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VISIONS

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NAOHP
NATIONAL ASSOCIATION OF OCCUPATIONAL HEALTH PROFESSIONALS

A Sense of Urgency: Blending occupational health with urgent care has rewards, risks

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Occupational health centers are increasingly adding urgent care services to diversify their business and improve their bottom lines. And while the rewards can be great, experts say that there are many pitfalls to avoid and factors to carefully consider before taking the leap.

The topic is expected to be a hot one at RYAN Associates' 26th Annual National Conference in Chicago October 8 - 10. A star panel will discuss integrating occupational health and urgent care on Tuesday Oct. 9 from 1 p.m. to 3 p.m.

"It's a big trend," said Dr. David Stern, chief executive officer of Practice Velocity, an urgent care electronic medical record and billing services provider in Belvidere, Ill. Dr. Stern is the former owner of a chain of urgent care centers in Rockville, Ill., and will speak at RYAN Associates' annual conference on blending these service lines.

"Urgent care is a rapidly expanding aspect of health care," Dr. Stern continued. "Healthcare reform and expanded insurance coverage will produce even more demand."

Concentra was one of the first pure-play occupational health providers to enter the urgent care sector. The Addison, Tex.-based company formed Concentra Urgent Care in 2004. Concentra was purchased by Louisville, Ky.-based insurer Humana in 2010 for $790 million.

Experts have seen the trend of blending urgent care with occupational health grow over the past five years, with more occupational health providers expanding into urgent care.

Ms. Lou Ellen Horwitz, immediate past president of the Urgent Care Association of America, said that the economic downturn first drove the trend. "Occupational medicine really struggled during the recession," Ms. Horwitz said.

Potential synergy

Massive layoffs, a decline in manufacturing and the housing crisis meant lower demand for occupational health services. And in a poor economy, workers can be hesitant to report on-the-job injuries for fear of losing their employment, said Mr. Roy Gerber, senior principal at RYAN Associates.

Even as the economy has improved, workplaces in recent decades have become safer, and a shift away from manufacturing and construction means fewer clients for occupational health providers, Mr. Gerber said. "The market potential for occupational health in many locations, it is fair to say, has shrunk," he said.

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Summer Quarter 2012 Conference Call

To: NAOHP members
Re: Summer Quarter 2012 conference call
From: Stacey Hart, director of operations

The NAOHP Board held its quarterly meeting via conference call on August 8. Board Member Karen Kosidowski-Bergen was unable to attend. Executive Director Frank Leone and staff member Stacey Hart were in attendance.

Opening comments

Board President Dr. Steven Crawford thanked all of the board members for their participation on the call.

2012 national conference

Mr. Leone reported that registration for the RYAN Associates' 26th annual national conference, http://www.naohp.com/forms/national/26/ October 8-10 at the Drake Hotel in Chicago is up substantially from last year. He noted that the strong curriculum and faculty were key in drawing registrants. Additionally, the weekend pre-conference course, *Core Components for Profitable Occupational Health Programs*, October 6-7 at The Drake is gaining momentum, as well as the single day *Worksite Wellness: The Healthy Worker Advantage* course on Saturday, October 6, offered by the American College of Occupational and Environmental Medicine (ACOEM).

Ms. Stacey Hart reported that CNE units through the American Association of Occupational Health Nurses (AAOHN) and CME units through the American Academy of Family Physicians (AAFP) have gained applicants. She also noted that the conference website is live with detailed flyers posted for the Illinois Summit, Urgent Care track, Sales and Marketing course and pre-conference Core Components course.

New member recruitment and renewals

Board member Mike Schmidt and Ms. Hart reported that NAOHP new membership has increased this summer and that 2012 membership renewal numbers were strong.

Staff and clinician relationships

Dr. Crawford noted the importance of the NAOHP's continuing relationship with ACOEM and was pleased to report that ACOEM would be offering a pre-conference course on *Worksite Wellness: The Healthy Worker Advantage* http://www.acoem.org/WorksiteWellness10-06-12.aspx on Saturday, October 6, 2012 from 8:30 a.m. to 5 p.m. at The Drake in Chicago.

Member education and services

Ms. Hart noted that the NAOHP Bi-Annual National Survey data collection will start in early October.

Mr. Leone reported that the online coaching and mentoring programs including the Operational Excellence program facilitated by Donna Lee Gardner and the Occupational Health Sales and Marketing program facilitated by Mr. Leone were well-received this year and will be offered again starting in early 2013.

Member benchmarking

Mr. Leone reported that a joint venture with Press Ganey to provide national patient satisfaction benchmarking data for occupational health clinics has been finalized. He noted that NAOHP member programs can sign up to be survey sites at a 15 percent discount off the retail price.

Publications

Mr. Leone reported that his new book *Marketing Healthcare Services to Employers: Strategies and Tactics* http://www.naohp.com/menu/publications/mhse/ (Seal Hill Press, May 2012) is being well-received. The book covers a broad array of tips and strategies for many types of healthcare service lines.

He also noted that the quarterly NAOHP member publication, *VISIONS*, is now edited by Ms. Rebecca Vesely who is an expert on healthcare reform and will bring a global perspective to the publication.

The next board meeting will be held following the annual national conference, on Wednesday October 10.

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NAOHP Offers Variety of Resources to Members

Members of the National Association of Occupational Health Professionals (NAOHP) often use the association as a resource for research, performance comparisons and peer networking, which helps us fulfill our mission:

"The NAOHP supports provider-based occupational health programs and professionals in the achievement of the highest quality services, thereby advancing the association to the benefit of the national workforce and the public health of the country. The NAOHP will seek to assist providers in establishing partnership relationships with employers and their workforces to ensure genuine health care cost management and individual health maintenance."

The following summarizes some of our ongoing activities as part of efforts to elevate the field of occupational health and better serve our constituents.

Benchmarking

The association is conducting its bi-annual survey of provider-based programs and free-standing clinics using Survey Monkey as the data collection tool. Respondents are able to view results immediately after completing the survey. All entries are confidential; data are displayed only on a de-identified, aggregate basis. Collective responses are used to establish national benchmarks for industry comparisons, so the greater the number of respondents, the more meaningful the data. The survey link is www.surveymonkey.com/s/2LJQJ2Z.

Following lengthy discussion the NAOHP and Press Ganey have agreed to offer special discounted patient service assessment and benchmarking services to NAOHP member organizations at a deeply discounted rate. The arrangement will feature an occupational health-specific patient service assessment tool. Included in the package will be detailed reporting and real time data access, analytics and benchmarking with other NAOHP programs. For further information please contact Patty Williams, Director of Strategic Partnerships for Press Ganey at 855-849-2023 or pwilliams@pressganey.com and mention that you are an NAOHP member.

Operations

The NAOHP's *Complete Resource Guide to Occupational Health Program Management, Version 2.0*, on CD-ROM remains a popular resource. *The Guide* contains soup-to-nuts descriptions, protocols, policies and procedures in 10 sections:

- Introduction to Occupational Health
- Product Lines
- Staffing Plans and Efficiencies
- Internal Employee Health
- Attaining Optimal Clinic Flow
- Standards of Care
- Sales and Marketing
- Ensuring Optimal Patient Service
- Financial Management
- References and Resources

Mentoring

RYAN Associates (the NAOHP's sister organization) offers formalized telephonic/online mentoring opportunities. *A Sales/Marketing Coaching and Mentoring Program*, led by Frank Leone, president and CEO, is a 10-week session featuring weekly hour-long conference calls, submission of homework assignments before each call and an a review of each assignment during each session. Donna Lee Gardner, senior principal with RYAN Associates, leads a similar program, *Ten Weeks to Operational Excellence*. These programs are limited to 10 participants and are scheduled periodically throughout the year. The mentoring programs will next be offered in early 2013.

Certificate programs

The NAOHP offers individuals and organizations an opportunity to demonstrate proficiency via a certificate process. To be awarded a Certificate of Competency in Occupational Health Practice Management, individuals must pass a written examination. The exam is held in conjunction with a course on occupational health core components sponsored by RYAN Associates. However, the course is not a perquisite. The exam will next be offered via proctor in October following RYAN Associates' National Conference, Oct. 8-10 in Chicago. Certificates must be renewed every three years by demonstrating efforts to complete continuing education in the field. Opportunities to re-certify will be available at the conference.

Programs and clinics undergoing Site Certification are evaluated in comparison to NAOHP standards in six categories: administration and organization; operational framework; staffing resources; clinical services; quality management; and sales and marketing. NAOHP Quality-Certification is awarded for three years following an on-site survey to organizations that meet standards.

Vendor program

Members of the NAOHP Vendor Program are listed in every edition of VISIONS and on our website to encourage members to utilize their products and services. Many of the vendors offer discounts to new customers.

Professional placement

The NAOHP's Professional Placement Program is designed to help member organizations find suitable candidates for key positions such as program directors, medical directors and sales executives. All recruitment is handled on a contingency basis, with a fee charged only if a recommended candidate is hired.

Background checks

The NAOHP has partnered with Acxiom® Corporation to offer discount rates on background screening services for employers while simultaneously earning a 20 percent referral fee on associated gross revenue.

To learn more about programs and services, visit www.naohp.com and click on the NAOHP tab.

Bridging Employee Health with Occupational Medicine

Hospitals are learning they have the tools to do both successfully

More hospitals are reaping substantial savings by interfacing employee health with occupational health.

That's because hospitals and health systems are in a prime position to better serve their employees through wellness programs, injury treatment and prevention screenings. Many of these services already exist on site, experts said.

If these programs prove successful with internal workers, there is ample opportunity to roll them out to local employers, creating a new and fast-growing revenue stream.

"The more we think about what is happening today in healthcare – a focus on prevention, wellness and disease management – there's a module in the community that has all this, and that is occupational health," said Ms. Donna Lee Gardner, senior principal at RYAN Associates.

Ms. Gardner will speak during a special session on this topic at the RYAN Associates' 26th Annual National Conference in Chicago on Oct. 8 from 3:30 p.m. to 5 p.m.

The trend has been accelerating and evolving over the past three to four years, Ms. Gardner said.

Driving the trend are healthcare costs and a focus on employee health to improve productivity and reduce absenteeism.

Almost half of all Americans live with a chronic disease related to physical inactivity, diet and smoking. Meanwhile, workplace risk factors are related to injuries and illnesses. Hospital setting risk factors include back injuries from lifting patients and psychosocial stressors of working in a fast-paced environment.

Healthier workers cost less, research shows, and wellness interventions at the worksite can make a difference. Medical costs fall, on average, by $3.27 for every dollar spent on wellness programs, and absentee day costs fall by about $2.73 for every dollar spent, according to a 2010 study by Harvard researchers published in *Health Affairs*.

"This average return on investment suggests that the wider adoption of such programs could prove beneficial for budgets and productivity as well as health outcomes," the study authors wrote.

Hospitals have, in general, been behind the curve on workplace wellness interventions, Ms. Gardner said. But they are starting to catch on. "It's like we are the last ones at the table," she said.

Adoption of electronic medical records is accelerating the trend because EMRs have built-in privacy safeguards that create firewalls between the employer and the worker, Ms. Gardner said. Workers compensation information and rehabilitation can be included in EMRs today but with special password protections, she added.

Hospitals already have much of what they need to get going at their fingertips. For decades, they have adhered to federal worker safety standards such as administering caregiver vaccines, tuberculosis skin tests and respiratory surveillance with fit tests, Ms. Gardner said.

Now, they can build on this platform by adding wellness coaching, nutritional counseling and worker injury management.

Unlike employers in other sectors of the economy, hospitals and health services can build these services internally instead of paying outside vendors.

By rolling up existing services, hospitals and health systems can service their employees within these functions.

In July 2011, the American College of Occupational and Environmental Medicine called on employers to integrate their safety initiatives with health and wellness programs.

"This is the path to creating a healthier workforce," said Dr. Pamela Hymel, the paper's lead author and a past president of ACOEM, in a statement. "While we have made great strides in creating separate cultures of safety and wellness in the United States in recent decades, the two have yet to meet and merge into a truly sustainable culture of health."

Keeping safety and wellness in separate silos doesn't help workers or employers, the ACOEM wrote in the paper.

Creating a so-called culture of wellness at work seems like a great idea, but putting it into practice, and being successful, requires resources, energy and a systematic approach, experts agreed.

Keys to success include: organizational leadership, promoting employee participation, finding and using the right tools, ensuring confidentiality, measuring and analyzing results and providing adequate resources, according to Ms. Gardner.

Defining provider competencies, creating operational efficiencies and conducting financial management also are critical, she added.

Roundtable: Occupational Health Now and In the Future

VISIONS recently caught up with the presidents of the leading occupational health member organizations. They sat down to talk about their vision for occupational health. Participants were Dr. Karl Auerbach, president of the American College of Occupational and Environmental Medicine (ACOEM); Dr. Steven Crawford, president of the National Association of Occupational Health Professionals (NAOHP); and Ms. Catherine Pepler, president of the American Association of Occupational Health Nurses (AAOHN). The conversation took place on Sept. 7, 2012.

Dr. Karl Auerbach

Dr. Steven Crawford

Ms. Catherine Pepler

Q. Dr. Auerbach. Why did you make the commitment to serve as the president of ACOEM? Why, in your mind, is the commitment worth it?

Dr. Auerbach: It is a lot of fun, in a crazy sort of way. My involvement with ACOEM over the years had brought me to a point where I had something to offer and being president seemed to be one of the ways that I could do that.

Q. What was it that you had to offer?

Dr. Auerbach: My perspective of over 30 years of practicing occupational health and training in business; I felt I could bring some of that to back to the organization.

Q. Dr. Crawford, why your commitment to the NAOHP?

Dr. Crawford: The NAOHP combined two of my strong interests: clinical medicine and business. What really made the NAOHP different for me is that it talked about the business aspects of occupational health. I realized how important it was to combine the two to be successful and the NAOHP was the only place I found that really combined the two components of occupational medicine.

Q. Ms. Pepler, your commitment to the AAOHN?

Ms. Pepler: I believe that we have a responsibility to give back. I have gained so much from my colleagues as well as from the association over the years. To be a part of the change you need to embrace, engage and promote it. That includes facilitating growth and development and helping people rise to a higher level of ability and success.

Q. Dr. Auerbach, what do you think is the ultimate role of occupational health in our nation's healthcare system? In a best case scenario, what is your vision for the occupational health world 10 or 20 years from now?

Dr. Auerbach: I would like every working person to have access to an occupational health provider. There are a lot of people who do not have access to a person trained in occupational medicine and that is detrimental because there are specific issues at the workplace that general physicians don't understand as fully as they need to. There needs to be access.

Q. In the ideal world of tomorrow what might the model look like?

Dr. Auerbach: It would be great if we could adopt the model used by many European countries where there is a mandate that an occupational health physician be involved with every working person in their organization. The problem is that it is not the way that we do things in the U.S., so to a great extent it tends to be a voluntary system with perhaps some push from the insurance systems. Occupational physicians have to show their worth to the organizations.

Q. How do they do that?

Dr. Auerbach: A lot of it is through the business of healthcare, by showing the savings and the benefits to the workers and the organization. We must get companies to understand the importance of their workers having access to occupational medicine care.

Q. Dr. Crawford, what do you think is the role of occupational health and where is it headed?

Dr. Crawford: I remember sitting in on a lecture maybe 20 years ago and somebody talked about universal healthcare insurance coverage, meaning one universal insurance system for all healthcare conditions. If you go to your private doctor and you have a heart problem, he refers you to a cardiologist. When you have a work-related injury, you should see an occupational health physician. Today there are two separate insurance plans for these two scenarios. The problem is that with the employer's expanded insurance role post-World War II, these two insurance plans remained separate and distinct. The best-case scenario would be to have "universal" insurance coverage with medical gatekeepers making appropriate referrals regardless of where the medical condition originated.

Q. Ms. Pepler?

Ms. Pepler: Occupational health has a crucial role in shaping the health of citizens around the world. Our focus is on the worker and their family so, in fact, the vast majority of people in the world. I believe the field will be seen as a vital part of our health system here in the United States. I do not believe that has always been the case in the past, but as the healthcare system evolves, forming collaborations with all healthcare professionals and fields, occupational

health will be essential. Occupational health has and will continue to have a vital role for years to come. Employers will continue to have a role in healthcare, no matter what healthcare system is in place, as they clearly will need to recognize the role health has on productivity, and to use that knowledge to remain competitive within the global economy.

Twenty years from now I see a stronger collaboration between occupational health and business leaders and pulling employees into that realm of decision-making.

Q What do you think is going to drive that?

Ms. Pepler: The cost of healthcare. We are in a prime location within the work. We are right there to see the work people are doing, what their challenges are, what their exposures are. We have face-to-face contact with workers on a daily basis and that provides an opportunity to OHNS to have an impact on promoting wellness choices as well.

Q What do you believe is the greatest obstacle to obtaining the vision that you just described. In other words, what can occupational health professionals do to address and overcome these obstacles?

Ms. Pepler: I believe we (the occupational health professionals) need to collaborate more and speak with a larger voice so that we are heard. Often, the physicians, industrial hygienists, ergonomics, nurses in varying groups speak and many times say the same thing but are not heard together. I believe we would be a mighty force by collectively work together on common health solutions through some sort of alliance or consortium.

Q Why are so many voices speaking from so many different platforms?

Ms. Pepler: Groups get focused on what their group is all about, though they are starting to break down those walls and more collaboration and partnerships are developing.

Q Speaking for AAOHN, what do you envision as your members' primary role in the occupational health community moving forward?

Ms. Pepler: Our vision for our members is to be a vital part of their organization's management of workers, inclusive of health, productivity and engagement. We want them voice their health knowledge and expertise to improve individual worker and worker family health while improving the organizational health of the business or entity in which they work. The OHN is the leader in health and well-being initiatives and education. They have the knowledge and expertise to influence a safe and healthful work environment as well as initiate activities to assist individual workers and their families in becoming and staying healthy.

Q Do you see the number of occupational health nurses increasing or actually decreasing?

Ms. Pepler: Increasing.

Q How do you envision occupational health nurses fostering wellness and preventive medicine?

Ms. Pepler: Occupational health nurses are in a unique position to help foster wellness and preventive health. They see first-hand the work activities workers are performing. Growing partnerships with business leaders continue to become stronger, allowing for discussion affecting the work environment, employee health and safety programs. Wellness promotion is becoming more of a focal point for business leaders. Occupational health nurses are promoting wellness activities, health screenings and educational offerings. Influences in employee health benefits are emerging, which is leading to more preventative activities. This leads to better health and wellness outcomes. It's smart business because employees are attracted to work environments that engage employees, provide a work-life balance and make them feel valued.

Q Dr. Auerbach, speaking for ACOEM, what do you envision as your members' primary role in the occupational health community moving forward?

Dr. Auerbach: Increasingly the delivery of occupational health is a team effort. Members of our organization must continue and expand working with the other professions.

Q What precipitates that, in your opinion?

Dr. Auerbach: There are changes in the delivery model. We have various arrangements within a given employee-employer relationship. We have many delivery models that lack immediate access to the occupational physician. We need a system that facilitates such referrals and once a referral is made, the occupational physician needs to be working with other members of the team.

Q Dr. Crawford, speaking for the NAOHP, what do you envision as your members' primary role in the occupational health community moving forward?

Dr. Crawford: The NAOHP is in a unique position to have positive effects and a positive role. Our membership is unique because we have nurses, physicians, and practice administrators as members. You need to combine excellence in practice management with excellence in caregiving and coordinate all of the different components. The NAOHP is uniquely positioned to help facilitate that.

Q In what way are they or could they be doing to facilitate that?

Dr. Crawford: The NAOHP gives those in the occupational health treatment delivery system a voice. More importantly, it allows interaction between the different parties involved. Our national conferences are so exciting because there are doctors, practice administrators, nurses and marketing people all sitting in the audience from all over the country. Those potentially divergent points of view get to be shared; that's what the NAOHP allows.

Q Dr. Auerbach, as president of ACOEM, you have an opportunity to foster change within the world of occupational health. What changes would you like to see at ACOEM during your tenure?

Dr. Auerbach: I would like to move the ball forward on the issue of funding for training because that is the major barrier to the profession at this point. One of my roles is to get into a conversation that improves our funding stream for training. I personally want to see occupational health involved in the care organization system in the medical home and to have a voice in the meaningful use of health information systems. Another objective is to continue our work on reducing opiate abuse.

Q. Dr. Crawford, as president of the NAOHP, what changes would you like to see during your tenure?

Dr. Crawford: Occupational medicine fellowship programs throughout the country prepare qualified physicians. They are trained in epidemiology and come out strong in those fields. We need to develop a program where fellowship training incorporates more of the "bread and butter" occupational medicine typical of the type of medicine that we're practicing where we're seeing not only inhalations and exposures but musculoskeletal cases. The preponderance of injuries evaluated in most clinics are musculoskeletal and I don't believe that graduates of the fellowship are well-trained in musculoskeletal medicine. If fellowship programs integrate rotations in this aspect of care it would result in better exposure to musculoskeletal injuries, and this would enhance the delivery of care to injured workers, reduce referrals and contain costs.

Q. Ms. Pepler, what changes would you like to see happen at AAOHN during your tenure?

Ms. Pepler: Our organization continues to grow membership. We have become financially secure. We have guided members towards becoming health leaders as well as advocates in their profession with colleagues as well as others outside of our field's practices. We will continue to become stronger in our pursuit of this path. Our membership's business opportunities are expanding globally. We will continue to strengthen our educational opportunities; with the modalities and the use of more technology, stay on the leading edge of the profession.

Q. Dr. Auerbach, given occupational health's potential and paucity of practitioners, leadership skills become critically important. What do you think constitutes real leadership in your sector?

Dr. Auerbach: Physicians needs to change their mindset to recognize that they are a part of a team; that's a leadership skill that we really need to foster in our practitioners. We need to extend the reach of occupational medicine well beyond the relatively small numbers of residency trained providers we have for experienced occupational physicians who have learned through the clinical practice.

Q. What word would you use to describe the most outstanding physician leader in occupational medicine?

Dr. Auerbach: Plays well in the sandbox.

Q. Dr. Crawford, what do you think constitutes real leadership?

Dr. Crawford: The phrase I would use is ability to integrate. Patient care and running a business need to be integrated. If you could combine clinical, nursing and business administration with strong political representation we can foster change in occupational health. For example, the NAOHP maintains a continuous dialogue with both ACOEM and the AAOHN to work collaboratively for the benefit of the all aspects of the practices.

Q. Ms. Pepler, what do you think constitutes real leadership in occupational health nursing?

Ms. Pepler: Leadership is critical to any success and that's why AAOHN is creating a leadership institute to promote the skills and knowledge needed to run an organization and have the ability to become even stronger leaders. Leaders need to be visionary and have the ability to drive the change needed to reach the vision. We also feel that self-confidence, occupational health expertise, communication skills, the ability to influence others, and the ability to collaborate are hallmarks of leaders.

Q. What word or phrase comes to mind when you think of the true occupational health nurse leader?

Ms. Pepler: Someone who is strategic in their thinking. Someone with a willingness to be a part of the change, and not only just to be out in front but also jump in when necessary.

Q. What final words of advice would you have for the people who will be reading the transcript of this roundtable discussion?

Dr. Auerbach: Recognize that occupational providers, whatever their training, have a unique skill and ability to deliver care in an arena that definitely needs those skills. Recognize that there are challenges being brought by the changes in the healthcare system and continue to work on the political side to make sure those skills are brought to benefit the worker.

Dr. Crawford: A thank you (to all in the field) for keeping the country's workers healthy so we can remain a productive and prosperous nation. We are always looking to do better but I think we do a pretty good job of keeping people productive, identifying problems and treating our workers appropriately to get them back to work.

Ms. Pepler: It's not one person or one group that creates the change; it is everyone collectively. Occupational health won't just be a small entity. We can really impact what is happening globally as well.

Time to Order Holiday Greeting Cards!

The NAOHP is once again offering personalized holiday greeting cards and envelopes at a discount to member organizations. Cards may be ordered with a standard verse: "To another year as partners in enhancing the health and safety of our community…" or with a customized verse.

There are nine card designs from which to choose. Each card is printed with your organization's name. Personalized holiday greeting cards are an excellent way to thank your clients for their support during the year. To place your order, call 800-666-7926, ext. 0 between 8 a.m. and 5 p.m. Pacific time or write to info@naohp.com for more information.

Involving Physicians in Marketing Healthcare Services to Employers

Excerpted from the book *Marketing Healthcare Services to Employers* by Frank H. Leone (Sea Hill Press, 2012)

When it comes to sales and marketing, occupational medicine physicians most usually are used sporadically for in-person calls with major clients and prospects. At times this is an effective strategy, but in other cases it can have a minimal impact or even be counter-productive.

Physician credibility

Deserved or not, physicians tend to project an image of credibility. A physician is often perceived as having reached the pinnacle of professional achievement. Non-physicians, including the typical employer contact, tend to hold physicians in high esteem and are likely to follow their recommendations.

RYAN Associates recently conducted a market research project in which a physician received exceptionally high praise from employers. As a result, the organization where he works— despite its limitations—benefited from this halo effect.

Why? Dr. X spends an inordinate amount of time with his patients, communicates with employers frequently and in-depth, and writes thorough, informative reports. Although the physician's productivity is likely to be compromised by this detail-oriented approach to practice, his contribution to his organization's image is off the charts.

Physician roles

A physician's Midas touch can add a great deal to a program's image and outreach capability. Although what works well for Dr. X may not work as well for Dr. Y, physicians can effectively do most of the following:

1. Be a website presence.

Create a series of 30-second video recordings in which your physician offers gems about prevention, sound health practices, and other relevant topics. Place a new video each month on the home page of your website. This will spur interest in re- visiting your website and showcase your physician. A side benefit is that it will give most physicians a morale boost.

2. Send out email blasts.

When you send an email blast to employers, to alert them about a service offering or educational opportunity, it is usually sent by the service line director or sales professional. Why not send a number of such blasts under the name of your medical director? His or her name will add substance to your communication and increase the likelihood that the message will be read.

3. Project a pleasant demeanor.

Most service websites provide a dry and unimaginative overview of their providers. The provider's facial expression often looks like he or she learned their pet rabbit has died. Take care to personalize the physician's biography and use a confident, congenial headshot. (Remember, a photo is worth a thousand words.)

4. Set the stage for a sales call.

Imagine how valuable it would be to have your two most important initial sales calls each week preceded by a call from a physician. A physician's time on the phone need not be lengthy; even a voice mail will do. The physician should state something akin to, *"As the Medical Director for Work Well, I find it useful to learn a little about the challenges a company faces before they meet with our sales professional . . . "* Just two credibility-building calls a week from a physician help position you for a successful sales call.

5. Be available during clinic tours.

Clinic tours should include a brief face-to-face encounter with a physician. Even if the encounter is in the hallway, the physician can show a genuine interest in the prospect or client by asking a few simple questions germane to their workplace: *"We take pride in our communication effectively with our employer clients. When it comes to communication, what is important to you?" "We find that workplace-specific knowledge helps us customize our services. Are there any unique aspects of your workplace that I should know about?"*

6. Script voice mail messages.

Send periodic voice mail blasts from a physician (e.g., "I am calling to advise you we are expanding our clinic hours as of July 1") offers considerable value. It takes little time for the physician to leave such a message.

7. Write letters.

I advocate using multiple modalities (email, voice mail, regular mail) to "stay in the face" of your prospects and clients. Send a letter to all companies on your mailing list once a quarter. One of those four letters should be sent annually from your Medical Director.

8. Be a public health advocate.

If your physician is passionate about the public health aspects of his responsibilities, he or she is likely to want to speak periodically on related topics at community forums and employer gatherings.

9. Alternatively, if he or she does not enjoy public speaking, a cogent written advocacy piece can be an effective alternative.

Letters to the editor of your local newspaper have a good chance of being published, as do more lengthy pieces for in-house and local employer publica-

tions. The more your market views your providers as the authority the more your services ride the credibility wave.

10. Obtain referrals from both internal and external sources.

The credibility factor again. The committed provider can do wonders for their program by pro- actively reaching out to others for referrals and introductions.

Such referrals may be made through other internal staff or from virtually anyone else throughout the community. Many people find it hard to turn down a physician. A physician can query fellow medical staff members, senior administrators, and department heads by stating:

"You can really help our program if you can refer us to a contact of yours that may not be one of our clients. A personal introduction would even be better."

Use the same approach with contacts in the community. Physicians may know well-connected people within their neighborhood, country club, or various civic activities. A personal and credible introduction carries as much weight as twenty cold calls.

11. Participate periodically in high-profile sales calls.

Coming full circle, in most cases your physicians can be helpful participants in targeted sales calls provided he or she:

- clearly understand their role going in;
- does not dominate the sales call; and
- exhibits sincere interest in the company and your ability to customize services by taking at least a cursory walk-through of the workplace.

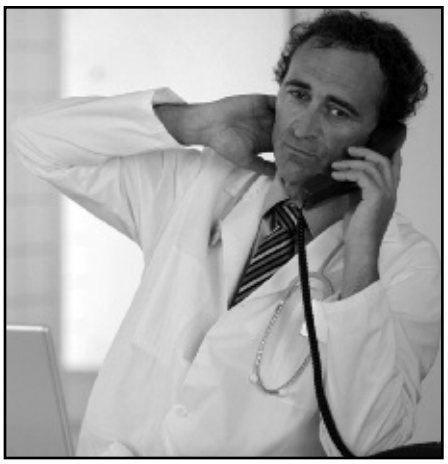
A physician's credibility with your client and prospect community cannot be overstated. Service lines are encouraged to showcase their physicians as much as possible.

Managing the physician's role

To better manage the role of the physician in sales and marketing, think of their contribution as a continuum in which their value may range from extraordinary to counter-productive. In order to find their place on this continuum, you should:

• *Know your market.*

The degree of physician commitment is related to the nature of your market.



More industrialized markets or ones with more unique workplace exposures require a greater on-site physician presence. Likewise, a new service or one that is not the market leader should use its physician more often as a vehicle for winning market share and playing catch-up. Many smaller markets remain high touch, person-to-person markets. Physician visibility is more critical in a community like Pocatello, Idaho, (where everybody knows everybody) than in a metropolitan market like Chicago.

• *Evaluate sales strengths.*

The effectiveness of your sales team is an important variable in the role your physicians will play in sales and marketing. If your service has a strong, experienced sales team or exceptional sales professional you may find there is less need to use a physician in a sales role.

• *Consider the personality factor.*

Physicians, like other professionals, tend to run the gamut of personality types. If a physician is outgoing and an effective communicator, encourage frequent trips to the workplace. Many physicians are technically gifted but may be shy or otherwise lacking in people skills. In this instance, promote their technical expertise, but keep their sales and marketing activities to a minimum.

• *Define the physician's time commitment.*

The degree of the physician's involvement should be spelled out in advance. The physician might be expected to participate in two worksite visits every Wednesday afternoon for the first year and one visit per week thereafter. A typical dilemma for many programs with a strong physician is that they want to use him or her more often for sales and marketing activities without simultaneously eroding the physician's finite time availability. Even the most successful programs find it difficult to make the best use of a physician's time.

• *Establish parameters for participation.*

Most physicians have little or no training in sales and marketing and are likely to know little about handling objections, discerning between features and benefits, or how to close. Physicians have a tendency to go too far rather than not far enough in these areas, potentially jeopardizing a virtually completed sale. The breadth of the physician's role in any given type of activity should be clearly defined. The physician visits a workplace to learn about working conditions and offer preliminary recommendations, not to sell. The physician should be prepared to ask questions about current working conditions and long-term plans and provide ad hoc advice. A physician is a physician, and should be able to recognize his or her own limits on the sales side.

• *Hand pick prospects.*

When a physician participates in a sales call, target employers with high-injury incidence rates, hazardous conditions, complex or unusual job functions, and a large workforce. A targeted sales approach is based on market research and part of the program's overall marketing and sales plan.

• *Plan ahead.*

The service line director should call or visit a company prior to the physician's visit. The purpose of the call is to obtain a preliminary sketch of special problems, critical job tasks, and current health and safety practices. The site-visit team should develop a game plan before meeting at the company. Preparing for a specially planned visit tends to enhance the physician's value in the eyes of the employer.

• *Match the physician with senior management.*

The most effective long-term relationship between providers and employers invariably involves a commitment from the company's senior managers. Physician presence at the worksite provides an excellent opportunity to meet senior company management—if only briefly. Such a meeting may go a long

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A Sense of Urgency, continued from page 1

There's potential synergy between occupational health and urgent care, Mr. Gerber said. Employees can be treated for on-the-job injuries and illnesses and can return for their urgent care needs.

In addition, urgent care can create a steady stream of business because occupational health centers are typically busier during warmer months – when the construction industry is in full swing – while urgent care centers tend to see more traffic during cold and flu seasons, Mr. Gerber said.

There are approximately 9,000 urgent care centers nationwide, with between 71 and 160 million patient visits annually. About 300 new urgent care centers have opened every year in the past few years, according to the Urgent Care Association of America. About half of urgent care centers are physician-owned, according to the association.

Ms. Horwitz said pairing urgent care with occupational health can be very positive. "In general, I think it's a good thing for occupational medicine to diversify and not depend on a certain industry in their region for all business," she said. "There's a natural fit for those clinics."

"It's a good thing for occupational medicine to diversify and not depend on a certain industry in their region for all business."
– Ms. Lou Ellen Horwitz, past-president of the Urgent Care Association of America

"Urgent care is driven by consumers. You need to be in a location that would be a good place for a Starbucks or a McDonald's."
– Dr. David Stern, CEO of Practice Velocity

Factors to consider

But there are a number of factors to consider before plunging in, experts agreed.

While occupational health centers are accustomed to walk-in activities, they will need to offer expanded hours to accommodate urgent care visits. Expectations about clinic work hours will have to be re-set, and new staff members may need to be hired for early morning and evening hours.

"Your staff may be used to working bankers' hours and now suddenly they are working on Christmas," Dr. Stern said. Or at the very least medical, administrative and support staff may have to work a few extra hours in the evening, he added.

Work flow will probably have to be overhauled as well. For instance, patient wait times will have to be kept to a minimum, or providers will risk losing important clients or repeat visitors.

"Employers want their workers to have a minimum time away from work," Mr. Gerber said. "It's a challenge to run a blended practice. You don't want patients to have to wait. The success really depends on the planning and execution."

Providers should find out what the needs are in the community and among local employers before expanding into urgent care or other service lines, Mr. Gerber advised. "There are employers who don't want their workers waiting in line behind a kid who's getting a school physical," he said. "The art of the blended practice is being able to focus on the needs of many different clients."

Another big issue is the skill set of the staff. Are occupational health providers equipped to diagnose and treat urgent care patients? In many cases, the answer is no.

"Many physicians practicing in occupational medicine haven't seen the kinds of conditions seen in urgent care in a very long time," Ms. Horwitz said, citing examples such as women's health conditions and pediatric illnesses.

Excluding pediatric services and women's health from urgent care services provided by a clinic would severely curtail potential clientele, said Dr. Stern. "Urgent care without kids just doesn't work," he said. "And it's the moms who make the decisions in the family about where to go for care. You have to have their buy-in."

Doing a blended practice the right way

One solution could be to have a dedicated provider of occupational health, and others for urgent care working under the same roof, said Mr. Gerber. Separate waiting rooms for urgent care and occupational health can also help to make the practice run more smoothly, he said.

Providers should carefully weigh the types of software needed to run a blended practice including electronic medical records and billing software, both Mr. Gerber and Dr. Stern said.

The most successful blended practices are blessed with good locations and lots of foot traffic, Dr. Stern said.

However, many occupational health centers are located in industrial, out-of-the-way places that are inconvenient for the general population, Dr. Stern said. "You can put the biggest sign in the world up and you still won't get any traffic," he said.

"Urgent care is driven by consumers," he continued. "You need to be in a location that would be a good place for a Starbucks or a McDonald's."

An out-of-the-way location versus a central location can mean a big difference in revenue once that urgent care center shingle goes up, he said. A great location can double or triple revenues by adding urgent care, said Dr. Stern.

But even getting just a few extra walk-ins per day can add up over time, experts said.

Adding urgent care to occupational health can tack on between a three percent and a 25 percent bump in overall revenues, Dr. Stern said.

It's also an opportunity to better serve employer clients who are hungry to make health care more convenient for their workers, reduce their medical costs and thus increase productivity.

"It's a chance to meet the total health needs of the community," said Mr. Gerber.

Obesity in nurses linked to adverse work schedules

For nurses who work long hours or other "adverse work schedules," the risk of obesity is related to lack of opportunity for exercise and sleep, according to a study in the August issue of the *Journal of Occupational and Environmental Medicine*. Alison M. Trinkoff, and colleagues of University of Maryland School of Medicine, Baltimore, analyzed data on more than 1,700 female nurses. The study focused on factors related to obesity in nurses with adverse work schedules — long hours, high work burden, required on-call or overtime, and/or lack of rest. Obesity-related factors were compared for approximately 700 nurses meeting these criteria versus 1,000 nurses with more favorable work schedules. About 55 percent of nurses in both groups were overweight or obese. However, the risk factors for overweight or obesity differed between groups. In the group with adverse work schedules, nurses with obesity got less sleep, less restful sleep, and less exercise. They were also more likely to care for children or dependents. In contrast, for nurses with favorable work schedules, obesity was linked to more unhealthy behaviors, such as smoking and alcohol use, and more physical lifting of children or dependents. Factors reflecting job stress also affected obesity risk. Long hours, shiftwork and other nonstandard work schedules have been linked to higher rates of obesity. For the many nurses who work such adverse schedules, special attention may be needed to prevent obesity and protect health. "Adverse work schedules may be an overriding work-related factor for nurse obesity," Dr. Trinkoff and colleagues wrote. They believe that in addition to lack of opportunities for healthy behaviors, nurses with adverse schedules may have difficulty accessing healthy foods. These nurses may need extra support to prevent obesity and its adverse health effects, said Dr. Trinkoff and colleagues: "In particular, for nurses with unfavorable work schedules, organizations should support improving schedules and promote the ability to practice healthy behaviors."

Marketing, continued from page 9

way toward establishing a sense of management commitment toward your program.

- ***Emphasize planning.***

The provider-employer relationship is greatly enhanced if it includes a long-term game plan for ensuring optimal health status. Physician involvement is an excellent opportunity to gauge the quality of the current plan and offer suggestions for developing a more comprehensive one.

- ***Offer further contact.***

Your physician should conclude his or her visit with an invitation for the employer prospect to contact the physician, as necessary. Although most inquiries are likely to be made through the service line director (or other administrative personnel), the clearly stated availability of physician time is a compelling feature to most employers.

- ***Remember to follow up.***

A follow-up letter or email from the physician should be sent immediately after a site visit. The letter should summarize key issues and recommendations and project a sense of commitment to the employer.

- ***Hire smart.***

A service line is often so eager to have a physician with experience at hand that it overlooks or minimizes the personality issue. If a physician's role is to see patients all day, this may work; if you want the physician to assume an active public relations role, this must be factored into your hiring criteria. Place the personality factor near the top of your physician hiring criteria.

Advice for the Medical Director/Physician

The physician should:

- ***Be available.***

Sales and marketing should be part of a physician's description; the physician should be willing to jump in as needed to answer questions and help retain existing clients.

- ***Take the lead with internal marketing.***

Physician credibility with employers is no less true within your own organization. Gaining the buy-in and understanding of senior management and related departments is an issue that the physician must address.

- ***Market at the individual patient level.***

The physician's bedside manner is a subtle yet crucial aspect of your service's image.

- ***Buy into the plan.***

Provide input into, understand, and embrace your service's marketing plan.

REGULATORY AGENDA

Regulatory Agenda is compiled by UL PureSafety, a member of the NAOHP Vendor Program: www.puresafety.com

Change in opioid drug labeling proposed

In an effort to address overutilization of narcotic medications for non-cancer pain, a coalition of physicians, researchers and public health officials submitted a petition to the Food and Drug Administration requesting a change in opioid drug labeling. The petitioners want the FDA to drop a reference to "moderate" pain, specify a maximum dose equivalent to 100 mg of morphine and establish a limit for duration of use.

Coal mine inspection rule

A new Mine Safety and Health Administration final rule, *Examinations of Work Areas in Underground Coal Mines for Violations of Mandatory Health or Safety Standards*, became effective Aug. 6. The rule requires mine operators to identify and correct hazardous conditions and violations of nine health and safety standards that pose the greatest risk to miners.

Eight arrested in Florida fraud investigation

Florida officials charged eight individuals with workers' compensation fraud and money laundering in *Operation Dirty Money*, an investigation being conducted by the state's Workers' Compensation Fraud Task Force. So far the operation reportedly has netted $140 million in fraudulent transactions associated with 12 shell companies.

Family and Medical Leave Act claims

Employees taking intermittent time off under the Family and Medical Leave Act are nearly three times more likely to file a subsequent short-term disability claim than those who do not take leave, according to a study released by Reed Group, a member of the NAOHP Vendor Program. The most common reasons for claims were musculoskeletal conditions and behavioral health problems.

ICD-10 compliance date extended

The compliance date for implementation of ICD-10 has been postponed from Oct. 1, 2013, to Oct. 1, 2014, by the Centers for Medicare and Medicaid Services. ICD-9 will be replaced by the *International Classification of Diseases, 10th Revision*. ICD-10 significantly expands the coding system. The American Medical Association is pushing for a longer delay to give physicians more time to implement the change.

U.S. Inspector General investigates adverse events

An estimated 27 percent of Medicare patients are harmed while hospitalized at a cost of medical of $4.4 billion a year, according to a report from the inspector general (IG) of the U.S. Department of Health and Human Services. About 44 percent of those harmful episodes were preventable. While hospitals are required to report adverse events, the IG staff found 86 percent of events were not noted in incident reporting systems.

Lump-sum settlements may not impede return to work

Lump-sum settlements in workers' compensation cases do not discourage return to work, according to a new Workers' Compensation Research Institute study. Researchers followed the experience of 2,138 injured workers in Michigan and found 78 percent who received a lump-sum case settlement did not change their employment status; those who were employed at the time of their settlement remained employed.

'Near-disaster' oil refinery fire under investigation

The U.S. Chemical Safety Board (CSB) is conducting a thorough investigation to determine the cause of an Aug. 6 fire at a Chevron oil refinery in Richmond, Calif. The fire started when a combustible hydrocarbon liquid leaked and formed a flammable vapor cloud. The fire was a "near-disaster" for refinery personnel, CSB Chairman Dr. Rafael Moure-Eraso said.

OH&S management systems standard available

The American Industrial Hygiene Association® (AIHA) announced availability of the recently approved ANSI/AIHA Z10 Occupational Health and Safety Management Systems standard on Aug. 30. The standard contains management principles and systems to help organizations continuously improve their occupational health and safety performance. The standard is compatible with relevant OHS, environmental and quality management standards and approaches commonly used in the U.S.

Patient safety project reduces infections

A nationwide patient safety project funded by the Agency for Healthcare Research and Quality (AHRQ) reduced the rate of central line-associated bloodstream infections (CLABSIs) in intensive care units by 40 percent, according to preliminary findings. The project used the Comprehensive Unit-based Safety Program (CUSP) to achieve its landmark results that include preventing more than 2,000 infections, saving more than 500 lives and avoiding more than $34 million in health care costs.

West Nile Virus cases break record

As of Sept. 4, 2012, a record-breaking 1,993 cases of West Nile virus disease in people, including 87 deaths, have been reported to the Centers for Disease Control and Prevention. Of these, 1,069 (54 percent) were classified as neuroinvasive disease (such as meningitis or encephalitis) and 924 (46 percent) were classified as non-neuroinvasive disease. About 70 percent of the cases have been reported from six states, 45 percent of them in Texas.

OSHA Actions

Alliance Renewed: OSHA and the National Safety Council renewed their alliance to continue efforts aimed at construction hazards, injury and illness prevention, and motor vehicle safety. They jointly plan to develop fact sheets on related topics and prepare a case study on falls from heights.

BP settlement: The Occupational Safety and Health Administration (OSHA) and BP Products North America Inc. resolved 409 of 439 citations issued by the agency in October 2009 for willful violations of its process safety management standard at BP's refinery in Texas City, Texas. BP will pay more than $13 million in penalties and it will abate all violations by the end of the year. In September 2005, OSHA cited BP for a then-record $21 million after an explosion killed 15 workers. "For the workers at BP's Texas City refinery, this settlement will help establish a culture of safety," Secretary of Labor Hilda L. Solis said.

Construction falls: OSHA-Southeast region increased enforcement efforts this week to thwart an upward trend in construction-related fall fatalities. The agency said it would conduct unannounced inspections at sites in Alabama, Florida, Georgia and Mississippi. Other hazards in plain sight also will be addressed during the inspections, agency officials said.

Demolition and underground construction: A direct final rule and notice of proposed rulemaking applies an existing standard on cranes and derricks in construction to demolition work and underground construction to protect workers from hazards associated with hoisting equipment.

Residential construction: The agency extended temporary enforcement measures in residential construction to Dec. 15, 2012. The measures include free onsite compliance assistance, penalty reductions, extended abatement dates and increased outreach.

Severe violators: OSHA issued criteria for removing employers from its Severe Violator Enforcement Program (SVEP). An employer may be considered for removal once three years have elapsed since final disposition of an SVEP inspection citation. To qualify, all violations must be abated and penalties paid in full. Any additional serious citations related to hazards identified in the SVEP inspection disqualify an employer from program removal.

Whistleblowers: OSHA and the Federal Railroad Administration signed an agreement to facilitate enforcement of the Federal Railroad Safety Act's whistleblower provision. The act protects railroad employees from retaliation when they report safety violations and work-related personal injuries or illnesses. Between 2007 and 2012, OSHA received more than 900 whistleblower complaints, 63 percent involving allegations that a worker was retaliated against for reporting an on-the-job injury.

Working women: OSHA Director Dr. David Michaels joined Secretary of Labor Hilda Solis for a forum on *Working for Women: Your Job, Your Rights*. Michaels discussed OSHA's efforts to protect women workers and specifically referred to the agency's focus on hair and nail salons, healthcare, outdoor labor and construction.

Recommended Resources

Telecommuting as a reasonable accommodation

A new video from the federal Computer/Electronic Accommodations Program (CAP) provides tips on how people with disabilities can request telework, or working from home, as a reasonable accommodation under the Americans with Disabilities Act. The video also describes equipment CAP can provide for telework accommodations.

Paid sick leave

Introducing or expanding paid sick leave programs might help businesses reduce injury incidence rates, particularly in high-risk sectors and occupations, according to a study published by the *American Journal of Public Health* (online ahead of print July 19, 2012): Workers with access to paid sick leave were 28 percent less likely to be injured on the job.

EDUCATION

Next Up: Practical Training in Occupational Health Sales and Marketing

It began rather innocuously in 1988: Frank Leone, then in his third year as president of RYAN Associates and Ken Mack, then-president of Cleveland-based DMI, met at a healthcare marketing conference in New Orleans. Ken knew all about healthcare sales and Frank knew about occupational health marketing. A new concept: a three day course in occupational health sales and marketing was instantly born.

The ever-evolving training program has now been offered more than 50 times during the past 24 years producing approximately 2,000 graduates. Until about 2001, the course was co-taught by Mr. Leone and Ken Mack, Carolyn Merriman or Jack Harms; since 2001, Mr. Leone has served as sole faculty.

The redoubtable course https://naohp.com/forms/sales/ is now being offered every December at the Sutton Place Hotel in Chicago. Morning lectures in marketing (day one), sales (day two) and sales/marketing administration (day three) are supplemented by group workshops, live presentations/critiques. The special holiday season welcome reception at Carmines on Wednesday night is a perennial program highlight.

Course participants frequently cite their bonding and camaraderie with other registrants, learning of new hands-on concepts and increased self-confidence as highlights of their participation. Past graduates often return for a "tune up" and non-sales professionals such as physicians, program directors and senior management frequently attend to familiarize themselves with this critical aspect of program management.

For further information or to register, call Tonya Tate at 1-800-666-7926, x0.

Overview

Where: Sutton Place Hotel, Chicago
When: Wednesday–Friday, December 5-7, 2012
Who: Occupational health sales/marketing professionals and others who wish to learn more about sales/marketing
Why: Because the success of most any endeavor is contingent on outstanding sales and marketing
How: Through a carefully woven combination of lectures, workshops, presentations/critiques, networking and old fashioned fun

Survey savings

The National Association of Occupational Health Professionals (NAOHP) has entered into a contractual relationship with Press Ganey, the health care industry's recognized leader in performance improvement.

In collaboration with the NAOHP, Press Ganey is launching a new occupational health patient satisfaction survey instrument. NAOHP members who partner with Press Ganey will be able to benchmark their results against a full national network of fellow NAOHP member programs.

"We view this as an ultimate win-win relationship," said Frank Leone, president and CEO of the RYAN Associates. "Our members have the opportunity to work with the most highly respected company in performance improvement. Similarly, Press Ganey can tap into the NAOHP management's occupational health expertise. We are fortunate to have a relationship with a company that provides clinical and business outcome improvement services to more than 10,000 healthcare organizations nationwide, including more than half of all U.S. hospitals."

NAOHP members are eligible for a 15 percent discount off the retail fee for the new service. Interested parties should contact Patty Williams, Director of Strategic Partnerships, at 855-849-2023 or pwilliams@pressganey.com.

It's not too late to register for RYAN Associates' 26th Annual National Conference!

Visit our conference website http://www.naohp.com/menu/education/national12/ to view all details and to register. Call our conference planners at 800-666-7926 x12 or x0 with any questions.

CALENDAR

OCT

Oct. 8–10
RYAN Associates' 26th Annual National Conference
Chicago, Ill.
www.naohp.com/forms/national/26/

Oct. 21–24
Medical Group Management Association Annual Conference
San Antonio, Tex.
www.mgma.org

Oct. 25–27
Urgent Care Association of America Fall Conference
New Orleans, La.
www.ucaoa.org

Oct. 31–Nov. 2
Occupational and Environmental factors in neurological disease and occupational and environmental medicine update
University of California, San Francisco
San Francisco, Calif.
www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MDM13N01

NOV

Nov. 10–11
Foundations of Occupational Medicine, ACOEM
Atlanta, Ga.
www.acoem.org/OMBR_Nov2012.aspx

Nov. 12–14
National Business Coalition on Health Annual Conference
Washington, DC
www.nbch.org

Nov. 13–16
Southeast Mine Safety and Health Conference
Birmingham, Ala.
www.southeastmineconf.org

Nov. 15–17
American Speech Language Hearing Association Convention
Atlanta, Ga.
www.asha.org/events/convention/

Nov. 29–30
New England College of Occupational and Environmental Medicine Annual Conference
Newton, Mass.
www.necoem.org

DEC

Dec. 4–7
National Ergonomics Conference and Expo
Las Vegas, Nev.
http://ergoexpo.com

Dec. 5–7
Comprehensive Training in Occupational Health Sales and Marketing
Chicago, Ill.
www.naohp.com/forms/sales/

Dec. 9–12
National Forum on Quality Improvement in Health Care
Orlando, Fla.
www.ihi.org

JAN

Jan. 8–10
International Congress on Chemical, Biological and Environmental Sciences
Taipei, Taiwan
www.iccbes.org

To list your event, email Stacey Hart at shart@naohp.com

VENDOR PROGRAM

The following organizations and consultants participate in the vendor program of the NAOHP, including many who offer discounts to members. Please refer to the vendor program section of our website at: http://www.naohp.com/menu/naohp/vendor/ for more information.

Refer a Vendor—Earn $100

Vendor, individual and institutional members of the NAOHP will receive a **$100 commission** for every referral they make that results in a new vendor membership. The commission will be paid directly to the referring individual or their organization. There is no limit to the number of referrals. In other words, if five referrals result in five new memberships, the referring party will receive $500.

If you know of a vendor who would benefit from joining the NAOHP Vendor Program, please contact Stacey Hart at 800-666-7926 x12.

We are pleased to announce the following company has joined the NAOHP Vendor Program:

Press Ganey Associates, Inc.

Recognized as a leader in performance improvement for more than 25 years, Press Ganey partners with more than 10,000 health care organizations worldwide to create and sustain high-performing organizations, and, ultimately, improve the overall patient experience. The company offers a comprehensive portfolio of solutions to help clients measure patient satisfaction, operate more efficiently, improve quality, increase market share and optimize reimbursement. Press Ganey works with clients from across the continuum of care – hospitals, medical practices, home health agencies and other providers – including 50 percent of all U.S. hospitals.
Patty Williams
Phone: (855) 849-2023
pwilliams@pressganey.com
www.pressganey.com

ASSOCIATIONS

Urgent Care Association of America (UCAOA)

UCAOA serves over 9,000 urgent care centers. We provide education and information in clinical care and practice management, and publish the Journal of Urgent Care Medicine. Our two national conferences draw hundreds of urgent care leaders together each year.
Lou Ellen Horwitz • Executive Director
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The ACOEM Utilization Management Knowledgebase (UMK) is a state-of-the-art solution providing practice guidelines information to those involved in patient care, utilization management and other facets of the workers' compensation delivery system. The American College of Occupational and Environmental Medicine has selected Reed Group and The Medical Disability Advisor as its delivery organization for this easy-to-use resource. The UMK features treatment models based on clinical considerations and four levels of care. Other features include Clinical Vignette – a description of a typical treatment encounter, and Clinical Pathway – an abbreviated description of evaluation, management, diagnostic and treatment planning associated with a given case. The UMK is integrated with the MDA for a total return-to-work solution.
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