IH and CMC Subcommittee
Domina, Friedman-Jimenez, Griffon, Markowitz, Sokas (chair), Vlieger, Whitley

1. Report on work to date (Sokas)

2. Results of chart review and of review of EEOIPCA phone meetings (Vlieger, Whitley, Domina)

3. Status of draft Subcommittee responses to issues raised by DOL
    - Cadmium, arsenic, TCE relationship to prostate cancer and occupational exposures and Parkinson's disease (Friedman-Jimenez)
    - Hearing loss from organic solvent exposure and diabetes related to occupational toxicant exposure (Sokas)
    - Radiation connection to glioblastoma/meningioma and non-Hodgkin's lymphoma and trichloroethylene or benzene (Griffon)
4. Query re: input of NCI and Solicitors Office into EEOICP/
5. Access to medical expertise in EEOICP policies
6. Asbestos memo 1505
7. Additional items (Vlieger):

    - Vetting of CMCs for actual experience in the field they are opining on, such as clinic hours required per year
    - Consistent queries to CMCs for claimed medical conditions by CEs
    - Use of current standardized library of medical references by CEs and CMCs for occupational illness causation
    - Review of any cases already completed by the new IH contractor

8. Next steps

<u>Recommendations</u>

1. **Policy teleconference notes should be redacted, made searchable by topic, and publicly posted.**
   Rationale: Extremely useful information about case determinations and prior guidance is available and would be of use to claimants broadly. While it is important to maintain the free exchange of information this internal mechanism allows, a thoughtful redaction to exclude claimant PII as well as material not broadly useful would allow the program

to post useful guidance. In circumstances where that guidance is less than clear (as is the case with the discussion about suicide), transparency would be even more useful.

2. **Case files should be handled in the same fashion that large medical practices currently handle electronic patient records, which is to grant password-protected access to the entire file through an electronic portal.**
   Rationale: Transparency is likely to decrease misunderstandings, alert personnel to the importance of clarity and completeness, and allow claimants to offer additional information at an earlier stage where needed. It has become standard clinical practice that the medical record belongs to the patient, and this should be true of independent examinations as well.

3. **The Department of Labor should consider re-organizing its occupational physicians into an office comparable in the organizational structure to the office of the Solicitor of Labor, with physicians organized in groups to support OSHA, MSHA, OWCP, and other units as well as to provide overarching support to DOL.**
   Rationale: The gap between the current program and the medical community reflects serious communication issues that require in house expertise; however, physicians and other health care professionals, like attorneys, face challenges when working in isolation. The Office of Occupational Medicine in OSHA is an example of how professionalism and quality can be maintained, but it would be more efficient for DOL to develop a unit that can offer the same quality service across the smaller units. Such an arrangement would allow cross-coverage and avoid the gaps that have been problematic with this program.