WTC Health Program: Activities, Member Services, and Communication

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June 4, 2015
## Enrollment (as of May 2015)

<table>
<thead>
<tr>
<th>Enrollment Category</th>
<th>Grandfathered (61,091)</th>
<th>New Enrollees (10,851)</th>
<th>Total Enrollment (71,942*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Responder CCEs:</td>
<td>34,056</td>
<td>4,897</td>
<td>38,953</td>
</tr>
<tr>
<td>Survivors (including Reenrolls):</td>
<td>4,726</td>
<td>3,407</td>
<td>8,133</td>
</tr>
<tr>
<td>FDNY:</td>
<td>16,540</td>
<td>29</td>
<td>16,569</td>
</tr>
<tr>
<td>NPN:</td>
<td>5,769</td>
<td>2,518*</td>
<td>8,287*</td>
</tr>
<tr>
<td>Responder</td>
<td>Survivor</td>
<td>Responder</td>
<td>Survivor</td>
</tr>
<tr>
<td>5,706</td>
<td>63</td>
<td>1,954*</td>
<td>564</td>
</tr>
</tbody>
</table>

* Includes 248 Pentagon responders and 14 Shanksville, PA responders
World Trade Center Health Program
Total Member Population by 113th Congressional District
August 2014
## WTC-Related Health Conditions Treated (as of March 2015)

<table>
<thead>
<tr>
<th>Condition Category</th>
<th>Number of Members with Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>GERD</td>
<td>16,563</td>
</tr>
<tr>
<td>Chronic Rhinosinusitis</td>
<td>14,728</td>
</tr>
<tr>
<td>Asthma</td>
<td>11,473</td>
</tr>
<tr>
<td>PTSD</td>
<td>6,672</td>
</tr>
<tr>
<td>Chronic Respiratory Disorder</td>
<td>6,497</td>
</tr>
<tr>
<td>Upper Airway Hyperreactivity</td>
<td>5,797</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>2,848</td>
</tr>
<tr>
<td>WTC-exacerbated chronic obstructive pulmonary disease (COPD)</td>
<td>2,384</td>
</tr>
<tr>
<td>Chronic Laryngitis</td>
<td>2,362</td>
</tr>
<tr>
<td>Chronic Nasopharyngitis</td>
<td>1,753</td>
</tr>
</tbody>
</table>
## Cancer Certifications - 4,265 as of May 2015

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-melanoma Skin</td>
<td>926</td>
</tr>
<tr>
<td>Prostate</td>
<td>826</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>303</td>
</tr>
<tr>
<td>Melanoma of Skin</td>
<td>286</td>
</tr>
<tr>
<td>Thyroid</td>
<td>239</td>
</tr>
<tr>
<td>Lung/Bronchus</td>
<td>191</td>
</tr>
<tr>
<td>Kidney</td>
<td>184</td>
</tr>
<tr>
<td>Breast - Female</td>
<td>181</td>
</tr>
<tr>
<td>Leukemia</td>
<td>171</td>
</tr>
<tr>
<td>Colon</td>
<td>157</td>
</tr>
</tbody>
</table>
Activities of the WTC Health Program

Submission/Petition Process
• Zadroga Act, regulations, and policies and procedures
• Seven petitions received
• Addition of types of cancer to List of WTC-Related Health Condition (List)

Policy and Procedures
• Submission/Petition process
• Determination and certification
  – Latency, Time Interval, Medically Associated, Aggravation, etc.
• Cancer screening
• Workers’ compensation

http://www.cdc.gov/wtc/policies.html or http://www.cdc.gov/wtc/ppm.html
Goals of the Member Services and Communication Team

• Coordinate outreach and education activities across contractors to ensure that those who are eligible for benefits are aware of the Program and learn how to apply.

• Ensure enrollment decisions are made in accordance with Zadroga requirements and that the enrollment process is accessible, transparent and streamlined for the applicant.

• Create communication products that provide clear, cohesive, and consistent messages that are branded and identifiable as WTC Health Program.

• Manage a public facing website and call center to answer questions and provide assistance to members and the general public.

• Provide a mechanism for member concerns to be triaged directly to the Program for resolution and tracking of larger, systematic issues.

• Streamline Benefits Counseling across the WTC Health Program.
Responsibilities – Direct to Member

• Outreach

• Enrollment and Transfers

• Member Assistance

• Appeals (Enrollment and Certification)

• Retention (Implementation Phase)

• Call Center

Includes Coordination Of:
• 6 Contractors
• 7 CCEs
• .5 NIOSH Staff for Pentagon/Shanksville

Received From:
• CCE/NPN
• Third Party Advocates
• Controls
• Call Center
• WTC Inbox
• CDC INFO
Responsibilities – Communication and Indirect Member Services

- Branding
- Communication Products
- Translations
- Retention (Planning and Development Phase)
- CMEs
- Evaluation

- Web
- Social Media
- Newsletter
- Video
- Fact Sheets
- Program Collateral for Outreach (palm cards, posters, ads)
- Impact Sheets
- Member Handbook
- Research Translation
- Benefits Counseling Tools

- Program Customer Satisfaction
- Outreach Effectiveness
Benefits Counseling – What is Currently Being Done?

• Program Benefits Counseling

• Workers’ Compensation Counseling

• VCF Assistance

• External Work-Related and/or Disability Benefits Counseling

• Social Services Assistance

• Cancer Care

• Care for Non-Covered Conditions Assistance
Benefits Counseling – Where are the Gaps?

- Extent, depth of services across CCEs/NPN is not consistent. There is currently no program-wide minimum service threshold (although there is work to develop consensus on this across the CCEs/NPN).

- No program-wide, working definition of “benefits counseling.”

- No program-wide or standardized way across CCEs/NPN of letting members know that benefits counseling services are available and how to access them.

- Written materials distributed at CCEs/NPN about benefits are not consistent across sites. Also, it is not clear if/how these materials address the interface between applicable benefits systems and WTC Health Program.

- Unclear as to qualifications/credentials of staff performing benefits counseling work and what/how much they know.
Benefits Counseling – Current Recommendations

- Develop a definition of “Benefits Counseling” and agreed upon minimum service thresholds
  - Current draft definition: Benefits Counseling is a WTC Health Program service provided by a benefits counselor, social worker, or other designated staff person, who helps a member to identify the benefits he or she may be eligible for and explains how to apply for those benefits. Benefits counselors also refer members to external benefits experts as needed to help the member access benefits.

- Reinstate monthly benefits coordination conference calls

- Develop the following products:
  - Benefits counseling handbook/training manual
  - Benefits eligibility assessment tool
  - Benefits fact sheets
  - A network of benefits experts across the Program for CCE/NPN referrals, guidance and information

- Establish CCE/NPN metrics
Examples of Communication Products

The World Trade Center (WTC) Health Program was established to provide medical monitoring and treatment for rescue and recovery workers and survivors who were in the area during the September 11th attacks. The program is more than just great medicine; it includes efforts to support the community and union organizations, expand recruitment and education activities, and work towards contributions that will be made during the next two years.
Innovation in Research Dissemination

For How Long is WTC Exposure Associated with Incident Airway Obstruction?

Abstract
Respiratory disorders are associated with occupational and environmental exposures. The latency period between exposure and disease onset remains uncertain. The World Trade Center (WTC) disaster presents a unique opportunity to describe the latency period for obstructive airway disease (OAD) diagnoses. This prospective cohort study of New York City firefighters compared the latency and incidence of physician-diagnosed OAD relative to WTC exposure. Exposure was categorized by WTC actual time as high (on the morning of September 11, 2001), moderate (afternoon of September 11, 2001, or on September 12, 2001) or low (during September 12-24, 2001).

Key Words: World Trade Center; change point model; latency; obstructive airway disease; occupational exposure; rescuers/first responders

Research Questions:
For how long is WTC exposure associated with incident obstructive airway diseases? What is the magnitude of the excess risk associated with WTC exposure and incident obstructive airway diseases? Is the relationship between WTC exposure and incident obstructive airway disease limited to a single episode of obstructive airway disease?

Impact:
Conventional wisdom has been that new incident obstructive airway diseases (OAD) that is associated with environmental or occupational exposure would present weeks to months, not years, after exposure. This research in the New York Firefighter cohort found that physician-diagnosed incidence of incident OAD is associated with World Trade Center (WTC) exposure for at least five years after the exposure.
Health effects arising from the September 11 attacks

From Wikipedia, the free encyclopedia

There has been growing concern over the health effects arising from the September 11 attacks in the Financial District of Lower Manhattan. Within seconds of the collapse of the World Trade Center, building materials, electronic equipment, and furniture were pulverized and spread over the area.

In the five months following the attacks, dust from the pulverized buildings continued to fill the air of the World Trade Center site. Increasing numbers of New York residents are reporting symptoms of Ground Zero respiratory illnesses.[1]

Various health programs have arisen to deal with the ongoing health effects of the September 11 attacks. The World Trade Center Health Program, which provides testing and treatment to 9/11 responders and survivors, consolidated many of these after the James Zadroga Act became law in January 2011.[2]


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   1.2 Ground zero workers and cancer
   1.3 Judgments and statements by leading physicians

2 Ground Zero illnesses
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   2.2 Ongoing monitoring of first responders and residents' health
   2.3 3.1 August 2007 deadline for Ground Zero-related workers' compensation

3 World Trade Center Health administrators and controversies

The World Trade Center (WTC) Health Program was established by the James Zadroga 9/11 Health and Compensation Act of 2010 (Act), and is administered by the National Institute for Occupational Safety and Health (NIOSH). The Program
Questions?