

Level 1 Stakeholder Script

Talking to Treating Physicians and Medical Staff About Your Program and the RETAIN Project

Note: This document is intended to provide you with sample answers to commonly asked questions that treating physicians and other medical staff members may ask about your RETAIN project. As you review the document, please keep in mind that:

- Several answers may need to be customized based on the specific parameters of your project.
- This is not designed to be a verbatim script—you may not need to share all of the content outlined in this document. Rather, it is meant to address common questions you may hear from potential health care partners. You can pick and choose from the messages outlined below, and customize your responses based on the cues and specifics you are hearing in your conversations.
- This is considered a “Level 1” script that addresses questions about RETAIN and your research study at large; specific messaging related to specific interventions, patient care, information technology (IT) troubleshooting, etc. can be addressed in a “Level 2” series of scripts customized for your project.
- You may need to edit language in order to match terminology outlined in your Informed Consent Agreement. Certain descriptions should replicate the language in those forms.

The RETAIN technical assistance (TA) team looks forward to hearing how this document is serving you as you begin putting it into practice. If there are additional questions you would like to add to this sample script, or inquiries you need help answering, please let us know by contacting your AIR RETAIN liaison.

What is [State Project Name]?

- [State Project Name] is a **new (and free) grant-funded program that helps individual patients whose lives have recently been disrupted due to new or worsening health problems**. We help these patients get their everyday lives back on track as quickly as possible—which usually means returning to their usual responsibilities at home and at work, whether with temporary adjustments or long-term accommodations.
- At the individual level, the goal of [State Project Name] is to **collaborate with you** to minimize the impact of your patients’ medical problems on their future well-being—and protect their livelihoods.
- Our big picture goal is to **reduce job loss and withdrawal from the workforce in our state** due to the needless prolonging of time away from work.
- **We’re currently seeking referrals from treating physicians who are willing to collaborate with us to help their patients get back to work as soon as medically feasible.** [Note: You may need to customize this based on your project’s specific “ask” of physicians.]

Why should my practice get involved in [State Project Name]?

- Getting your practice involved in [State Project Name] can **speed up and improve the quality of information flowing back and forth between your office and the patient’s employer**.
- We promise to **reduce hassles for you**, respect your time, pay you for communicating with us [Note: If applicable to your project], and ensure you are comfortable releasing patients to medically appropriate work.
- Our staff will also be able to suggest and help arrange **solutions to common problems** that needlessly prolong work absence and can lead to job loss among your patients.
- For an employed person, **job loss is a devastating outcome of a health condition**—second only to death, in fact—especially if it leads to permanent withdrawal from the workforce. It has a long-term negative impact on health and wellbeing whether physical, mental, familial, social, or financial.
- However, among people who have significant impairments (such as amputations and spinal cord injuries), **those who are able to continue working enjoy a much higher quality of life** than those with those same disabilities who are living on disability benefits.

How would we work together?

- [State Project Name] **offers our services as a trusted intermediary to you, your patients, and to their employer and/or insurer**.
 - You should know that our program is **voluntary** for you, your patient, their employer, and any other involved party such as an insurer. We presume each party has an interest in helping workers get everyday life back on track—which includes doing their jobs. The cost of our services is covered by a government grant called RETAIN, which stands for Retaining Employment and Talent After Injury/Illness Network.
 - We are **outcome-focused**. The success (and continued funding) of our program depends on earning the trust of and producing satisfactory results for employers, workers, and their treating health care professionals. So, we are very focused on helping you achieve results.

- Rest assured that we **carefully protect medical and other personal information** in compliance with HIPAA and other state and federal privacy laws.
- And **we will not get involved in your medical treatment** or coordinate any aspect of the medical care process.
- **Rather, our focus is on helping the patient deal with the practical predicaments caused by their health problem. Our goal is restoring your patients' full participation in everyday life** including returning to work, whether or not doing so ends up requiring significant adjustments in the long-term.
- In providing our services, we will **save you time and effort** by making it easier for you to provide the type of information and practical guidance that workers, employers, and insurers need from you, and by paying you fairly to do it **[Note: If applicable to your project]**.
- **If the worker permits it, we will also collaborate with their employer** to arrange medically appropriate work for the patient that is safely within their current functional ability.

What happens after I make a referral to **[State Project Name]**?

- When we receive your referral, we must first determine eligibility and suitability for our services. **Our goal is to get involved early** in cases where we can make a difference with the resources at our disposal. The parameters of our project dictate that **[Note: States can customize this section as necessary based on when your project plans to serve participants. For example "...we can start delivering services after the second week of work absence but cannot continue beyond the sixth-month mark."]** But, workers with problems outside our scope are counseled and referred elsewhere.
- The parameters of our grant dictate that we can start delivering services after the second week of work absence but cannot continue beyond the six-month mark. But, patient-workers whose problems are outside our scope will be counseled and referred elsewhere.
- Next, we **orient the patient-workers to our program** and obtain their consent to release data (within privacy protocols, of course) about them and the services we provide on their behalf to the funder as required by the grant.
- Then, we really get started. **We help the patient-worker think through and lay out their own step-by-step path to recovery and return to work.** We clarify the nature of any specific obstacles in their particular situation. And we come up with a plan and a timeline for resolving those obstacles, which may need to be revised as events unfold. The worker may then share any or all of this with other parties.
- With the worker's permission, we expedite the exchange of needed information among the parties about such things as current work capacity, medical restrictions, and potential solutions (such as problem-solving meetings, temporary adjustments to work schedules or tasks; specialty tools or equipment; long-term reasonable accommodations to jobs, etc.).
- When necessary and possible, **we coordinate the services of others to resolve those obstacles.**

As a treating physician, how do I get involved with [State Project Name]?

- You will automatically become involved in [State Project Name] **when you refer a patient.**
- The next step is for you to **agree to participate in the data collection** part of the program, as required by our grant funder.
- We will then **collaborate with you on an ongoing basis** in order to optimize and expedite their functional recovery and return to the fullest possible participation in life. Jointly, we can make a positive long-term difference in their lives. **[Note: States can adapt this as needed.]**

Which patients are eligible for services from [State Project Name]?

Working patients who have very recently become unable to work (in the last few weeks) due to a new injury, illness, surgical procedure, or a change in a chronic condition may qualify for our services.

Participants should meet the following criteria:

- [States to insert based on their project criteria]

Why should physicians and medical practices be concerned about stay at work/return to work (SAW/RTW)?

As you probably know, **there's a ripple effect when people stop working for medical reasons.**

- For workers themselves, there can be **negative effects on many aspects of their lives.** Work is a strong social determinant of health. Workers who leave the workforce are at increased risk of:
 - Social isolation, stress, loss of identity.
 - Deteriorations in physical health and mental well-being, including new problems such as substance abuse, anxiety, and depression.
 - Loss of income, serious financial problems, and eventually a life of poverty.
 - Marital and family stress, separation, and divorce.
 - Suicide, particularly in young men.
- When workers leave a job for health reasons, **local employers are faced with the disruption of operations and the loss of valuable employees,** often resulting in both forfeited revenue and increased costs.
- In addition, **local communities and economies** face reductions in the tax base, decreased economic activity, and increased demand for taxpayer funded disability benefits.

So, on multiple levels, it makes sense to keep employees working when medically feasible through collaborative SAW/RTW strategies. They lead to faster, better health care outcomes—**and the seeds of RTW goals are often planted in the office of a physician.**

What benefit will I see from referring my patients to [State Project Name]?

- When you refer a patient to [State Project Name], you get a **valuable assistant** prepared to help you with SAW/RTW issues: the **[RTW Coordinator]**. This person has deep expertise in this area and will support the management of your patients' SAW/RTW plans so that you can concentrate on what you do best—patient care.
- Before presenting you with a request for information or guidance, the RTW Coordinator will often clarify the context, gather information, and try to answer the question based on information you have already provided.
- The RTW Coordinator will also try to **make your job easier** by helping the worker and employer solve their own problems as often as possible.
- **You can count on us for these things:**
 - We will respect your time and pay a fee each time you deliver four specific best practices in the SAW/RTW process in the cases you refer. **[Note: If applicable. States should customize as necessary based on their expectations of treating physicians.]**
 - We will provide you with basic training on best practices, all of which involve timely and documented delivery of information relevant to the SAW/RTW process.
 - The information can be delivered to certain parties via face-to-face conversations, forms, chart notes, phone calls, website, email, etc.
 - We will serve as a main point of contact for patients, employers, and insurers, anticipating and answering their questions so you are bothered less often.
 - We will respond when you ask for assistance, and you can consult with our medical director by phone. Our expert staff will work hard to find solutions that work for everyone.
 - **[Note: States can customize this section as necessary.]**

What will I have to do as a participating physician?

- **We will count on you for these things:**
 - To provide good medical care to your patients and include treatments that are known to restore function as rapidly as possible while also relieving symptoms.
 - To make referrals to our program and encourage your patients to accept our services.
 - To express interest in their progress in getting everyday life, including work, back to normal at follow up visits.
 - To respond promptly when we ask you for information. Your expertise and responsiveness are both very important. Your patients, their employers, and/or insurers must all wait for your input (information and guidance) in order to arrange a safe, timely, and stable return to medically appropriate everyday activity and work. You are the obvious choice in their minds. Almost every insurance policy, law, regulation, and traditional business practice says so too.

- **There are also some technical and documentation requirements.**
 - The grant that supports this program requires you to take some basic training.
 - We will rely on you to use some of our forms to document your work. The grant we have received requires us to collect and report data about the workers and other participants in the program, the specific services they receive and we pay for, and their functional and work outcomes. That’s because the funder of [State Project Name] is conducting a phased research study to evaluate how well the program works here in our state.
 - **[Note: States can customize this section as necessary.]**

What is the time commitment for participating in RETAIN?

- It will take somewhere between 5 and 20 minutes every time you deliver one of the four best practices in a patient’s case (for which you will bill and we will pay a fee). This includes telephone calls or emails from or to the RTW Coordinator as well as consultations about individual cases with the medical director of [State Program Name].
- Beyond that, we estimate a time commitment of [insert details] for the initial training, and possibly periodic conference calls and/or in-person meetings.
- Again, **one of our goals is to save you time and energy** by easing your workload and helping you better serve your patients.

How long is the [STATE PROGRAM NAME] program going to be available? How long will the RETAIN research project take, and what will you do with the results?

- The pilot phase of this program will end on [date]. Between now and then, our [State Program Name] experts will provide customized services to participating employers and injured and ill workers.
- Throughout the process, we’ll be tracking results, analyzing what is and is not working, and identifying best practices and key learnings about SAW/RTW.
- Ultimately, the federal agencies that have funded our program as part of RETAIN—the U.S. Department of Labor and Social Security Administration—will be using project data to inform future policy decisions and share best practices for helping people get back to work after injury or illness.
- **So, by participating, you’ll have the opportunity to help your own patients and many others.**
- We hope to be among the several states that will receive funding to continue our programs in Phase 2 of the program. If we are, we look forward to having an extended opportunity to collaborate in the care of your patients, while contributing to research on this important issue.

Will my results and experiences be attributed to me and my patients? How does RETAIN handle HIPAA and data-sharing concerns?

- The results of the project will be presented as grouped data only. **No specific physicians or patients will be identified**, and special care has been taken to comply with privacy requirements and protect personally identifiable information (PII).
- While we will not publicly present data about the results of a specific physician or patient, if you are interested in tracking results for yourself, your clinic, or health care organization, we can discuss this with you.
- In addition, the U.S. Department of Labor is interested in identifying and profiling success stories from [State Program Name] for educational purposes. So, if you're amenable to sharing your experience in that way, we'd be happy to discuss that with you. It can only happen with your consent.

I think I have a patient who is a good candidate for [State Program Name], but they don't trust research studies and won't want to give informed consent.

- It is certainly reasonable for people not to feel comfortable right away with the idea of getting involved in a program they've never heard of—especially one that might have an impact on their job, and one that has a research aspect to it.
- Here's a reassuring fact: The program is totally voluntary, and they can quit at any time if they don't think it's helpful for them.
- And there are other questions you might point out to them:
 - Do they know why you, their doctor, think they would benefit from the program's support?
 - What will they lose by NOT participating?
 - How else will they get the help the program offers?
 - From their point of view, what part of the service you've described to them sounds like it might be most useful?
- We have a helpful fact sheet that you can give to any potential candidates—and a website with even more information. How many copies would you like us to send you?
- And, if a patient would like to talk with our [State Program Name] staff to learn more about the services we offer and why the grant requires that we collect data, that is also an option. Here is the contact information:
 - [Insert]
- We want to start off our relationship with these patients on a good footing, so we certainly don't want to push anyone who is hesitating.

I like the idea of [State Program Name] and RETAIN, but the forms and documentation aspects are challenging. It seems like too much.

- We are committed to having a good working relationship with you. This program is going to start slowly; we are not talking about a high volume of patients. We definitely see the need to minimize extra work and to make things as simple as possible for you—while keeping our promise to the funder to collect data that documents both delivery of services and the impact on outcomes.
- As the program matures and we gain experience in working with one another, we will be constantly listening for suggestions from you and looking for ways to streamline the process, automate things, and make things easier.
- **[Note: You may want to tailor this information to mention what you are doing to streamline clinical documentation or provide support from the RTW Coordinator. In addition, you might consider adding some questions related to data entry troubleshooting, etc.]**

What do you mean when you say this program is “grant-funded”?

- [State Project Name] is **part of a grant program funded by the federal government** called RETAIN, which stands for Retaining Employment and Talent After Injury/Illness Network.
- Led by the U.S. Department of Labor in collaboration with the Social Security Administration, it is **evaluating effective SAW/RTW strategies** that can keep people in the labor force following illness or injury.
- The government saw the need to help employers and physicians get people back to work after they get hurt or sick, and **they awarded a grant to our state to establish [State Project Name].**
- Thanks to that funding, we are improving access to SAW/RTW services and helping people stay on the job.
- **That’s why we need to collect data** as part of our service; the government is going to analyze how well our services are working here in our state and use that information to educate others on effective strategies.