

# Virtual Service Delivery Definitions for Use in RETAIN TA

## Introduction

Providing services virtually is an approach found in the workforce development and health care service environments. RETAIN project teams should consider virtual service delivery (VSD) within their implementation of RETAIN services and/or in collaboration with their workforce and health care partners as a way to complement or expand RETAIN activities (e.g., stakeholder recruitment, training on stay-at-work (SAW) and return-to-work (RTW) best practices, building rapport with participants, exchanging information, and reducing geographic barriers to service delivery).

As RETAIN project teams review their current strategies for connecting with participants, they have an opportunity to consider integrating or enhancing a VSD model. Having such a model in place is particularly important as states think about ways to bring their RETAIN projects to scale.

To support this effort, the RETAIN Technical Assistance (TA) team is developing a suite of resources on VSD. These resources will start with a series of tip sheets and will be followed by supporting resources:

- Tip Sheet 1: Creating a Positive Virtual Experience for RETAIN Participants
- Tip Sheet 2: Best Practices for Virtual Learning
- Tip Sheet 3: Technology Options to Support RETAIN Program Implementation

These resources are not intended to suggest that VSD should replace all in-person interactions with participants, either temporarily or permanently. Instead, they provide RETAIN state teams with considerations and options for incorporating virtual services that can supplement existing methods and expand services to participants who are hesitant to use in-person services through RETAIN or who otherwise do not have easy access to in-person services.

The following list of definitions was developed to create a shared understanding within RETAIN. We acknowledge that these terms are defined and used in various ways across different sectors, and as this approach expands, new terms may be introduced. These definitions are categorized under the primary umbrellas of **virtual service delivery** and **e-learning**. However, we also define subcategories. Specifically, under the broader category of VSD, we include telehealth, telemedicine, and telerehabilitation.

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## Virtual Service Delivery

**Virtual service delivery** refers to the delivery of services remotely (i.e., not in the same physical space as the person who is receiving the services) through the use of technology with intranet/internet-based tools and resources. This offers a method for reaching individuals when in-person interactions are not feasible. Virtual services can be either clinical or nonclinical and span the range of supports that are available through RETAIN, such as scheduling appointments, intake, risk assessment, obtaining and disseminating information, and case management.



### Health-Related Services

#### *Telehealth*

**Telehealth** refers to a broad scope of remote *clinical and nonclinical services* that use electronic information and telecommunications technologies to support health and well-being. Clinical telehealth services can include long-distance clinical health care where providers meet with patients in real time, or remote consultation between providers without the patient (e.g., communication between an emergency room doctor and a critical care provider to determine how to triage patients). Telehealth allows access to specialists during emergency situations when timely diagnosis can be lifesaving (e.g., a potential stroke), and it can expand access to care in communities with a limited number of providers (e.g., rural communities).

Telehealth technology can be used to deliver a wide array of medical services. For example, it can be used to manage patients' health conditions over time by transmitting health information on a regular basis (e.g., transmitting EKG [electrocardiogram], blood sugar, or body weight measurements directly to a health care facility). This can include data that are actively sent by the patient to a health care provider, such as daily blood pressure readings, or data that are transmitted by wireless devices, such as a wearable heart rate monitor. It can also be used in circumstances that do not involve a live video presence (e.g., reviewing a medical image). In addition, telehealth has become more common in behavioral health care services, from psychiatry to individual and group counseling. The term *telehealth* can also refer to remote nonclinical services, such as patient and professional health-related education (e.g., training sessions, continuing medical education), public health, and health administration.

Telehealth applications include the following:

- **Live (synchronous) videoconferencing:** a two-way audiovisual link between a patient and a care provider.
- **Store-and-forward (asynchronous) videoconferencing:** transmission of a recorded health history to a health practitioner, usually a specialist.
- **Remote patient monitoring (RPM):** the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.

- **Mobile health (mHealth):** health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.

Telehealth encompasses a broad range of services. However, a number of more specific health care services are delivered using technology; these can be considered subsets of telehealth. These include telemedicine and telerehabilitation (see Box 1).

RETAIN programs may use telehealth in a number of situations, including to:

- Assess psychosocial factors and other care needs that could interfere with a participant’s adherence to his or her treatment plan
- Educate participants on how to navigate the health care system
- Educate participants on how to navigate conversations with their employers to ensure compliance with accommodations that directly affect their recovery
- Help participants prepare for medical appointments (e.g., helping them figure out what questions to ask, what to take to the appointment, what types of information the provider might need to know about the nature of their work)
- Communicate with referring physicians or other care providers about patient progress (e.g., after a telemedicine or telerehabilitation appointment)

The extent to which RETAIN teams engage in VSD will vary. However, for all state RETAIN models, this is an option that may help improve access to care, support the development and implementation of SAW/RTW plans, and support effective care for injured or ill workers.

### Box 1. Subsets of Telehealth

#### Telemedicine

The delivery of remote *clinical* services only. It involves the practice of medicine using electronic communication, information technology, or other means between a health care provider in one location and a patient in another location. Examples include:

- Remote videoconference to support diagnosis and treatment of disease or injury
- Digital transmission of medical imaging
- Remote collection and transmission of vital signs

#### Telerehabilitation

The delivery of a broad range of rehabilitation and habilitation services (e.g., assessment, monitoring, intervention, education, consultation, and counseling via information and communication technologies). Examples include:

- Videoconference with a physical therapist to monitor a patient’s home exercise program
- Remote assessment for home modification services
- Use of virtual reality technology for assessment and motor rehabilitation



## Non-Health-Related Services

### ***Participant Case Management***

RETAIN projects can deliver virtual services that focus on participant case management and that are not directly related to health services.

- RETAIN participants for one-to-one guidance, job match or skills assessment activities, guided résumé or skills profile building, review and/or revision, career development or role transition, or retraining guidance
- RETAIN workforce development stakeholders for recruitment-related activities, job placement services, or support/guidance on workplace safety, accommodations, and/or equal employment opportunities
- RETAIN participants through web-based programs specifically designed to support case management and coaching

### ***E-Learning and Virtual and Online Learning***

**E-learning** (electronic learning) is a broad term that refers to a learning construct that uses technology with intranet- or internet-based tools and resources as the delivery method for instruction, research, assessment, and communication. E-learning is also referred to as **virtual or online learning**; these terms are frequently used when referencing specific, structured learning activities.

**Virtual/online learning** may be delivered using the wide set of applications and processes encompassing web-based learning, computer-based learning, virtual classrooms, distance learning, and digital collaboration. Professional development may be supported by virtual/online delivery to promote engagement, practice, and performance feedback. The learning format can present the same content found in face-to-face learning with additional benefits that include on-demand convenience, self-paced options, participation by dispersed groups, and high scalability. Virtual/online learning should also offer some method or process for feedback, measuring impact, and achievement of learning objectives, to assist with the continuous development and improvement of instructional content.

In the context of RETAIN, virtual/online learning lends itself as a knowledge and skill-building option for:

- State team members including RTW coordinators, nurse navigators, and career coordinators
- Current and potential workforce partners including job centers, employers, and industry associations
- Current and potential health care partners including providers, health-related communities of practice, clinical health care departments, and health care administrators

- Individual RETAIN participants
- Other RETAIN stakeholders to advance knowledge of the RETAIN model and state-specific RETAIN practices

Virtual and online learning programs may be characterized by:

- **Synchronous learning:** Used when it is necessary to engage with others in “real time” (e.g., live training sessions or presentations). People can be in different places (even in different time zones), but this type of engagement requires that everyone participate at the same time. With large groups, knowledge transfer is possible, but it is challenging to include skill-building components that require direct interactions between trainers and trainees. Smaller groups allow for more direct interactions between trainers and trainees, which makes them well suited for knowledge transfer and skill building.
- **Asynchronous learning:** Occurs when the trainer and the learner do not participate simultaneously in time or location. It involves accessing resources when it is convenient for the learner and is done at the learner’s own pace. Some asynchronous platforms include asynchronous communication tools such as electronic bulletin boards for posting messages, questions, and responses to learner-directed questions or activities. This type of learning takes more time to occur but can result in a deeper learning experience.
- **Participant engagement:** Online learning can involve various levels of participant interaction, ranging from limited responses to instructional cues to real-time interactions based on cases studies or lifelike, complex scenarios.
- **Self-paced or self-directed learning:** Learners approach lessons at their own speed by determining the pace and timing of content delivery.
- **Instructor-led training:** Training sessions that are facilitated by an instructor, allowing for interaction and discussion of the training materials.
- **Interactive tools:** Includes tools that are available to increase learner engagement, such as polling, chat boxes, screen sharing, discussion boards, and use of video.

## References

1. Association for Talent Development. (n.d.a). What is e-learning? Retrieved from <https://www.td.org/talent-development-glossary-terms/what-is-e-learning>
2. Association for Talent Development. (n.d.b). Talent development glossary terms. Retrieved from <https://www.td.org/glossary-terms>
3. Federation of State Medical Boards. (2018). *Guidelines for the structure and function of a state medical and osteopathic board*. Eules, TX: Author.
4. Health Resources and Services Administration of the U.S. Department of Health and Human Services. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/faq/3015/what-is-telehealth/index.html>
5. Michigan Department of Education. *Michigan merit curriculum guidelines: Online experience*. Retrieved from [https://www.michigan.gov/documents/mde/Online10.06\\_final\\_175750\\_7.pdf](https://www.michigan.gov/documents/mde/Online10.06_final_175750_7.pdf)
6. Richmond, T., Peterson, C., Cason, J., Billings, M., Terrell, E. A., Lee, A. C. W., . . . Brennan, D. (2017). American Telemedicine Association's principles for delivering telerehabilitation services. *International Journal of Telerehabilitation*, 9(2), 63–68.

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