Dear Jacqueline,

Thank you for sending me this information and allowing me to offer my views on these guidelines for the Commission.

I am unclear who the Commission intends the audience to be for these guidelines. This recitation of pulmonary treatment and diagnostic standards, as outlined in its current form, may be too detailed for a general physician. A pulmonologist would already be familiar with this data as it is a portion of our training. The published guidelines for asthma and COPD have been well reproduced here.

If a diligent clinician who is untrained in the field of pulmonary medicine uses these guidelines, treatment of injured workers may be improved. I feel certain that in some instances the guidelines will assist the meticulous clinician in the treatment of his or her ill or injured patients, but I am uncertain that they will assist in the processing of claims or make that practice more efficient or cost effective.

The guidelines do cover many diseases that affect the lungs, however there is little information on occupational asthma, how to make that diagnosis, what substances are most likely to cause it or how it proceeds over time. There is no mention of the entity "Reactive Airways Dysfunction Syndrome", or how that diagnosis is properly made. This is the most common manifestation of industrially related asthma. There is also no mention of coal workers' pneumoconiosis (also known as "Black Lung Disease") or Silicosis, or the methodology required to make those diagnoses. These are common occupationally related lung diseases. There is no mention of trauma-related pulmonary embolism, rib fractures, pneumothorax or vocal cord dysfunction. There is minimal reference to mesothelioma. The inclusion of such information would be most useful to a non-pulmonary trained physician.

Thank you again for considering my views on these guidelines. I am always pleased to assist the Commission in helping Arizona's ill or injured workers receive the help they may need.

Sincerely,

Gerald F. Schwartzberg, M.D., FACP, FCCP