

## **Program Implementation**

Program implementation focuses primarily on four specific activities: outreach, medical screening exams, communications, and protection of participants' privacy:

### **1. Outreach:** Identify the potential pool of former DOE workers and notify them of FWP services

Since the inception of the FWP, DOE realized there would be challenges in locating workers to participate in the program as there is no centralized database of former DOE workers. When employee rosters, are available from employers or DOE, EHSS works closely with DOE Headquarters program offices to obtain these rosters from site contractors and field/site offices.

Many subcontractors employed workers intermittently, and these companies typically did not leave a copy of employee records with the prime contractor. Thus, the availability of a list of names of former workers (employee roster) varies greatly by site.

The FWP Projects send invitations to individuals using the last known address. When addresses are outdated or inaccurate, the FWP Projects use address-update services to obtain current contact information. The FWP Projects also periodically check the list of workers' names against the National Death Index to ensure they do not send letters of invitation to deceased individuals.

All FWP Projects use multiple outreach methods to notify eligible former DOE workers about the availability of FWP services. The primary method of outreach is direct mailings to former workers inviting them to participate in the program. The FWP Projects also conduct outreach events, e.g., public meetings, health fairs, etc., at DOE sites or in the communities near DOE facilities. All in-person outreach events took place before the onset of COVID-19; afterwards FWP Projects conducted virtual outreach events. In FY 2022, the FWP Projects participated in 376 outreach events and assisted the DOL with 6 of its outreach events. Workers also receive exit packets with program information and the hyperlinks to retiree/DOE site webpages when separating from a DOE or DOE-related site. Despite the outreach efforts, there are many reasons why former workers may not wish to participate in the FWP, including that they believe they are in good health, they are simply not interested in screening, they may harbor a mistrust of a government program.

**2. Medical Screening:** Provide medical screening exams designed to check for adverse health conditions related to occupational exposures in former workers who choose to participate in the program, including re-screen medical exams every 3 years.

#### **A. Conventional Medical Screening Exam Program**

The FWP offers conventional medical screening exams that evaluate a former employee's health as it relates to the individual's potential occupational exposure to toxic substances and hazardous conditions. The initial medical screening exam includes a physical examination and may consist of the following based on the individual's occupational exposure history:

- Chest x-ray with B reading (interpretation for occupational lung disease),
- Spirometry / Pulmonary Function Test (breathing test),
- Beryllium Lymphocyte Proliferation Test (to detect beryllium sensitization),

- Blood chemistry test,
- Urinalysis, and/or
- Audiometry (hearing test)

A team of independent physicians, specializing in occupational medicine, helped develop the FWP medical screening exam program. This protocol is periodically updated as necessary or at least every 2 years based on new research findings within the scientific/medical community. The most current update, in FY 2021, included language regarding COVID-19 related testing to the FWP examination protocol. The health conditions targeted in the medical screening exams include chronic lung diseases, lung cancer, beryllium-related disorders, hearing loss, and damage to other selected major organs that may be associated with occupational exposures. A list of exposures and medical examinations offered through the FWP is available in the medical protocol posted on the FWP Website.

Medical screening exams can identify diseases or precursor conditions at an early stage of development, often before signs and symptoms occur. Clinics can refer individuals with suspicious findings to their personal physician or a specialist for further testing, diagnosis, and treatment. The FWP is not a substitute for routine medical exams received through an individual's personal physician; however, the program provides some general health screening services that are beneficial to workers.

Before participating in the medical screening exam program, former workers must complete a medical history questionnaire and an occupational history questionnaire, either on their own or via an interviewer-conducted session. In many cases, the interviewers are former workers with knowledge of DOE sites and the type of exposures at the sites.

Participation in the FWP is voluntary, and participants can refuse any portion of the medical screening examination.

Due to the latency period (the time between the onset of exposure and the diagnosis of the disease) of occupational-related diseases, the FWP offers re-screen medical exams every 3 years after the initial medical screening exam. Rescreening medical exams improve the detection of occupational diseases, so it is essential that rescreening resume as soon as it is safe to do so. Certain medical exams may be recommended only during the initial screening exam and excluded from the re-screen exam.

In addition to identifying conditions that may have been related to workplace exposures, the FWP also provides some general health screening services. Screenings include some common non-occupational health conditions, such as diabetes (blood sugar), coronary artery disease (cholesterol), cardiovascular disease/hypertension (blood pressure), obesity, and chronic kidney dysfunction (serum creatinine levels).

The results of general health screening tests, and findings during examinations can be of great benefit to the participants. The participant's personal physician can treat many of the conditions that fall into this category, significantly improving longevity and quality of life.

## **B. Early Lung Cancer Detection Program (ELCD):**

In 2000, the FWP initiated the ELCD program to detect lung cancers at an earlier, more treatable stage using low-dose CT scans. Low-dose CT scans have proven to be better than conventional chest x-ray for the early detection of cancers when treatment is more likely to be effective at preventing death.

DOE made low-dose CT scans available to many former workers who may be at risk for occupational lung cancer because of their work for DOE. Occupational hazards, such as exposure to asbestos, ionizing radiation, silica, beryllium, and diesel exhaust, may cause or contribute to the disease. Low-dose CT scans detect abnormal cells before they can develop into cancer and find cancer at its earliest stages before it has spread.

ELCD participants are offered initial/baseline, follow-up, and annual low-dose CT scans.

If an individual's initial/baseline scan shows one or more nodules that are not highly suspicious for cancer, they were offered a follow-up scan at 3 or 6 months to determine if there have been any changes. If a nodule is suspicious for lung cancer, the participant is referred to a specialist for diagnostic evaluation.

Ongoing annual low-dose CT scans are offered if an individual's initial/baseline scan is normal. This is to determine if new nodules are present or if there are changes in previously detected nodules, which may indicate that lung cancer is present. The ELCD program is making every effort to maintain to this timeline of screening, however due to the pandemic, some screening may be delayed.

The FWP Projects currently participating in the ELCD program include WHPP, BTMed, and the University of Iowa. Other FWP Projects are exploring how to incorporate low-dose CT scans into their current protocols.

The FWP Projects continued low-dose CT scans during the pandemic because lung cancer is easiest to treat at its earliest stages. It was even more important to continue the follow-up low-dose CT scans because they are performed in response to the identification of a suspicious nodule or some other medical finding that necessitates a follow-up appointment. In FY 2022, 3,039 FWP participants received at least one low-dose CT scan. Some individuals had multiple low-dose CT scans during FY 2022 because they required a follow-up low-dose CT scan. The FWP performed a total of 3,240 low-dose CT scans in FY 2022, including 171 scans among newly enrolled program participants (baseline scans) and 3,074 annual or follow-up low-dose CT scans. Since 2000, the ELCD program has screened 15,822 eligible participants and provided 67,485 low-dose CT scans. As of the end of FY 2022, this vital component of the FWP has detected 243 lung cancers.

**3. Communicate Results:** Provide medical screening exam results to participants, as well as information concerning any conditions that may require follow-up medical care with their personal physicians or specialists and offer information regarding possible compensation for work-related illnesses.

Occupational medicine physicians review the results from the FWP medical screening exams, along with the completed medical and occupational exposure history questionnaires, to determine whether any abnormal findings exist and whether the findings may be work-related.

Participants requiring urgent medical attention for an abnormal test result are contacted immediately by phone, informed of the finding, and provided recommendations for further evaluation and treatment

by their personal physicians or a specialist. Urgent findings are also documented in a letter to the participant that is sent by overnight mail.

All participants are provided with a summary of findings, both occupational and non-occupational related, in a results letter several weeks after their examination, along with any necessary follow-up recommendations. The results letter also includes general health advice for workers, such as recommendations to quit smoking. While the FWP Projects offer medical screening exams, follow-up medical evaluation and treatment are not within the scope of the FWP.

When appropriate, the FWP Program physicians who review the medical screening exam results, include language in the results letters regarding the possibility that an identified condition may be work-related especially if the condition is known to be a potential occupational disease. The inclusion of this language, known as “causation” language, can be helpful for participants considering whether to file a claim under the EEOICPA administered by DOL. In addition, the FWP Programs provide participants with contact information in the results letters for DOL EEOICPA Resource Centers, as well as other State and Federal workers’ compensation programs when appropriate.

While participation in the DOE FWP is not required for filing an EEOICPA compensation claim, the medical results may be useful in supporting a claim by offering former DOE workers with detailed information about the possible relationship between their condition and their occupational exposure at a DOE or DOE-related site. FWP project staff, many of whom are former DOE workers, can also assist participants by providing useful site and exposure information to include in their claim packages

**4. Protect Personally Identifiable Information and Protected Health Information:** Protect the confidentiality and privacy of participants.

The confidentiality and privacy rights of former workers are not only a legal requirement, they are also crucial to establishing and maintaining credibility with the DOE former worker community. All medical information collected as part of the FWP is confidential and used only as allowed by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA). The FWP conducts all activities with the approval of the Institutional Review Boards, or Human Subjects Committees, of DOE and involved organizations. All individuals sign an informed consent and HIPAA authorization before participating. In addition, all program staff take annual privacy awareness training, and all FWP Projects have security procedures in place for the safe transmittal and storage of protected information.