

## **Black Lung Clinic Program Report**

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### **PROGRAM BACKGROUND**

The BLCP was authorized by the Federal Mine Safety and Health Act of 1977, as amended by the Black Lung Benefits Reform Act of 1977 (Pub. L. 95-239), in order to provide treatment and rehabilitation for individuals who currently or formerly worked within a coal or other mining industry and, as a result, were exposed to coal dust. It provides the authority for competitive grants to States, private, or public entities to provide the services listed below in Section A (Program Expectations and Requirements) to the population described above. Program expectations include: (1) outreach, (2) primary care (including screening, diagnosis and treatment), (3) patient and family education and counseling (including anti-smoking education), (4) patient care and coordination (including individual patient care plans for all patients and referrals as indicated), and (5) pulmonary rehabilitation. Services may be provided either directly or through formal arrangements with appropriate health care providers. The implementing regulations for the BLCP may be found at 42 CFR Part 55a.

The BLCP database is maintained on the HRSA Electronic Handbook (EHB) website. For assistance with any technical questions, please call the EHB Helpdesk. The database was developed so the same program can be used each year, with the ability to create an annual summary report of the Calendar Year for the ORHP.

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HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. HRSA EHBs are 508 compliant. IE 6.0 and above is the recommended browser. HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups. In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

## **Database Tables and Instructions**

Complete the following tables for the 2007 calendar year reporting period.

**Table 1: Age Groups**

<b>Age</b>	<b>Number of Total users</b>	<b>Number of Coal Miners</b>
Under 40		
40-59		
60-75		
Over 75		

This table tracks the program users by age group. Report the number of total users and number of coal miners by the age categories provided in the table.

**Table 2: Gender**

<b>Gender</b>	<b>Number of Total Users</b>	<b>Number of Coal Miners</b>
Male		
Female		

This table captures the gender of the project users. Report the number of total users and number of coal miners by gender.

Table 3: Ethnicity

<b>Ethnicity</b>	<b>Number of Total Users</b>	<b>Number of Coal Miners</b>
Hispanic/Latino		

Ethnicity of users is reported in Table 3. Report the number of total users that are Hispanic/Latino and the total number of miners that are Hispanic/Latino.

**Table 4: Race**

<b>Race</b>	<b>Number of Total Users</b>	<b>Number of Coal Miners</b>
African American or Black		
Asian		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaska Native		
White		
More than one race		
Unknown		

Information on Race of users is reported in Table 4. Use the categories provided to report race for total users and total miners.

**Table 5: Medical User Diagnostic Mix**

Primary Pulmonary Diagnosis	Number of Medical Users in Current Year
Black Lung (Includes patients with obstructive and restrictive impairments caused by coal mine dust exposure)	
Mining Related Lung Disease (related to mining other than coal)	
Other Occupational Lung Disease (disease not related to mining, i.e. asbestosis, occupational asthma, hypersensitivity pneumonitis, etc)	
Non-Occupational Lung Disease (disease such as COPD from tobacco, non-occupational asthma, TB, etc)	
At Risk	

*Table Instructions: Medical User Diagnostic Mix*

This table counts the number of users based on their primary pulmonary diagnosis. Each user is counted only once. Please refer to the detailed definitions for medical user.

The Black Lung category includes anyone with obstructive and restrictive impairments, with a history of coal mine dust exposure. This category also includes any railroaders or power plant workers that present with black lung as a result of their exposure to coal dust. The category for Mining Related Lung Disease includes miners in industries other than coal.

Other Occupational Lung Disease includes those individuals whose occupational lung disease is not related to coal or other mining industries.

At risk includes individuals who do not have a diagnosed pulmonary disease, but are at risk of developing one due to occupational exposure, including mining.

**Table 6: Medical User Occupation Mix**

Occupation	Number of Medical Users
Active Miner	
Former/Retired Miner	
Other Occupationally Related	
Other	

*Table Instructions: Medical User Occupation Mix*

Each user is counted only once. Please refer to the detailed definitions of a medical user.

Active Miner includes anyone who is currently employed or working in the coal mining industry.

Former/Retired Miner includes anyone who has worked in the coal mining industry at any point in his/her life.

Other Occupationally Related includes anyone whose none-coal mine employment contributed to their pulmonary disease or who is at risk for pulmonary disease due to occupational exposure that is not related to coal mine dust.

Other includes those individuals who do not have occupation related lung disease and are not at risk for occupational lung disease.

**Table 7: Level of Disability**

	<b>Level I</b>	<b>Level II</b>	<b>Level III</b>	<b>Level IV</b>	<b>Level V</b>
Black Lung					
Occupational Lung Disease					
Non Occupational Lung Disease					
At Risk					

*Table Instructions: Level of Disability*

This table tracks the disability level by disability type for program users. This tests the forced expiratory volume (FEV) for pulmonary function. This table does not have to include all medical users at the clinic, just those that have been leveled.

The following definitions should aid in populating the correct information in this table:

Disability Level I – FEV1 80% or greater

Disability Level II – FEV1 60-80% or greater

Disability Level III – FEV1 less than 60% but usually greater than 40%

Disability Level IV – FEV1 40% or less of predicted

Disability Level V – Homebound

At Risk –Does not meet any level requirements, but is at risk for developing Black Lung disease

**Table 8: Encounters**

<b>Encounter type</b>	<b>Number of Encounters Total</b>	<b>Number of Encounters to Miners</b>	<b>Number of Encounters to Users with Black Lung</b>
Medical Encounter			
Non-Medical Encounter			
Benefits Counseling			

*Table Instructions: Encounters*

Please refer to the detailed definitions for the medical encounter.

For this table you will count the total number of encounters and the number of encounters to coal miners. The total count will include the coal miner encounters.

Medical encounters to Users with Black Lung disease is a performance measure. This tracks all medical encounters provided to patients with a diagnosis of black lung. Benefits counseling encounters can take place face-to-face or over the phone. A benefits encounter is one in which a benefits counselor provides the client with appropriate information regarding legal, social, and medical assistance programs. A benefits counselor assists in filling out application documents, explaining the process, and advising patients where they can obtain legal representation specifically for Federal Black Lung Claims.

**Table 9:** Project Revenues

<b>Project Revenues</b>					
For Period Beginning:			And Ending:		
Federal Black Lung Grant		3 <sup>rd</sup> Party-Medicare		3 <sup>rd</sup> Party-UMW Benefits	
State Funding		3 <sup>rd</sup> Party-Medicaid		3 <sup>rd</sup> Party-Other Insurance	
3 <sup>rd</sup> Party-Dept of Labor				Patient Revenues	
		<b>Total Revenue:</b>			

*Table Instructions: Project Revenues*

Input the amount of funding associated with the Black Lung Clinics Program Activities. This includes the federal grant award amount and all other Federal, State, patient and third party sources.

## Detailed Definitions for Medical User and Encounters

**Definition of a Medical User:** Users are individuals who have at least one encounter during the year, as defined below. All individuals who make at least one encounter during the year are within the scope of activities supported by the Black Lung Clinics grant. For each Grant Report, users include individuals who make at least one encounter during the year within the scope of project activities supported by the specific BLCP grant. Medical Users never include individuals who only have encounters such as outreach, community education services, and other types of community-based services not documented on an individual basis. Also, persons who only receive services from large scale efforts such as a mass immunization program, screening programs, and health fairs are not users.

**Definitions of Medical Encounter:** Encounters are defined to include a documented, face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented. To meet the criterion for “documentation,” the service (and associated patient information) must be recorded in written form. The patient record does not have to be a full and complete health record in order to meet this criterion if a patient receives only minimal services and is not likely to return to the health center. For example, if an individual receives services on an emergency basis and these services are documented, the encounter criteria are met even though a complete health record is not created.

Mass screenings at health fairs or mass immunizations do not result in encounters.

An encounter may take place in the health center or at any other location in which project-supported activities are carried out. Examples of other locations include mobile vans, hospitals, patient’ homes, schools, and extended care facilities. A provider may not generate more than one inpatient encounter per patient per day.

A patient may only have one medical encounter per day. However, a patient could have a medical encounter, a non-medical encounter, a benefits counseling encounter and an outreach encounter in the same day.

The encounter criteria are not met in the following circumstances: (1) When a provider participates in a community meeting or group session that is not designed to provide health services. Examples of such activities include information sessions for prospective users, health presentations to community groups and information presentations about available health services at the center. (2) When the only health services provided is part of a large-scale effort, such as a mass immunization program, screening program, or community-wide service program (e.g., health fair). (3) When a provider is primarily conducting outreach and/or group education sessions, not providing direct services.

## **Encounter Definitions Specific to BLCP Activities**

### **Non Medical Encounters:**

Casefinding

Non medical Outreach (including health fairs, blood pressure checks)

Immunization Campaigns

Education:

General health education

Smoking cessation information when it doesn't involve an individualized treatment plan,

Anatomy and physiology as they pertain to pneumoconiosis and other disease processes

*Any activities that you provide that are not listed under medical encounters should be counted as non medical encounters*

### **Medical Encounters:**

#### **Screenings:**

Medical Outreach (for example PFTs)

Medical History

Occupational History

Physical Exam

Pulmonary function test

Spirometry

Lung volume

Diffusion capacity

Flow-Volume loop

Nebulizer treatment

Audiometry/Hearing test

EKG/Holter Monitor

Other general preventive screenings for hypertension, diabetes, prostate, colon, etc.

#### **Diagnostic Tests:**

Advanced Pulm testing

Resting and exercise arterial blood gases

Metabolic cart

Computerized tomography

Bronchoscopy

Ventilation/Perfusion Lung Scanning

Pulmonary Angiography

Thoracentesis

Pleural biopsy  
Chest Radiography

**Treatment:**

Development of treatment plan  
Chest physiotherapy (chest percussion, postural drainage)  
Pulmonary Rehabilitation  
    Strength and weight training  
    Pulmonary stress test  
    Pulse oximetry  
Training on:  
    Medication (aerosolized medication)  
    Efficient breathing techniques including pursed lip breathing  
    Energy conservation, weight control and physical conditioning  
    Bronchial hygiene (chest percussion, postural breathing, etc)  
    Exercise Therapy  
    Relaxation Techniques  
    Smoking Cessation (if involves individualized treatment and plan)  
    Use and maintenance of home breathing equipment including home  
        oxygen therapy and home nebulizers  
    Warning symptoms of disease exacerbations and where and when to report  
        for medical intervention  
    How to reduce and avoid environmental irritants

**Medical User:**

A user is counted as any individual who has received at least one medical encounter during the course of the calendar year.

**Provider Type:**

Physician  
Nurse  
PA  
NP  
Patient care coordinator (usually professional nurse)  
Respiratory therapist  
X-ray technician  
Lab Tech