WESTERN OCCUPATIONAL AND ENVIRONMENTAL MEDICAL ASSOCIATION

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QUARTERLY NEWSLETTER • WINTER 2006

WOHC 2007!
Save the Date
October 4-6, 2007

President's Message

Craig Conlon, MD

As 2006 comes to a close, we can look back on a very productive year for WOEMA and we can look forward to a promising sequel. WOEMA has the strongest growth in membership within ACOEM. And our annual conference, WOHC, continues to grow and grow in popularity.

The Annual WOHC Conference, led by Roger Belcourt, MD, was a great success. Tahoe beautifully set the table for a wonderful slate of excellent speakers and events. Next year we move to sunny San Diego and we expect another great educational, entertaining conference. Mark your calendars for October 4-6, 2007.

The legislative committee, led by Steve Schumann, MD and Peter Swann, MD, and our legislative consultant Don Schinske, continues to penetrate the bureaucracy of Sacramento. WOEMA's voice is not only heard, but sought out by legislators at committee meetings and hearings. WOEMA officers and members are similarly involved in Hawaii, Arizona, Nevada and Utah.

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WOHC Celebrates 50 Years!

WOHC 2006 offered everything from a warm and friendly welcome reception overlooking beautiful Lake Tahoe to a "Sunset in the Sierra dinner" atop Mt. Rose at the private Tannenbaum Lodge. Mixed in with the lovely surroundings and activities were 21 hours of Category 1 CME credits. "We worked to make the 50th Anniversary of WOHC a conference you wouldn't soon forget," said WOHC 2006 conference chairman, Roger Belcourt, MD. Based on the outstanding evaluations received, it was clear that the WOHC Planning Committee achieved that goal.

Many thanks to the members of the WOHC 2006 Planning Committee

Roger Belcourt, MD, Chairman
James Boswell, DO
Kevin Byrne, MD
Craig Conlon, MD
Joseph Cummings, MD
John Gillick, MD
Robert Goldberg, MD
Walt Newman, Jr., MD
Robert Orford, MD
Bob Pandya, MD
Paul Papanek, Jr., MD
Dennis Pocekay, MD
Steve Schumann, MD
Gregg Sorensen, MD
Peter Swann, MD

WOHC 2006 was fortunate to have Roger Belcourt, MD at the helm as chair. Here he is pictured with his wife Cookie.

WOEMA members celebrated the 50th birthday of the WOHC conference. In addition to a big cake, there was a special performance by the WOHC Brothers (Peter Swann, MD, Paul Papanek, MD, Constantine Gean, MD, and Walter Newman, MD). The "WOHC-ettes" made a surprise performance and promised to be back next year for an encore.

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Presentations Available On-Line

If you missed WOHC 2006, you'll be pleased to know that the WOHC 2006 speaker presentations are available to you by download (in PDF format) from the WOEMA website: http://www.woema.org.

Thanks to Our Sponsors

For WOHC 2006, we were fortunate to have the involvement of generous sponsors allowing us to provide outstanding special events:

Cal-OSHA Reporter / Workers' Comp Executive
Sponsor of the 50th Anniversary of WOHC Welcome Reception
Thanks to J Dale Debber, creator@content.com

Concentra
Sponsor of Slot Tournament
Thanks to Carole Fleming, Senior Physician Recruiter, Employment Services, recruiting12@concentra.com and Bill Lewis, MD, VP Medical Operations, Bill_Lewis@concentra.com

Sanofi-Aventis
Sponsor of "Sunset in the Sierra dinner"
Thanks to Tim McCarthy, Employer National Account Manager, Integrated Healthcare Markets, Tim.McCarthy@sanofi-aventis.com

Sponsorship and exhibit opportunities are available for WOHC 2007. Call WOEMA at 415-927-5736 to find out more.

Planning Ahead for WOHC 2007

WOHC 2006 in Tahoe proved to be so much fun and such an interesting conference that we heard from many of the 250+ attendees that they are making plans to attend next year when WOHC is held in San Diego. If you are planning ahead like we are, next year's WOHC will be October 4-6, 2007 at Loews Coronado Bay Resort & Spa. Dr. Ellyn McIntosh, Chair, has assembled her planning committee and they are already hard at work designing the curriculum and events for 2007. If you have ideas or suggestions to pass along, you may e-mail her at: **ellyn.g.mcintosh@exxonmobil.com.**

Hotel rooms at WOHC are again expected to sell-out fast so now is a good time to make your hotel reservations at the special reduced group rate of just $199 single/double per night. Call 1-800-815-6397. Cut-off date for the reduced rate is: August 27, 2007. Or visit: www.loewshotels.com to reserve your room on-line.

Jeff Harris, MD (left) was presented the Rutherford T. Johnstone Memorial Lectures at WOHC 2006 in Tahoe. The award is presented annually to a WOEMA member who has served to advance the field of occupational medicine. Harris received the award in recognition of his work developing the ACOEM Practice Guidelines.

ACOEM President Tee Guidotti, MD (in center) after he was presented the Jean Spencer Felton Award for Excellence in Scientific Writing. From left, Paul Papanek, MD, Warner Hudson, MD, Pam Hymel, MD, Tee Guidotti, MD, Constantine Gean, MD, Craig Conlon, MD, and Jim Seward, MD.

Enoying the opening night welcome reception at WOHC are: Dinesh Govindaro, MD, Siva Ayyar, MD, Kaochoy Saechao, MD, Steve Shvartsblat, MD, and Matthew Sies, MD.

Case Studies in Utilization Review Application of Science-based Medicine

PETER SWANN, MD, FAAFP, EDITOR

Many states are incorporating utilization review into their workers compensation systems. This is the first of a series of cases examining actual physician requests in California and the responses of reviewing physicians.

Regulatory Background:
On September 22, 2005 the California Division of Workers' Compensation finalized regulations (Title 8, Div. 1, chapter 4.5, subchapt. 1, Article 5.5.1, Sec. 9792.6 et seq.) governing utilization review in the California workers' comp system.

Sec. 9792.8 states:
(a)(1) The criteria shall be consistent with the schedule for medical treatment utilization adopted pursuant to Labor Code section 5307.27. Prior to adoption of the schedule, the criteria or guidelines used in the utilization review process shall be consistent with the American College of Occupational and Environmental Medicine's (ACOEM) Practice Guidelines, Second Edition. The guidelines set forth in the ACOEM Practice Guidelines shall be presumptively correct on the issue of extent and scope of medical treatment until the effective date of the utilization schedule adopted pursuant to Labor Code section 5307.27. The presumption is rebuttable and may be controverted by a preponderance of the scientific medical evidence establishing that a variance from the guidelines is reasonably required to cure or relieve the injured worker from the effects of his or her injury.

(2) For all conditions or injuries not addressed by the ACOEM Practice Guidelines or by the official utilization schedule after adoption pursuant to Labor Code section 5307.27, authorized treatment shall be in accordance with other evidence-based medical treatment guidelines that are generally recognized by the national medical community and are scientifically based.

CASE 1:

Patient Name: Florence Nightingale

Clinical Summary: Patient with intermittent, moderate neck, upper back and upper extremity pain since being rear-ended at about 20 mph on 02/13/06. Patient has received conservative care to date, including physical therapy and medications but has not improved significantly.

Referral Reason: To determine the medical necessity of consultation with a spine surgeon and a pain management specialist, requested on 08/20/06.

Rationale: ACOEM Guidelines, chapter 7, note "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification."

The request is consistent with these guidelines.

Determination: certified for consultation with spine surgeon and pain management specialist

Criteria Utilized:
ACOEM Guidelines, 2nd Ed., 2004, Electronic Version, chapter 7.

Physician Advisor:
Leonard McCoy, MD
Chief Medical Officer, USS Enterprise

Editor's Comments: The requests for consultation were felt to be supported by Chapter 7 of the ACOEM Guidelines and so were approved.

CASE 2:

Patient Name: John Doe

Clinical Summary: Patient with ongoing intermittent low back pain with some right leg radiation since lifting at work on 07/21/05. He has improved with conservative treatment to date including physical therapy and medications though intermittent pain continues.

Referral Reason: To establish the medical necessity of an independent gym program, requested on 02/20/06.

Rationale: The ACOEM Guidelines pertain primarily to the evaluation and treatment of acute and sub acute conditions, and only generally address chronic pain. Other evidence-based resources must, therefore, be employed in decisions about medical necessity. In principle, although the Guidelines support home exercise under the direction of a medical provider, ACOEM and other standard setting entities do not promote gym membership. In a recent evidence-based review of medical literature, there was not enough evidence to support one form of exercise over another in the treatment

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Case Studies

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of back pain. Although exercise therapy was more effective than usual care by a general practitioner, equally as effective as conventional physiotherapy for chronic low back pain, and more effective than physiotherapy or chiropractic care for chronic neck pain, there is no available medical literature, guideline or other, demonstrating that gym membership for general conditioning and back related exercise is more efficacious than home exercise. Other than in the workers' compensation arena, at least historically perhaps, there are no medical insurance companies that pay for their participants' and insureds' gym memberships. The liability of authorizing a gym membership cannot be considered reasonable. Unsupervised self-treatment in a gym environment can lead to further injury that may cause progression of the condition, or to other unrelated injuries. Further, membership does not secure compliance, as nearly 90% of new members do not utilize such facilities after the first 2 weeks of membership. Finally, as there would be no direct supervision by a medical professional, the request does not constitute medical treatment.

Determination: noncertified for an independent gym program

Criteria: (1) ACOEM Guidelines, chapters 6, 8.

(2) Verhagen AP, Scholten-Peeters GGM, de Bie RA, Bierma-Zeinstra SMA. Conservative treatments for whiplash, *The Cochrane Library*, Issue 4, 2004. Chichester, UK: John Wiley & Sons.

(3) Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G; Cervical Overview Group, A Cochrane review of manipulation and mobilization for mechanical neck disorders, (Cochrane Review), *Spine*. 2004 Jul 15;29(14):1541-8.

(4) van Tulder MW, Malmivaara A, Esmail R, Koes BW. Exercise therapy for low-back pain (Cochrane Review). In: *The Cochrane Library*, Issue 4, 2004. Chichester, UK: John Wiley & Sons.

Physician Advisor:
Leonard McCoy, MD
Chief Medical Officer, USS Enterprise

Editors Comments: The request for an independent gym membership was felt to be unsupported by the ACOEM Guidelines. Other scientific evidence was then cited to support the conclusion that an independent gym membership was not medically necessary.

Comments? Questions? Email us at WOEMA@hp-assoc.com. We'd love to hear from you.

The Utilization Review Cases above, with any questions and comments, can be found on the WOEMA web site at www.woema.org. ◆

Interesting and Useful Web Sites

CONTRIBUTED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM

Gold found again in San Francisco
http://medicine.ucsf.edu/resources/guidelines/

The UCSF Primary Care Practice Guidelines Collection is a wonderful tool for the Occupational Medicine physician. It cites itself as having "Guidelines, clinical reviews, cross-cultural health, teaching. Introduction to an evidence-based medicine approach to using guidelines for the primary care physician" and they are telling the truth. Whether you are trying to write a procedure, assess the territory or just look up authoritative and organized information for clinical practice, this site is quite helpful. Clinical Content Categories, an alphabetical lookup feature and a user's guide to the medical literature focusing on the primary care provider, all make this site worth a look.

Bonus Site: Guide for Aviation Medical Examiners
http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/

The FAA has a great site that is a comprehensive Guide for Aviation Medical Examiners. Occasionally questions come up for many occupational physicians and here is a great "just-in-time" reference. Sections include Application Process and Examination Techniques which contains sections on General Information, Applicant History, Examination Techniques and Application Review. Also included is a section on Aeromedical Decision Considerations which contains Aerospace Medical Dispositions, Disease Protocols, Pharmaceuticals, Special Issuances, Substances of Dependence/Abuse, and Synopsis of Medical Standards. ◆

Drug Test SCAMS

By James E. Lessenger, MD, FACOEM

The experience of the forensic testing in the Tulare County Drug Court may be instructive to physicians in occupational medicine in how people can try to circumnavigate DOT or employment drug testing.[1] Because the Drug Court clients sign a probation agreement that allows them to be searched at the testing site, a unique data set can be retrospectively selected for evaluation.

Drug Court clients are ordered to present for testing the morning of the test by calling a phone number. A recorded phone message tells them which groups are required to test that day and those in the group must test or go to jail for a week. When they test, the clients must show photo identification, take a breathalyzer test, and give a witnessed sample. The sample is immediately examined for pH, odor, clarity, and specific gravity. If any of these tests are unacceptable, the sample is sent to the laboratory and the client is searched. A second witnessed sample is then collected and sent for analysis. If a person is caught in a drug testing scam, he or she is sentenced to prison for three to five years.

Five general categories of scams were discovered:

1. Adulteration of samples
2. Tampering with samples
3. Substitution of samples
4. Impostors
5. Bribes and threats

Adulteration is the introduction of a substance into the donor's urine in an attempt to turn a positive test negative. Most adulterants are household chemicals such as bleach, ammonia and baking soda. The three most common methods were the use of bleach soaked tampons, chemicals under the fingernails that are introduced to the sample, and taking medications such as ibuprofen that can block or overwhelm some older and unsophisticated testing systems.

Tampering is the removal of the lid of the bottle and replacing the urine with another person's urine or another substance. Tampering typically occurs after the collection has been completed and can be traced back to employees who are in collusion with the person being tested.

Substitution is the replacement of a person's urine with another person's (presumably clean) urine, a solution of chemical constituents of urine, animal urine, or substances such as water, bleach, ammonia, and chlorine. In males, the common methods of substitution are artificial bladders or penises, containers of fluid secreted in pockets, the rectum or underwear, and contraptions such as a balloon tied to a tube that is attached to the penis with superglue. Women typically secret bottles of substitute urine or fluid in their vaginas, underwear or clothing.

Impostors are persons enticed by friendship or money to take the place of the person being tested. Ironically, some of these impostors may themselves be positive for drugs.

Bribes and threats were rare among the forensic population. However, they were also seen in the population of persons presenting for DOT examinations and pre-placement employment tests. Clients who became belligerent were asked to leave and a report was made to the court.

Over the ten-year period, 140,169 tests were done on 2,171 clients. Of these, 171 clients were caught in a scam and there were 5,467 positive tests (some clients had more than one positive test, for each of which they spent a week in jail).

Most of the scams were in women and the most frequent mode was bottles hidden in their vaginas or bleach soaked tampons. Other items used by women were turkey basters, syringes, balloons, and rubber grapes in the vagina. Most of the men tried the Whizzinator ™, an artificial penis that comes in multiple sizes and skin tones. This apparatus also has an optional heater to keep the artificial urine warm. Men also tried rubber balloons hidden in their rectums, toothpaste tubes glued to the penis, and fluid-filled condoms over the penis.

Nobody is under the delusion that all the scams were detected, but it does give an indication of the various ways that a desperate person can attempt to fake a urine drug screen.[2] The key to detecting collection scams is an organization that:

1. Hires honest, quality employees.
2. Trains its employees to maintain a chain-of-custody and properly follows collection procedures.
3. Maintains a physical plant that is open, well-lit and provides protection to the collection personnel.
4. Is aggressive in demanding proper identification, removal of outer clothing, hand washing, and careful screen-

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DWC Announces Intent to Boost PTP Payments

By Don Schinske, WOEMA Lobbyist

The acting Administrative Director of California's Division of Workers' Compensation confirmed last week that DWC will start work after the turn of the year on updating the current Official Medical Fee Schedule (OMFS).

AD Carrie Nevans explained at a forum in Southern California that the Administration will pursue a schedule that is tied to Medicare and its underlying RBRVS methodology without reducing payment for procedures.

This marks the first public statement from DWC about the OMFS overhaul. However, Division officials over the past few months have been intimating to WOEMA representatives that such a course was pending. For the many WOEMA members who work as Primary Treating Physicians, the conversion would be welcome and long overdue. The disparities in reimbursement between the cognitive and procedural codes has been acknowledged by virtually all stakeholders, and was a key finding of a Lewin Group study in 2002.

Since that time, WOEMA has been actively lobbying for a new schedule that better reflects the work required under the Evaluation & Management (E & M) codes and the additional PTP reporting under the reforms of SB 899 in 2004.

WOEMA will work through its coalition of PTP organizations to advocate for a schedule that:

- Reimburses all codes at least 120% of Medicare (as of a specific date)
- Follows RBRVS methodology without being specifically pegged to the Medicare scale beyond the initial calibrating. (This will help ensure that reimbursement will not drop with reductions in Medicare.)
- Includes an additional correction for the historical undervaluation of work costs in 18 E & M codes, as identified by The Lewin Group.

The coalition proposal has already been circulated to DWC but will be formally presented when the public regulatory process begins. WOEMA will also submit the proposal for review by the California Medical Association through Legislative Chair Steve Schumann, MD, who holds a seat on the CMA's Workers' Compensation Technical Advisory Committee.

The movement on the fee schedule marks the end of a year in which WOEMA successfully helped lobby for and against several pieces of legislation.

Among the bills WOEMA supported were:

SB 162 (Ortiz) – WOEMA joined a broad coalition in supporting this bill to split off a separate Department of Public Health for California's massive Department of Health Services. The Governor signed the bill creating the new department, the mechanics of which will be determined in next year's budget process.

AB 2068 (Nava) – The Governor signed this WOEMA-supported bill, which repeals the April 2007 sunset date for predesignation of PTPs contained in SB 899.

In addition, the Governor vetoed the two bills that WOEMA requested vetoes on:

AB 2287 (Chu) – This bill would have made a set of acupuncture guidelines presumptively correct for the treatment of injured workers, as a supplement to the ACOEM Practice Guidelines. The Governor vetoed AB 2287, noting that although acupuncture was an "inadvertent deletion" from the reformed system, DWC is in the process of creating a treatment guidelines committee to recommend appropriate supplementation to ACOEM.

AB 2942 (Koretz) – This bill boosted OMFS reimbursement for inpatient burn centers. In its veto request, WOEMA argued (as it had in legislative committee) that it does not oppose increased payment for burn centers, but does oppose piecemeal fixes to OMFS. The Governor's reasoning in his veto message was similar, and he explained that he was going to defer any changes to DWC's overhaul of the entire schedule. ◆

President's Message

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On a final note, I want to thank all the many volunteers for making this year so sensational. Special thanks are not only due to the volunteer board members and committee chairs, but all the WOEMA members who took time away from work and family to join our committees and helped us reach our goals. It has been an honor to work with so many selfless individuals who are devoted to lead occupational medicine towards higher levels of ethics, education, and service.

Craig J Conlon, MD

Craig Conlon, MD
WOEMA President

News You Can Use from the Literature

Compiled By Constantine J. Gean, MD, MS, MBA, FACOEM
Vice President and Chief Medical Officer, Unum Provident

At least 88 per cent of patients whose early-stage lung cancer was detected through CT screening would survive for 10 years after the tumor was surgically removed. CT scanners were used to screen 31,567 asymptomatic persons at risk for lung cancer using low-dose CT from 1993 through 2005, and from 1994 through 2005 (27,456 were repeated in 7 to 18 months). Subjects were 40 or older and considered at risk for lung cancer due to histories of smoking, or exposure to asbestos, beryllium, uranium or radon, or secondhand smoke. 484 lung cancer diagnoses were made – 412 (85%) had clinical stage I lung cancer, and the estimated 10-year survival rate was 88% in this subgroup. Among the 302 participants with clinical stage I cancer who underwent surgical resection within one month after diagnosis, the survival rate was 92%. The authors concluded, "Annual spiral CT screening can detect lung cancer that is curable"; however, they also cautioned that more study is needed before CT scanning is broadly recommended for people at risk. [Editors note: since the early 1990s CT image resolution has greatly improved, going from only 30 images per scan to 600 and detecting tiny lesions beyond the ability of x-rays. A detailed scan delivering a low radiation dose can now be taken in one breath-hold lasting 15 to 20 seconds.] *NEJM,* 2006 Oct 26;355(17):1763-71

■ **Women who have had cosmetic breast implants are significantly more likely to commit suicide than the general population** per a study of the standardized mortality ratio (SMR) 24,558 women with breast implants and 15,893 women who underwent other plastic surgery procedures between 1974 and 1989. While overall mortality was lower among women who received breast implants relative to the general population (SMR = 0.74), higher suicide rates were observed in both the implant (SMR = 1.73) and other plastic surgery (SMR = 1.55) patients. Study excluded post-breast cancer surgery. Average age 31 years (range = 23 and 40). No differences in mortality were found between the implant and other surgeries group for any of the 20 causes of death examined. *Am J Epidemiol.* 2006 Aug 15;164(4):334-41

■ **Use of objective testing frequently missing in the diagnosis of work-related asthma and varied by by physician specialty** per a cross-sectional, descriptive, comparative evaluation conducted of 301 workers' compensation claimants with work-related asthma. Less than half of the claimants with work-related asthma (43.2%) had received an objective evaluation of pulmonary function (PFTs or testing for reversible airflow limitation). 82.9% of claimants treated by specialists received diagnostic testing vs. 20.0% those treated solely by generalists. *Ann Allergy Asthma Immunol.* 2006 Oct;97(4):546-50

■ **Moderate alcohol intake is associated with lower risk for MI** even in men already at low risk on the basis of body mass index, physical activity, smoking, and diet, per a prospective study of 8,867 men (with no major illnesses, BMI < 25, activity for 30 min/day, non-smoking, good diet - 16 yr. follow-up with evaluation every 4 years). Compared with abstention, the hazard ratios for MI were 0.98 for alcohol intake of 0.1 to 4.9 g/d, 0.59 for intake of 5.0 to 14.9 g/d, 0.38 for intake of 15.0 to 29.9 g/d, and 0.86 for intake of 30.0 g/d or more. *Arch Intern Med.* 2006 Oct 23;166(19):2145-50

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News You Can Use

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■ **Cigarette smoking increases risk while fish consumption and omega-3 fatty acid intake reduce risk of Age-Related Macular Degeneration (AMD)** per a study of 681 twins: 222 twins with AMD and 459 twins with none. Current smokers had a 1.9-fold increased risk of AMD (past smokers 1.7-fold) increased risk. Dietary omega-3 fatty intake was inversely associated with AMD (odds ratio, 0.55) comparing the highest vs. lowest quartile (seen primarily among subjects with low levels of linoleic acid intake, an omega-6 fatty acid). *Arch Ophthalmol.* 2006 Jul;124(7):995-1001

■ **Consumption of fruit and vegetable juices with high concentration of polyphenols, decreases the risk of Alzheimer's disease** in a prospective study of 1,836 Japanese Americans (dementia-free at baseline (1992-1994), followed through 2001. Subjects who drank juices at least three times per week showed hazard ratio for probable Alzheimer's disease of 0.24 vs. those who drank less than once per week (with a hazard ratio of 0.84 for those drinking juices 1 to 2 times per week). No association was observed for dietary intake of vitamins E, C, or beta-carotene or tea consumption. *Am J Med. 2006 Sep;119(9):751-9*

■ **Associations with accident proneness were assessed in a case-control study** of 1,305 male railway workers (and 1,305 controls) with occupational injuries during 1999-2000 from a railway company. A standardized questionnaire was completed by an occupational physician in the presence of the subject. Having more than one injury was associated with short service in the present job, younger age, sleep disorders, smoking, requesting a job change, physical disability and lack of physical activity. Safety training was negatively related to injury frequency. *Occup Med (Lond).* 2006 May;56(3):187-90. Epub 2006 Feb 1

■ **The U.S. Food and Drug Administration (FDA) expanded the availability of the LeadCare II Blood Lead Test System** (ESA Biosciences) by permitting widespread distribution to nontraditional laboratory sites that have a CLIA waiver certificate. The test is used to screen children and adults for harmful levels of lead using a finger stick or venous whole blood (performed while the patient is present, in as little as three minutes). Nearly 98% of the values measured were within OSHA's blood lead proficiency testing standards. Blood lead values above 10 milligrams per deciliter need to be confirmed with another laboratory method. *www.fda.gov/cdrh/oivd/leadtest-qa.html*

■ **People who are overweight (a BMI of 25.0 to 29.9) during midlife have a 20%–40% increase in the risk of death,** even if they are healthy and have never smoked, results from a prospective study in the U.S. that examined BMI in relation to the risk of death from any cause in 527,265 U.S. men and women in the NIH-AARP cohort who were 50 to 71 years old at enrollment in 1995-1996. BMI was calculated from self-reported weight and height. During 10 years through 2005, 61,317 participants (42,173 men and 19,144 women) died. Overweight status at age 50 years among those who had never smoked, increased the risk of death by 20 to 40% more than the risk among study participants who had a BMI of 23.5–24.9 at 50. *N. Engl. J. Med.* 2006;355:763–78

■ **Chronic anger in men may diminish lung function** per a prospective study of men being followed in the Veterans Affairs Normative Aging Study. Split into 2 groups, 214 men in the high-hostility group had significantly poorer lung function than the 455 men in the lower-hostility group (FEV1 89% vs. 95%; predicted forced vital capacity 92% vs. 99%). The mean age was 62 years at 1986 baseline. The more-hostile men lost a mean of 37 mL of FEV1 each year, (vs. 32 mL/yr in the less-hostile subjects). Smaller losses in forced vital capacity were seen. The mechanism is unclear, the researchers noted, but might involve inflammation triggered by chronic stress-induced hypothalamic-pituitary-adrenal axis dysregulation or by the negative influence of hostility on healthy behaviors. *Thorax.* 2006 Oct;61(10):833-4. No abstract available. ◆

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WOEMA offers a new way to find jobs. Members can post resumes and browse resumes on-line. Employers and recruiters can also advertise job opportunities. Find out about this new service by visiting www.woema.org and clicking on "Job Bank".

WOEMA 2007 Board of Directors Election

The proposed Slate for the Board of Directors was approved by the members at the Annual Business Meeting on September 15, 2006 at the Hyatt Regency Lake Tahoe during the Western Occupational Health Conference. It was mailed to WOEMA members in November and completed ballots must be returned by December 15, 2006.

Each member has the opportunity to vote by mail ballot. Contested positions will be awarded to those receiving the highest number of votes.

Chairman
Craig F. Conlon, MD, MPH

President **James P. Seward, MD, MPP**

President-Elect
Roman P. Kownacki, MD, MPH

First Vice-President
Steven C. Schumann, MD

Officers running for new terms on the Board:

Second Vice President *(one-year term)*
Paul J. Papanek, Jr., MD, MPH

Treasurer *(two-year term)*
Alan E. Randle, MD

Directors running in contested election:

(Two names receiving the most votes are elected for a three year term expiring 2009)

Leslie Israel, DO, MPH, Associate Clinical Professor, University of California Irvine, CA

Ann Dew, DO, MPH, Program Director, Occupational Medicine Residency Program Loma Linda University Medical Center, Loma Linda, CA

Sarah A. Jewell, MD, MPH, Associate Clinical Professor, UCSF/SFGH Division of Occupational and Environmental Medicine, San Francisco, CA

Paula Lenny, MD, MPH, Kaiser Permanente Occupational Health Services, Paia, Hawaii

The following will continue as Directors to complete their terms:

Patrick F. Luedtke, MD *(2007)*

Roger M. Belcourt, MD *(2007)*

Ellyn McIntosh, MD, MPH *(2008)*

Walter S. Newman, Jr., MD *(2008)*

Correction: On the election ballot mailed to members in November, 2006 there was a sentence omitted from the statement for the uncontested candidate for Treasurer, Alan E. Randle, MD. It should have read as follows:

Dr. Randle is Board Certified in Occupational Medicine and is a Fellow of ACOEM. Following 14 years of full time clinical practice in Occupation Medicine, Dr. Randle assumed administrative responsibilities as a consultant specializing in medical utilization review and medical case management. He serves as Medical Director for Professional Dynamics, Intermed, and Travelers' CA UR program, and as a medical consultant for Republic Indemnity and the Sacramento Municipal Utility District.

"Having served in the role of treasurer for WOEMA for several years, my goal is to provide continued input and oversight in the budgetary process for both WOEMA and the Western Occupational Health Conference and thereby help to maintain the financial integrity of both entities."

WOEMA Legislative Fund Contributors

Thank you to the following members who chose to support the legislative affairs efforts of WOEMA this past year:

Vernon B. Chavez, MD
D. Winston Cheshire, MD
Gerald A Coniglio, MD, FACS
Craig F. Conlon, MD
John H. Devor, MD
Andrew D. Horpeniuk, MD, MPH
Pamela A. Hymel, MD, MPH, FACOEM
Philip N. Jenkins, MD, MSPH
Roman P. Kownacki, MD, MPH
Robert J. Maurer, DO
Ellyn G. McIntosh, MD, MPH, FACOEM
Walter S. Newman, Jr., MD
Paul J. Papanek, Jr., MD, MPH
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David M. Rempel, MD, MPH, FACOEM
Steven C. Schumann, MD
James P. Seward, MD, MPP, FACOEM
Carl L. Speizer, MD
Peter D. Swann, MD, FAAFP

2006 WOHC Scholarship Recipients: Meet the Residents

Each year, WOEMA offers residents the opportunity to attend the Western Occupational Health Conference through its scholarship program. In case you didn't get a chance to meet the residents who attended WOHC, we thought we'd introduce them to you here.

Effiem T. Abbah, MD, MPH
UCSF
Dr. Abbah is a graduate of the University of Nigeria College of Medicine. Dr. Abbah completed a family medicine residency at the State University of New York's Downstate Medical Center, and received her MPH from the University of California, Berkeley. She is board certified in family medicine and is currently a 2nd-year fellow in the Division of Occupational and Environmental Medicine at the University of California, San Francisco, where she serves as Chief Resident.
effiem.abbah@ucsf.edu

Shelley Arredondo, MD, MPH
UCSF
Dr. Arredondo grew up in Southern California, in the small town of Redlands. She attended Claremont McKenna College where she majored in Chemistry and Sociology. Dr. Arredondo then attended the University of California, San Francisco Medical School and completed her MPH in Epidemiology at the University of California, Berkeley. She moved back to Southern California and completed her internship in General Surgery. Finally, Dr. Arredondo found her way back to Public Health and Preventive Medicine by starting her OEM residency at UCSF in 2006.
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Siva Ayyar, MD
UCLA
Dr. Ayyar is a former software developer. He is a 1998 graduate of the University of California and a 2004 graduate of the Texas Tech University School of Medicine. Dr. Ayyar's interests include electronic medical record keeping, disability evaluations, and pain management. A native of Austin, Texas, Dr. Ayyar is an avid Dallas Cowboy's fan.
sayyar@ucla.edu

Julie M. Fuller, MD, MCP
UC Irvine
Dr. Fuller is a 1st-year resident at UC Irvine's Occupational and Environmental Medicine Residency Program. After finishing her Master's Degree in City Planning at MIT and coursework towards a Ph.D. in City Regional Planning at UC Berkeley, Dr. Fuller decided to pursue a career in medicine. She obtained her MD from the University of Rochester School of Medicine in 1999 and completed her residency in Internal Medicine at UCI Medical Center in 2002. Dr. Fuller decided to pursue a career in Occupational and Environmental Medicine at UCI, where she is currently interested in Nanotoxiology. **neterkibbe@aol.com**

Michael Gallagher, MD, MBA
UCSF
Dr. Gallagher is a PGY 2 at the UCSF Department of Occupational Medicine. He received his BS in Manufacturing Engineering from Boston University in 1987 and worked in manufacturing and healthcare informatics for 12 years before starting medical school. Dr. Gallagher completed the combined MD/MBA program at UC Davis while continuing to consult as a data warehouse architect for LifeMasters and as Director of Informatics for a practice management company. His PGY 1 was in internal medicine at Kaiser. Dr. Gallagher's professional interests include large-scale database design for data mining, cost accounting management of new technologies, and technology transfer.
mike@gallaghermd.com

Phil Jiricko, MD
University of Utah
Dr. Jiricko completed his undergraduate degree in math at Vanderbilt University. He then completed his medical degree and Masters in Health Administration at Ohio State University. Dr. Jiricko went on to complete an internship at the University of Utah and is now a 3rd-year resident at the Rocky Mountain Center for Occupational, Environmental, and Preventive Medicine. Dr. Jiricko's research interests include musculoskeletal ultrasound.
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Meet the Residents

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Kaochoy Saechao, MD
UCLA
Dr. Saechao was drawn to Occupational Medicine to advocate for the common worker. Prior to this endeavor, he completed an internship year in Internal Medicine-Pediatrics at USC and three years of Anesthesiology at the University of Maryland. Dr. Saechao received his bachelor's from UC Berkeley and his medical degree from Dartmouth Medical School. He currently enjoys practicing Spanish in his last year of residency in Occupational Medicine at UCLA.
kaochoy@gmail.com

Matthew Sies, MD
UCLA
Dr. Sies is a 2nd year resident at UCLA. Dr Sies grew up in Oklahoma and attended medical school at the University of Oklahoma. He hopes to broaden his knowledge of occupational illness and improve his communication and physical exam skills. As a resident, Dr. Sies sees patients two days a week for Kaiser Permanente. He is also involved with a research project at UCLA studying the effects of respirators in volunteers with mild COPD.
msies@mednet.ucla.edu

Elaine A. Tonel, DO
UC Irvine
Dr. Tonel is a 2nd-year Occupational and Environmental resident at the University of California, Irvine. She is a graduate of Western University of Health Sciences in Pomona, CA. Prior to entering her Occupational Medicine residency, Dr. Tonel completed a residency in Family Medicine at the Loma Linda University Medical Center where she served as Chief Resident.
tonele@uci.edu

Gerald West, MD
UC Irvine
Dr. West completed his undergraduate degree at Morehouse College where he majored in Biology and minored in Economics. After completing his BS, he attended Meharry Medical College in Nashville, TN. Dr. West completed a 3rd-year residency at the University of California, Irvine in Internal Medicine and is currently a resident at UC Irvine in Occupational and Environmental Medicine. Dr. West became board certified in Internal Medicine in 2004. **westg@uci.edu** ◆

Drug SCAMS

Continued from page 5

ing of specimens.

[1] Lessenger JE, Roper GL. Drug Courts: A Primer for the Family Physician. *J Am Board of Family Practice* 2002;15:298-303.
[2] Lessenger JE. Drug Programs and Testing. In *Lessenger JE. Agricultural Medicine: A practical guide.* New York: Springer Verlag, 2006. ◆

Welcome New Members!

Shelley Arredondo, MD, MPH
Gurinder S. Dhindsa, MBBS
Jason P. Dupont, MD
P. L. Estacio, MD, PhD, MPH
Michael Gallagher, MD, MBA
Wendy Hughes, MS, FNP
Philip Jiricko, MD
Claudia C. Lee, MS
Charles O. Lewis III, MD
Antonio Linares, MD, FAAFP
Mikel R. Meyer, DO
Jagdish A. Patel, MD
Dean W. Shelton, MD, FACEP
Stephanie Sobczynski-Patton, DO
Sergio Szpizman, MD
Gary W. Tamkin, MD, FACEP
Richard J. Winkle, MD

Good News for Hawaii Physicians!

The Hawaii Department of Labor and Industrial Relations said it will start paying more to doctors and other medical providers who treat workers' compensation patients, starting Jan. 1. Rates for most treatments and procedures will increase by as much as 30 percent over the present reimbursement rates, although radiology treatments will drop by an average of about 9 percent. "These increases will ensure that our medical providers are paid adequately for their services and ensure that injured workers have access to prompt, quality medical treatment," said Hawaii Labor Department Director Nelson Bifitel in a statement.

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Support Our Residency Programs

WOEMA Seeks Member Assistance for Industry Rotations

WOEMA is teaming up with Occupational Medicine Residency Programs in an effort to provide support and encourage careers in the field of Occupational Medicine. If you are interested in offering your industry site for a rotation or walk-through, please contact the residency director in your area:

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