



Medical Advisory Service

Occupational and Environmental Medicine, Public Health, and Toxicology Consultants

Occupational Health Service Lines

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Occupational medicine services provide leadership, support, and technical services to the employer and the employee in all areas relating to health and safety in the workplace. It does this by providing occupational health services that relate to occupational risk and to the consequences of personal health issues (in the form of wellness and health promotion programs), to individuals and to the workforce as a whole, and to present health status and future health risk. This is schematically represented in the Figure.

Service lines can be consolidated into four main categories, with common features and IT needs. The objective of redefining these service lines is to shift the mission of the unit toward a different balance, emphasizing occupational health, the workforce as a whole, and future risk. These frameworks can be used to drive IT requirements and standardized data fields.

Occupational health services can be provided for individuals or populations (as in health monitoring or epidemiological studies), for current health status or for future risk (which is by definition a population-level intervention, because risk is controlled on a group basis), and for work-related health problems or personal health problems (the latter affecting fitness to work, disability from other than occupational injury and illness, and future health and disability). These are shown in a service cube in the Figure. As a practical matter, individual occupational medicine services do not profile current health status on a population level unless there is an epidemiological study in progress; periodic health surveillance is less a monitoring of current health status than a check on the adequacy of occupational health protection.

Figure 1: Service Cube for Occupational Health.

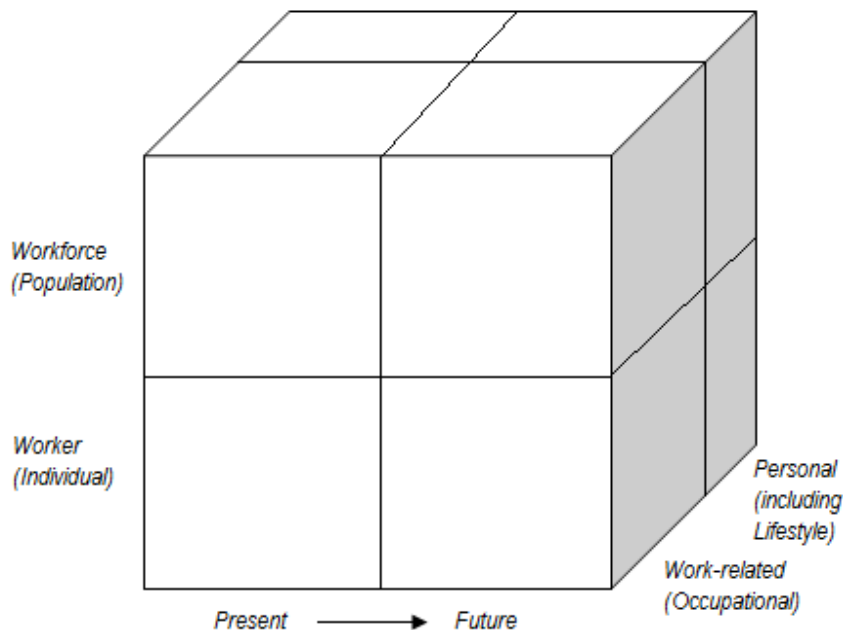




Table 1 outlines the four essential, consolidated service lines in providing occupational medicine services, with an indication of whether they are oriented to the present or future and deal with individuals or groups.

Table 1: Consolidated Service Lines of Occupational Health

Service Line	Timeframe	Level	Objective
Occ. Health Protection	Future	Workforce (Population)	Protection from risk
Work Capacity	Present	Worker (Individual)	Fit for duty
Health Risk Management	Future	Worker (Individual)	Health enhancement
Case Management	Present	Worker (Individual)	Health management

The designated service lines are as follows, with individual services listed in Table 2.

1. **Case Management.** These services are based on the evaluation and management of individual healthcare needs in the present. They include clinical services, such as the acute management of injuries and rehabilitation. They may involve clinical preventive services to limit disability or to support wellness in an employee who has a chronic condition. This service line involves the occupational physician in individual patient care. These services require common data elements in personal health information.
2. **Occupational Health Protection.** These services are preventive in nature, oriented toward future risk, and although they may be given to individuals are for the purpose of protecting the workforce as a whole. Periodic health surveillance is considered here to be a strategy for secondary prevention for workers at risk, not an individualized medical service for individual workers. These services require common data elements, including detailed exposure assessment and workplace descriptions, but not detailed personal health information.
3. **Work Capacity.** These services are based on the evaluation and management of individual work capacity in the present (not in the future, as prognosis is not a valid indicator by which to judge future fitness for duty). Work capacity evaluation may involve judgments of short-term fitness to return to work, fitness for duty for a particular job assignment or may involve chronic and permanent medical conditions and separation. However, they all involve matching the employee's capacity to do the job with job requirements (in the case of permanent disability evaluation, any job). These services require common data elements, including detailed job descriptions and requirements, but not detailed personal health information.
4. **Health Risk Management.** These services are based on the evaluation and management of an individual's future capacity. Impairment evaluations are intended to determine the employee's work capacity in the future: that is why they are only done at permanency. These services may involve clinical preventive services at all three levels and support for programs in health promotion, in an effort to intervene in order to modify future health risk. These services require common data elements, including personal health information.



Table 2: Individual services by consolidated service line

<ul style="list-style-type: none">• Occupational Health Protection<ul style="list-style-type: none">○ Hazard identification and control<ul style="list-style-type: none">▪ Proactive role of Occupational Health▪ Liaison and coordination with EPD and ECU▪ Workplace risk assessment and management▪ Health hazard investigations (as part of team)▪ Fatality investigations (as part of team)○ Periodic health surveillance (for purpose of protection, not fitness) Examples:<ul style="list-style-type: none">▪ Audiometric screening (hearing conservation for noise exposure)▪ Spirometric screening (for respiratory hazards)▪ Asbestos mandated surveillance▪ Benzene mandated surveillance▪ Pesticide applicators▪ Other hazardous exposure○ Personal protection<ul style="list-style-type: none">▪ Respirator clearance for use and fit testing▪ SCBA clearance and training○ Occupational psychology<ul style="list-style-type: none">▪ Stress prevention and management▪ Psychosocial hazards○ Emergency management and disaster planning<ul style="list-style-type: none">▪ Catastrophic events – support for business continuity▪ Disaster planning▪ Workforce protection as required○ New facility planning and review• Work Capacity Evaluation<ul style="list-style-type: none">○ Fitness for duty (FFD)<ul style="list-style-type: none">▪ Preplacement evaluation (time or hire or reassignment)▪ Return-to-work evaluation (after absence or injury)▪ “For cause” evaluation (referral for declining performance)▪ Substance abuse screening (for fitness for duty and safety-sensitive positions)▪ Confined space entry certification▪ Special FFD evaluations (Many of these services are driven by procedural or legal requirements and are defined in written procedures, called “protocols”.) Examples:<ul style="list-style-type: none">• Commercial drivers• Aviation (based on FAA standards)• Diving• Security and police• Firefighters• Seafarers and merchant marine○ Disability evaluation<ul style="list-style-type: none">▪ Disabling conditions arising due to work (workers’ compensation)▪ Disabling conditions not arising due to work (Social Security or similar programs)
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- Accommodations to support return to work
- Health Risk Management (Individual)
 - Support for health promotion programs
 - Absence evaluation (on referral)
 - Substance abuse prevention (for benefit of worker)
- Case Management
 - Clinical case management
 - Development of guidelines when the disorder is uniquely occupational (such as disease arising out of poisoning hazards)
 - Disability management (advisement on rehabilitation planning, how to prevent future disability, and how to overcome limitations imposed by disabling conditions through accommodation)

The main services in each Service Line are summarized in Table 3, which also breaks down the services by clinical and nonclinical.

Table 3: Summary of Service Lines and their Principal Component Services

Service Line	Clinical	Nonclinical
Occupational Health Protection	<ul style="list-style-type: none"> • Periodic health surveillance • Sentinel events 	<ul style="list-style-type: none"> • Proactive risk management • Investigations • Emergency management
Work Capacity	<ul style="list-style-type: none"> • FFD • Impairment evaluation 	<ul style="list-style-type: none"> • Consultation on workplace accommodation
Health Risk Management	<ul style="list-style-type: none"> • Wellness services • Substance abuse 	<ul style="list-style-type: none"> • Support for health promotion • Stress management (organizational)
Case Management	<ul style="list-style-type: none"> • Clinical case management • Disability management 	<ul style="list-style-type: none"> • Stress management (individual)