

## Return to Work Coordinators Community of Practice—Notes

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The session kicked off with a brief “Welcome to RETAIN TA” overview and introductions by RETAIN participants. Participants’ length of time with RETAIN and in their RETAIN roles varied from a few months to more than a year.

**Afterward, the Community of Practice (CoP) group engaged in a Jamboard session during which they brainstormed ideas for setting norms and identifying topics they would like to discuss in the future.**

### **RETAIN participants responded to the Jamboard activity on norms as follows:**

- CoP participants endorsed the following norms for their sessions:
  - Be present, participate, and be engaged
  - Embrace diverse perspectives
  - Share the air
  - Assume positive intent/goodwill
  - Respect what is shared
  - Commit to confidentiality
- In addition, participants endorsed the following norms:
  - Partnerships:
    - mean a free exchange of information and resources, supporting one another, and giving credit where credit is due;
    - emphasize collaboration with colleagues and other organizations;
    - are important for working toward successful programs in their state; and
    - are mutually beneficial.
  - Working as a team regardless of employer

### **RETAIN participants used the Jamboard to brainstorm potential topics for future CoPs:**

- The CoP facilitator highlighted a few topics from feedback pulled from the Return to Work coordinator discussion during the RETAIN Annual Convening in November 2022:

- RETAIN participants not calling back after being deemed eligible
- Struggling to get employers engaged
- Lack of cell phone service in certain parts of the state
- RETAIN participants added the following topics to the Jamboard and endorsed them as potential topics to emphasize in the future:
  - Referrals (how to try to get more referrals versus seeking out participants)
  - Provider buy-in
  - Some people having phones that require extra minutes and therefore running out of time
  - Participants enrolling and then not responding to communication
  - Working with participants who may be technologically deficient
  - Discharge
  - How to sell employers on referrals that only have a 50/50 chance of receiving services
  - Ways to successfully engage and follow up with providers
  - How not to appear as spam when contacting participants
  - Engagement of unions and third-party administrators
  - Resource funding not available or diminished rental assistance
  - How to navigate companies when participants feel they were not given sufficient services
  - Education on topics in follow-up calls with patients who have enrolled (e.g., FMLA paperwork, accommodations, etc.)

### **RETAIN participants discussed their topics suggestions as follows:**

- Regarding diminished rent assistance, one participant said they can direct participants to referral services, but those agencies often lack the funding to help. The participant stated they do not know whether this is a state issue, but it can be difficult when someone is missing work and behind on their rent.
- Another participant was having similar issues and stated they cannot help people with their mortgage payments, though they are able to help with rental assistance.
- One of the states is working with an agency to help offer rent and mortgage assistance in a one-time \$800 payment. The tricky part, however, is that the participant's name must be on the bill, or they cannot receive this service.
- A participant said they have a lot of issues with people not showing up for appointments and wondered whether others were experiencing this issue.
- Another participant responded that they have issues with people they recruited not answering for enrollment and wondered what is happening between the recruitment and enrollment stages and why they do not answer.

- One participant said they have been getting people to answer on follow-up by ensuring that they schedule the next call before ending the first call.
- At least one state waits until they are in the visit to provide consent; other states email consent.
- One state that emails consent forms said they use every available avenue of contact (i.e., text, phone) and attempt to reach out three times. After that, they mail a letter giving patients a 10-day notice. This state also has trouble with people thinking they are salespeople, so they reiterate in the letter that they are real people.
- Another participant uses an email follow-up with their hospital logo and credentialing for consent after recruitment.
- Another state reported that emailing consent forms has been mostly successful, but they have experienced the issue of getting people who are technologically deficient to electronically sign forms.
- One state offers paper forms to patients who prefer them. This state has found that people can be quite rude during phone calls, so they have been working on supporting their team members in handling calls from angry people.
- A participant stated that the practice from which a patient comes makes a big difference. Some doctors are good about explaining the program; others are not. Going back and getting doctors onboard can make a big difference on the first call.
- One state is conducting monthly check-ins with practices to ensure they understand the purpose of the study. The state issues tablets and paper screeners to practices, but they are unsure how these devices are being provided to patients. Sometimes states send a letter back to the practice explaining they were unable to reach one of their patients. The letter also asks whether the practice can do anything to help a patient enroll.
- One participant said they had a problem with how their number appears on caller ID, since they are calling from three different areas in the state. As a result, they worked with a Verizon representative at their hospital to get their phones to display the hospital name.

**The CoP facilitator asked participants whether they wanted to share any resources or best practices. Participants’ responses were as follows:**

- One participant explained that they have a regular meeting, called “Morning Coffee on Fridays,” in which colleagues come together in the morning to talk about problems or situations with clients and participants. They have found these meetings to be extremely helpful.
- Another participant mentioned that when they first started, many patients used Tracfonos and had trouble paying for extra minutes, which affected their ability to be reached. The

participant is now able to provide phones to those patients and hopes this will improve outcomes.

- A participant said they all work remotely and wondered how this affects the healthcare practices. They drop off “welcome” packages to practices and help them set up screeners and understand processes, but they wondered what other states do to engage practices.
- One participant replied that they visit practices as often as possible and drop off material such as information packets and the occasional brochure. They have also had “lunch and learn” sessions with some clinics, but they still struggle with provider follow-through.
- Another participant said they were told they were not allowed to offer gifts but learned that another state provided items like RETAIN branded cups and hand sanitizer. They were able to do this by labeling the items as outreach materials and supplies.
- One state was able to obtain a letter from the chief of medicine at a large hospital to support RETAIN, and the letter was sent to other providers. This letter helped give the program clout.
- Participants discussed how the COVID-19 pandemic not only has impacted referrals but also has led to provider staff shortages. Because of these shortages, nurse navigators can be a good selling point to providers. Another pitch is to determine whether any provider staff shortages can be filled by RETAIN staff.