

Programmatic Considerations for Making Decisions about Sample Size Targets and Targeting Workers for RETAIN

The primary goal of RETAIN state programs during Phase 1 is to successfully develop and implement a pilot program while planning and taking into account programmatic and evaluation considerations for a Phase 2 expansion. During Phase 1, it is critical to ensure that your program is launched, meets the core RETAIN programmatic service requirements, and is able to recruit, enroll, and retain sufficient numbers of worker participants who are likely to benefit from the program until they either return to work or are referred to additional services beyond RETAIN.

Focus on providing RETAIN services to the workers assigned to the “treatment” group to the best of your ability while making sure that the “control” or comparison group does not receive the same services. Achieving these goals are critical to your success!

It is also important to assess the implications of program and evaluation design decisions during Phase 1 on the ability of your program to succeed in Phase 2 – both from a programmatic and evaluation perspective.

This document outlines programmatic considerations and approaches for:

1) Meeting sample size targets for Phase 1 and planning for Phase 2

2) Designing effective targeting to recruit and enroll workers most likely to benefit from RETAIN

Key Takeaways

- Once your “target” population of worker participants is identified, aim to increase recruitment and enrollment as much as realistically possible, while accounting for funding and program implementation considerations.
- Consider any additional targeting/screening within your target population. Targeting that increases the number of participants that are likely to benefit from RETAIN will improve statistical power, but it also has some constraints.
- Any targeting, beyond what is currently planned, should be carefully reviewed to ensure the screening criteria targets workers likely to benefit from RETAIN and are 1) not overly restrictive, 2) do not place undue administrative burdens on RETAIN service providers, and 3) are as simple as possible.
- Set target referral timeline guidelines that identify workers appropriate for early intervention stay-at-work/return-to-work services through your RETAIN program.
- Identify and exclude workers that only require medical care without any need for additional RETAIN services because it will improve your program’s evaluability.
- Monitor enrollment and outcomes using CQI strategies throughout Phase 1 to determine if additional targeting will benefit your program.

RETAIN Technical Assistance from AIR is available to provide support

There are several ways in which your AIR TA liaison can assist you to address potential challenges and concerns with the recruitment, enrollment and retention of your program participants until they return to work or are referred to additional services. These include:

- Helping to develop recruitment, enrollment, and participant retention monitoring tools
- Serving as a thought partner for increasing the referral pipeline, addressing barriers to participation, and revising recruitment and enrollment strategies
- Connecting you with Subject Matter Experts who can provide support around participant and/or employer engagement and help you address barriers to participation
- Helping you to develop tools or resources to make the process easier for health care providers to implement
- Helping you to revise or expand your communication strategy
- Reviewing and helping you to refine your CQI process around recruitment, enrollment, and participant retention

Inform your TA liaison of challenges as they arise and they will work with you to address these issues in a timely manner.

1. Meeting Sample Size Targets

A critical component of your Phase 1 pilot and planning for Phase 2 is ensuring that there are sufficient recruitment pipelines for worker participants, that enough workers that are recruited agree to participate in RETAIN, and that those participants remain in the program until they either return to work or are referred to additional services.¹ Achieving these goals will help set you up for success.

It is necessary to monitor recruitment, enrollment, and retention outcomes and refine strategies while being cognizant of meeting Phase 1 sample size targets and opportunities that may be utilized during Phase 2.

Increasing recruitment and enrollment as much as possible among your “target” population of workers, while accounting for funding and program considerations, will benefit program implementation and evaluation.

Recruiting and enrolling as many participants as possible among your target population of workers, and within budgetary restrictions, will benefit program implementation through repetition and Continuous Quality Improvement (CQI) to identify shortcomings and areas for improvement.

One challenge will be determining whether your “target” population is appropriate for RETAIN and is likely to benefit from RETAIN services. Increasing sample size targets among your target population of workers for Phase 2 will likely improve program evaluability because a higher sample size of appropriately “targeted” participants increases the chances that the evaluator will be able to identify program impacts. However,

¹ We refer to “recruiting” as identifying and referring workers appropriate for RETAIN to the program and “enrolling” as the referred workers giving informed consent and agreeing to participate in RETAIN (whether the worker ends up receiving RETAIN services in the treatment group or is included in the control group that does not receive services).

including workers who are not likely to benefit from RETAIN services can reduce the evaluability of your program, rather than increase it. More information on targeting workers that are likely to benefit from RETAIN is provided in Section 2.

To plan for Phase 2, develop a target sample size based on your available budget. You should then consult with the program and evaluation team, to assess tradeoffs of whether further targeting through screening (described in Section 2) could be of benefit. The evaluation team (SSA/Mathematica) can offer guidance about how additional targeting might affect the evaluation (e.g., Minimum Detectable Impacts). The program team (DOL/AIR) can offer guidance about programmatic elements of targeting (e.g., which screening/targeting tools are available and are best suited to achieving your program goals).

Strategies to Address Recruitment, Enrollment, and Retention Challenges

Recruiting, enrolling, and retaining participants is challenging, and your program may run into some barriers. The table below highlights potential challenges as well as strategies to overcome these challenges.

Potential Challenge or Concern	Potential Strategies
Recruitment and enrollment will start off slowly.	<ul style="list-style-type: none"> Account for the extra time that will likely be needed on the front end of the process in your timeline.
At some point during the demonstration project (Phase 1 or Phase 2) you realize that you are not on track to meet your target sample size.	<ul style="list-style-type: none"> Develop a “back-up” plan (e.g. a back-up list of health care providers that you can reach out to if necessary). Develop a process to determine which recruitment strategies are yielding the best results and which ones may require a different approach. Increase the number of health care providers who can refer patients to the study. Expand the geographic regions that your project covers. Consult with Mathematica to determine how to best expand your inclusion criteria. For example, removing an industry restriction or that the injury/illness must be work or non-work related could help to expand your pool of participants without compromising the study design. Changing participant inclusion criteria must be reviewed carefully with Mathematica to determine the impact on evaluability. Increase referral pipelines by engaging employers, healthcare providers, and community groups.
The number of referrals from health care providers is lower than anticipated.	<ul style="list-style-type: none"> Revisit health care provider protocols for recruiting or referring participants to determine: <ul style="list-style-type: none"> Ease for health care providers to recruit participants (e.g. do they have the information and tools to support this process)? A process to communicate with health care providers to assess their experience with the project so that refinements can be made along the way. Identify aspects of the process that your RETAIN project staff can handle for health care providers to minimize their burden.

Potential Challenge or Concern	Potential Strategies
<p>Some participants recruited for RETAIN will not enroll in the study.</p>	<ul style="list-style-type: none"> • Use information about why individuals chose not to enroll in the study to address those concerns in revising your protocols and strategies to clearly communicate the benefits and risks of enrolling for future participants. • Create a plan to address concerns of individuals who may mistrust research studies. For example, develop a FAQ that healthcare providers can share with potential participants – the FAQ can be generated prior to the project (based on previous experience) and revised as you gather data throughout the project.
<p>Participants are not staying in the study once they are recruited/enrolled.</p>	<ul style="list-style-type: none"> • Consider potential barriers to participation (e.g. time) and solutions to reduce or eliminate these barriers. • Develop a data collection plan for retention data. Data points may include the following: <ul style="list-style-type: none"> • Who does not enroll after recruitment? • What reasons are participants giving for leaving the study? • When are participants dropping out of the study? • Identify strategies to address challenges that may emerge. • Establish a plan for communicating with stakeholders (e.g. participants, health care providers, employers, state agency partners) to ensure that they are following the study protocols.
<p>We are meeting our targets for referrals but potential participants are either not enrolling or are dropping out after enrolling and we are not meeting our sample size targets.</p>	<ul style="list-style-type: none"> • Set referral targets that overestimate the total participants needed to account for participants who: 1) choose not to enroll, or 2) drop out after enrolling. <ul style="list-style-type: none"> • This number can be based on anticipated attrition rates and anticipated take-up rates. For example, you may find that 10% of referrals do not sign up for the program and you anticipate losing 20% of participants by the end of the study. In this case, if your target sample size was 100, you would want to set a target number of referrals to be 130 (30% greater).

2. Designing Effective Targeting

Several programmatic considerations must be taken into account before implementing any targeting (or screening) of worker participants. This section provides an overview of program implementation considerations when targeting worker participants for RETAIN.

How can we improve our program targeting? Are there specific risk factors or other characteristics that we should be looking for when screening potential participants?

RETAIN programs can use several factors to “target” specific types of workers that have a high risk of dropping out of the labor force due to an injury/illness. Programs may target:

- *Workers from specific programs such as workers’ compensation, public or private temporary disability insurance, Family Medical Leave Act (FMLA) claimants, or others;*

- *Workers with job-related or non-job-related conditions;*
- *Workers with specific types of injuries/illnesses*
- *Workers employed in specific high-risk industries; or*
- *Workers targeted based on the results of biopsychosocial risk assessments.*

The list above is not comprehensive and your program may seek to employ more specific targeting strategies. Please consult the RETAIN Training Tool posted on the RETAINTA.org online community for additional resources focusing on the recruitment process, screening tools, and other relevant topics. AIR is available to provide guidance on specific targeting approaches and Mathematica is available to provide guidance on how changes to targeting may affect your program’s evaluability.

While the recruitment sources vary across RETAIN programs, there is one common feature: RETAIN programs are focusing primarily on workers with musculoskeletal conditions (MSKs). Workers with MSKs face higher risks of long term work disability and premature exit from the labor force compared to workers with other types of conditions [1]. Targeting workers with specific types of MSKs or trying to determine which workers with MSKs are most at risk of dropping out of the labor force is challenging because it is not always apparent as to which are more or less likely to have poor outcomes [2].

It may not be feasible to expect employers, insurers, or even healthcare providers to be able to accurately identify workers who are at relatively high risk of not returning to work [2].

Any targeting, beyond what is currently planned, should be carefully reviewed to ensure that the screening criteria identifies workers appropriate for early intervention SAW/RTW strategies and:

- Is not overly restrictive to minimize the risk of not enrolling sufficient numbers of workers;
- Does not place undue administrative burdens on RETAIN service providers such that it causes delays in service, or that it discourages healthcare providers from referring workers; and
- Is as simple as possible – for instance: “any patient who has been working and who recently developed a health problem and has missed work (or will miss work) for more than two weeks [2].”

Set referral timeline guidelines that identify workers appropriate for early intervention stay-at-work/return-to-work services through your RETAIN program.

A recent paper focusing on implementing a community-focused health and work force service [2], which aligns closely to the goals and purpose of RETAIN, recommends that:

- **Referrals should be made as soon as the expected or actual work absence exceeds two weeks;**
- **Referrals should not be made if absence already exceeds 12 weeks; and**
- **Referrals after surgery can be made anytime from two to six weeks post-op, depending on the nature of the procedure.**

Referring workers as soon as the expected or actual work absence exceeds two weeks, but earlier than 12 weeks away from work, targets the workers most likely to benefit from RETAIN’s early intervention services. Evidence from Washington state workers’ compensation system found that the probability of returning to work among workers’ compensation claimants declined dramatically for workers that did not return to work within 12 weeks of injury/illness [3].

As an early intervention program, RETAIN services are not targeted at workers that have been out of work for extended periods of time after an injury/illness. Ideally, workers would be referred much sooner than the 12 week mark as the SAW/RTW process becomes more challenging the longer a worker is out of work. Workers that have been out of a job or the labor force for extended periods of time may benefit more from existing workforce development and vocational rehabilitation services.

Identifying and excluding workers that only require medical care without any need for additional RETAIN services will improve your program's evaluability.

Excluding workers that only require medical care and are likely to return to work in a short period of time without RETAIN services will improve your program's evaluability. For this group, RETAIN will have no impact on the evaluation's key outcomes which are measured one-year after enrollment in RETAIN – all of these workers will return to work within days or weeks after their injury/illness whether they receive RETAIN services or not. However, given the complex nature of MSKs, it is not always clear at the time of injury, or when the worker first misses work, if they will only require medical care and return to work or will require more time to recover and additional services.

- **One option to exclude workers that only require medical care and are likely to return to work within days of injury/illness is to adopt a short waiting period that requires a participant to have missed a specified number of days of work before being eligible to enroll into RETAIN.**

This option draws on evidence from workers' compensation that a large portion of workers that suffer a work-related injury/illness return to work within days after receiving only medical care. In workers' compensation, workers are immediately eligible for medical care after an injury or illness but they must miss a specified number of days of work, known as a waiting period, before qualifying for wage-loss cash benefits.

Workers' compensation waiting period requirements vary between 3 and 7 days across states. Historically, about three-fourths of all workers' compensation claimants only require medical care and return to work before the end of the waiting period [4], though this includes workers with all types of work-related injuries/illnesses, and not just those workers with MSKs as RETAIN states are focusing on.

It is challenging to identify which workers may return to work within a short time period and are not suitable candidates for RETAIN. Adopting a short waiting period requirement is a simple step to avoid enrolling workers that fall into this group that will return to work within days of injury/illness while maintaining fidelity to the core mission of RETAIN – to provide early intervention, low cost, high volume services to workers at risk of not returning to work due to an injury or illness.

It will be necessary to track and monitor enrollment, participant characteristics, and outcomes using CQI strategies throughout Phase 1 to determine if additional targeting will benefit your program.

Phase 1 is a pilot phase and you are encouraged to be flexible in your program design to improve implementation – within the constraints of the RETAIN programmatic requirements.

Use CQI to continually monitor progress and develop action plans to resolve trouble areas. With respect to worker participant targeting – monitor and analyze the types of workers that are being referred to your RETAIN program. Do they have the characteristics of the target population you set forth in your program

design? If not, work with current partners and engage with new partners to continue to develop recruitment/referral pipelines.

- **It is possible that your “target” population may evolve as Phase 1 progresses. AIR can help support your operational and programmatic needs, while Mathematica can work with you to understand how these changes will affect your evaluability.**

References

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