

## **Community of Practice - Notes**

### ***Integrating Business and Health Care Perspectives: Where SAW and RTW Fit***

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Thursday, August 22, 2019 at 2:00 p.m.-3:00 p.m. ET (11:00 a.m. – 12 noon PT)

## **Description**

***Integrating Business and Health Care Perspectives: Where SAW and RTW Fit.*** Led by Kimberly Jinnett, this CoP addressed building allies across employer and health care organizations, finding common ground, and measurable workforce health and performance results. Participants explored business and health care perspectives and discussed common interests and measures, and gaps and opportunities.

***Introductions and share one key area of interest to you regarding employer engagement? The following are some of the key areas of interests expressed by states regarding employer engagement:***

- Strategies to engage healthcare organizations to bring awareness to RETAIN program and what it offers and how to connect/establish a point of contact.
- Solidify a referral process for individuals coming into the healthcare system who identify with an injury or illness that is a barrier to employment. Want them to come into the program and receive stay at work/return to work services.
- [State] shared they reach out to healthcare organizations and conducting a gap analysis to see what kinds of strategies are working for employers. Also looking at the kind of the gaps that they find and struggles that they are having. Really trying to target interventions based on the information that we're getting on the ground.
- How to use incentives to get healthcare organizations to provide return to work best practices. Interested in how other states are using incentives and how much they are paying.
- How to engage with healthcare organizations and identify other healthcare organizations to approach to inform planning for phase two of the project.
- Learn how incentives are being used and how much to pay, and how to get the most buy-in from the healthcare organizations.

## **Financial Incentives**

- Financial incentives for providers are tied to best practices around return to work. For example, if the healthcare provider completes a prescribed activity, they get an incentive payment. If they call the employer, they get an incentive and we're also giving incentives if they attend our training modules. As they complete training modules related to return to work/stay at work, they earn incentives for those as well. They are all financial incentives.
- Financial incentives are based on billing codes and schedules to provide reimbursement. They are encouraged to have two-way communication with the employer and RTW coordinator, reporting injury within forty-eight hours and things like that.
- Instead of financial incentives [State] provides CEU training for providers and those with primary care practices. As a result of early conversations, the ACO group that we're working with have already started making some changes to their contract language that will encourage and enhance best practices for those who are at risk for being out of work.

- [State] In rural community healthcare providers are mostly individual clinics but also have many medical providers from a nearby city, which is part of partnership. What we found initially is that many of them are willing to work with us. Even though we offer a financial incentive, they decline that because they find value in what we're doing. To back it up, we provide incentives for medical providers that agree to participate with us. There are also incentives for them to complete the training that we offer. We have built in a quality assurance timeframe to track results on how the incentives have paid off, and to reevaluate and see how we might modify the process.

## Measurement

- [State] is tracking how many providers have engaged in RETAIN, are earning incentives, and which incentives they are earning. So, that will be a measure we can use to see which practices they don't understand or aren't using frequently enough, so we can provide follow-up and additional training on that.
- The quality assurance process is in its first phase. The plan is to develop a measurement of actual time out of work for diverse populations within the provider group. With patients assigned to some providers who get the full RETAIN treatment and others who get support and information (e.g. literature support) for their patients but not hands on work.
- Focus is on tracking and engaging more providers and more referrals. We're optimistic that we are gaining more and more participation and we are starting to get an idea of the variety of different referrals that have been made so that we can do the evaluation at the appropriate time to maybe narrow our scope as far as outreach.
- One outcome that really matters to the provider is the health outcomes of their patients. Providers seem overwhelmed with their lack of understanding of their roles and responsibility around return to work issues. Their patients ask a lot of questions they can't answer, so they want to be able to connect their patients to help, to get some assistance across various groups of players in the injured worker's life or injured person's life. Having a clearinghouse that can support and link the patient who is injured or ill to resources is critical for the providers. That is really top of their mind.

## Learning

- Providers have said they would like to have a consultation group on how to manage folks who show up and are struggling with staying at work and returning to work. There is a whole education system in place for rural healthcare providers that we're hoping we can tap into to provide that kind of ongoing information and sharing and learning among providers. That is something that we didn't really put in the original plan, but it has come up in speaking to providers and we're actually pretty excited about it!
- Conducting a process to figure out where gaps in services are has paid off in unexpected ways. Conversations with various individuals about service gaps has sparked interest and resulted in requests for more information and participation
- Everyone who provides return to work services in the state will be offered the opportunity to be part of our registry under development. The plan is to provide information about RETAIN and the work that we are doing as well as solicit information from them. Have attracted interest from local press and a statewide online magazine.

## What type TA resources do you need?

- Interested in further information about the measures for success. We were thinking of the study results as the measure for success, but it sounds like there are intermediate measures or shorter-term things that we could be looking at, so we are definitely interested in implementing those.
- Interested in tools for resource mapping

SME recommended resource:

**Community Auditing - Asset and Resource Mapping to Maximize Capacity**

<https://ion.workforcegps.org/resources/2016/02/29/17/46/>

Community\_Auditing\_Asset\_Resource\_Mapping