RETAIN State-to-State Exchange – Part 1
Presenters: Ohio, Kansas and Vermont RETAIN teams
Facilitator: GeMar Neloms
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JEREMY RASMUSSEN:

Think you also much for joining. I am part of RETAIN. Before we get into things, I'm just going to go over a few things here.

To participate, chat box and email (indiscernible) please use the chat box to communicate any technical problems. You can raise your hand; we will call on you and please remember to lower it after it is been answered. You could also reach us by email.

Some other helpful features, to access Zoom captioning, please click on the link in the zoom box. You can add your state abbreviation to your name, click on the three dots and click rename.

This -- this event is (Reads slide)

RETAIN is a joint initiative with the department of labor and the office of disability employment. It is funded by ODEP and is focused on stay-at-work and return-to-work. RETAIN explores ways to help injured or ill workers stay in the workforce.

By joining this meeting, you consent to being recorded. If you want to participate through audio only, you can disable your video camera.

And with that, I will turn over to GeMar Neloms.

GEMAR NELOMS:

Thank you! We are so happy to have everyone here today. I will not speak long, but for those who do not know, my name is GeMar Neloms. I direct RETAIN technical. Today's session is about you and it is because, you have all asked to hear (indiscernible) what is it everyone is doing (indiscernible) We know what our state is doing for Phase 2, but we want to know what our colleagues around the country are doing!

That is why today is Part 1 and Part 2 is in a few weeks, we will do part two where you will hear from two other states.

If we go to the next slide, please.

Our state to state exchange; is that we all want to learn from each other. We also want to start setting the foundation for you to create opportunities where you can peer-to-peer share, thought partnership, and resource sharing. It does help us from a technical assistance lens, identify potential topic areas of interest that you all may have. Particularly,

for future peer-to-peer exchanges. And the types of supporting resources that we may need to develop, and make sure we acquire those to help support you all.

We will go ahead and get right into it! We are fortunate today that we are going to hear on the states of Ohio, the state of Kansas, and the state of Vermont.

We start off first with the Ohio team. So, I will turn it over to Ron Weber, and Kori Smith.

RON WEBER:

Thank you so much. We deftly want to thank the entire AIR team for setting us up, and giving us a chance to tell her story, and to hear what other states are up to.

My name is Ron Weber, I work for the job Department of family services. You're the lead agency for Ohio RETAIN. We partnered with Mercy Health, and Kori Smith is here to introduce herself.

KORI SMITH:

And I'm Kori Smith, I am from Mercy Health. I partnered with Ron as the medical partner for RETAIN.

RON WEBER:

We wanted to start with an overview of our program and how it rolled out. In phase I we were in the northeast corner of the state. For phase 2, we will continue there where we have built a solid team, and trained over 200 providers, etc. and we will expand into Toledo and Cincinnati. These are both very populated, urban areas with hopefully lots of participants.

And also, our partner at Mercy Health has a strong market presence in these parts of Ohio. We are hoping to hit our enrollment target thanks to the high population and level of support we have in those communities.

A few things about our program that might make it different than others; we choose to focus on non- occupational illnesses and injuries. Here in Ohio, we have an array of services and strong support for folks with occupational injuries. We decided to use RETAIN as an opportunity to build that network and improve services for those who are nonoccupational.

We started strictly with musculoskeletal injuries and near phase I, we worked with our medical director decided to add cardiovascular as well (indiscernible) as a second type of injury or illness that will serve under RETAIN.

I mentioned Mercy Health, and their goal is to employ the health service coordinators which is what we call our return-to-work corners. We call ours health service coordinators, or HSC. They also enroll their patients (indiscernible) from their existing array of patients who are coming for treatments, that is how we are recruiting our participants in the program. I think Kori Smith will talk more to that later.

Also, they use their own networks of providers as far as the individuals who will provide the services to our patients, and providing them training, and giving them incentives dimple meant best practices and attend training sessions.

Another interesting thing is our alignment with the job centers. That is our name for the American Job Centers, that are here, in Ohio. We are working with four of them locally, and using (indiscernible) O MJ (indiscernible) American job centers, to provide additional training, rehabilitation, job search assistance, the usual array of activities. We also use them to help us recruit employers from their roster of employer customers.

So, next slide. I will ask Kori Smith to talk about our outcomes.

KORI SMITH:

So, we see some pretty good outcomes. Considering the process of building and developing a program and workflow that made sense. We all experience the curveball of COVID and with all things considered, we could enroll 210 patient participants in phase 1. Hundred and 90 of those who are in the treatment program who are able to enroll and educate and maintain best practices. 123 were medical providers.

In addition, (indiscernible) we will talk more about sustainability here (indiscernible) but as a healthcare organization, we built a model, workflow, policies and procedures that were not only sustainable throughout phase 1, but through the development of the items I listed, it allowed us to easily roll out (indiscernible) throughout the state of Ohio (indiscernible) or phase 2. In both Toledo and Cincinnati markets.

In 2025 and beyond, the program we developed, we will be able to sustain and retain the services from a medical standpoint for our patients, throughout the organization.

Just a bit about the footprints, we not only have a fairly strong presence in the state of Ohio, but we also both the print that spans from New York down to Florida, over to Ohio and Kentucky. Our hope as a medical organization, even when we are done collecting data for the study is to continue to provide these RETAIN services for our patients into the future.

Something I really like, I come from an IT background and our model in program is 100% automated. We leverage both our existing and (indiscernible) and external database through sales to automate the transmission of data between us and Ron and his team. Which is really made things (indiscernible) I will not say seamless! We definitely had to work for road bumps, but it provided ease with getting data to the appropriate hands. That is something that we focused a lot on in phase 1 and will continue to refine procedural measures in a phase 2.

Towards the end of phase 1, we added social workers to our team. We realize that our team is showing a lot of responsibility in the area of social work. So, we were able to modify our team structure and preparation for phase 2 and we now have a team of specific social workers, stationed in each region to provide behavioral health services, to RETAIN participants.

If we like dollars and cents, we were able to expend 99.2% of our phase 1 funding! I'm sure you know, with grant programs, it is important to not leave money on the table. We were able to efficiently utilize most all of her funding.

-- Our funding and we can move to the next light.

RON WEBER:

I believe this is my slide, to talk about the lessons we learned.

One of the things we were surprised by, was the reluctance of many people to join a study. They were concerned about their employer's learning about the situation and possibly taking action against them, because their illness or injury.

We are doing a lot more education and outreach for the employer's and working with our local centers, and we are thinking about a RETAIN friendly list, or pledge, that employers can sign up for. We are working with AIR to develop

that. Then we can tell workers, your employer is on the RETAIN list. So, it should not be a problem to work with us and notify them about your condition.

As Kori Smith engines, we found a need for social services. Those barriers to employment around housing, transportation, tools(indiscernible) That sort of thing. We added social workers and we (indiscernible) in order to support services for those basic needs that someone needs in place before they can go to work.

We mentioned automation and data validation. That is working well but, it was more expensive, and complicated than we had hoped. We want to pilot the streamlined data portal that can be used by entities not in the RETAIN study, but maybe other health organizations or businesses that want to do stay-at-work, return-to-work services. They will have a way to report to us in this alternative database. We can still collect some data, but it might not be as detailed as that of the research study.

Our partnerships were found to be our greatest success factor. We have a solid leadership team and of course, Mercy Health has done great work in this project. We invite you to read our two-page right up to learn more about that!

I will hand back to Kori Smith, and next slide.

KORI SMITH:

Are right. Our projections.

Our first goal is participant enrollment. Our target is 3500 participant enrollments for the second phase. We have already mentioned that we have been able to pilot this study, so we have a feel for how we utilize workflow and project participants. We translate that and analyze report coming out from our Toledo and Cincinnati markets. These are the numbers we've landed on, respectively.

So is vacancy, Youngstown and Toledo are pretty matched so we are projecting 1100 patients in phase 2 out of each of those markets. Cincinnati is a busier market, so we are projecting 1300. Our goal is to surpass that, of course, but we know that 3500 in phase 2 (indiscernible) even if it kills me!

(Laughter)

Our employee number is significantly lower, and again, we have been operating for a few years under phase 1 under the Youngstown market. So we have a good idea of who is Artie enrolled in educated, and familiar with RETAIN. Our focus over the next few weeks will be to educate and enroll both Toledo and Cincinnati providers and bring them on board, as well.

We would like to bring 35 more on board and fill some gaps. We want to increase our numbers while focusing on Toledo and Cincinnati. We would like to grab 123 from Toledo and 176 from Cincinnati.

Those numbers will allow us to reach our 3500 patient goal while still keeping the quantity of patients and services provided manageable. Lastly, our third goal, and Ron mentioned this on the previous slide(indiscernible) we want to focus on employer enrollments in phase 2. Toward the end of phase 1, we recognized the strong need to engage employers in a new and innovative way, especially with COVID. And with patient hesitancy to enroll because of employer retaliation or losing a position. We want to come up with an engagement plan.

We were not able before the end of phase 1 to roll -- we were able to employ a few, but we are focused as we kicked Phase 2 off and getting those employers involved. Our target for Youngstown and Toledo, similar to participant, that match. We want to at minimum (indiscernible) 150 in those markets.

All right, we all know there's a lot about participating in RETAIN. Participating in higher RETAIN as they enroll and receive a $100 gift card. They will receive a comprehensive patient welcome packet that includes a patient handbook explaining the services provided. Control patients will be receiving a general list of resources.

So each group will receive a packet in some form or packet, however the treatment packet will be much more comprehensive than the control packet. Each treatment patient receives one-on-one care coronation on our end. So personalized plan is included with that. Help with financial hardship and employment needs.

As Ron mentioned, we have a whole team of service records dedicated to IT was patients and they will receive emotional resort -- support with any curveballs life throws at them behavioral and health wise. We are really focused on employer engagement coming up in phase 2.

We are brainstorming to come up with some really beneficial employee plans and wellness programs that we can offer to employers to hopefully allow them to see the benefit of participating in RETAIN as well. Really, the most important thing is a stronger patient and physician relationship and keeping that line of communication open between patient, physician, employer.

That circular motion and keeping everyone talking and on the same page and keeping our patients in the workforce. From here, I will hand it back to Ron.

RON WEBER:

Okay, next slide please. We wanted to provide two areas that we are excited about. We already talked about the RETAIN friendly list of employers and I put RETAIN friendly in quotes because I am not sure if we will call it that yet. We are still kicking around the idea yet, but it conveys the idea that employers will be able to join us and sign a pledge that they can do what they can to help workers with nonoccupational illnesses or injuries.

Then they will be held up as a model of community friendly or worker friendly employer in Ohio. We also will have the sustainable model, sort of a non-RETAIN study implementation that will have all of the same strategies and services as RETAIN. But maybe not as many incentives and less detailed data collection.

So it will be hopefully less expensive to implement and we will use that to inform our leadership after the RETAIN grant ends on what it would cost to keep this thing going sort of added bare-bones or reduced cost option. We were also asked to come up with any guidance for partnerships we would like to have help with.

We are not sure if we have exactly given employers enough. Employers will ask "what is in it for me?" And we do not know if we have enough there. We are interested in what other states are doing to incentivize employers and get them on board. We are always kind of wary about creating benefits for the treatment group population and leaving out the control group that can create a feeling of disparity or unfairness.

So we are always kind of keeping one eye on that as we explore what benefits we can give to the employers. So that concludes our presentation. We would like to go on to the final slide. Here's her contact information, we will take any questions that the group may have.

GEMAR NELOMS:

Excellent, Ron and Kori. you so much for that content and you do have a few questions! (Laughs) We will take one or two of them just so everyone knows as participants and then we will go to the next state. We will take a few more questions in the next state and then take it and open it up for larger question discussions including questions we may not of gotten to.

The first one that has come in for Ohio is if you could expand on what is actually involved in the employer enrollment?

RON WEBER:

We came up with the pledge and we may continue tweaking it. It essentially lists a bunch of bullet points that the employer agrees to. For example, where feasible we will make accommodations for workers with illnesses or injuries.

We will identify one staff person to have return-to-work point of contact. It is a series of items like that and then the employer signs the agreement, and we would then consider them enrolled in sort of the board trusting them to actually implement the things they signed off on for the agreement.

GEMAR NELOMS:

Great, and a number of folks asked a similar question. So hopefully, I see Amy, Kaylee, I hope that touched upon a majority of your questions as well. There was another one though and there about what is meant by RETAIN friendly employers? Can you highlight how you determine the criteria, your filter for someone who is RETAIN friendly?

RON WEBER:

Kori, would you like to speak to that?

KORI SMITH:

RETAIN friendly employer? Absolutely. As Ron said, kicking around that idea, we are not fully set on calling it RETAIN friendly but essentially what we will do is leverage a list of employers who have signed the page that Ron just referenced with the checklist of items.

The "I will" items as we will call them. And replicate that list as much as possible rather it comes to certain community events in which RETAIN is participating. We are able to have that list of friendly employers. I think Ron stated in the PowerPoint presentation that if we have a patient on the phone and walking through the enrollment process and consent documentation and that patient is showing apprehension.

Saying "I do not know. I do not know if they will be happy with me if I enroll in the study." We can reference the employer West who are friendly and say we've Artie spoken with them, and they are very supportive with your return-to-work and stay-at-work journey. That is sort of what we mean by RETAIN friendly. I hope that answered your question and if it didn't, let me know.

GEMAR NELOMS:

We have time to take one more within the same theme. I will encourage everyone to keep asking your questions in the Q and a box where the panelists and hosts are able to see the questions. Then we will move on to our next state team. But sticking with this theme around enrollment, this one is the switch to provider enrollment.

The question is "do you count provider enrollment by individual healthcare provider or by healthcare organization or practice? What are the types of providers you have? For example, are they primary care, occupational medicine providers or other specialists, physical therapists, occupational therapists, etc."

RON WEBER:

I'm definitely punting that one off to Kori.

KORI SMITH:

I will take it fresher. One of the things working in our favor on the topic of provider enrollment is we are operating in our own healthcare organization. We have relationships with physicians in Cincinnati already and we are in-house for lack of better terms. We are speaking to pharmacy health providers.

It is really as simple as scheduling an appointment to present on the study and give us information, really expressing the importance of providing this service to our patients. There are certain compensation items that physicians receive within the organization for completing RETAIN work, just standard credits and things like that.

But I think because we are in-house, we can leverage that in turn relationship to get providers on board. I am not going to say very easily 100% of the time but definitely with less barriers than if we were approaching medical providers outside of our organization.

We see the most traffic in specialty offices. We do have primary care providers enrolled and there is a pretty sharp focus in phase 1 to get those folks on board. However, for phase 2 we shifted our game plan a little bit because we saw the most traffic from her specialty offices. So that is where our focus is going to the Y in phase 2.

Most specialty patients were coming from orthopedic practices, we saw some neuro- patients as well as physical medicine and rehab. And of course, cardiology since we work with those conditions as well.

GEMAR NELOMS:

Excellent, thank you. And these are excellent questions so to the attendees once again, I encourage you to keep them coming. Place them in the queue and day box or in the chat box and Ron and Kori, thanks so much. But what on. You may go off of video but hold on because when we get to the end of all of this, I am sure there will be more questions!

So now I'm going to have us move to the next slide and I'm going to turn it over to the folks from the Kansas state team. I just want to give a particular shout out to Gail Tower who is the RETAIN team director for RETAIN works and disability employment research Gordon Nader who is unable to join us today, but we do have with us from the Kansas team, Amanda Duncan, Amanda Ramsey and Travis Francis.

So, I am turning it over to Kansas works!

AMANDA RAMSEY:

Yes, thank you very much for having us present today, I think it is a great opportunity to wear them from each other. I am going to try to fill Gail's shoes today but I do think he is and I want to give him some credit for leading us through phase I and into phase 2.

He has done a great job of really getting partners on board and together as we move forward. I'm going to advance the slide. And go to the next one, that was Dale. So, when we started in phase 1, we really were focusing on serving Butler County which you can see on the map as one County in our workforce region four.

And you know, one of the things we had to adjust to in that first phase 1 was we actually lost our initial service medical provider during that first phase. So, we kind of had to shift and pick up ascension via Christi and through that process, we expanded to the other five counties in the workforce region.

So, the workforce centers of central Kansas where our partners as well as Ascension via Christi. We have expanded that service area so that was one of the big areas from our first phase and we got an idea of how to scale up work within that area. I want to go to the next slide.

As we move, one of the other things we are doing is using the same enrollment criteria we will used in phase 1. It is chronic health diseases and newly diagnosed illnesses and potentially from COVID. So that has been good to add that, and we have had that from the beginning. So go to the next slide please.

In phase 2 we will expand to cover but will state of Kansas, you can see on this map we are going to add the other workforce development areas in state and continue to work with Ascension via Christi. We are recruiting up to four more medical providers that will serve the whole state as well as we have added to kind of our leadership team, the candidness. Mike Kansas business on health and our industry chapter society for Health Center management.

So, in phase 2, we are hoping to be able to enroll and the target is 4000 individuals across the state, 250 providers and then we really are focusing on expanding employer engagement. I do really like that idea of the enrollment and enrolling employers. I think that is a great idea.

So, we might be looking at that in the future. To the next slide please.

We're going to talk about outcomes from the workforce perspective. I will turn it over to her.

AMANDA DUNCAN:

Hello, we are the phase 1 RETAIN force partner, serving a rural area that is just to the east of Wichita, the largest city in the state.

I want to talk specifically about some of the outcomes are participants were able to realize and really, what the program looks like. As we worked with employers and the participants through the grant, the majority of individuals returned to work as soon as they were medically cleared. 95% of those just had job duties altered or changed. Only 5% required a physical accommodation.

Another thing that was pivotable to the success of the grant was the support services that were received. Half of our participants utilized supportive services. That was a beneficial addition that we had not had in place before when working with participants who experienced similar injuries or illnesses.

Another thing that was reported back to us is that none of our participants reported receiving (indiscernible) -- a wage decrease. In fact, several reported increases, including one participant who moved from $12-$19 per hour. It's phenomenal.

We have a clip we want to share, through partnership that we established with the local news station about getting the word out about RETAIN works. This was something that we did not have to pay for marketing or advertising for. We really found it beneficial, and we will play the clip now.

(Video plays)

SPEAKER:

Do you want to get back to work due to an illness or injury? There's a program that may be able to help you.

SPEAKER:

Having a job meant self-worth for Jennifer. She's enrolled in a program called RETAIN works.

SPEAKER:

I've never encountered a program like that, that was so career positive about helping people, especially people with chronic illness.

SPEAKER:

The program helps people keep a job after an injury or illness. With knee injuries and multiple issues, it forced her out of a previous job.

SPEAKER:

Gives you a sense of self-worth. You feel better about yourself when you work, being able to provide for your family is a feeling I cannot explain. And not feel like you are a burden to your family, to society.

SPEAKER:

RETAIN is a pilot program only offered in Butler County. It is part of a national effort.

SPEAKER:

I was excited we were one of the eight states selected.

SPEAKER:

In effort to keep people in the workforce.

SPEAKER:

We want to reduce the gap in employment as much as possible. The federal goal is to reduce the number of Social Security claims and hopefully, get them back to work so they would not need the benefit.

SPEAKER:

Here is the coordinator for RETAIN. She helps people navigate their employment, and work.

SPEAKER:

We are here for employers, to make modifications, or plans, things like that. For those participants who are not working, we tried to help them get back to work.

SPEAKER:

It is a program that many people are grateful for coming to Kansas.

SPEAKER:

I think God every day for people every day -- employers like Linda, my husband, and RETAIN. They are there regardless. They do not hold anything against you.

SPEAKER:

They help the program expands beyond Butler County.

SPEAKER:

RETAIN Works continues and phase 1 is limited to those who currently live in Butler County and have an illness or injury that is been impacted by their job. Out of the 49 enrolled in the program, so far, 25 have returned to work.

To hear more about this, including art job of the day (indiscernible) go to our special section called 'Building You.'

AMANDA DUNCAN:

That was a great highlight of our program in partnership here in Kansas. That actually got a lot of interest from jobseekers and employers who saw it on the news. They reached out to us to participate! At that time, we could not serve anyone out of Butler County, but we are so excited with her Phase 2, we will be able to Nash Equilibrium our Phase 2, we can move on from there!

AMANDA RAMSEY:

If you go to the next slide, we can see the lessons we have learned in this initial phase.

We did do a lot similar to Ohio (indiscernible) a lot of work on data collection, working out the forms, procedures, materials for patients, all of that. We will continue to build on that. The one thing we really learned was the importance of being those -- being there for those who actually had an injury occurred on the job. That was over 80% of our (indiscernible) and what that was. That is the target group, and we want to get providers who (indiscernible) specialty offices, even family providers, and things like that. So, we can access those patients.

The other valuable thing that came out that project was being able to scale the project, and really think about the differences in working with a small healthcare system, as opposed to a large healthcare system. You know, Travis has been crucial in being able to bring on new medical providers. Just because he can talk to them about his experience from that medical perspective.

The larger system has a good reputation across the state. Working with that large medical system is really, really valuable, and we will work with it in phase 2.

The pros and cons of that virtual service and how it relates to engagement of not just providers, but employers, and patients. You know not just overcoming those challenges, I think we will still have challenges to overcome in that environment but, we have made strides in that arena.

So, the other thing we want to move into is to talk about some of the best practices that have come out and the exciting developments for phase 2. I think Travis will speak to that if we could give it to Travis on the next slide.

TRAVIS FRANCIS:

Thank you, my name is Travis Francis. It is not Jody! I do not know why my thing says that. But I have been called worse. So, I'm taking it.

I'm an occupational health director. This was brought to my attention just over a year ago, we talked about a plan. Initially, when I got involved, I thought it was just a great thing for occupational health, and my employers.

As we have gone through phase 1 and met with others, one minute (indiscernible) OK, I have a minute.

It is much larger than that. I think from what Amanda said, one thing we have done here in the state of Kansas is (indiscernible). By leveraging Ascension, which is the largest healthcare system in the state, it has a large footprint in

three different cities in Kansas, Manhattan, Pittsburgh. We also collaborate in Kansas, especially the Rolands out West. It is rural.

Something we bring to the table, as a large organization is we allow access to hospitals, and other health systems is that we bring a purpose and value to what we are trying to do. What we are trying to do for Kansas. I think often times, we get competitive with what we do well, and we want to do it all the time. We do not want the competition and other health systems, and competing with us, and we have all these grandiose things that we do to measure metrics.

But the one thing that stands out for me, with this, is that it is been reciprocated by other health systems in the state. This is our opportunity as healthcare providers, regardless of what is on her shirt, is to work together. Collaborate, and discover what the best practices. And to be a part of a greater good is really what the other health systems need to get on board.

I think we have a lot of work to do, a lot of things we want to create, and how we want to? How we are going to effectively improve our goal here, which, we talk about in meetings. We talked about often. -- Talk about often. Every hospital has a list of metric systems that they have to follow, we all do.

The metrics in this are simple, but deep, employment is a medical outcome. We talk about all the time. I think you heard it from the young lady on the video, you can see what it means to her just to be employed.

Some of the challenges we have had so far from employers have been that it is new, they have their own system, and they don't want anyone messing with what they already know. Having this conversation with our employers here in Wichita and hopefully, in our state, is that we are here to be an extra tool and to accentuate what they already do and to help collaborate with them along with their primary care provider, or medical doctor to get folks back to work. Safely, stay-at-work, or have the resources with those around the stage, to see what they can do to help them. If it's training, different training, and keep folks there.

Probably imparting here, one of the other things I think we have to do well, and we are currently working on it, it is a personal goal for me, is making sure that we get these folks to the right people. Using our ER's is not the best utilization of our resources.

And if we can utilize all that we have better, then we all went. The claimant, the employer wins, we all win. That is a personal goal for me as we move through. Where is the best to go to receive the best care, and most efficient care?

It has been a whirl wind ride so far, I'm looking forward to Phase 2 with this group and I think the skies the limit. I appreciate your time, and I will give it back to Amanda. One of the Amanda's.

(Laughter)

AMANDA RAMSEY:

The other exciting thing coming to fruition in phase 2 is the support of the governor. We didn't include that in our application this time. And we recently have been in talks with our State Department and ministration who is really excited about the potential of signing up, and maybe being our first enrolled employer with RETAIN. We have a lot of opportunities there.

And just with other business groups, we really have (indiscernible) and so much potential in engaging our employers in some good conversations around RETAIN. I've seen a lot more excitement and movement to support the project from that perspective.

We are so excited about moving to phase 2. I want to leave sometime so we can answer some questions.

GEMAR NELOMS:

Actually, you had one more slide. I know originally Dale was going to present about guidance that you were looking for from other states.

AMANDA RAMSEY:

These are some things we are learning more about. Obviously, ways to improve engagement, with stakeholders, and you know, we have run into situations in terms of access to information across the different rock forms -- platforms in the showcase management component.

And I think we are reaching out to Vermont, actually to see how they have used that echo model. We are hoping to use that.

GEMAR NELOMS:

Great!

So, if you do not notice, everyone was shouting out their praises related to the clip. And the media coverage you were all able to get! So, kudos!

I see that Phyllis has a question so I will let Phyllis ask her questions. And one other item was asked, if you had a supportive services policy and Amanda Duncan, I saw you had a response to that. You use the workforce innovation supportive service accident policy! If there is something you tailored from Ohio and you are open to sharing it with other state teams, they would appreciate.

I will let you have the question Phyllis, and I will turn over to the Vermont team.

SPEAKER:

I actually hit that by accident. While I have a second here, I just wanted to say to the others that are in attendance that if you have not yet worked at a place, work out to your chapters -- reach out to your chapters in your state because they will be a great audience to get the word out to them about this program. There is a lot of HR professionals, they are always looking for ways of keeping their employees. Especially with the work for situations we are struggling with now. Thank you.

GEMAR NELOMS:

That is a great tip. I will hand it over to the Vermont team. As I do, I hope both Ohio, Kansas and some of the Vermont representatives can reference the question asked by Tammy. It's an excellent one. She wanted to know if you could share whether or not there has been challenges with competing, or similarly existing programs. Similar to RETAIN. And what of your experiences been? What have they been. I want to make sure that we hear responses to those questions. For everyone, as states.

Next we have Vermont coming up, to do a Vermont specific question answer.

We have the Vermont team now, led by Karen who is not here today. But the team is represented by Christine, Christine, and some anymore. I was handed over.

CHRISTINE GEILER:

Good afternoon everybody, I work for the Vermont Department of Labor line the manager for the Vermont team project. We put together a brief presentation today that we are hoping is designed to showcase our process -- project and showcase opportunities where we can share ideas with fellow states.

Our goal is to expand your understanding of our product design and help facilitate some collaborative conversations. Next slide please. Next slide. So, in today's presentation, we are going to present with a few various members of our team. We are hoping to provide a good program overview and share some of our highlights from phase 1.

As well as spotlight some activities that can have a big impact for Vermont and potentially some of your states as well. In discussing collaborative state to state conversations. So next slide. Our project diagram was included in the state to state exchange handouts.

It includes a lot of detail about our process and the organization structure of our project as well as key activities and partners. So we really hope that you've all had a chance to review it. And we will highlight a lot of those important concepts and activities throughout this presentation. Christine (Unknown name) is the director of our coordinating center and she will lead the Vermont team in providing some further detail about our vision and the RETAIN team. Next slide.

SPEAKER:

Thank you Christine. Our vision is to create a sustainable work facility program with health employment services and critically it is accessible to every Vermont clinician, worker, and employer in need of support. Next slide.

We really pretty much covered this. These are some of our key members of the team with Steve Monahan being the PI and sort of believed for the Vermont Department of Labor. Then the rest of the team here that you have already heard about as well as other partners who may be on the line, we have a large number of Vermont RETAIN across different sectors as well. So next slide.

And I think I'm handing this one off to carry.

CARRIE FREITAG:

Yes, thank you Christine. I am Carrie Freitag and then the project manager with the Vermont team. I wanted to provide a little overview of how we are organized, first, where a multi-PI project so we have four PIs and oversee four different centers.

One centers focus on operations and awardee activities. We also have a clinical coordinating center, a data center and a development center which encompasses several things. Training, development, outreach, sustainability. So, it is a very outward reaching activity.

We organized into about six different working groups, and that is how we organized our leadership that way. In the handout, he will see the six groups. We have the early return-to-work interventions, program evaluation, CQI operations, training and development, sustainability and equity, and marketing and outreach.

Our partners comprise our advisory board and our partners are one of the most important aspects of our program that I think really gives us some depths. There is not a single Vermont team RETAIN activity that does not include other partners whether they are healthcare providers or other partners in the state of Vermont.

In the handout you can see a list of our partners and also the handout is an organizational chart that shows the centers and the activities that fall under that. We have monthly advisory board meetings and provide a monthly executive summary to the board. We provide working group updates, we highlight, we pick different activities to highlight each month. Different partners to spotlight each month and then have a lot of good discussion and input from our advisory board around these topics that we present.

I am going to hand it back to Christine. Next slide.

SPEAKER:

Thank you, in lieu of Karen (Unknown name), we want to point out that a few of the key things about Vermont is that we have one of the highest SSDI rates nationally and one of the highest rates of young people receiving SSDI benefits. Next slide.

One of the reasons that our program has a focus on mental health is because the most common reason for receiving us as SSDI benefits in Vermont are mental health. You can see the graphs where Vermont is a green dotted line versus the red US. Our diagnoses are the most second common and they are shown below compared to the US. Next slide.

I want to give you a sense of how we are actually identifying our participants and this targets primary care practices in a routine program. So within primary care practices that are enrolled, we enrolled 68 practices and they will administer and have participants and registration self-administered screening survey.

That includes two questions to identify people who would be appropriate and if they answer yes to the main question, they are given the opportunity electronically to provide contact information. Access this dear VeriFone via a QR code and the tablet and I would highlight that among those 16 practices, we plan to enroll 1020 participants. Next slide.

In terms of highlights from phase 1 and lessons learned from phase 1, I think we can go to the next slide which shows are fabulous care coordinators and yes, please load that. Thank you. In phase 1 we conducted a statewide needs assessment and worked with six pilot practices, it will do hundred and three workers, have high patient satisfaction and we found that our training providers feel more confident in best return-to-work practices.

We learned in phase 1 that we need collaborators but also return-to-work services in the community in order to have people get back to work. In phase 1 we piloted three new stay-at-work and return-to-work programs to fill the gaps that we identified in a statewide needs assessment.

We looked at additional partnerships to expand existing programs. We highlighted a mobile health system which includes a portal for the care coordinator and a nap for the participant to address some communication needs. Next slide.

This slide shows our Phase 2 program that we developed and it also kind of highlights our learnings from phase 1. Briefly, all of our work is sort of crosscutting work in best practices, equity, accessibility and continuous quality of movement. On the right side is our early return to work program which provides care coordination for providers and patients at primary care practices.

Our training program includes the training grant program and a winning grant program and the training care program essentially provides support and funding to enhance existing services that we found had gaps. By connecting return-to-work services through coordination and new and advanced return-to- work services, we aim to match patient health and work orders with the services they need based in their medical home.

And so, those additional services and the training grant program represent a great deal of her dealings in phase 1. Now I will hand this over to Steve Monahan who will address the areas our team is excited about and have a big impact on the state and talk about the medical home model that we have. Steve?

J. STEPHEN MONAHAN:

Thank you, next slide please. I am Steve Monahan, Director of Worker's Compensation and safety in the Vermont Department of Labor but also, the lead PI for the operations. The area that we think we will have the biggest impact on workers in the state is our focus on supporting and educating primary care providers.

Most of our early injury and illness care in Vermont is provided in the primary care setting and delivering best practice really works with disability prevention services and addresses both physical and mental health in the patient's medical home, their community and will make tremendous differences.

We do this by engaging providers in the return-to-work process. The significant outreach and training processes, we provide the scope of management by providing return-to-work competency among existing practice care managers and having physicians recognize the part of successful treatment is making sure the patient can actually return to the work environment.

We are further collaborating with existing initiatives such as the Vermont Department of health and the department worker health program and the mental health employment and training programs that exist in the state. Utilizing telehealth and accessibility initiatives, the Vermont workforce certification program and others.

We have been able to bring together these programs and work with them to further this. And we will be awarding training grants to providers, employers and community organizations to fill gaps in service based on a statewide needs assessment (Static) we believe this will systems approach will allow us to grow and reproduce the program.

The central leadership design will help make sure the program continues in the future. I believe (Unknown name) is next.

SPEAKER:

So, I just came out of Ohio, I know are you off from! I don't quite see the slides here? I'm unsure what's happening here and is there and next slide? Someone?

We have to solve these problems in Vermont. There are so many questions, that I think you have as well. When we are done, how will your work in our work be sustainable? If it worked in Ohio and Vermont, and Kentucky, and everywhere, will it work somewhere else? How will they get to it?

There is clearly a need for the organization in our state, to take responsibility across the platform. There are many different organizations that have different motivations and they do not hold together very well.

One thing I know in the development of sustainable programs is that when you design them, and needs to be made so someone can steal it. And needs to be so easy for another organization to take it on, so they do not need $4000 worth of committee meetings. Were working on that from the beginning.

We are also hoping to get ideas from all of you! When we look to things beyond their own projects, if RETAIN will work in Vermont and other places, it will because that might be because all of your projects have merit. We are so excited about that.

We see people coming with political arguments, within insurance companies, and the financial arguments (indiscernible) so we will help organizations build their components of anything that we call RETAIN going forward.

This is to whet your appetite or something.

When you think about the different major players, I have a list of about 20 players. Our friends have very particular needs that we know well. Social Security, disability, and Medicare, may require the government to maintain things going forward. The government is saying that when they pay taxes, they have a lot of motivations there.

The employers have interesting interest in productivity, and efficiency, with low unemployment and they need more people working. And in the commercial insurance, (Static)

We can show them, we can help the commercial insurance support the work that we all do. You know we have lost beyond healthcare loss which includes (Static) that need to overhead this thing.

Because they are not solving it now, and they care about it, right? Do we push -- (Laughs) Do we push to look at the quality? Will that let them spend money? Marketshare? Is that enough to spend money on programs? Or do we look at how we make things like RETAIN make them more profitable.

Vermont is the future of healthcare in many places, because we had Bernie Sanders, and we also had Doctor Howard Dean who had a keen interest in healthcare and also saving money in the national healthcare system. This is a great platform for us to know how the country will go as we move towards the national and regional health system.

So my job, is to figure how we can make money for everyone else so they can steal from us! I'm looking forward to working with you all, because your ideas have great value. I will end there.

GEMAR NELOMS:

Excellent! Thank you so much. Thank you for presenting at while you are mobile.

That was the Vermont team, and I'm not sure. Steve do you want to say anything else? Otherwise I will open it to the group for questions that you may have. Specifically for Vermont. Or, for any of the other teams.

Are there any questions specific to Vermont? And, feel free to come off of audio and ? one of the things I'm curious about ? is the same question was asked earlier of the other teams; even though Vermont geographically may be smaller then for example, Ohio Arkansas, -- or Kansas, have you found that you have competitors at all? In your state? In looking at the partnerships, and stakeholders you identified, it looks like you are doing an excellent job of bringing folks on board and I'm wondering if those folks have included entities that may have previously been competitors.

ANDY HAIG:

It may be more mine, in the competitive world. We currently are not competing with anyone. If you have a private management company, they may feel threatened, but they may be the best part and we need going forward.

It is interesting that we don't have anyone really competing with us, at those levels. Steve, you have more of a helicopter view?

J STEPHEN MONAHAN:

I was going to say, I do not think we have direct competition. We have been able to pull in different groups that have involvement in trying to assist people with injuries and, staying working or returning to the workplace.

We have approached that, and held out her hands in a collaborative undertaking and I think we have been successful without. We never know what will happen down the road, but right now, there isn't really a competition in the state.

GEMAR NELOMS:

I see a comment directly related to this and I don't know if you want to come off of mute and highlight what your comment is referencing, but you wanted to state that you focus on GAP in care, and not replacing care, but referring to those resources ? I think it would be helpful for everyone ? dooming gaps as in the actual space? Or the acronym for it ?

SPEAKER:

My name is Peg. I was talking about gaps in care. For example, our care coordinators do not try to replace vocational rehab counselor. You know? Our goal is to make sure the employer and employee are aware of their availability and plug them in. So, we are not trying to take the place of our competitors, we are trying to incorporate the resources that they have in place.

Like a career resource Center ? we will not become this person's career resource Center, we will link them up with them. In follow up with them. -- And follow up with them in their experience. We do not want to compete with folks so much as fill the voids that they cannot fill.

GEMAR NELOMS:

That leads me to another question that I know has come up a few times. This is for any of the states, when you follow-up ? when you refer ? there's a difference between referring and making sure a referral was both followed through on, and may in fact have supported the retain participant -- RETAIN participant.

Do any of the states on this call have you found success with a particular approach or strategy, to your follow-up? To make sure referrals are actually working. To make sure the partners in which you engage are holding up their end of the bargain as it were. Based on the expectations you have when you make the referrals in the first place and partner with them

SPEAKER:

I think it's important that we are documenting referrals. And that we document all that happens within that referral. There are certainly (indiscernible) That doesn't meet my rigor, sorry.

I'm sorry. I lost my train of thought. (Laughs)

The follow-up?

GEMAR NELOMS:

The follow-up occurred and may support your participants.

SPEAKER:

Follow-up is critical with the patient and even, the referring service. You have to have your consent in place, if you want to do a follow-up with a place made the referral to. But yeah, it is helpful to follow up with and understand what the client experience was of that. And whether or not they need any other intervention.

In phase 2 the Bahama phone app that will help confirm -- in phase 2 we will have a phone app that will let us follow up with clients, call them, and monitor their appointments and their providers and also the follow up with them. It will be a big tool for the care coordinators to do that.

GEMAR NELOMS:

Very helpful.

One of the notes by the way, in case the Vermont team missed it, was a shout out to the slide that had all the different stakeholders and potential outcomes by stakeholder. The question was , will it be sent out after the session? It is not in the handout of the state two pager. But we are recording today's session. It will be posted for everyone. So, you can see that, and we may post the hard copy PDF of the deck today.

I want to go back to one of the questions today, I'm not sure everyone got to see the response provided. I am opening this up to Ohio, and Kansas. Ron, I think you provided a response about competitors. You talked about learning about third-party contractors? And some of it companies hired the return-to-work services? In phase 1 you avoided enrolling people from these companies, but in phase 2 there was something that happened that let you look at different leave. Would you mind coming onto A/V? And sharing your response with that? I'm not sure everyone got to see the response.

RON WEBER:

Sure. In general, I agree with the gentleman from Vermont. We do not have a lot of direct competitors in this space. But, we did learn of a few people being served already by their company. Some companies, some employers have seen the value of stay-at-work return-to-work. And of hired contractors to come in and employ the same strategies we are trying to do under RETAIN.

During phase 1, we were wary of that. We did not enroll them because we did not want to mess up the research study, to make it look like they were in the control group. They may be getting services through third-party, so we left him out.

Now, in the most recent list of data elements that we can record, there is a data element for individuals in that service. So, we can mark them, serve them, with them and either control or treatment group ? it does not matter. In the evaluator could account for it. And they would know that they might be getting services through another employer. -- Their employer.

GEMAR NELOMS:

I know we are almost at time, but I wanted to give the audience the opportunity to ask any other questions that you all may have. Feel free to come off of audio.

Was there anything in particular that resonated with you? You may have heard in a state other than your own? All right, not hearing anything from the group. I know it is a lot to absorb at this moment. I just want to talk for about a minute about next steps.

If we could go to the next slide, the first thing you will see is there is a survey monkey link. I want to just emphasize how important that says. We always actually use your feedback to help us determine what we should do for you. Obviously we use a lot of other methods as well for determining that including meetings with you all as states.

But in particular, we want to know what you all want to learn more about from the states that you heard today. Because we are going to use that to help inform one of the segments in the upcoming annual convening which is being held in November.

There will be some more details coming out on that convening very, very soon. We really hope that you all could please just take an extra moment to complete the survey. The next part of this series is we get to hear from your other colleagues in Kentucky and Minnesota. That is on the 29th and anybody from your seat partners is welcome to join us and register for that. We will do the same thing, and everyone will have an opportunity to present.

Then we will open that for questions. Rita, I see your question for Vermont, and we will make sure we capture that. If you want to stay on for another moment, they may be able to respond to that or we can open it up for the second round. But on behalf of AIR, I want to think first and foremost all of our presenters today and the overall teams of Ohio and Kansas and Fairmont. Vermont

You all really did a great job highlighting what you wanted to highlight. In a way that I think is really helpful friendly states here. We think you for your time and attention in doing so. We look forward to seeing everyone that is here participating at our next part two, state to state exchange on Wednesday, September 29. So thank you all so much.

SPEAKER:

Thank you everyone.

("Live captioning by Ai-Media")