Occupational Health
Clinical Centers

Medical Director:
Michael B. Lax, M.D., M.P.H.

Director of Clinic Operations:
Rosemary Klein MS, C-ANP, COHN-S
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
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  Otsego
Chemung  Steuben
Chenango  Tioga
Delaware  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

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**Not reported**

- Medical attention received, but *work* relatedness not recognized
- 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