

#### **RETAIN Community of Practice**

Network



August 22, 2019







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

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This document was prepared for the U.S. Department of Labor (DOL) Office of Disability Employment Policy and Retaining Employment and Talent After Injury/Illness Network (RETAIN) state grantees, by the American Institutes for Research under DOL Contract Number 1605DC-18-F-00429. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.

#### How to participate

- Attendees will be unmuted to interact verbally.
- You can submit questions in the question box at any time during the CoP discussion.
- If you have a question, raise your hand by using this feature.



#### **Welcome and Introductions**

Your Name:

Your **State**:

Your Role:

Please share one key area of interest to you regarding engagement of healthcare organizations?

"Communities of practice are groups of people who share a common interest, concern or a passion for something they do and learn how to do it better as they interact regularly."

adapted from Etienne and Beverly Wenger-Trayner, 2015[1]

<sup>1</sup>Wenger, E and Trayner, B. (2015). Introduction to communities of practice: A brief overview of the concept and its uses. Retrieved from https://wenger-trayner.com/introduction-to-communities-of-practice/

#### **RETAIN TA Community of Practice Objectives**

- Build a shared understanding of requirements, national context, and common challenges related to implementation of RETAIN Initiative.
- Identify promising practices, innovative solutions, and tools and resources from peer states and technical assistance providers to support States in implementation of RETAIN Stay at Work and Return to Work objectives.
- Support states in defining specific action steps to address challenges and needs discussed during the CoP sessions.
- Develop peer to peer networking, support and inform RETAIN TA activities and resource development.

# Norms for Interaction

- Be Present
- Share the Air
- Assume Goodwill
- Respect What Is Shared
- Embrace Productive Disequilibrium
- Learning Culture



"Coming together is a beginning. Keeping together is progress. Working together is success."

- Edward Everett Hale

#### **Community of Practice Agenda**

- 1. Focus Questions
- 2. Self-reflection: Where is my agency now?
- 3. State sharing: Implementation questions
- 4. Resource sharing
- 5. Debrief and next steps



Kim Jinnett, PhD, MSPH, President, Center for Workforce Health and Performance

Dr. Jinnett, President of The Center for Workforce Health and Performance (CWHP), provides support, consultation and direct technical services around health and work connections and ways to measure work-related outcomes, equity and workplace culture. She has degree in public health from the University of California, Los Angeles and her Ph.D. in sociology and health services organization and policy from the University of Michigan, Ann Arbor.

# Engaging Health Care Organizations

**Focus Questions** 

#### **Framing Our Discussion**

Stages to business & healthcare integration

Targeted example – bridging perspectives & interests

Deep dive questions around

- Allies
- Measurement
- Learning

#### **Stages to Business & Healthcare Integration**

		Developing	Intermediate	Advanced
	Allies	Early efforts to identify allies in health care organizations, affiliated employers & consultants toward RTW/SAW goals	Champions for integration engaged across traditionally siloed departments & organizations toward RTW/SAW goals	Long-tenured relationships across former siloes working in integrated fashion toward RTW/SAW goals
Me	easurement	Early efforts to identify process & outcome measures that are available or obtainable & that matter to health care organizations & employers	Identified set of process & outcome measures that are meaningfully connected to stakeholder interests with plan for high quality data compilation	Useful set of process & outcome measures populated with high quality data that matter to broad range of stakeholders
l	Learning	Current evidence or data reports are mostly used for compliance purposes and rarely used across-siloes for decision-making and program improvement	Stakeholders across siloes share and discuss evidence for program improvement and learning purposes rather than emphasizing compliance-focused discussions	Routine use of evidence for decision-making & program improvement by robust multi-disciplinary & cross-silo learning community

#### **Targeted Example - Bridging Perspective & Interests**

#### DIABETES

#### POPULATION HEALTH TO PERSONALIZED MEDICINE:

CONNECTING DISEASE INDICATORS TO WORK OUTCOMES

POPULATION WITHOUT TYPE 2 DIABETES NOR PRE-DIABETES



DIABETES DISEASE PROGRESSION

WORKER HAS PRE-DIABETES WORKER HAS TYPE 2 DIABETES WORKER HAS
TYPE 2 DIABETES
W/COMPLICATIONS

Normal glucose range



DISEASE

Lab values indicate pre-diabetes (glucose or A1c) Lab values indicate diabetes (glucose or A1c) CVD risk factors (smoking, high blood Microvascular: Eye, Kidney, Nerve Disease Macrovascular: Heart, Brain, Blood Vessels

Education

Biometric screening if self-assessment of prediabetes risk indicated

CONNECTING DISEASE

INDICATORS TO

WORK OUTCOMES:

TYPE 2 DIABETES



INTERVENTION

Education
Lifestyle modification
(e.g., healthy eating,
exercise)

Glucose monitoring devices Medications Eye & foot exams Other specialty visits Glucose monitoring devices Medications Surgery / Dialysis Other specialty visits

Low to no health-related attendance or job performance difficulty



WORK OUTCOMES Health-related attendance or job performance difficulty (e.g., concentration, energy) Health-related attendance or job performance difficulty Increased use of sick leave

Work disability (STD & LTD) Work safety risk Permanent work departure

Support healthy work environment and engagement with evidence-based diabetes prevention programs



EMPLOYER ROLE Support healthy work environment and engagement with evidence-based diabetes prevention programs Reduce or eliminate barriers to evidence-based treatments, medication, devices, procedures & diabetes self-management education programs Reduce or eliminate barriers to evidence-based treatments, medication, devices, procedures & diabetes self-management education programs

COMMON COMORBIDITIES: Obesity, Dyslipidemia, Hypertension, Chronic Kidney Disease, Cardiovascular Disease, Depression, Sleep Disorders, Cancer.



THE CENTER FOR WORKFORCE HEALTH AND PERFORMANCE

#### **Allies**

- Who are your strongest allies from health care organizations?
- Why would RTW/SAW goals appeal to these individuals/organizations?
- Who would you like to partner with whether person or organization from the health sector (or other sector)?
- What have been some trouble spots or roadblocks in your efforts to identify allies?
- What might derail efforts of allies to work in a more integrated fashion?
- What is required for these allies to move forward with integrated use of evidence for program improvement and learning?

#### Measurement

- What do you measure to know whether your SAW/RTW efforts are successful?
- Do your measures include both employee health and work-related outcomes?
- To what degree are current measurement and reporting systems compliance-oriented?
- How do you know if your policies and practices are related to what is being measured?
- How cumbersome are current measurement and reporting systems?
- What are some successful examples of current measurement that bridges at least two perspectives, i.e., appeals to individuals across siloes?

#### Learning

- How does your organization along with allies use evidence to learn and improve?
- What are the ways you jointly use data on employee health and work-related outcomes?
- What is required to successfully meet SAW/RTW goals?
- What are some challenges to sustaining robust multi-disciplinary & cross-silo learning communities?
- What seems impossible or too "pie in the sky"?
- Have there been any surprising lessons or aha moments generated through integrated discussions?

#### **Stages to Business & Healthcare Integration**

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#### Poll: Where is my Agency now?

Consider your agency's knowledge, experience, and level of success in **bridging siloes** in RETAIN SAW/RTW.

#### How would you describe your progress thus far?

- Developing: currently identifying and refining strategies and effective practices
- Intermediate: identified and implementing strategies and effective practices, but seeking to make adjustments and exploring innovative ways to improve
- Advanced: implementing strategies and effective practices with evidence of success

### Self-Reflection

#### **Self-Reflection:**

- What did you hear that provoked your thinking?
- What did you hear that you would like to explore further?
- What might you consider acting upon?
- Final thoughts or contributions?
- How did this process push your own thinking?

## **Debrief and Next Steps**



#### Key Takeaways

Share a key takeaway from today's discussion.

What are the next steps you will take?

Any remaining questions or needs that you would like follow-up on?

#### What type TA resources do you need?

- Webinars
- Community of Practice
- SME consultation
- Podcasts
- Guides
- > Templates
- > Tools
- > Other resources

#### **Next Steps**

Resources shared today will be accessible on the RETAINTA On-line Community (ROC):

https://retainta.org

Please complete end-of-session survey!

## RETAIN

Maximizing Workforce Partnerships: How Vocational Rehabilitation Can Be a Valued Partner in Your RETAIN Initiative

Date: Tuesday, August 27, 2019

Time: 2:00-3:00 p.m. E.T.

**Presenters: David Leon**, Deputy Director, Workforce Programs, Virginia Department for Aging and Rehabilitative Services

and

**Leslie Dawson**, State Administrator, Business Relations Program Alabama Department of Rehabilitation Services

#### Thank you!

Please contact your State TA Liaison if you have any unanswered questions.

#### Your feedback is important to us

Please take a moment to complete the following survey: