Survey of Occupational Health Practices Executive Summary, 1996

Maine Institute of Occupational Health Education
1996 SURVEY OF OCCUPATIONAL HEALTH PRACTICES
EXECUTIVE SUMMARY

The Maine Institute for Occupational Health Education and the Maine Bureau of Health, Occupational Health Program have collaborated on this survey to identify occupational health practices of physicians, chiropractors, nurse practitioners, and physician assistants. The results from this survey will be used to help design a more effective occupational injury and illness surveillance system and identify the educational needs of providers.

A mailed self-administered questionnaire was selected as the most realistic and efficient survey method for gathering data from busy medical professionals. A total of 2301 surveys were mailed, 609 were returned for an overall response rate of 26%. It was important to provide for anonymity in the survey, therefore no records were kept that would allow for individual follow-up. A four week period was allowed for surveys to be returned. The length of time for entire survey process was approximately 3 months. Time constraints existed for both the Bureau of Health and MIOHE. The data was needed for strategic planning and grant proposals by the end of March.

RESEARCH QUESTIONS

1. Do health care providers have ongoing needs for education regarding occupational and environmental health?
2. What are the best methods for providing information on occupational and environmental resources?
3. How often are providers seeing work related injuries and illnesses in their practices?
4. Are providers taking occupational and environmental exposure histories? Under what conditions are they taken and how complete are they?
5. Are there variations in reporting by type of clinician?
6. How familiar are clinicians with MIOHE as a resource?
7. Do providers identify general barriers to reporting?
8. Is there a relationship between the barriers perceived and reporting behavior?
9. Do providers want technical assistance with treatment, diagnosis, or reporting?

The sample consisted of providers mandated to report occupational injury/illness under 22 MSRS Chapter 259-A Subsection 1491-1495, and includes allopathic and osteopathic physicians, chiropractors, physician assistants, and nurse practitioners. Licensing lists from the Maine Board of Medicine, Maine Board of Nursing, and Maine Board of Chiropractic Licensure and Examination were obtained. The Board of Medicine list was edited to omit retired, inactive, specialists in radiology, pediatrics, psychiatry, nuclear medicine, anesthesiology, neurology, vascular and thoracic surgery, urology, proctology, legal medicine, plastic surgery, and administration. The Maine Board of Nursing list was edited to include only adult and family nurse practitioners. All physician assistants and chiropractors with instate active licenses were included in the sample.
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DATA ANALYSIS

Data processing and analysis was conducted by Al Leighton, Acting Director, Survey Research Center, Muskie Institute, University of Southern Maine, Portland, ME.

RESULTS AND DISCUSSION

Practice characteristics: When asked to describe their practice, 27% of the 599 survey respondents indicated their practice was general/family practice. Providers are frequently seeing work related injury/illness in their practices. Seventy-eight percent of providers responding see patients for work related injury/illness in their practice at least once a month, 49.2% are seeing them at least twice a week, and 26.7% are seeing cases daily.

The type of provider seeing cases of work related injury/illness at least 2-3 times a week varied significantly (p=.002) with 64% of DOs seeing cases this often, 63% of chiropractors, 59% of PAs, 45% of MDs, and 27% of nurse practitioners. The frequency with which a provider saw work related injury/illness in practice was a relevant factor when compared with the other variables of history taking, treatment, impact of 1993 Workers’ Compensation Law changes, and requests for technical assistance.

Consultation: Sixty-one percent of all respondents treat work related injury/illness cases themselves with occasional consultation. Those respondents who reported seeing more than one case a week were more than twice as likely to report that they “treat it themselves with occasional consultation” as those who saw less than one case a week.

Information Preferences: When asked about useful methods of providing information on occupational/environmental medicine, 76% indicated a resource list by mail, 51% an in-state FAX number, 25% Internet/web site, and 21% e-mail. (Respondents could choose multiple items.) When asked the most useful method 58.6% indicated that a resource list by mail would be most useful. The number of providers using the Internet is impressive and could be considered an important future information and resource alternative.

MIOHE: Name recognition for the Maine Institute for Occupational Health Education was 28% overall with significant differences between types of providers.

1993 Workers’ Compensation Law Changes: Seventy-eight of those indicating that the changes made it easier to treat patients had diagnosed at least 8 cases of work related injury or illness in the past year as compared to those who diagnosed less than eight cases (p=.000). It appears that the changes have made it easier for those treating the most patients. The 48% of those responding that the changes made no difference was put in perspective by a number of comments that respondents did not know about or had no information on the changes.

Occupational/Environmental History: When asked under what circumstances they obtained an occupational/environmental history, 43% of respondents indicated they took history on “most patients, but the level of detail varies”, and 40% obtain them when they “suspect an occupational or environmental related illness”. The respondents who reported taking occupational/environmental histories on “most patients”, also reported diagnosing the most cases of work related injury/illness. The more often a provider saw
work related injury/illness, the more likely they were to include current-and previous job information in the history they obtained. On the average, the five individual history elements related to occupation (current exposure, past exposure, health and safety practices at worksite, description of current job and past jobs), were included more frequently than the five related to environment (hobbies/home exposures, pesticides, water supply, air pollution, and home insulation/heating system). (61% vs. 33%). Generally, providers treating more cases of work related injury/illness asked about occupational factors more frequently; and providers treating fewer cases asked about environmental factors more frequently.

Barriers Identified: Barriers to reporting work related injury/illness to the Maine Bureau of Health identified by respondents centered primarily on “already short on time, reporting is a low priority” (59%) and “ambiguous reporting criteria” (54%).

Cases Diagnosed and Reported: A total of 6877 reportable cases of work related injury/illness were diagnosed by respondents in the past year. Of these, respondents indicated that 730 cases were reported to the Maine Occupational Disease Reporting Program, only 10.6% of the total. This may be an over estimate given the number of comments from providers indicating that they did not recognize the Bureau of Health and the Workers’ Compensation System as separate reporting systems. In fact, only 15% of respondents reported any cases, making direct analysis of comparisons between reporters and non-reporters difficult.

Technical Assistance: When asked if they would be interested in technical assistance with treatment, diagnosis, or reporting, many providers indicated that many would like additional information. Sixty percent of respondents requested technical assistance with treatment. Sixty-five percent of respondents requested technical assistance with diagnosis. Help with reporting was requested by 79% of respondents. Those diagnosing 8 or more cases in the past year (84%) were significantly more likely to request reporting assistance than those diagnosing less than 8 cases (70%), (p=.003).

Eighty-two percent of providers responding requested a sample occupational/environmental history form to use in their practice. Providing this sample history may be an important first step in improving the thoroughness of history taking.

Given the large numbers of providers expressing an interest in occupational/environmental medicine information, it appears that ongoing education efforts are still needed for providers of all types. Based on the data gathered in this survey, the areas the areas of history taking, diagnosis, treatment, and reporting would be high priorities.

CONCLUSIONS

Based on the information collected from the survey questions and accompanying comments, it clear that:

1. There are multiple State reporting systems (Workers’ Compensation, Occupational Disease) with different forms, creating great confusion.
2. Most providers do not know they have reporting responsibilities for occupational injury/illness beyond Workers’ Compensation.
3. There is no comprehensive mechanism in place to disseminate information on reporting requirements.
4. Occupational illness and injury are only reported about 10% of the time.
5. The current reporting process is too time consuming for providers.
6. Those who do not report feel the system causes problems for workers.

Implications: The current system does not meet the data collection needs of the Bureau of Health or the informational needs of providers treating injured and ill workers in the State of Maine.

**RECOMMENDATIONS**

1. Develop a comprehensive system to disseminate information to all providers mandated to report occupational injury/illness to the State. It would make the most sense to include all public health, infectious disease, and State reporting requirements in an information package tied to State licensure (upon issue and renewal) through the appropriate bureau of licensure. (The Maine Institute for Occupational Health Education would be interested in working with the Bureau of Health and professional associations to develop these materials.)

2. Revise the reporting criteria so that they are understandable to the providers using them.

3. Develop a brief, simple, standard report form that could file with one State agency and the information disseminated to other agencies as required. This could ideally be filed by computer, just as requests for medical payments are.

4. Provide feedback to providers in the form of a report, newsletter, or fact sheet on a regular basis. This will not only remind them that the system exists, but provide information and establish credibility that the State is doing something with the data they provide.

5. Capitalize on the opportunity to provide technical assistance with treatment and reporting.

6. Provide a brief summary of this reports findings and a sample environmental exposure/occupational history form with the mailing of the new criteria document.