGEMENT

Teleradiology
SPECIALISTS