

Recommendation on Evaluation of Industrial Hygiene and Medical Reports in Energy Employees Occupational Illness and Compensation Claims Evaluations

Adopted November 6, 2020

Recommendation

The Board recommends that the Department develop an ongoing independent third party-based system of reasonably frequent periodic evaluation of the objectivity, quality and consistency of both the individual claim reports and the aggregate audits of program industrial hygienists and physicians. The Board also recommends that the Department implement a periodic audit of the industrial hygiene reports and the industrial hygiene review process. The results of these evaluations and analyses should be reported to the Board in a timely and systematic fashion.

Rationale

Medical reports

The EEOICP currently assesses aspects of the quality and objectivity of the contractor medical reports through a quarterly review of approximately 50 claims by the Medical Director of the Energy Employees Occupational Illness and Compensation Program (EEOICP). This is a praiseworthy effort. The findings of the Medical Director’s Audits, 2018-2019 are summarized in the table below.

Results of EEOICP Medical Director Audits of Contract Medical Consultant Reports, 2018-2019

Type of Review	2018		2019		Combined 2018-2019	
	Total No.	No. that "need improvement" (%)	Total No.	No. that "need improvement" (%)	Grand Total	No. that "need improvement" (%)
Causation	67	1 (1%)	79	0 (0%)	146	1 (0.68%)
Impairment	67	25 (37%)	71	19 (27%)	138	44 (32%)
Other*	63	12 (19%)	47	3 (6%)	110	15 (14%)
Total	197	38 (19%)	197	22 (11%)	394	60 (15%)

*Supplemental, clarification, second opinion and others

There are two notable findings in this summary of the Medical Director's Audits: 1) the near absence of errors in causation reviews, and 2) the high frequency of errors in other types of claims reviewed. Less than 1% of causation reviews but one-third of impairment reviews were found to need improvement. Based on the ABTSWH's review of a substantial number of different types of claims over the past 3 years, the paucity of errors discovered in the Medical Director's review of causation evaluations is implausible. While the Board reviewed many excellent causation analyses by contract medical consultants, it also found that more than 1% of the claims review had significant errors in the causation evaluation and decision-making. The second finding, that 32% of impairment evaluations and 14% of other claims reviews contained errors is also concerning, since the medical contractor has been performing such evaluations for numerous years and should be expected to produce reports with less than a 5% to 10% error rate. The results of claims reviews also suggest, assuming the claims audited by the Medical Director are reasonably representative, that there are likely to be a large number of claims that contain errors that go undetected. Both findings raise important questions about the validity of aspects of the claims evaluation process and support the implementation of an augmented evaluation process to ensure the quality and consistency of claims evaluations.

Industrial Hygiene Reports and Review

At present, the contractor industrial hygiene reports are reviewed on an individual basis by Federal industrial hygienists at the time that reports are submitted during the claims evaluation process. There is no periodic audit or analysis of a sample of industrial hygiene reports, such as the EEOICP Medical Director completes for contractor medical reports in his audits, to evaluate the consistency of findings or to detect any patterns of errors across industrial hygiene reports. Hence, the EEOICP has no aggregate view of the quality, consistency and objectivity of the reports provided by the industrial contractor. In addition, there does not appear to be a broad and substantive review of the decision-making entailed in the individual industrial hygiene evaluations or of industrial hygiene review process. The latter would include the following: the quality and completeness of the overall exposure information reviewed and used by the contract industrial hygienist; the quality of the exposure information in the Statements of Accepted Facts; the appropriateness of the questions directed to the industrial hygienist; and the usefulness of the industrial hygiene report in the case review by the contract medical consultant and the claims examiner. Addressing these two components of the industrial hygiene input into claims evaluation – a periodic audit and a process review – would improve confidence that this critical function in claims review reflects an appropriate level of quality, consistency, and objectivity.