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Occ-med pros must learn the language of decision makers

Ability to apply a business model will play part in future

(Editor's note: This is the second of a two-part series on the state of the occupational health profession. In last month's installment, we examined some of the forces that led the profession to its current state. In this article, we explore the trends that today's professionals cite as their greatest challenges, and what is being done to overcome them.)

If you want to know what's happening in any profession, ask the people on the front line. "Generally, a very common theme runs through all of the professions, from nurses to attorneys," says **James E. Leemann**, PhD, Scottsdale, AZ-based president of The Leemann Group (a management consulting group that offers the use of systems thinking approaches to redesigning organizations) and an adjunct professor with the Tulane University Center for Applied Environmental Public Health. "They speak to a much higher degree of frustration in doing their work, difficulty in getting programs implemented, and the struggle of having to deal with things like downsizing and retirements. Many of these senior folks see their younger colleagues becoming frustrated sooner and leaving the field, transitioning into a totally unrelated area they believe will provide a greater chance of advancement. There also seems to be a lack of students to come behind them."

His insights are in large part informed by his directorship of the Pulse of the Professions project. Currently in its initial phase, the project may ultimately take the pulse of more than 200,000 environmental health and safety and occupational medicine professionals. The pulse project is a joint initiative of the Scottsdale-based Center for Environmental Innovation (CEI), of which Leemann's group is an affiliate, and the Wharton School

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sessions involve education about the causes of fatigue and tips on achieving a proper balance of exercise and nutrition. Then, workers are told about natural stimulants that will help them remain awake and alert without the harmful effects of substances such as caffeine 127

Employers shift insurance burden onto employees
It probably wouldn't surprise you to hear that in these hard economic times, employers are shifting a greater share of the rising cost of health care coverage onto their employees. What might surprise you is just how much that burden is increasing. According to a recent survey by The Kaiser Family Foundation and the Health Research and Educational Trust, health care premiums increased 12.7% — the highest since 1990. What does this mean for employees? 128

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at the University of Pennsylvania in Philadelphia.

The initial phase, which consists of numerous focus groups and a general survey of industry professionals, has so far involved occupational health nurses, OSHA professionals, environmental health and safety attorneys, and insurance company loss professionals. Most participants have been in their profession a minimum of 15 years.

But Leemann's observations, and those of his colleagues, are not limited to these focus groups. "At the Wharton School, we have one meeting after another among students who are concerned with this matter," notes **Paul R. Kleindorfer**, PhD, co-director of the Pulse project.

"Some of the main challenges we see involve an aging organization. The average age for members joining AAOHN [The American Association of Occupational Health Nurses] is 44, and the average age of all members is 51," says **Denise Gillen**, RN, BSN, COHN-S, CM, director of the New Mexico Spine Center in Albuquerque. "What we're feeling is right on target with why Jim [Leemann] is doing the project in the first place — we're not bringing in as many new professionals as are leaving the profession."

Gillen, who participated in one of the focus groups, cites another challenge raised within the groups and reinforced by real-world experiences: "Sometimes occupational health professionals are having to almost sell or justify the cost-benefit of [being] on staff," she notes.

Are we really necessary?

Gillen's comment touches on what Leemann sees as by far the most serious challenge facing the profession: justifying its existence.

"It all comes back to the overarching belief in many quarters that the whole issue is passé — that it's been taken care of," he says. "[Environmental health and safety] policies are in place, all the regs are there, so what's the problem? And management believes that employee health also has been and is being taken care of. So, unless there is just a massively significant change or rollout of new regs, a lot folks in management believe that essentially technologists can do what they need done — they don't even need registered nurses. What we see is a downgrading of professions, which plays into Joseph LaDou's paper," he continues **(see *Occupational Health Management*, October 2002, p. 109)**. "It's absolutely on the mark; everything becomes an issue of economics."

That's why, he says, being able to make the

business case for your position is so critical. "It will be the difference between whether or not these positions will survive in the future," he predicts.

But it's more than just being able to make a business case, he continues. "You must be able to communicate in the terms business uses," he explains. "In the past, we have not articulated our case in business management's terminology — what we're trying to do and how this will add value. What these professionals need to do is understand the inner workings of the business, something as simple as when the budget cycle is, so they can present programs in a timely fashion. If the budget is already set, your programs are dead."

In other words, says Leemann, you don't just need to know how to calculate return on investment — you need to know how to sell it, the cycle in which it must be sold, when you can push and when you must wait for a better time. "You have to know what's going on economically in the company — for example, can it afford to go beyond compliance? Those are nuances that go beyond being able to measure dollars."

Gillen couldn't agree more. "You need to be able to speak MBA or engineering language, because often the people who make key decisions are senior management who often have that background," she explains.

She recalls that when she worked at Phillips Semiconductor and was trying to sell her ergonomics program, "I had to show them it would help in production. I had to show them how ergonomics could streamline the workflow, therefore increasing the bottom line."

Technology plays a role

The rapid pace of technology also is having an impact on the profession, notes Kleindorfer.

"The inexorable march of science and what that does in this area gives rise to more and more specialized knowledge — increasingly specialized subfields," he observes. "The certification process for professions like occupational health nurses attempts to keep up with it, but some difficulties reside in the fact that we are continually generating more knowledge about what is risky, how to behave, and so forth."

New information technology techniques for linking people together also have to be the radar screen, he adds.

One of pushes of technology, notes Kleindorfer, has been in the direction of virtual corporations, which involves the extensive use of outsourcing. The whole impetus, of course, is to save money.

"Our particular problem is the area that involves detailed science, where it's difficult to codify the service you are getting," he says. "It's difficult to assure yourself that what you get from the local outsourced lab reports is the same as what the old-time employee doc or nurse was giving. It brings with it specific problems for science-based capabilities — good quality is difficult to verify in a spot-market transaction."

A third key issue, he notes, is that with the recent Wall Street scandals. "The level of trust in corporate America, if not at an all-time low, is not far from the bottom. Many of the scandals have been directed toward greed and the financial issues, but distrust paints with a thick brush [that threatens to include] environmental, health and safety issues."

If you put all three trends together, you get a very difficult balance to maintain, says Kleindorfer. "With technology expanding at a rate of 20% per year, I see a real boiling pot of contradictions and tensions between environmental health and safety needs, the needs of companies and the expectations — at least implicitly — for these professions," he predicts.

What is being done?

Fortunately, the profession has begun to respond to these challenges — albeit just recently.

"AAOHN is big on this, and offers business tools on its web site [www.aaohn.org]," notes Leemann.

The organization is also addressing the shrinking pool of nurses. "AAOHN is trying to partner with programs at nursing schools to make sure occupational health nursing is part of the clinical studies," notes Gillen. "We're working strategically with members across the U.S. at the grassroots level."

For example, Gillen has personally made contact with the University of New Mexico and has started a dialogue with them and has offered to precept several students. "Atlanta [AAOHN headquarters] provides the documentation that could help them set up the curriculum," she explains. "One of the other challenges schools face right now is that they have limited resources — like instructors and locations for clinical rotations. What we can provide with many large employers are locations for these nursing students."

Leemann is also doing his part on the grassroots level. "What I tell folks in my class at

Tulane is, seek out a mentor on the business side of your company, or a neighbor — someone who will help you begin to learn the subtle nuances of business," he says. "The best mentor is someone within their organization who can tell them. Here the kind of metrics we use at the business level, here's how we calculate them. That's the real entrée. Get a set of metrics, and ask someone if they can help you understand how they are put together."

Cautious optimism the rule

Despite the daunting challenges faced by occupational health professionals, experts remain cautiously optimistic that they will be overcome.

"I know at OSHA, they see the void coming because a large percentage of their people are very near retirement," notes Leemann, restating one of those key challenges. "However, you can probably say that those people will work a couple more years because their portfolios are now smaller, which is fine in terms of the profession. It gives us a little more time to prepare the work force."

Unfortunately, he adds, some people in management just don't get it when it comes to the proper role of occupational health. "The responsibility for health and welfare rests on management; that's what they're paid for," he notes. "You are there to offer your skills. Some managers feel they are giving up too much power [to the occ-med professionals]."

In the end, however, Leeman is optimistic. "Once you reach the point where survival becomes such a weight on your shoulders, most people will tend to grasp hold of this and run with it," he says.

And it will ultimately be a matter of survival, Kleindorfer insists. "There's no way you can simply ignore these trends without putting entire companies at risk," he asserts. "This would be along the lines of saying, 'OK, there's managed care out there,' but ignoring it. If you're a big hospital, of course, you have to pay attention to managed care."

Most employers, he says, understand this, but just aren't doing anything about it yet. "These people [occupational health professionals] have to have sufficient autonomy to use the professional competence they have fought so hard to get and sufficient recourses to exercise that competence at the right level," he insists. "There has to be meaning in their lives, and they have to have a long-term future."

If employers fail to act, he warns, "No one will come into the profession, these companies will be standing there naked, and some bad stuff will happen."

Gillen, for one, does not believe things will come to that. "In five to 10 years, I see occupational health and environmental health and safety professionals becoming more savvy out of necessity," she predicts. "And we do have many individuals who have already moved more toward that type of role — in human resources and senior management, and as business analysts. The most expensive resource most companies have are their human resources, and who better to help manage them than a nurse who can help evaluate productivity, health, and safety as well."

Gillen says she is very optimistic about the future prospects of occupational health nurses growing in a business perspective and finding themselves on business management teams. "Their status will increase — they will no longer be seen as the nurse who just hands out aspirin," she says. "They will be seen as business professionals who can also look at productivity and help make benefits choices as well as continue to serve the employee population."

Kleindorfer hopes the pulse project will play an important role in this evolution. "In addition to making a business case, there has to be a model for connecting people and their daily lives and their articulated careers to that model," he says. "You can't just have a static model on how many occupational docs and nurses to hire. You need to know what the framework should be, how to establish, that framework, what the right level is, and how to maintain it.

"We hope to derive some good ideas — what are the ways in which you can legitimate and undertake to do this task in a way that the business case is satisfied, and there are a group of happy people doing good things? That's what we hope to uncover as we go through this process."

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Transitional duty, case management slash costs

Nurse practitioner produces big results

You don't have to start big to end up with a highly successful occupational health program. Just ask **Trudy J. Rumann**, MS, RN, FNP, COHN-S, Marriott International Inc. occupational health nurse practitioner in Scottsdale, AZ. From a modest 300-square-foot office in a senior living services facility, in 10 years she has grown her department to the point where it now has its own 1,100-square-foot facility, with staff that include a full-time administrative assistant, a full-time OSHA compliance manager, a part-time nurse practitioner, and a part-time physical therapist.

The department has also produced results: In its first six months of operation, there was a 60% drop in workers' compensation indemnity costs.

Rumann credits her success with three key strategies: Expert clinical care, transitional duty, and case management. "Transitional duty is paramount to returning injured workers to their jobs," she explains. Injured workers are accommodated with a job suited for their physical restrictions. As their recovery progresses, the job moves toward resuming full duties.

"We approach every new injury with the attitude that the associate will return to work as soon as possible," she continues. "Part of their initial treatment is explaining that they are a valued worker and we need them in the workplace. It takes diligent communication between the nurse practitioner and the manager to keep the transitional job moving forward."

Rumann says this approach is successful because the associate understands that his or her well-being is her top priority. By asking the right questions, she determines if there are factors outside the workplace hampering his or her recovery. "Sometimes people need help navigating the health care system or to be aware of community resources," she explains. "These are all important pieces of caring for the whole person, not just the employee."

Corporate buy-in a key

She notes that the program got its impetus from corporate buy-in. In spring, 1992, businesses in the area were all experiencing extremely high workers' comp costs. The hotel general managers got together and set up a problem-solving subcommittee. "They decided they didn't need a doctor, but a nurse practitioner."

The individual at Marriott who was selected to guide the process was also a nurse practitioner, who knew that the Arizona state laws governing nurse practitioners were among the best in the nation. "We have a broad practice act," Rumann explains. "We can diagnose, prescribe, dispense, treat, order tests, and case manage, which is a piece doctors often miss. Yet it's so important in occupational health and provides for a really good relationship with the patient."

She was hired as Marriott's first nurse practitioner in April 1992.

Help from the top

In spring 1993, Bill Marriott visited the office, which at the time used a curtain to separate the lobby from the treatment area and had an answering machine instead of an assistant. "He came into to my little office, and we sat down and talked knee to knee," Rumann recalls. "He was so impressed that he asked, 'Is there anything I could do for you?'" She replied that she could really use a more professional setting, so that highly confidential discussions could be held more comfortably. "He said, 'Make it happen.'"

Were all the subsequent expansions similar rewards for a job well done, or did Rumann need to make a case and demonstrate a need? "First, I would go to my occupational health director in corporate," she explains. "A key to this is that my position is a corporate position — I'm not a hotel nurse. The other persons to whom I report are the general managers of the strategic business units that I serve."

So, for example, when she wanted to replace her answering machine "assistant," she said she could keep a human being busy three hours a week — a modest request. "The corporate director looked over our numbers and said OK, but said we should strictly adhere to those hours," says Rumann.

"Pretty soon, however, I requested and got six hours a week, and then nine. When we moved into our current offices it became a 40-hour week. They realized the number of people needing appointments required that assistance, and that professional impression."

As time went on, it became increasingly difficult for her to get away for meetings and continuing

Don't have software? Make your own!

In the early 1990s, occupational health software was not nearly as prevalent as it is today, yet the need to keep accurate records and track patients electronically was no less important. **Trudy J. Rumann**, MS, RN, FNP, COHN-S, Marriott International Inc. occupational health nurse practitioner in Scottsdale, AZ, came up with a creative solution to the problem: She used an accounting software program to document her progress.

That's right: accounting software — Quicken, to be exact. "There was no occupational health software that I knew of, but there had to be some computerized way of tracking employees and injuries," she recalls. "I had been using Quicken for several years and basically did a paradigm shift."

What that shift consisted of was using the existing template for creating a clinic invoice, but entering health-related data instead. For example, in the "date" box, Rumann entered the date the patient was seen at her clinic.

"For entering data in the 'Check Number' box, I developed a two-code process for new injuries," she explains. Cuts, strains, punctures, and other general injuries were assigned certain numbers. Then a slash was typed, and a second number was typed in to indicate whether the injury was a slip, trip and fall, puncture, exposure, and so on. Where the payee's name should appear, four different values were entered: Last name, first name, middle initial, and date of injury. Other boxes were similarly used to indicate home telephone number and the last four digits of the Social Security number. A final box was used to indicate open cases.

"This gave us a method for running reports," notes Rumann. "We were able to show both numbers and dollar savings."

She still had another challenge to overcome: Quicken could not talk to Access, which was on the corporate computer system. Not to worry: Rumann's creativity came to the rescue once again. "Quicken had a utility that enabled it to talk to Lotus Spread Sheet, which in turn could talk to Excel," she explains. "And Excel can talk to Access!"

Five years later, she purchased occupational health software, but for those intervening years, a cannibalized program and quick thinking enabled her to demonstrate to upper management her occ-health program's accomplishments. ■

education seminars. "We were able to contract with a nurse practitioner for half a day or a whole day a week," she says. "It kind of grew, and everything supported that — we were able to show the number of accidents, the number of claims that were open, the number of case management contacts, and so on. I was working some 50- to 60-hour weeks, and our number of associates (3,500) was three times what a hotel nurse would have — and they don't do the medical treatment. A good case was made, I continued to ask for more help, and I've never been refused." **(At times, Rumann used creative methods to make her case. See article, above.)**

A comprehensive service

Today, Rumann's department offers virtually every form of occupational health service imaginable. They include:

- **Workers' comp injury treatment and management.**
- **Nonoccupational health services:** Managers are given permission to call the department within the first 90 days of employment (when associates are not yet covered) if the patient has a minor problem such as a rash, stomachache, or the flu. "We can often slip them into our schedule, which really makes Marriott look good," Rumann notes. "Then they take out their pocketbook and we tell them they don't have to pay anything — It's courtesy of your property and Mr. Marriott!"
- **Physical therapy:** PT services are provided through a sister office next door. "We invited a PT we really liked into that space, so associates can be treated immediately," Rumann explains.
- **Disability and return-to-work coordination programs.**
- **Immunization programs:** These include Flu, hepatitis B and tetanus.
- **Mental health referrals for chemical dependency or psychiatric services:** "Our associates

appreciate the professional confidences they receive," says Rumann.

- **"Ask the nurse practitioner":** If someone has a health question, they can call the office and speak with one of the staff.
- **Case management.**
- **Prescription drugs through an on-site dispensary.**
- **Nurse practitioner preceptor site:** Students from the Arizona State University College of Nursing and the University of Phoenix College of Nursing have preceptorships at the facility.
- **OSHA services:** Rumann says that Barbara Goldstein, the area OSHA programs manager, (who has both a theater and a safety background) "mesmerizes people. [The employees taking her seminar] think safety is the coolest thing around."
- **Stretching programs.**
- **Multilingual services.**

Rumann says that sometimes little things can make a big difference. "When we see somebody for the first time, we often give them reusable frozen polar packs, which we keep on hand for sprains and strains," she says. "As a result, people end up taking them home, using them, and maybe taking one to work with them and eventually they end up at a picnic."

Another strategy Rumann employs, which she describes as "absolutely necessary" in a corporate practice, is three-way calling. "This is how you avoid triangulation," she explains. "What we do at the clinic visits, so that no one is confused, is that we call up the manager for the department while the associate is here. The nurse practitioner gets on the speakerphone; they discuss the condition of the associate and reassure the manager, for example, that the associate is OK. The manager might say something like, 'We're glad you're alright and we have some filing to do, and we could really use your help.' The associate is beaming because they feel needed. We further explain to them that instead of using a sick day or a vacation day for a minor injury, they can sit at work for a day or two doing something to help their department and then use the sick days and vacation days for what they were really intended to cover."

As a result, the clinic — like other hotel-based nurse programs within Marriott — has demonstrated a frequency reduction of 30% to 50%, a drop in absenteeism by 30% with case management, and a cost reduction of 20%-30%. Annualized savings return on investment is 4-to-1, or 5-to-1, depending on the nursing model utilized. "Litigated cases have decreased 30%-50% on average, and I have the lowest number of litigated cases in all of Marriott," says Rumann.

Rumann offers this advice for someone just launching an occupational health clinic: "One thing I'd encourage them to do is be persistent, keep track of their information, document their cases, how many visits and so on, and *absolutely* provide a monthly report to their manager. That way, by keeping everyone informed, they will begin to see trends when those dollar savings grow."

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Self-care techniques help reduce fatigue

Education, natural stimulants play key role

An Atlanta-based wellness consultant has created a self-care program to combat fatigue, employing a combination of natural stimulants, nutrition, education, and exercise.

Why self-care? "About 61% of the people in this country are overweight, more than 75% don't exercise on a regular basis and are not physically fit, and the lifestyle choices that American workers are making is what is primarily responsible for the high number of workers' comp claims, increasing health care utilization and double-digit rate increases on health care premiums," notes **Lewis Schiffman**, president of Atlanta Health Systems.

"Self-care is one of the answers, because it's up to the worker as an individual to make changes. It is a much better investment for an organization to allocate resources for prevention and productivity enhancement than it is to pay for medical care and the costs of an underperforming work force."

Addressing high turnover

Schiffman recently implemented his program for the Atlanta office of Quest Diagnostics, whose clinical laboratory runs 24 hours a day, testing

specimens. "They had had some issues with turnover; and when you work with night shifts, there is a higher level of fatigue and a higher risk of illness and injury," he explains.

He custom-designed the program, with the needs of both shift and day workers in mind, and taking into consideration the nature of the work they have to do. "The company has a very proactive safety program. This is physically demanding and very exacting work — there's not a lot of room for error," he says. "This is important for both getting accurate results and the workers not hurting themselves, so consistency of alertness is particularly important for this group."

The program was marketed internally, through contact with supervisors, e-mails, and posters. Of the 800 total employees, about 200 participated. "We ran the programs at different times to accommodate everyone," says Schiffman.

A one-hour program

The program itself takes about one hour. The first section involves education about fatigue. "We talked about where fatigue comes from — the most common causes," He explains. He also points out that fatigue can come from both internal and external sources — and sometimes from both.

"The two areas of greatest concern we focused on were functional low blood sugar — as opposed to clinical hypoglycemia — and sleep deprivation," Schiffman observes. "We make people aware of how eating sugary snacks, white foods such as white rice, flour, and pasta, and caffeine cause a quick burn and a quick crash, leaving people fatigued and craving more sugar."

As for sleep deprivation, he notes that one out of three people in the United States suffer from it in some form, and that the incidence of sleep deprivation is much higher among shift workers.

"Consequently, they also have higher rates of gastrointestinal problems, menstrual irregularities, weight gain, high blood pressure, and heart attacks," he says. "We also mentioned hormone imbalance and lifestyle habits — diet, exercise, and stress."

Next, Schiffman talked about how we create fatigue. This includes eating the wrong things (binging), alcohol, caffeine, and other stimulants — such as products with ephedrine, and Chinese herbs used in over-the-counter products, such as guarana and ma huang. "Other contributing factors are feeling helpless and hopeless, which can result from poorly managed stress, and seasonal affective disorder," he notes.

Schiffman then taught the workers what they could do to proactively prevent fatigue. They were informed about some natural energy boosters, which included some simple physical exercises such as stretches and a slightly aerobic activity called the Chinese swing exercise as well as cross-crawl exercises, which promote both energy and alertness. "These work both sides of the brain; for example, you may lift the right leg and left arm at the same time," he explains.

Workers were taught about natural stimulants such as ginseng, cayenne, ginger, vitamins, minerals, green food supplements such as algae, sea vegetables, barley greens and spirulina, hormone balancers, such as gamma linoleic acid, evening primrose oil, and flaxseed oil.

"If they still wanted and felt they needed something like caffeine, they were told that better choices were green tea and yerba mate — in moderation," notes Schiffman.

Drinking more water also was emphasized, as well as eating power foods such as almonds, apples, grapes, berries, papayas, mangos, peppers, and flaxseeds. Power snacks — those that contain these kinds of products and have no sugars or refined flours — also were recommended.

"We also told the workers we didn't expect them to be able to do all the things we recommended, but that even if they only did one of them, it could have a significant impact on both their energy level and their future longevity — as well as on their safety," Schiffman emphasizes.

The program was very well received, he reports. "Based on the evaluation, the employees felt it was time well spent."

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Survey shows workers paying more for benefits

Rising costs increase cost-sharing requirements

The economic slowdown and a continued sharp rise in health care costs have combined to create increased financial pressures on the nation's workers, according to a recent survey by

The Kaiser Family Foundation and the Health Research and Educational Trust, of Washington, DC.

The initiative, which surveyed 3,262 public and private firms ranging in size from three to more than 300,000 employees, yielded the following findings:

- Health care premiums increased 12.7%, the highest increase since 1990. Single premiums are now, on average, $3,600 for single coverage and $7,954 for family coverage.
- The amount employees pay for coverage has risen substantially. For single coverage, employees now pay an average of $454 per year — a 27% increase, or $95 more than the previous year. The employee share of premiums for family coverage averaged $2,084 — a 16% increase, or $283 more than the previous year.
- Deductibles for preferred provider organization in-network providers rose 37% to $276 in 2002; up from $201 last year.
- For the first time in four years, more workers experienced reduced benefits than increased benefits; 17% of covered workers are in firms that report they offered employees a lower level of health benefits than last year.

"With health costs rising rapidly and no solution on the horizon, workers can expect to pay more and get less coverage," predicted **Drew Altman**, PhD, president of the Kaiser Family Foundation, when announcing the survey results.

This trend, say observers, presents workers with a triple whammy to their health and well-being. First, seeing their employers slash benefits can be detrimental to employee morale. On the other side of the coin, the increased financial burden can be an additional stress factor for American workers. And finally, as health care premiums become prohibitive for employees, we may see a drop in health care utilization.

Even though they are at least indirectly the source of this stress, employers are not unaware of the impact it may have on employees, notes **Erin Holve**, MPH, MPP, senior policy analyst at the Kaiser Family Foundation.

"When you talk to employers about the benefit of greatest concern, they say health care," she reports. "That indicates they are probably also worried about the issue on the employees' behalf. The cost pressure is significant for them, but they probably also recognize it will not be easy for the employees."

Holve notes that employees are feeling a dual pressure because of rising premiums and higher copays. "This year, we saw that the dollar amount workers pay for premiums rose substantially. The additional burden this year for a single worker is another $100 year; and for a family, it's $300 this year — but that just represents what's coming out of their pay packet on a monthly basis," she observes. "It's really a double whammy; the worker is hit not only on the monthly premium, but when they actually use their coverage as well. The cost of physician visits in HMOs is going up, as are prescriptions, so deductibles are also going up. It's kind of a multi-part story; you're paying more, but what you get for it is actually less."

What impact might this have on utilization? "There was a large study by Rand Health Insurance about 15 years ago that demonstrated the effect of higher prices on utilization," says Holve. "This can mean an impact on when patients seek appropriate care. As costs increase, at what point will they say it's prohibitive? At some point, they will decide not to go for a follow-up or a prescription. I have significant concern that if costs continue to increase they *will* be prohibitive."

John R. Gabel, vice president for health system studies at the Health Research and Educational Trust, does not paint a hopeful picture. "Three more years of this type of inflation could bring family coverage to nearly $11,000," he predicts.

Those hit hardest, adds Holve, are the low-income workers. "If you make $50,000 and have to pay a couple hundred extra dollars, it may not affect you that much," she says. "But if you make $30,000 and you're supporting a family, it really starts to hurt. These costs can really hit people."

Other dynamics at work

Other survey findings took note of interesting dynamics at work. For example, responses indicated that benefits are becoming more confusing to employees, which could mean those benefits may not be used optimally. "Overall, more than one-third of the employers said their employees found benefits much more confusing compared with a few years ago, and 32% said they were a little more confusing," Holve reports. "I think that's due to the double-whammy cost increases, as well as having providers move in and out of networks."

Interestingly, employers also recognize that increased premiums make it harder to attract and retain employees. So far, however, that hasn't

stopped them from passing on increased health care costs. "It's still an expensive proposition to attract and retain people," she says, "and employers will have a much easier time attracting and retaining workers if they do not pass along additional costs. I'd be surprised if many employers come to this conclusion in the short term, but if this is really a driving force, then they will absolutely recognize it [in the long term]. They may ultimately return to offering these benefits, because it's a smart financial move."

Of one thing Holve is certain: You can put a lot of stock in what the employers are saying about trends in health care costs. "We have tested past predictions; this year is even more serious than they predicted," she says. "The employers said they would raise costs to employees and they actually did so, so you can believe what they say."

So what do they see down the road? "When we look at trends for the future, employers say that next year will not be a whole lot better; the outlook is a little bleak," Holve concludes.

[For more information, contact:

• ***Erin Holve**, MPH, MPP, senior policy analyst, Kaiser Family Foundation, 1450 G St., Suite 250, Washington, DC 20005. Telephone: (202) 347-5270, ext. 351.]* ■

NEWS BRIEFS

E-mail communications boost TB compliance

Christine Pionk, MS, RN, CS, solved an age-old employee health problem with a high-tech tool. She sends e-mail to communicate directly with employees and remind them of their annual tuberculosis screening.

It's a simple change, but one that has made a big difference. TB screening rates have risen from about 60% to more than 80%.

"For years we've been trying to figure out how to increase our compliance rate with TB screening," says Pionk, a nurse practitioner in employee health at the University of Michigan Health Systems in Ann Arbor.

TB compliance is a common concern. She typically sent paper reminders about TB screening to supervisors, who would then alert their staff. But the chain of communication didn't always work well and employees often failed to follow up.

Now, e-mail allows for swift notification. Even physicians are on the e-mail system. The employee health department also streamlined the process of screening follow-up. Employees can access a TB skin test form on the health system's web site and bring it to the screening. Physicians and nurses in the units can read the test within 48-72 hours, and the employees fax the documented form back to employee health.

"If there's any question, they contact us and we look at it," says Pionk. Concerns about confidentiality limit some other uses of e-mail, but she says she uses it to remind employees about influenza vaccination and post-exposure follow-up testing.

She is one of several employee health professionals who shared success stories at the conference of the Association of Occupational Health Professionals in Health Care (AOHP), held Oct. 16-19 in St. Louis.

The success stories offer a way for employee health professionals to share in the educational program of the conference, says **Beverly Smith**, RN, COHN, employee health nurse manager at Hamot Medical Center in Erie, PA, and region director and conference chair for AOHP. The personal experiences also fit into the conference theme of "Unlock the Gates to Success."

While AOHP hosted leading experts in the fields of ergonomics, regulatory compliance, and bioterrorism preparedness, the success stories offered a new perspective, Smith says.

"It's nice to hear about how people actually made some things work for them," she says. "After hearing the theory [in conference sessions], sometimes you wonder, 'How can I put that into practice?'" ▼

California passes paid family leave bill

If all things truly do start on the West Coast, then one day the entire nation may provide paid family leave. On Sept. 23, 2002, the state of California passed the nation's first comprehensive paid family leave law. The new law will provide six weeks of

paid leave to workers who take time off to care for a new child or seriously ill family member.

"We expect the California measure to lead to advances across the country," predicts **Judith L. Lichtman**, president of the Washington, DC-based National Partnership for Women & Families. "Right now, our nation's policies are badly out of synch with the needs of working families. But America is much closer to becoming a nation in which no worker has to choose between a paycheck and caring for a family member who faces a medical emergency."

Program funded by employees

The new law will give Californians partial pay when they take leave to care for a seriously ill family member or a new baby. It provides six weeks of partial pay to workers who take family leave, funded through the State Disability Insurance program. The program will be funded entirely by employees; employers will contribute nothing. The average employee payment will be less than three dollars per month. The law will become operative on Jan. 1, 2004, and benefits will be payable for leave that begins on or after July 1, 2004.

"The Family & Medical Leave Act did a tremendous amount to help working Americans take time off to care for loved ones, but too many workers cannot afford to take leave when their families need them the most," notes Lichtman. "Paid leave is the next step that America's working families urgently need."

[For more information, contact:

• ***National Partnership for Women & Families**, 1875 Connecticut Ave. N.W., Suite 710, Washington, DC 20009. Telephone: (202) 986-2600. Fax: (202) 986-2539.]* ▼

Clarification: In the story "Has corporate influence limited occ-med docs?" appearing in the October issue, we incorrectly reported that Deborah V. DiBenedetto joined ACOEM in the 1990s. She joined ACOEM this year.

Also, it was reported that fewer than 15%-20% of ACOEM corporate physicians were pure occ-med docs. The sentence should have been, "And fewer than that are full-time occ-med docs." ■

Study pushes nurse retention strategies

A study released in the September/October 2002 issue of *Health Affairs* says that approximately 120,000 RNs ages 43 or younger were either not working or are working in other fields in 2000.

The most common reasons given for working in other fields were:

- better hours;
- more rewarding work;
- better pay.

The study, which was conducted by researchers at the University of Pennsylvania School of Nursing, suggests that enhanced career ladders, better wages, flexible hours, and child care might help attract some RNs back into the work force. It also finds an increasing proportion of new RNs not working in nursing — particularly men.

(For more information, visit the publication's web site: www.healthaffairs.org.) ■

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COMING IN FUTURE ISSUES

- Case managers join forces to improve care of injured workers
- Encourage vitamin supplementation to improve employee health
- Exercises workers can do at their desks to combat repetitive motion injuries
- Smoke-free workplaces have lowered exposure to second-hand smoke
- What are the best companies to work for — and why?

AMERICAN HEALTH CONSULTANTS®

2002 SALARY SURVEY RESULTS

Occupational Health Management™

A monthly advisory for occupational health programs

Employers buffeted by shortages, economic woes

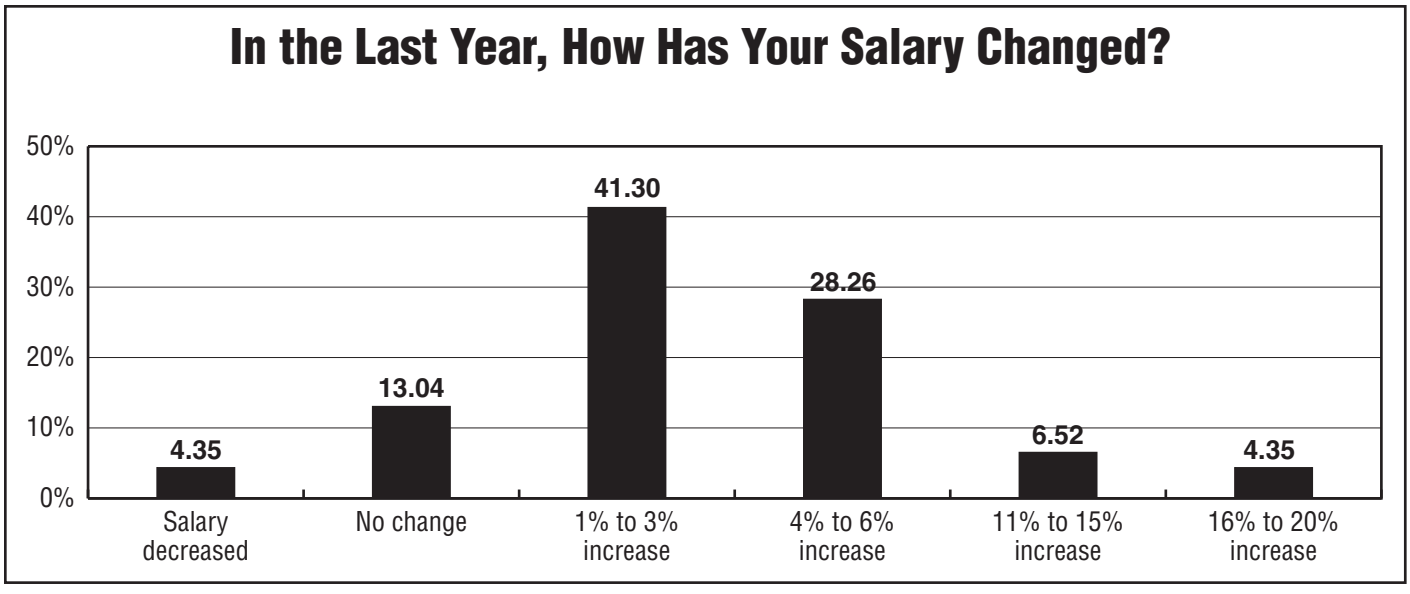
Salary increases smaller in 2002

During the past year, salaries for occupational health professionals continued to rise, although increases were not quite as large as they were in 2001, according to the 2002 *Occupational Health Management* salary survey. Experts in the field note that any increase is hard to come by in these difficult economic times.

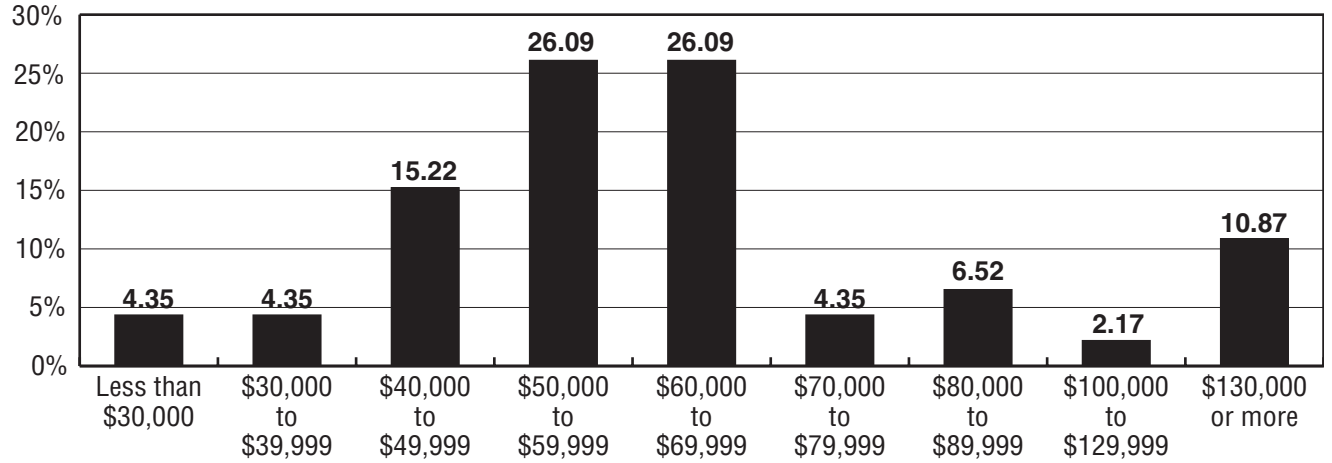
However, they add that employers are not unsympathetic to the needs of their workers, especially when they are having increased difficulty attracting and retaining talented employees. When they can't increase cash compensation, a number of employers have shown a willingness to grant more extensive benefits in noncash areas such as work/family programs and flexible scheduling. In another emerging trend, observers see occ-health professionals gravitating to higher paying positions such as case management.

OHM is pleased to provide readers with the results. Our exclusive report illustrates some of the key factors that may influence salaries and benefits among occupational health professionals.

The survey was conducted in the summer. Survey responses were tallied, analyzed and reported by American Health Consultants, publisher of *OHM.* We trust you will find the survey of value in helping you gain insight into the



What is Your Annual Gross Salary?



Salary by Position

Income	Manager Coordinator	Occupational Health Nurse	Director of Occupational Health Program	Medical Director
Less than $30,000	6.0%	0.0%	7.0%	0.0%
$30,000 to $39,999	0.0%	0.0%	0.0%	0.0%
$40,000 to $49,999	24%	67%	7.0%	0.0%
$50,000 to $59,999	29%	0.0%	33%	0.0%
$60,000 to $69,999	35%	33%	33%	0.0%
$70,000 to $79,000	6.0%	0.0%	0.0%	0.0%
$80,000 to $89,999	0.0%	0.0%	13%	0.0%
$130,000 or more	0.0%	0.0%	7.0%	100%

leading salary and compensation trends in this dynamic industry.

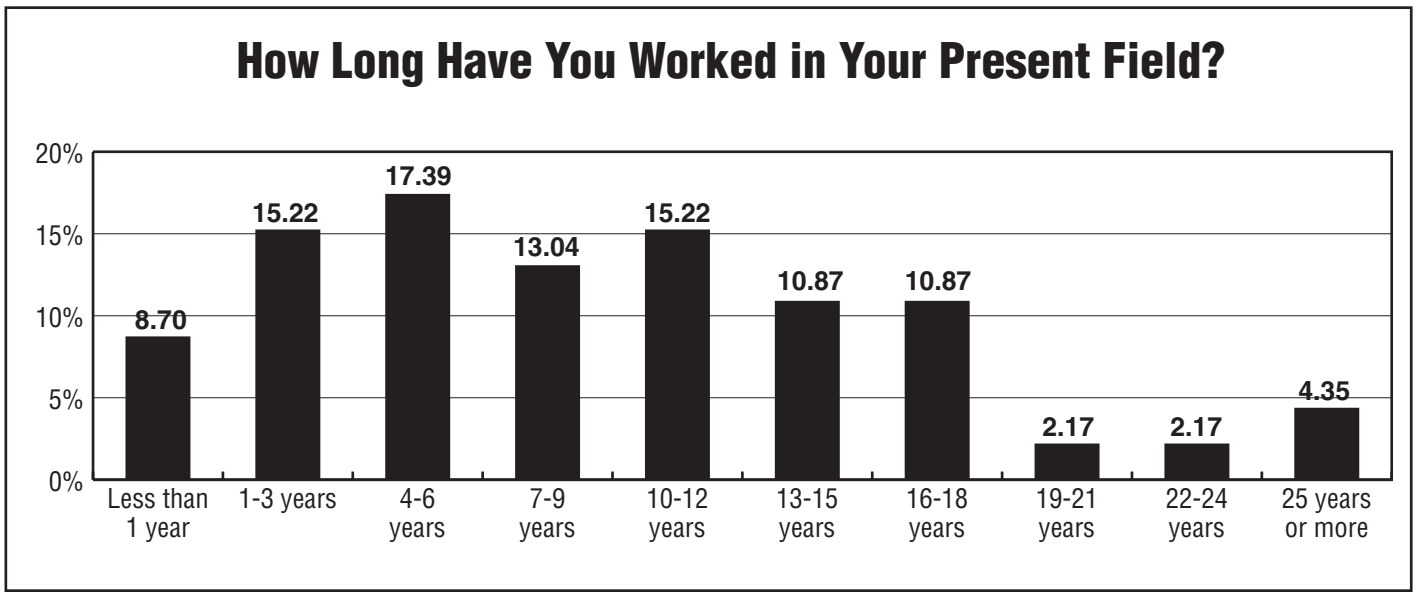
Salary increases not as generous

Responses from occupational health professionals indicate that there was a significant shift in salary increases between 2001 and 2002. In 2001, a majority of the respondents, 51.35%, reported a salary increase of between 1% and 3%. Another 27.03% reported increases ranging between 4% and 6%. A total of 13.5% of the respondents reported increases of 7% or greater.

By contrast, in 2002, only 41.30% of the respondents reported increases of between 1% and 3%; 28.26% indicated increases of between 4% and 6%. In other words, a total of only 69.56% of 2002 respondents received an increase of between 1% and 6%, compared with a total of 78.38% in 2001. And only 10.87% received increases of 7% or more.

These findings do not surprise industry observers. "Many nurses have told us their increases were basically frozen because of 9/11," notes **Annette B. Haag**, MA, RN, COHN-S/CM, president of Annette B. Haag & Associates in Simi Valley, CA. "From what we hear, they were either frozen or fell within the 1% to 3% range."

Companies don't really have the funds for big raises, adds **Deborah V. DiBenedetto**, MBA, RN, COHN-S, ABDA, president of the Atlanta-based American Association of Occupational Health Nurses (AAOHN). "The economy was very soft, and the market was unstable."



One new trend she's beginning to see is an extension of review periods. "Employers are starting to move reviews from every year to about once every 18 months," she observes. "They're delaying reviews, and maybe granting the raises a little bit later." If similar percentage raises are granted every 18 months, of course, the true annualized increase will actually be smaller.

"My sense would be that there are a handful of occupational health professionals that may be getting 4% to 6%, but the majority are getting 1% to 3% because of the economy," says **Tammy Jackson**, operations director for Occupational Health Group, a four-clinic practice in north Alabama that employs nine physicians and one nurse practitioner. "So you have to work on noncash compensation."

And that's exactly what her group is doing. "One of the things we're trying to do is be flexible — to enable people to increase their knowledge by going to school and allowing them to meet their personal needs with their families," says Jackson. "We've actually had a few physicians ask to work 32-34 hour weeks instead of 45 hours a week." In such a case, she notes, the physicians would get a decrease in salary but still maintain a lot of their benefits, such as health insurance and their 401K.

To help recruit nurses, the practice does not require night or weekend work. "We're only open from 7 a.m. to 7 p.m., Monday through Friday. Any other care is provided through our affiliate hospitals and their clinics," she explains.

Finally, Jackson says, her group works on maintaining state-of-the-art technology and keeping abreast of the latest developments. "People don't mind working harder with fewer staff as long as they are well informed and have more control over their work environment," she says. "Our staff have input and can make recommendations. Sometimes we change our practice based on feedback from people working on the front line. That's job satisfaction for a lot of people."

Job flexibility also can be a valuable benefit, adds DiBenedetto. "Other things besides cash can be very enticing," she says. "The most popular is an increase in paid time off, and more work-life balance is also huge."

Paid time away offers opportunities to attend seminars, programs or conferences. "To get five weeks off would be a coup," she says. "You could try using that as a negotiating chip."

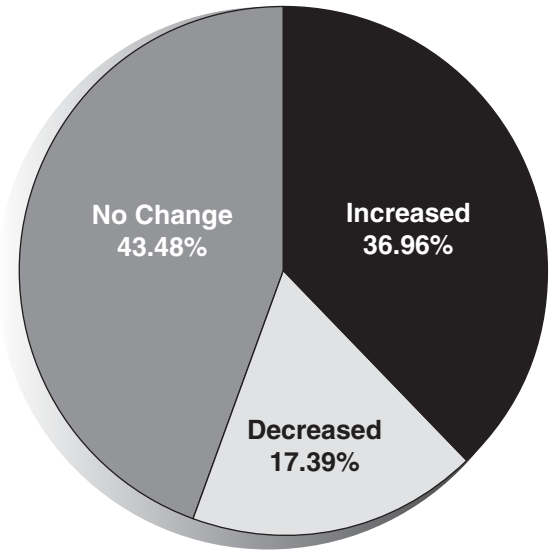
Seeking higher pay

For occupational health professionals who want to make more money, a number of professions seem to be opening up, says DiBenedetto.

"Higher-paying positions include consulting, dealing with integrated programs, competitive managed care programs, managing third-party programs, coordinating market penetration with sales and service as a third-party provider, and heading up more global and national initiatives," she observes. "People on the sales and service side can also earn additional compensation."

There is definitely a shortage in the managed care market, she continues, and occ-health nurses have always been paid more. "In managed care they are a cost center," DiBenedetto explains. "Occ-health brings money in, and that's where you will see higher increases."

She adds that case management is becoming a more popular and sought-after area, and those



In the Past 12 Months, How Has the Number of Employees in Your Company or Department Changed?

salaries tend to be higher as well.

Haag agrees. "I've seen a lot of nurses move into that area, and it is growing phenomenally," she says.

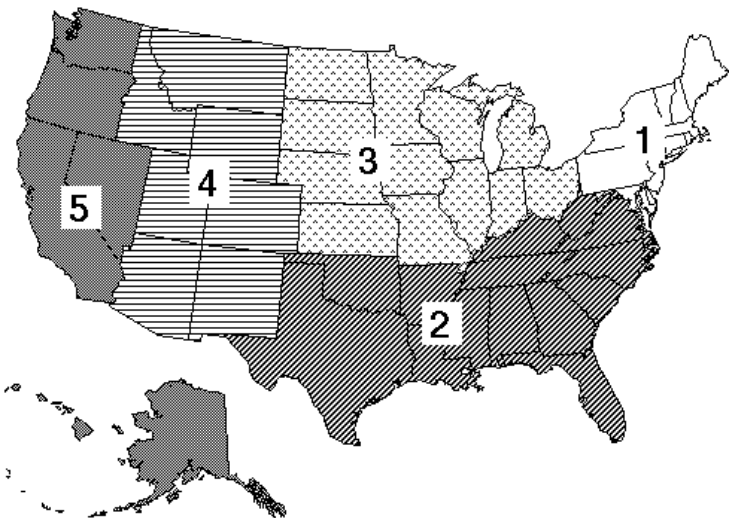
Finally, Haag notes, employers who believe they are saving money by towing the line on salaries may be fooling themselves.

"I recently met with the administrator of a hospital who said she had to increase her budget by $90,000," she reports. "Because the staff felt they were not being compensated appropriately, they decided to go to per-diem compensation, where they could choose their own hours and make more money, although without benefits. She had to change her budget because there were so many per-diem nurses. It's a shame. I would think it would be better to keep them as full-time employees."

Haag has another friend who travels worldwide and seeks out nursing talent. "It costs her about $10,000 to bring one nurse in from a foreign country," she says. "Then, they have to retrain them to sit for their RN, and the nurse has to make at least a one- or two-year commitment. Why don't we just invest the money up front to bring LPNs up to the level of RNs, and not have the problem?"

Why not, indeed? But only time will tell whether employers will begin to take a longer-term approach to the situation. ■

Where is Your Employer Located?



Region 1	**17.39%**
Region 2	**28.26%**
Region 3	**41.30%**
Region 4	**2.17%**
Region 5	**8.70%**