

Community of Practice – Notes

Topic: Consultative Group Session with Dr Pransky: Recruitment and Enrollment

Subject Matter Expert (SME): Dr. Gene Pransky

Date: Thursday, February 13, 2020, 2:00 p.m. – 3:00 p.m. ET

Participant introductions and an introduction by Dr. Pransky

- Dr. Pransky noted that recruitment is difficult. Though individuals may seem enthusiastic at the beginning, their level of participation may fall off through the recruitment process. RETAIN states are also further challenged by the requirement of getting an actual signature for the social security component.
- He will facilitate a discussion of what has worked in states, what has not worked, ideas states are considering and questions they have about the process.

Dr. Pransky facilitated a discussion with participants regarding the following focus questions.

1. Across the different study designs, what has worked to increase the number of eligible subjects that are informed about the opportunity to participate?

- Three states reported that they are having RETAIN staff visit medical clinics occasionally and that approach has led to an increase in referrals.
 - Dr. Pransky stated that having face-to-face contact with a recruiter in trusted location helps to get referrals. Having prompt contact with a potential participant is also an important aspect of this process.
- One state is considering having a physician or service provider sit down with a participant.
 - Dr Pransky said that this is an approach to consider for Phase 2 scale-up, having doctors or physical therapists do the recruiting. They are in the clinic and are highly credible. A challenge with this approach is that while they are enthusiastic at the outset, they don't have the time or focus to recruit people as effectively as a care coordinator.
- One state discussed how they are providing practitioners with brochures and posters for recruitment. Another state noted that they have also created a flyer with a QR CODE that takes people to the RETAIN website.
 - Dr. Pransky discussed how it is useful to have information for people to read, but it would help recruitment to allow people to do partial enrollment at the clinic.
 - Dr. Pransky noted that one strategy for facilitating partial enrollment in the clinic without paying doctors or having care coordinators there is to pay front desk staff to facilitate people doing the process while in the office.
 - A state mentioned their limitation of money spent on incentives. Dr. Pransky said that they might adjust where the money is going. A doctor might be motivated by the program (and thus wouldn't need an incentive), whereas the front desk staff may be more motivated by payment.

2. What is the best venue and approach to successfully recruit subjects?

- Two states noted that they are getting referrals from job centers.
 - Dr. Pransky noted that job center referrals allow state programs to get access to a different population than in a medical clinic. The participant population at a job center

may have a more stable condition and are considering returning to work. He stated that it is usually easy to get workforce center staff engaged in a study like this, since they understand the value.

- One state noted that they were having questions from job center staff about the control group in the study.
- Dr. Pransky said this is often a problem in medical settings as well. The program needs to communicate that control group also gets benefits. It may require education for staff to explain the strengths of the study design.
- No state reported using employer referrals, but two states described that being a future goal.
 - Dr. Pransky stated that employer referrals often bring up concerns around confidentiality, especially if it is a worker compensation injury. Employers have referred people with non-work-related conditions in Europe. Those employers did have an occupational medicine clinic on-site, making it more of an employer-clinical approach.
 - When you are talking about getting employers involved, are you considering using clinical staff on site at the employer to assist with recruitment.
 - One state plans to use the job center business services staff to recruit participants.

3. How have specific strategies worked in different RTW/SAW projects?

There were no participant responses to this question. Since states discussed many strategies in response to the previous questions, Dr. Pransky moved on.

4. What approaches have been most successful to maintain participation of enrolled subjects in Stay at Work/Return to Work projects?

- The moderator expanded the question to ask states what concerns they have heard from participants who don't want to participate or who are a little hesitant.
- Dr. Pransky noted that in his one-on-one discussion with states, the top issue has been the need to get a signature on a lengthy and complicated form related to social security data. This has been objectionable to some people. Some strategies that states have tried to overcome this challenge have included:
 - 1. Having someone sit down with them in person during the recruitment process but saving the lengthy and complicated form related to social security data for a one-on-one meeting.
 - 2. Allowing someone to look at the application online and sign at a different time. It probably requires this one-on-one communication to help participants feel more comfortable with it.
- One state focuses on leading with the voice of the worker, which allows them to have control and direct their progress. The state uses this to advocate for them and the approach has been well-received by the participants.
 - Dr. Pransky noted that this approach could work for many studies – by working to ensure the participants needs are being met and not focusing on the study needs. Participants will be more interested in sticking with it if focus is on the worker's issues.

Peer Discussion

Dr. Pransky encouraged the states to share something specific that has worked for them, or an idea they are considering or some resource that has been helpful or a specific question.

- One state noted that weekly meetings were important to getting all partners on the same page. They had a variety of weekly team meetings about different topics (e.g. data).
 - Dr. Pransky agreed with importance of regular meetings to keep everyone on the same page.
- Another state created a website or video that describes the data that will be collected and the data security measures the study will take to address concerns about data security. While this information is included in the consent form, a more accessible format can be more convincing.
 - Dr. Pransky agreed that it would be good to address that concern right up front.

Key Takeaways

Dr. Pransky offered key takeaways

1. Idea of really understanding what a hidden concern may be (like participant data security) and targeting it by the most effective method.
2. Having everyone have a regular planned conversation.
3. Make RETAIN as worker-centered as possible to maximize engagement and keep people in the study.
4. Some sites are looking at innovative way of getting workforce involved – if that doesn't work, they could consider the onsite clinics that employers often have.
5. Have a brochure or other way so a doctor could identify people who are likely eligible and have the front desk staff taking care of the enrollment as a way to have a more efficient approach than having someone full-time in each recruitment location.
6. One state noted that they have been reviewing national and international case studies on RTW for patients/workers with disabilities and the statistics are informative as they continue to develop their practices.

Dr. Pransky looks forward to hearing how these approaches work out.