

Attachment 13 –

Sample letters to each physician reporting on outcomes of the B Reader Examinations

JAMES Q SMITH
PO BOX 45
ANYWHERE, WV 26434

Dear Doctor:

You recently took the NIOSH proficiency examination for interpreting radiographs for occupational lung diseases. I am pleased to inform you that your score was sufficient for you to be certified by NIOSH as a B Reader. A copy of your examination report and your certificate are enclosed. Certification will remain in effect through the time period noted (four years from date of examination).

As a success examinee, your name and contact information will be listed on the CDC Internet. You will be notified of the availability and times of the recertification examination prior to the expiration of your current certification.

If you interpret and classify chest radiographs under a NIOSH-approved coal mine operator plan for the Coal Workers' Health Surveillance Program (CWHSP), you should make sure to read the regulations governing that Program very carefully (42 CFR Part 37). They are available at the following website:

<http://www.ecfr.gov/cgi-bin/text-idx?SID=78267829dd6935b5d1e3cb372d39e65f&node=42:1.0.1.3.21&rgn=div5>

Several key responsibilities concerning CWHSP radiographs are:

1. Only radiographs of coal miners made in compliance with CWHSP regulations should be sent to NIOSH.
2. Radiographic findings, occupational history, and any other health-related information obtained about a miner for the CWHSP after they begin employment at a coal mine are not to be disclosed in a manner which will permit identification of the miner. The only exceptions to this disclosure are your reports to this office, to the miner, and to the miner's designated personal physician.
3. There is a strict prohibition against making duplicate radiographs under the CWHSP. "Retakes" may be done only to replace a substandard radiograph, and all substandard radiographs are to be sent to NIOSH for destruction. The prohibition against duplicates also extends to making copies.
4. If you are included on an approved coal mine operator plan as a first reader, you will be the first physician to interpret the radiograph. As such, in addition to completing the Chest Radiographic Classification Form, you also must contact the miner directly of any findings, other than pneumoconiosis, which you consider to be of immediate clinical significance. The date of your notification must be recorded on the Chest Radiographic Classification Form under Section 4E.

If you interpret and classify radiographs for other purposes or programs (non-CWHSP), please be mindful that recognition of pneumoconiosis can provide an opportunity for preventive interventions, not only for the affected worker but also for the associated industry, process, agent, or workplace. Physicians and other health care providers are encouraged, and in some states required, to notify their state of diagnosed or suspected cases of pneumoconiosis. A chest radiograph classified or otherwise interpreted as consistent with pneumoconiosis is often considered sufficient evidence to require reporting. If you are not already aware of your state reporting requirements, you should contact your state to be apprised of any reporting requirements that are required. I also recommend that you advise individuals who have requested classifications from you (e.g., professional colleagues or administrators of medical surveillance programs) about their possible reporting responsibilities.

The staff at NIOSH appreciates your interest in occupational health issues, and encourages you to review the guidance provided at our web site: <http://www.cdc.gov/niosh/topics/chestradiography/>. If you have any questions, please do not hesitate to contact this office. We will be pleased to assist in any way possible.

Sincerely,

Jennifer L. Eddy
Health Assessment Specialist
Coal Workers' Health Surveillance Program
Surveillance Branch
Respiratory Health Division

Certification period: 03/01/2015 to 02/28/2019

JACK Q ADAMS
34 MOTHER GOOSE LANE
GRIM, WV 23212

Dear Doctor:

The NIOSH proficiency examination for interpreting radiographs for lung diseases, in which you recently participated, has been graded. I am sorry to inform you that you did not receive a passing score. A copy of the examination report is enclosed. The results of your examination have no bearing on any existing authorization as an A Reader or on any application you may make to become an A Reader.

Based on our current policy, you may repeat the proficiency examination 90 days after the date of your last try. This examination is available once a month at our Morgantown, West Virginia, facility. A copy of the examination schedule is enclosed.

It is recommended that you request and review the NIOSH Home Study Syllabus before attempting the examination again. The syllabus is available on a first-come first-served basis. Please contact me to request the syllabus, to schedule an examination, or if I can be of assistance with any other aspect of the NIOSH program.

The staff at NIOSH appreciates your interest in occupational health issues, and encourages you to review the guidance provided at our web site: <http://www.cdc.gov/niosh/topics/chestradiography/>. If you have any questions, please do not hesitate to contact this office. We will be pleased to assist in any way possible.

Sincerely,

Jennifer L. Eddy
Health Assessment Specialist
Coal Workers' Health Surveillance Program
Surveillance Branch
Respiratory Health Division

JOHN P. TAYLOR
654 WEST GOOSE LANE
GRIM, WV 23212

Dear Doctor:

You recently took the NIOSH proficiency examination for recertification as a B Reader. I am pleased to inform you that your score was sufficient for you to be recertified by NIOSH as a B Reader. A copy of your examination report and your certificate are enclosed. Certification will remain in effect through the time period noted (four years from date of examination).

As requested, your name and contact information will not be listed on the CDC Internet. You will be notified of the availability and times of the recertification examination prior to the expiration of your current certification.

If you interpret and classify chest radiographs under a NIOSH-approved coal mine operator plan for the Coal Workers' Health Surveillance Program (CWHSP), you should make sure to read the regulations governing that Program very carefully (42 CFR Part 37). They are available at the following website:

<http://www.ecfr.gov/cgi-bin/text-idx?SID=78267829dd6935b5d1e3cb372d39e65f&node=42:1.0.1.3.21&rgn=div5>

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2. Radiographic findings, occupational history, and any other health-related information obtained about a miner for the CWHSP after they begin employment at a coal mine are not to be disclosed in a manner which will permit identification of the miner. The only exceptions to this disclosure are your reports to this office, to the miner, and to the miner's designated personal physician.
3. There is a strict prohibition against making duplicate radiographs under the CWHSP. "Retakes" may be done only to replace a substandard radiograph, and all substandard radiographs are to be sent to NIOSH for destruction. The prohibition against duplicates also extends to making copies.
4. If you are included on an approved coal mine operator plan as a first reader, you will be the first physician to interpret the radiograph. As such, in addition to completing the Chest Radiographic Classification Form, you also must contact the miner directly of any findings, other than pneumoconiosis, which you consider to be of immediate clinical significance. The date of your notification must be recorded on the Chest Radiographic Classification Form under Section 4E.

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worker but also for the associated industry, process, agent, or workplace. Physicians and other health care providers are encouraged, and in some states required, to notify their state of diagnosed or suspected cases of pneumoconiosis. A chest radiograph classified or otherwise interpreted as consistent with pneumoconiosis is often considered sufficient evidence to require reporting. If you are not already aware of your state reporting requirements, you should contact your state to be apprised of any reporting requirements that are required. I also recommend that you advise individuals who have requested classifications from you (e.g., professional colleagues or administrators of medical surveillance programs) about their possible reporting responsibilities.

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Sincerely,

Jennifer L. Eddy
Health Assessment Specialist
Coal Workers' Health Surveillance Program
Surveillance Branch
Respiratory Health Division

Certification period: 05/01/2015 to 04/30/2019.

GREGORY A. NIMBLE
PO BOX 54
ANYWHERE, WY 45432

Dear Doctor:

The NIOSH proficiency examination for recertification as a NIOSH B Reader, in which you recently participated, has been graded. I am sorry to inform you that you did not receive a passing score. A copy of the examination report is enclosed.

On 02/28/2015, your current certification expires and your name will be removed from the CDC Internet listing of NIOSH-certified B Readers. The results of your examination have no bearing on any existing approval you may have as an A Reader or on any application you may make to become an A Reader.

We encourage you to reapply for B Reader certification by repeating the B Reader initial examination. This examination is available once a month at our Morgantown, West Virginia, facility. A copy of the examination schedule is enclosed. Based on our current policy, you may take the examination as soon as you wish.

It is recommended that you request and review the NIOSH Home Study Syllabus before attempting the examination again. The syllabus is available on a first-come first-served basis. Please contact me to request the syllabus, to schedule an examination, or if I can be of assistance with any other aspect of the NIOSH program.

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Sincerely,

Jennifer L. Eddy
Health Assessment Specialist
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