Centre for Research Expertise in Occupational Disease

Research that makes a Difference

Title	**Physician occupational disease practice survey**
Year	**2002 – 2003**
Investigators	Linn Holness, Susan Tarlo Gary Liss, Frances Silverman
CREOD Research Program	Occupational Skin Disease
Research Theme	Health Services, Early Recognition
Funder	WSIB
Product Type	Research study
Background	Work-related contact dermatitis (WRCD) is common, and many workers with WRCD suffer poor clinical and functional outcomes. Early medical intervention is critical – the longer the duration of WRCD symptoms before diagnosis, the poorer the outcome.
Study Focus (Research Question/Goals/ Methods)	Our objective was to understand practice patterns, barriers to early recognition, and educational needs for family practitioners and dermatologists in Ontario. We developed a survey (based on the literature and interviews with dermatologists and family practitioners), and then used it to survey all dermatologists (57% response rate) and a random sample of 600 family practitioners (26% response rate) in Ontario.
Key Findings	**Frequency of WRCD cases:** • >20 cases per year for almost all dermatologists • <20 cases per year for almost all family practitioners **Taking workplace exposure history:** • Routine for almost all dermatologists • Routine for just over half of family practitioners • Barriers included: lack of time and expertise (both groups) **Referral to specialists for diagnosis:** • Occurred at least some of the time for the majority of both groups • Reasons included: - Lack of necessary testing facilities (both groups) - Time constraints (both groups) - Lack of expertise (family practitioners) - Inadequate reimbursement (dermatologists) • Barriers included: Lack of timely access to specialists (both groups) **Preferred Sources of Information about WRCD (both groups):** • Continuing education conferences • Journal articles • Consultation notes from specialists • Very few listed information from professional or government organizations • Virtually none noted websites **What would make recognition and treatment of WRCD easier (both groups)?** • Improved remuneration • Easily available standard tests • Readily available and timely referral sources • Templates for asking questions during history taking • Education on how to initiate a claim • 1–800 numbers or websites for information • Better education to enable early detection and referral
Implications for Health/Labour Policy and Practice	Although the reported patient volumes are low relative to the overall volume of patients in participants' practices, they still suggest that there are more patients with WRCD than are reported to WSIB. For example, in 2005, **even this small sample of dermatologists and family practitioners**

	would have seen more patients with WRCD than the 1100 workers who filed worker's compensation claims for WRCD. This indicates that there are important gaps in the WRCD recognition and reporting system – some workers who are eligible for compensation and would benefit from targeted programs are slipping through the cracks. **Outcomes for workers with WRCD would likely improve with the introduction of:** • **Easier, faster access to expertise for WRCD diagnosis** • **Specialized centres with expertise in exposure assessment and patch testing** – a clinic that includes dermatology, occupational medicine, and occupational hygiene would be optimal. Centres should be easily accessible with clear routes for timely referral
Publication & Presentation Information	Publications • Holness DL, Tabassum S, Tarlo SM, Liss G, Silverman F. Physician occupational disease practice survey. Report to the Workplace Safety and Insurance Board, December 2005. • Tabassum S, Tarlo SM, Liss G, Silverman F, Holness DL. Practice pattens and educational assessment of Ontario respirologists (RPs) for occupational kung disease. Proceedings of the American Thoracic Society 2005;2:A443. • Tabassum S, Wasserstein D, Santos M, Urch B, Liss G, Tarlo SM, Silverman F, Holness DL. Asssessing self-rated knowledge of indoor and outdoor air pollution among general practitioners (GPs) and respirologists (RPs) in Ontario. Proceedings of the American Thoracic Society 2005;2:A443. • Holness DL, Tabassum S, Tarlo SM, Liss G, Silverman F, Manno M. Dermatologist and family physician practice patterns for occupational contact dermatitis, Australas J Dermatol 2007;48, 22-27. • Holness DL, Tabassum S, Tarlo SM, Liss G, Silverman F, Manno M. Pulmonologist and family physician practice patterns for occupational lung disease. Chest 2007;132: 1526-1531. Presentations • Tabassum S, Tarlo SM, Liss G, Silverman F, Holness DL. Practice pattens and educational assessment of Ontario respirologists (RPs) for occupational kung disease. American Thoracic Society International Meeting, San Diego, May 2005. • Tabassum S, Wasserstein D, Santos M, Urch B, Liss G, Tarlo SM, Silverman F, Holness DL. Asssessing self-rated knowledge of indoor and outdoor air pollution among general practitioners (GPs) and respirologists (RPs) in Ontario. American Thoracic Society International Meeting, San Diego, May 2005.