

## Community of Practice – “Live” Notes

**Topic: RETAIN Solutions 2020**

**Facilitators: Ann Outlaw and Derek Shields**

**Date: Thursday, July 23, 2020, 2:00 p.m. – 3:00 p.m. ET**

### State Exchange:

- What would you like to focus on today?
- What is a barrier your project has come up against in the last quarter?
- What has been your project’s solution for overcoming this obstacle?

**Connecticut:** The project design was a system-level approach and enrollment was at a different level than other states. We are working on making major adjustments to the project for a more hands-on approach. Increasing enrollment is of great interest to us. Barrier was that the Insurer was handling all case identification. A little difficult to pinpoint all needs because things are moving at a rapid pace as we move to change our model.

**Solution:** Looking to increase enrollment and work on increasing provider engagement. We have many providers that have been trained by us. The challenge is to engage them in identifying and enrolling participants. Lucky to have partners that are already serving folks remotely and the workforce board (our partner) is providing services remotely as well. Enrollment and engaging our providers are some areas we’re focusing on. With our transition, we’re asking more from our numerous physician providers to do some elements that had been done by insurance previously, so really engagement of physicians is high on list.

**Kentucky:** We’d like to focus on increasing enrollment and particularly expansion. We have been dealing with healthcare providers pretty much exclusively in our program and we are interested in expanding to employers.

**Solution:** Our coordinators had been attending clinics along with physicians and that was pretty successful in getting referrals and they got to see patients immediately. With COVID they were no longer allowed in clinics. So, we let folks know we’re working remotely, and have been successful with that entity and our referrals have continued.

**Minnesota:** We’re dealing with trying to increase enrollment and looking at mechanisms by which we can do that. Since we’re run through the Mayo Clinic, making changes depends on submission through the IRB which takes time but gives a good quality outcome in the long run.

**Solution:** We’re exploring some avenues to engage more employers even though all they can currently do is refer individuals under our current protocol that does not allow employer referrals. We have posted education modules for RTW case managers and employers and are looking to improve how we track information about education provided. Looking at how to increase enrollment and address barriers that surface.

**California:** Likewise, we are in midst of participant enrollment challenges. Our main healthcare provider is Concentra Healthcare with locations across the state. We have re-started clinic days and have our resource navigators within 3 different clinics with plans to expand more staff into other markets.

**Solution:** We have business associate agreements with the Concentra Clinics as wanted to be "inside the house" so any HIPAA related issues are not a concern because of the agreement with Concentra. Interacting with referred potential participants has been challenging. The best solution for those who are hard to reach remotely is to show up and meet them in person at the clinic. That has been successful as we are seeing a very rapid rise in enrollees. We are happy with our relationship with the Clinic; they are a very strong partner. We put great effort and groundwork in building that relationship. They are not merely a passive referral source but engaged in assessing what's going on and giving some observations on how the process is going; they're really a true partner and we happy about that and working to make it better.

**Washington:** We echo everyone's focus on increasing enrollment and recruitment. COVID has significantly impacted our outreach and provider and employer recruitment efforts as a result of furloughs, working from home and lack of face-face meetings.

**Solution:** We have adapted outreach and recruitment efforts to accommodate more virtual communications... Zoom, emails, phone calls. Have moved to a fully virtual environment given COVID and variable environment of things happening. We recognize that face to face communication is really more helpful for engagement, so trying to wrap arms around how to increase enrollment and make engagement more meaningful.

**Ohio:** As far as enrollment, one change we're making is to expand the types of illnesses and injuries that we will target in the program. Originally, we were focused on musculoskeletal, but now also adding cardiovascular diseases into population to be enrolled. This recommendation was from one of the physicians advising us that Retain type services could help make a difference in getting people back to work. Another challenge is that there isn't as much willingness by employers to make accommodations and to try keep people at their work.

**Solution:** We have a business services team reaching out to employers, promoting RETAIN and providing TA. Pre-COVID there was more willingness to participate but now employers have a lot to worry about and there's high levels of unemployment due to shutdowns caused by the pandemic. We're not getting as much buy-in from employers to attempt accommodations. We recently added a health services coordinator from the medical side also to the business services team to help add that clinical perspective to inspire and help employers understand the benefits of the types of services offered. We'll let you know how this goes.

**Vermont:** We are interested in discussing enrollment and case management tracking strategies. Our work like others has focused on conversion to on-line training.

**Solution:** We have created COVID recovery resources for employers and a universal self-screening for participants.

**Kansas:** We have same concerns as others - enrollment, expansion, and using technology to connect with participants. Our biggest challenge over the last few months has been changing health systems provider at the same time as the Covid outbreak.

**Solution:** The good news is, we now have a new medical system Ascension Via Christi. We are seeing enrollment increase and have enrolled new participants this week. We are using DocuSign to get e-signatures for all forms including State consent and Social Security forms. We first used it with a partner workforce board PA. It worked well so we pursued for Retain, it's nice because participants can sign on their mobile device, they don't have to have a computer. We also use Zoom, Microsoft Teams, or google hangouts for virtual meetings with participants. We have had several companies offer work from home opportunities (customer service, call center) which has been very attractive to our participants. These companies have not offered work from home before, so it has opened new opportunities to job seekers

**State themes included:**

- Enrollment
- Outreach
- Expansion
- Program Design
- Engaging with Employers and Healthcare Providers
- Case Management Tracking
- Distance-Based Challenges
- Technology

**States addressing common challenges:**

- Increasing enrollment - pre-COVID and post-COVID
- Importance of relationship building; recommendation of physician in Ohio to expand eligibility, MN: challenge of pace of IRB approval.

Describe relationships with physicians and using that to increase enrollments/ recommendations from your model.

- Connecticut: We engage through organizational leads and then they can bill for organizational services. We engage electronically in a hub and spoke model. We want them to talk to each other - they care about what their peers are doing (that is more meaningful). There are some established programs out there like this - i.e. Project ECHO in NM. Medical Specialty Services in Rural Areas. Allows specialized advice. Listen to experts as well as discuss own caseload.

- Ohio: Fortunate to have partnered with a large health org and our physician understands the COHE model. Had a meeting with him and discussed what options were in terms of health areas to expand into. We screen by ICD-10 codes and we don't know which ones would be appropriate and the Dr. could reach out to cardiovascular specialists who could help with that identification, as well as recruit them into our program. We relied heavily on him to market the program.

- Embed Medical Staff on Business Team: It would be helpful for employers to ask medical questions immediately.

- Connect with Physicians: Some hospitals have allowed RETAIN back in as consultants 1 day a week.

- Vermont: There was feedback from providers that we should contact anyone in their panel who might be strong candidates; happened at same time as COVID as visits changed to telehealth. We use RedCap for our database for our survey, then we can automatically enter that information into our database. It provides a first-line screening for us. Participants access this through an easy-to-use QR code that they can access through phone or use a link. This has been in place for about a week in one large practice.

-Washington: In light of COVID, recently rolled out a big site for processing and coordinating forms. Also, a marketing campaign. Also have enhanced our tracking sophistication - silver lining of this time. It's important to make it clear to participants that you can participate 100% remotely - especially right now when people don't want to go in public right now.

- Connecticut: Red Cap allows signature with your mouse, which was newly discovered. New providers can be brought on with Zoom meetings and we can do that individually instead of scheduling group meetings. They're less fun, but it leads to conversion. Many CT providers are insisting folks come into office.

Has anyone been successful using a third-party partner at this time? i.e. Membership Association?

- California: We are developing a partnership with CA Employers Association and using their training at work. We're in the process of building that relationship and expanding it out. There are 20K employers - it is statewide.

Have you identified options for obtaining electronic signatures and minimizing face-to-face contact? Red Cap was named.

- Washington: Team was poised to do electronic signatures, but partner org had some difficulties, so we've done a deeper dive this last quarter. Looking to have them create a system, with our database system, to connect within the system. We have a plan that if in the future we need a web signature, we'll work with notaries who can meet with folks mobility. Cognito forms-this has been an innovative opportunity for us and led us to identify ways to support participants in new ways. Snohomish Co, ID tools to take all paper forms and turn into virtual forms onto a website. So, either sent via email (HIPAA compliant) but also can go straight to website and get all paperwork going via website, all in real time. We also have QR codes to pull up the forms.

- Kansas: In Kansas we are using DocuSign for e-signatures. We first used it with a partner workforce board PA. It worked well so we pursued for Retain, it's nice because participants can sign on their mobile device, they don't have to have a computer.

Have any RTW strategies surfaced during this period that show more promise such as Light Duty or Reasonable Accommodations?

- Ohio: Business Services team hears push back because employers are worried about staying open; not as worried about losing employees.

- Kansas: We have had several companies offer work from home opportunities (customer service, call center) which has been very attractive to our participants. These companies have not offered work from home before, so it has opened new opportunities to job seekers.

- Derek: Have heard excuse about budget-tightening or don't have to worry. Many of these things are actually potentially illegal. It's potentially important to have an education campaign - disability employment is connected to social justice and have a strong ROI. Cost of accommodation is quite low and can help you access that marketplace. May need to help combat archaic thinking re: disability. Telework as a reasonable accommodation is an opportunity here. Mindset is different than pre-March 2020.