

Dear \_\_\_\_\_\_\_\_\_\_\_\_:

The American College of Occupational and Environmental Medicine (ACOEM) seeks your engagement in the successful incorporation of structured information regarding patients’ work in their electronic health records (EHRs).

As OEM physicians, we identify, prevent, and mitigate adverse effects of hazardous agents and conditions in the workplace and environment. ACOEM is a national medical society representing 4,000 occupational medicine physicians and other health care professionals devoted to promoting optimal health and safety of workers, workplaces, and environments. ACOEM is dedicated to improving the care and well-being of workers through science and the sharing of knowledge.

As you may be aware, EHRs have not incorporated easy approaches to documenting or retrieving an occupational history – despite clear evidence that such data can be critically important for quality care in almost any medical field.Approximately 146 million Americans are employed in the private sector and approximately 22 million Americans are employed in the public sector including federal/state/local governments. (BLS 2021,https://www.bls.gov/charts/employment-situation/employment-levels-by-industry.htm**)**. Their health can affect their ability to work safely and productively, and in turn, their jobs can affect their health. Basic knowledge of a worker’s job duties and hazards can be invaluable to all clinicians to recognize and treat work‐related conditions and prevent injury and illness in other workers. Furthermore, a clinician’s knowledge of a patient’s job duties is foundational for facilitating a prompt and safe return to work. Incorporating coded industry and occupation data (I and O) into the EHR could significantly contribute to clinical care, public health practice, and research.

In 2011, the National Institute for Occupational Safety and Health (NIOSH) commissioned the Institute of Medicine to investigate the utility and feasibility of incorporating I and O data into the general electronic health record. That report concluded that incorporating occupational information in the EHR could contribute to fully realizing the meaningful use of EHRs. (IOM (Institute of Medicine Incorporating occupational information in electronic health records: Letter report. Washington, DC: The National Academies Press 2011.)

This information could enable improved individual and population health care through better informed diagnoses, more focused treatment plans, and improved and streamlined return-to-work guidance. Additionally, occupational information in EHRs could make notifiable disease and injury reporting more efficient and allow for improved surveillance of hazards in the work environment, reduce workplace risks, and improve population health.

The report made 10 recommendations for NIOSH to pursue. In the subsequent decade, NIOSH has followed through on these recommendations and developed a framework called Occupational Data for Health {ODH) with vocabulary and how-to guides to facilitate selection of I and O as structured data. The framework also includes a Work and Health Functional Profile and interoperability templates that are included in major interoperability standards such as IHE Medical Summary. Key elements of ODH are in process for consideration for USCDI (United States Core Data for Interoperability).

The COVID-19 pandemic has highlighted how incorporating occupational information in the EHR could facilitate surveillance of working populations for early detection of outbreaks, understanding the epidemiology of transmission, and tracking vaccination status in work settings. The EHR is a primary source of data regarding patients. What is deemed “important” about patients is documented and determined by what is contained in the medical record.

To create an accurate and complete picture of our patients and improve and inform care, we ask that occupation and industry be systematically incorporated into the EHR. We recommend that I and O data be added as an extractable, analyzable field in the EHR, with a searchable vocabulary to empower a patient or clinician to quickly enter a standardized suggestion, based on the vocabulary available through ODH(available at https://phinvads.cdc.gov/vads/SearchVocab.action).

ACOEM’s Health Informatics Section would like to work with you to explore how your product could incorporate coded I and O health data in a manner that would improve the quality of care and public health.

We look forward to your reply. Please do not hesitate to contact Bill Bruce, ACOEM’s CHhief Executive Officer at 847-818-1800 with any questions.

Sincerely,



Robert M. Bourgeois, MD, MPH, FACOEM

President

ACOEM