

Occupational Health Clinical Centers

Medical Director:

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Occupational Health Clinical Centers

- Diagnosis, treatment, and prevention of work-related illnesses
- Affiliated with Dept. of Family Medicine, SUNY's Upstate Medical University
- Three of 12 publicly funded Occupational Health Centers in statewide network
 - Adirondack, Central New York, Southern Tier

New York State's Network of Occupational Health Clinics

- With strong union support, created in 1987 by the New York State Legislature
- Funded from surcharge on Workers' Compensation premiums
- Coordinated by the NYS Dept. of Health through contracts with sponsoring institutions

Our Mission

- To identify and prevent occupational illness:
 - provide objective diagnosis of suspected work-related medical problems;
 - conduct medical screenings for groups of workers who are at increased risk of occupational illness;
 - make referrals for treatment to other medical specialists, if necessary;
 - perform industrial hygiene evaluation of workplaces of concern; and
 - provide education and prevention programs.

OHCC Function

Exposure

-Determinants:
material / amount /
duration/ how
exposed ? / controls?
-Toxicology

Medical

-History: symptoms &
work
-Physical Exam
-Testing
Diagnosis
Treatment Referral

Work Relatedness

-literature review
-strength of
association
-expert judgment

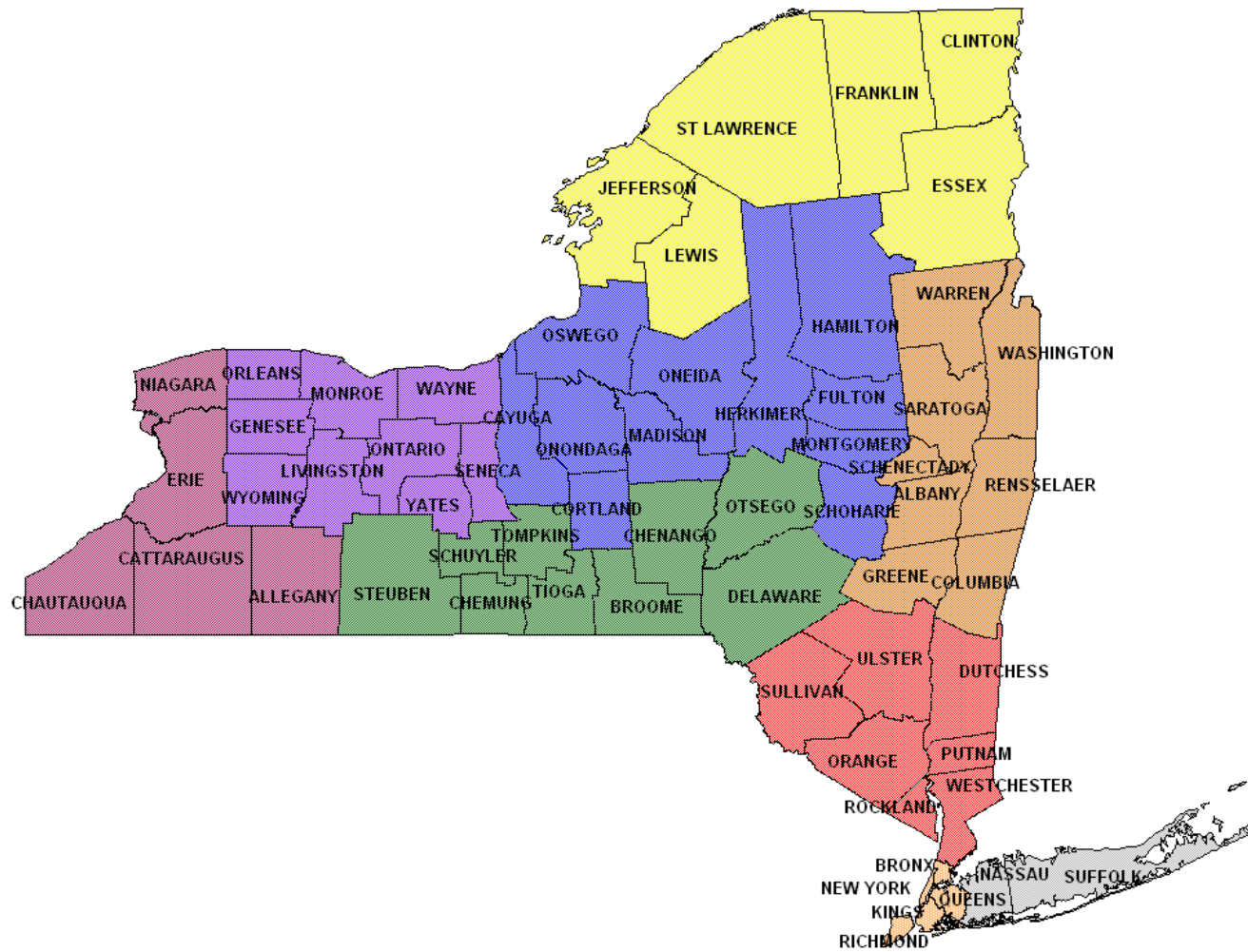
Prevention

Worksite visit
Disease Reporting
Education
Intervention

Patient Care

Treatment
Financial & Social Support





Adirondack Regional Office

COUNTIES:

Clinton

Essex

Franklin

Jefferson

Lewis

St. Lawrence



Central New York Regional Office

Cayuga

Cortland

Fulton

Hamilton

Herkimer



Madison

Oneida

Onondaga

Schoharie



Southern Tier Regional Office

Broome

Chemung

Chenango

Delaware

Otsego

Steuben

Tioga

Tompkins



Multidisciplinary Team

- All clinic directors are board-certified in Occupational Medicine
- Treatment team includes nurse case managers, industrial hygienist, social worker, nurse practitioner and occupational physician

Access to Care

- Most insurance accepted; covers sizeable portion of fee
- Largest percentage of patients come from physician referrals
- Patients can be self referred
- Sliding Fee Scale - No one turned away for inability to pay
- Every effort made to prevent cost from being barrier to service

Community Based

- Local advisory boards
- Collaborations with
 - unions
 - community groups
 - healthcare providers
 - businesses
- Services target high-risk workers

Magnitude of the Problem

- Every year tens of thousands of New Yorkers suffer from work-related diseases such as lung disease, carpal tunnel syndrome, hearing loss, pesticide poisoning and heavy metals poisoning.
- Many are not recognized

The Iceberg of Occupational Disease

Reported

Recognized as being
related to work

Medical attention
received, but
work relatedness
not recognized

***Not
reported***

Symptoms, but no medical
attention sought

Affected, but no symptoms

Patient referrals

- Suspected Occupational Disease
 - Diagnosis – causation
 - Limited treatment
 - Workplace changes
 - Advocate in Workers' Compensation
 - Disability assessment
 - Appropriate return to work

Patient referrals

- Follow-up after acute injury

- Advocacy in Workers' Compensation

Assessment of disability

- Appropriate return to work

- Workplace changes

- Sometimes, diagnosis and treatment

Consultation and Support

Questions about . . .

- Diagnosis and causation
- Exposures and exposure assessment
- Workers' Compensation (forms, medical guidelines, etc.)
- Return to work; workplace modifications

Prevention of Occupational Diseases

- Sentinel Events
- Work-site Evaluation
- Targeted Outreach
- Group Screenings of High-risk Populations
- Education
 - Workers and Unions
 - Employers
 - MD's and other Healthcare Providers