RE: Who Cares About Paperwork?

To the Editor: The authors of Who Cares About Paperwork...? in the March, 2008, “Occupational Medicine Forum” make an excellent case for the diligent and conscientious filing by physicians of disease reports and other data with public health authorities. Nevertheless, the authors dealt with only one side of the equation.

In my years of locum tenens work in both occupational medicine and family practice, I have been involved in numerous situations where public health reporting was indicated. Far too often I have found that reporting was “easier said than done.” The facility in which I was working was unfamiliar with local reporting procedures. Nobody knew where to report locally. The local phone directly was no more helpful. Nobody had a list of reportable diseases for that jurisdiction. The local health department personnel answering the phone did not know how to take a report and did not know to whom to refer a person attempting to file a report. Public health personnel seemed indifferent to the caller, who they made readily apparent had interrupted their busy day. In one case, in a large northwestern city, I attempted to report a potential public health hazard not related to medical practice and was met with sarcasm and a tinge of hostility from the local health department representative.

Busy health care personnel with patients backing up in the waiting room do not have time to track down someone willing to take a report. Therefore, granted the importance of disease reports, it behooves each and every public health jurisdiction to streamline their reporting procedures, to publicize those procedures widely and frequently, and to train all their personnel to at least be able to direct a caller to the proper person to take the report without two or three intermediate “you need to talk to so-and-so” stops. Local phone directory listings should clearly list a number for disease reporting. Those who take reports should be trained to act interested in and appreciative of a call and should be required to present such an institutional and personal image to the public, professional, and lay. Larger jurisdictions such as states should standardize their reporting procedures and paperwork and police local jurisdictions to make certain that the procedures and paperwork are being followed.

Nor does modern technology necessarily promise to ease the process. Many Web sites are poorly designed and hard to navigate. Physicians and nurses may not have ready access to a computer terminal when they are ready to file a report. Web sites preclude completion when their routine is interrupted because some data is missing. Generally, one cannot stop in the middle of a report, then after multiple interruptions go back later to finish the report. Once one’s input has been dumped, one is not anxious to invest more time repeating his or her effort. There is, however, still the good old low tech fax machine. Even that can be a burden if the fax line at the other end is repeatedly busy. Nothing will substitute for good customer service.

It is undeniably true that initial call with the disease report may be the key to uncovering an epidemic before it explodes. That reality has been driven home, given our justified twenty-first century concerns with bioterrorism. Nevertheless, all the trained personnel with modern day statistical techniques and the computers to support them will be useless if that physician or nurse who has knowledge of the individual disease case says on the basis of past experience, “Why bother? The last time I tried I just got the run-around,” or worse.

Sincerely yours,

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Author’s Response

To the Editor: There’s no doubt: although the Centers for Disease Control has provided guidelines for telephone-based disease surveillance systems for more than 20 years, many health departments either are not aware of or have not adopted these guidelines. Recently, a study was conducted to evaluate health departments’ telephone-based disease surveillance systems. You will not be surprised that on average, it took over an hour to get the call through to an action officer. More than 40% of health departments surveyed never connected the caller with an action officer. Your anecdotes are therefore well taken.

However, I feel sure that public health agencies are not your sole source of frustration in government. Do long lines at the Driver’s License Bureau make you crazy? Is it a waste of your time just to get your picture taken? Yet what are the consequences of having an expired license? A fresh picture hardly predicts your driving...
ability. Did you file your taxes this year? These formalities, often fraught with red tape, only have repercussions on you, not the health of the community. You ask, “Why bother?” Please bother; someone out there just might be paying attention.

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The Association of Diabetes With Job Absenteeism Costs Among Obese and Morbidly Obese Workers

Dear Editors: I read with interest the article by Cawley et al.1 No doubt this is a good study with excellent recommendations. The problem is application, ie, Cawley et al. recommend that, “employers should consider weight management initiation to reduce costs.” Practically, how does the “employer” apply weight management? Is it based on the employers’ health care insurance (if provided)? Have Cawley et al. conducted a study to see how many health-medical insurance carriers would even consider such? Are Cawley et al. suggesting that the health care premium (which will probably double, if not more) be covered by employers? What mechanism do Cawley et al. suggest? In other words, the study is great academically, but should suggest mechanisms of application.

Sincerely,

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Authors’ Response

To the Editor: We read with interest the letter from Dr. Nachman Brautbar regarding our article1 “The Association of Diabetes with Job Absenteeism Costs among Obese and Morbidly Obese Workers” published in this journal in May 2008. Dr. Brautbar asks how employers can facilitate employee weight management and who would bear the cost. We thank Dr. Brautbar for his interest and we are happy to provide the requested information.

There are a variety of ways that employers can promote healthy weight among their employees. First, employers can cover programs, creating a disincentive for their implementation. Likewise, insurance companies do not reap all of the savings that result from preventive care because of turnover of their insurance pool. Finding ways to eliminate such disincentives is an important area for future research.

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