

RETAIN Virtual Annual Convening

September 21-22, 2022 Day 1



RETAIN

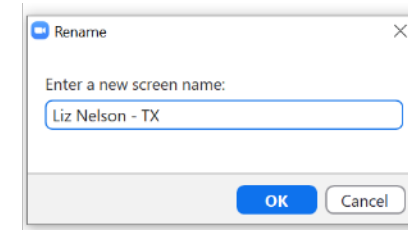
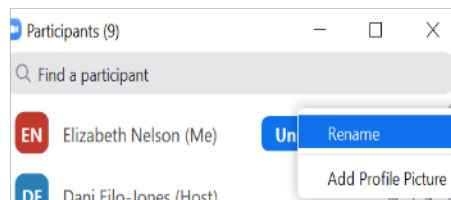
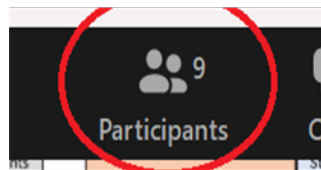
Retaining Employment and Talent
After Injury/Illness Network

 **AIR**[®]


ODEP
Office of Disability
Employment Policy

How to Participate

- Chat box and email:
- Use the chat box throughout the session to make comments and communicate your tech problems. Raise your hand and we'll call on you. Lower your hand after you've been called on.
- You also can communicate by email at RETAINTA@air.org.
- Other helpful Zoom features:
- To access closed captioning, click on the link in the chat box.
- To add your state abbreviation to your name, find your name under "Participants," click "More" beside your name, and select "Rename."



Disclaimer

This event is conducted by the American Institutes for Research 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, 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.

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Welcome and Opening Remarks

RETAIN

Retaining Employment and Talent After
Injury/Illness Network

U.S. Department of Labor, Office of Disability Employment Policy (ODEP) Leadership



Taryn Williams, Assistant Secretary, ODEP



Jennifer Sheehy, Deputy Assistant Secretary, ODEP

Overview and Objectives

Overview and Objectives

The purpose of the 2022 Retaining Employment and Talent After Injury/Illness Network (RETAIN) virtual annual convening is for RETAIN Phase 2 states to

- Collaboratively share information about RETAIN programs;
- Learn and enhance state team knowledge on stay-at-work (SAW)/return-to-work (RTW) from subject matter experts and through peer-to-peer exchanges; and
- Learn from each other's experiences.

Participant Materials

- Agenda
- Reflections Guide
- Participant List
- Speaker Bios

In addition, post-convening:

- Plenary Sessions Recorded
- Breakout Session: PPT and Notes
- Posted on the RETAIN Online Community

RETAIN Virtual Annual Convening: Reflections Guide

Guide Description

This guide provides a space to (a) respond to guiding questions for breakout sessions; (b) capture key takeaways and themes as they relate to you and your state team; and (c) reflect on insights from the convening and its activities.

Day 1

Panel Discussions

For the panel discussions, please use the space below to capture themes and key takeaways as they relate to your role with RETAIN, your RETAIN program and partners, and your stay-at-home (SAW)/return-to-work (RTW) program participants.

A New Normal: What Long COVID May Mean for Workforce and Healthcare Panelists

Day 1-1 (Click or tap here to enter text.)

Job Accommodations From Multiple Lenses: Strategies and Considerations for Business

A New Normal: What Long COVID may mean for Workforce and Healthcare

RETAIN

Retaining Employment and Talent After
Injury/Illness Network

Introductions



- **Panelist**

Brandy Farrar, MS, PhD,
Managing Director,
Health, AIR



- **Panelist**

Greg Vanichkachorn,
MD, MPH, Director,
COVID Activity
Rehabilitation Program,
Mayo Clinic



- **Moderator**

Mona Kilany, PhD,
Deputy Director, RETAIN

The Enduring Effects of COVID-19

Implications for health care worker burnout

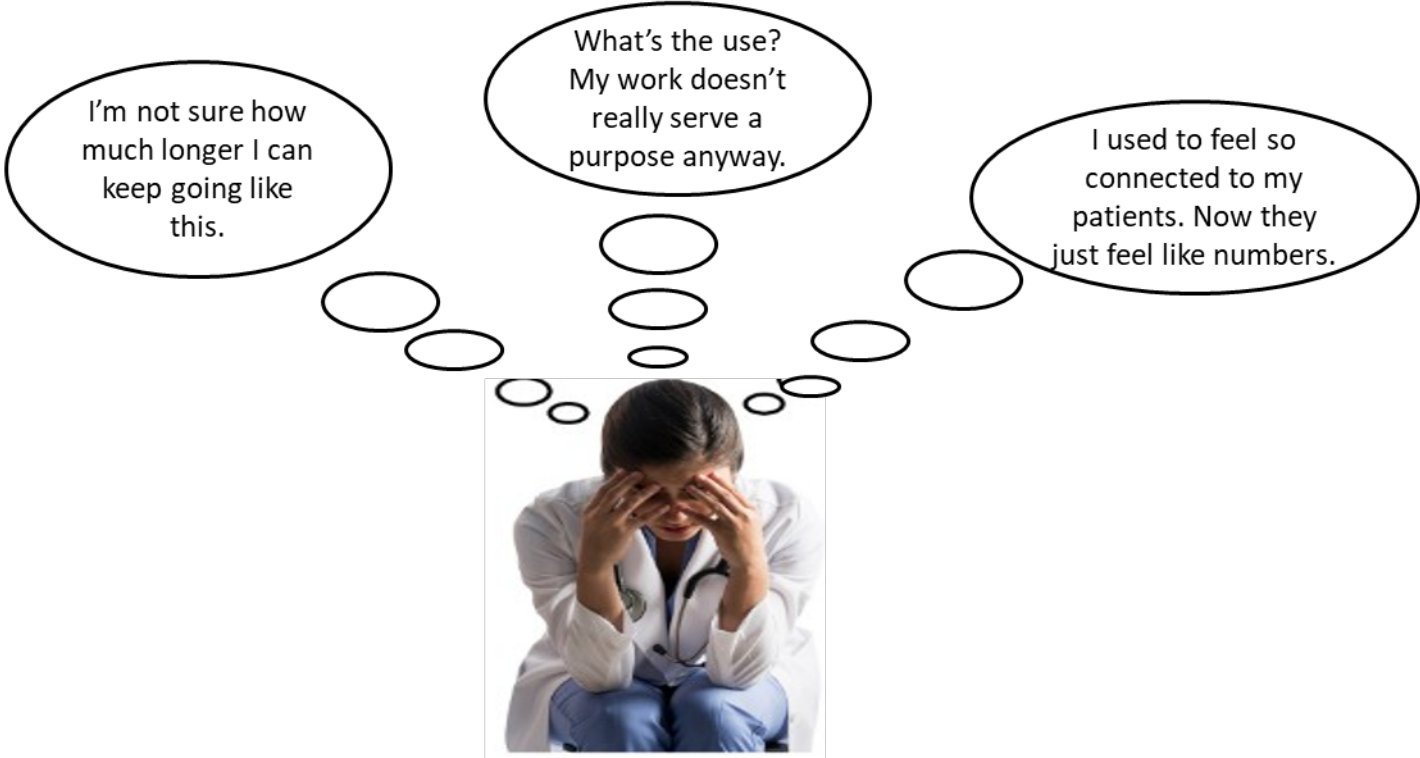
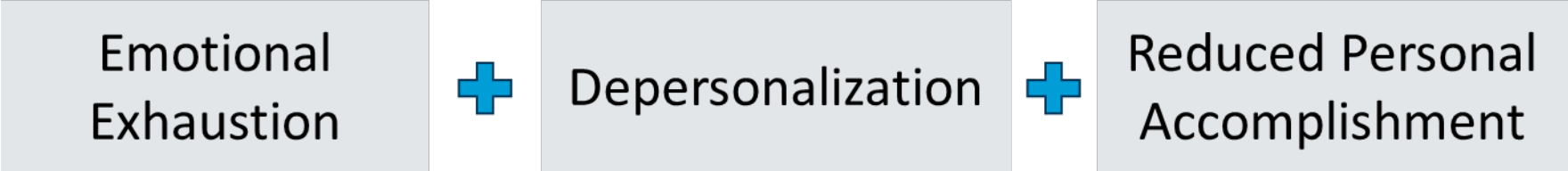
Brandy Farrar, PhD, MS

Managing Director

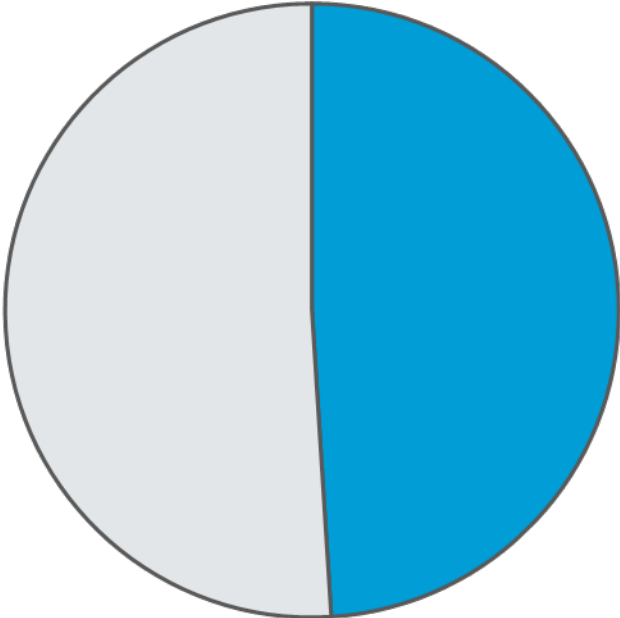
American Institutes for Research

RETAIN Convening | September 2022

Defining burnout



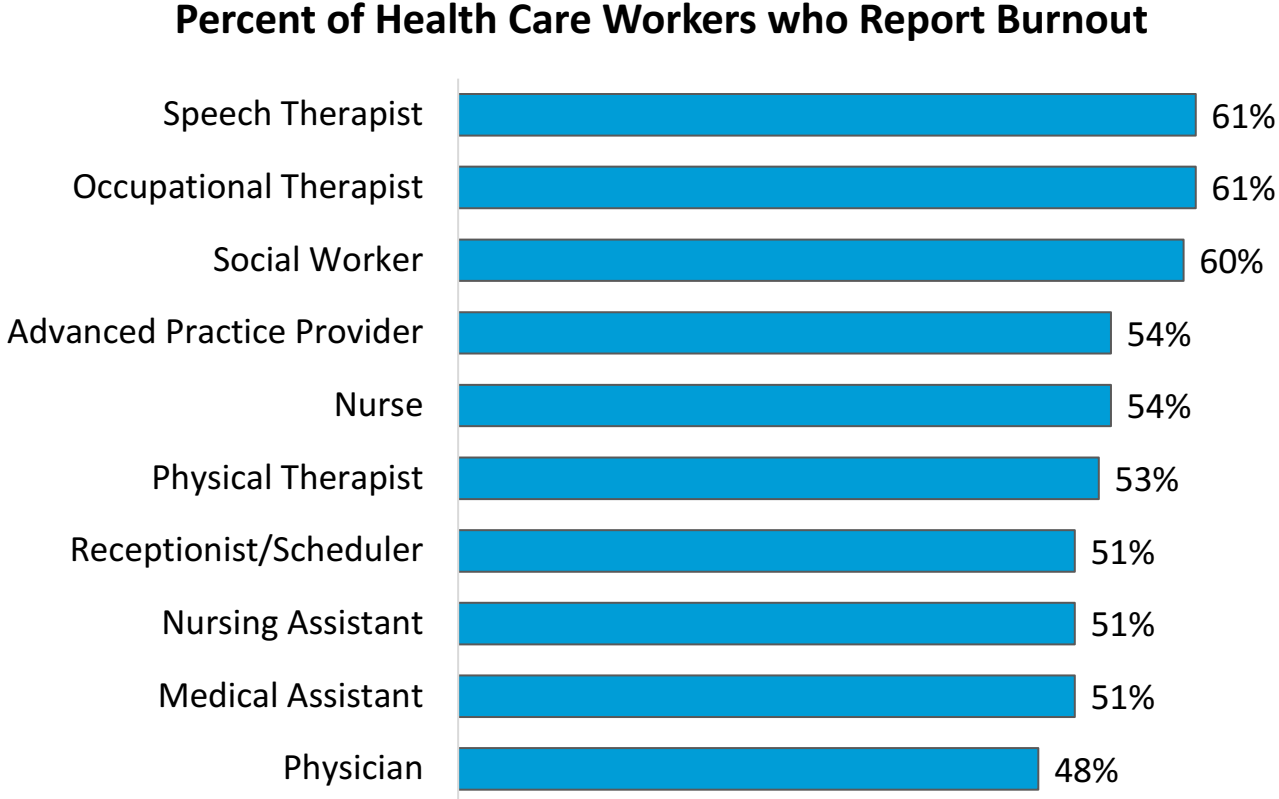
Burnout Prevalence



About half (49%) of health care workers experience burnout.

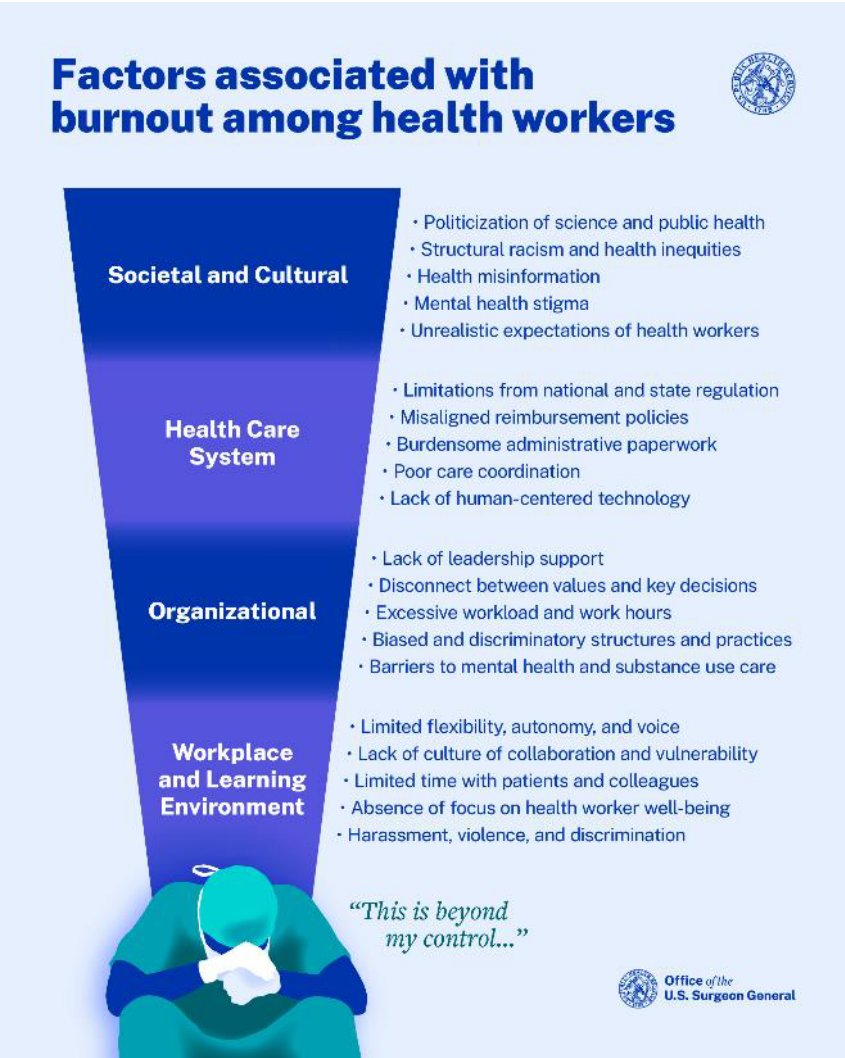
Burnout Prevalence (cont'd)

It is not just physicians that experience burnout.



Drivers of Burnout

Factors associated with burnout among health workers



- Societal and Cultural**
 - Politicization of science and public health
 - Structural racism and health inequities
 - Health misinformation
 - Mental health stigma
 - Unrealistic expectations of health workers
- Health Care System**
 - Limitations from national and state regulation
 - Misaligned reimbursement policies
 - Burdensome administrative paperwork
 - Poor care coordination
 - Lack of human-centered technology
- Organizational**
 - Lack of leadership support
 - Disconnect between values and key decisions
 - Excessive workload and work hours
 - Biased and discriminatory structures and practices
 - Barriers to mental health and substance use care
- Workplace and Learning Environment**
 - Limited flexibility, autonomy, and voice
 - Lack of culture of collaboration and vulnerability
 - Limited time with patients and colleagues
 - Absence of focus on health worker well-being
 - Harassment, violence, and discrimination

“This is beyond my control...”

Office of the U.S. Surgeon General


Consequences of Burnout

For workers:

- Job dissatisfaction
- Lower quality personal relationships
- Poor immune function
- Anxiety
- Depression
- Substance Use Disorder
- Suicide

For health care organizations:

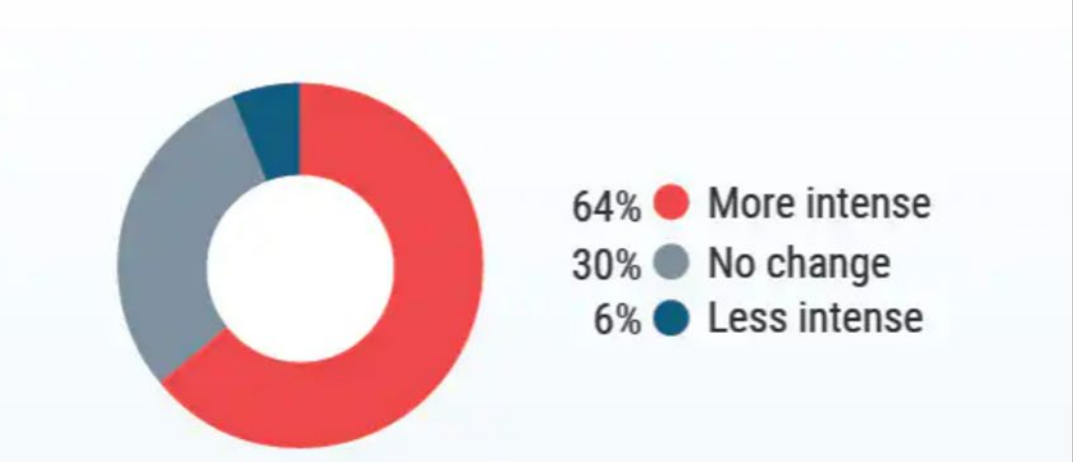
- Turnover
- Absenteeism
- Presenteeism
- Lower productivity
- Lower quality and safety of care



The annual economic cost associated with burnout is approximately **\$7600 per employed physician each year.**

Enter COVID-19

US Physicians: Has Your Burnout Increased Since COVID-19?



"The fact that we were sent to take care of infectious patients without proper protection equipment made me feel we were betrayed in this fight."
—United States, rheumatologist



Rates of long COVID among health care workers

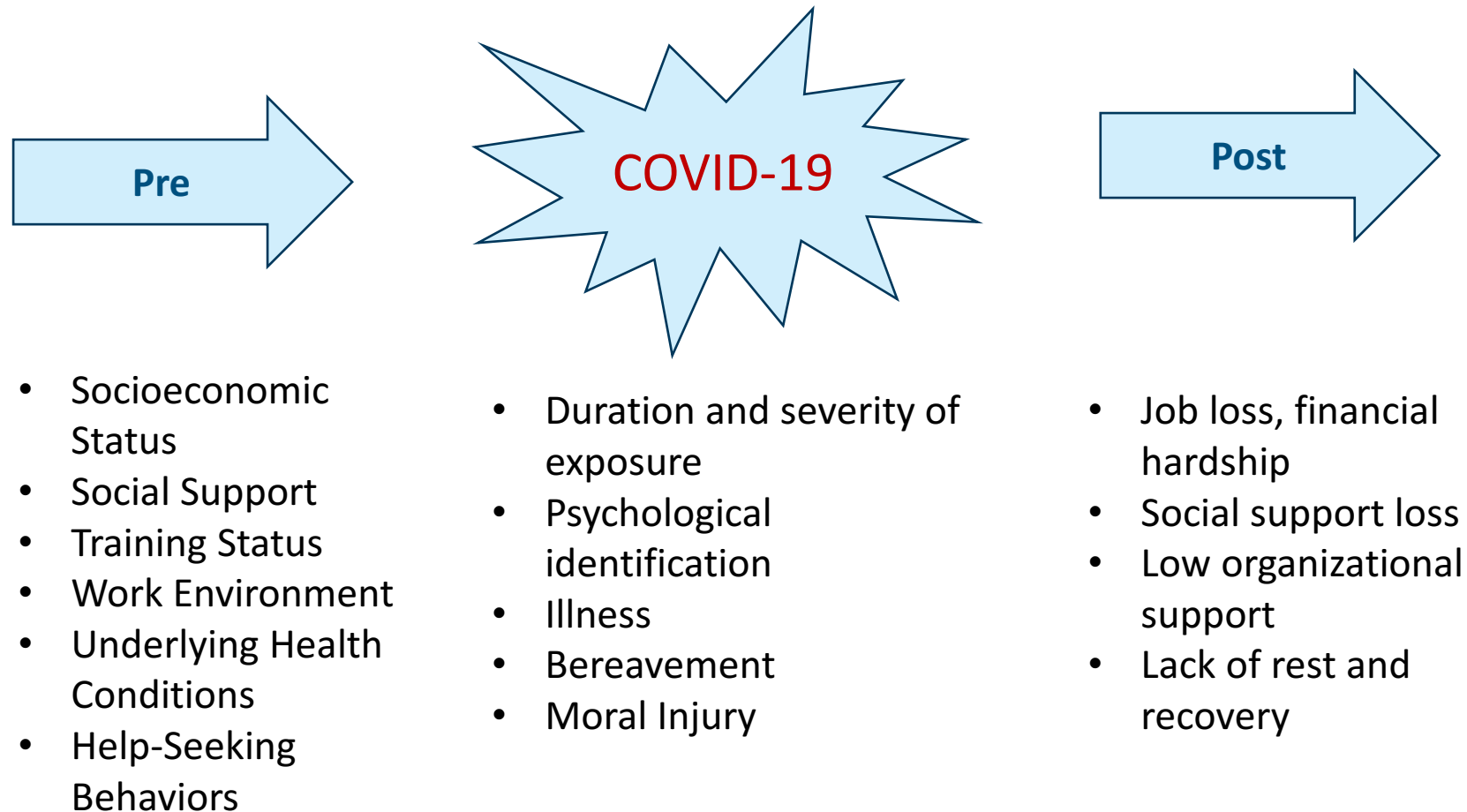
One study found that...

- **40%** of health care workers who had contracted COVID cases that did not require hospitalization **still experienced symptoms 12 weeks later.**
- **68%** of health care workers who had contracted COVID cases that did require hospitalization **still experienced symptoms 12 weeks later.**

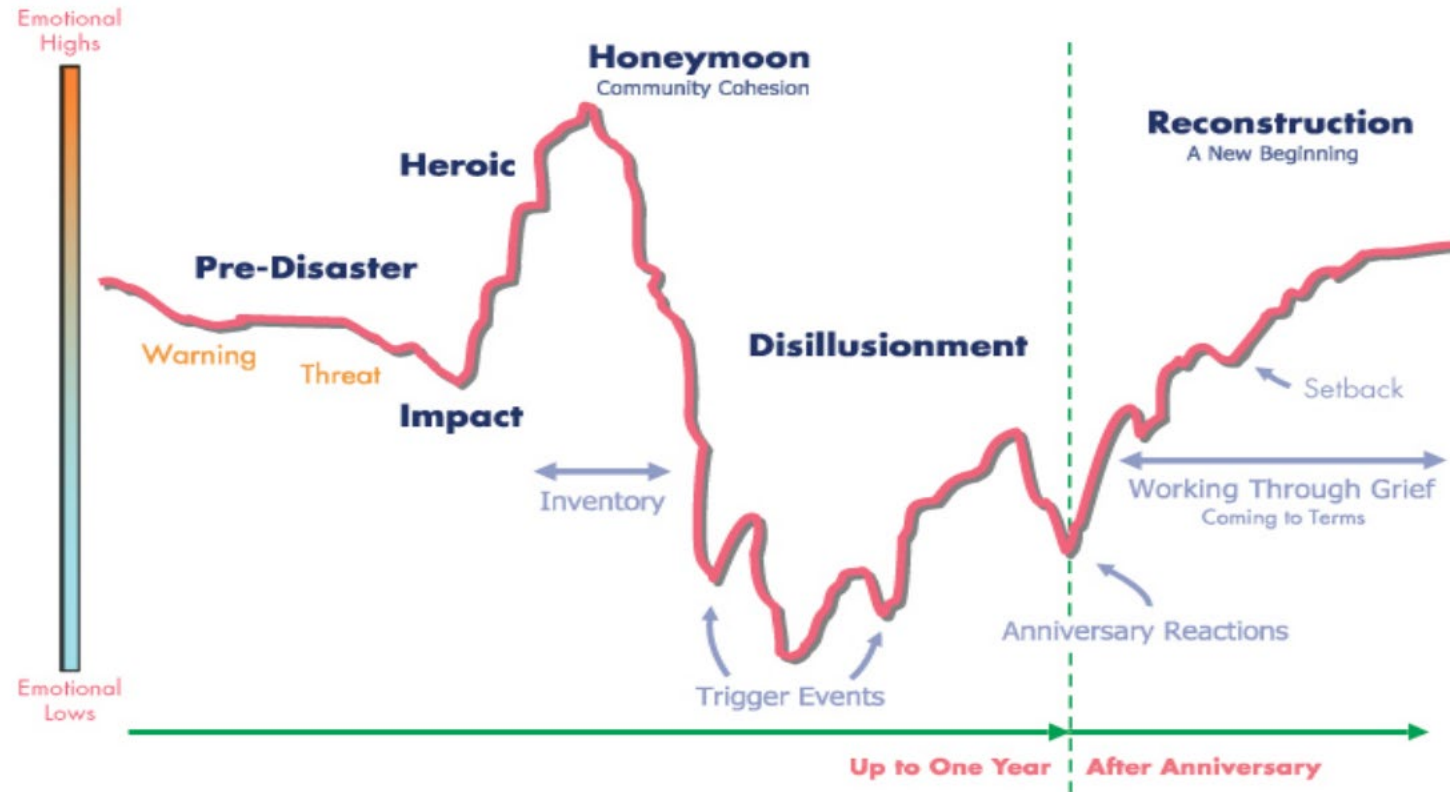
One study found that...

- **45%** of health care workers reported **persistent symptoms of COVID.**
- **32%** of health care workers **struggled to cope 3-4 months following the peak of the wave.**

COVID-19 as Health Care Workplace Trauma



What does recovery look like for health care workers?



What does recovery look like for health care workers? (cont.)

“As one might expect, someone with long COVID who is trying to return to work may experience many psychological factors. What healthcare workers are going back to should not be minimized. Subclinical anxiety and depression may be present — not on the level of a medical disorder, but enough to undermine a return to work. Those work-related psychosocial factors and stressors are really key here.”

— Miranda Kofeldt, PhD, Licensed Clinical Psychologist at Ascellus Health, Association of Occupational Health Professionals webinar

Implications for RETAIN

As you work with health care providers who are caring for and referring patients with Long COVID:

- Be aware that COVID fatigue is ever-present and consequential.
- Develop recruitment messaging that identifies RETAIN's potential to address the whole-person needs of patients.
- Tailor organizational training to identify ways to embed participant referral processes and collaboration with coordinators into existing workflows and/or technological tools.
- Create feedback loops (e.g., success stories) to partnering health care providers to let them know their referrals make a difference in patients' lives.

Implications for RETAIN (cont.)

As you support the stay at work and return to work goals of individuals with Long COVID:

- Consider targeted outreach to health care workers to participate in RETAIN.
- Consider incorporating behavioral health supports for health care workers participating in RETAIN.
 - Connections to behavioral health providers
 - Mindfulness and positive psychology resources and apps
- Suggest employer supports that promote mental health wellness.
 - Respite rooms
 - Peer support programs

Questions?

References

[Medscape National Physician Burnout & Suicide Report 2020: The Generational Divide.](#)

Berg, S. (2021). Half of health workers report burnout amid COVID-19. American Medical Association.

A Guide to Promoting Health Care Workforce Well-Being During and After the COVID-19 Pandemic. Boston, Massachusetts: Institute for Healthcare Improvement; 2020. (Available at www.ihl.org)

Addressing Health Worker Burnout. The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. (Available at <https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf>)

[Health Worker Burnout — Current Priorities of the U.S. Surgeon General \(hhs.gov\)](#)

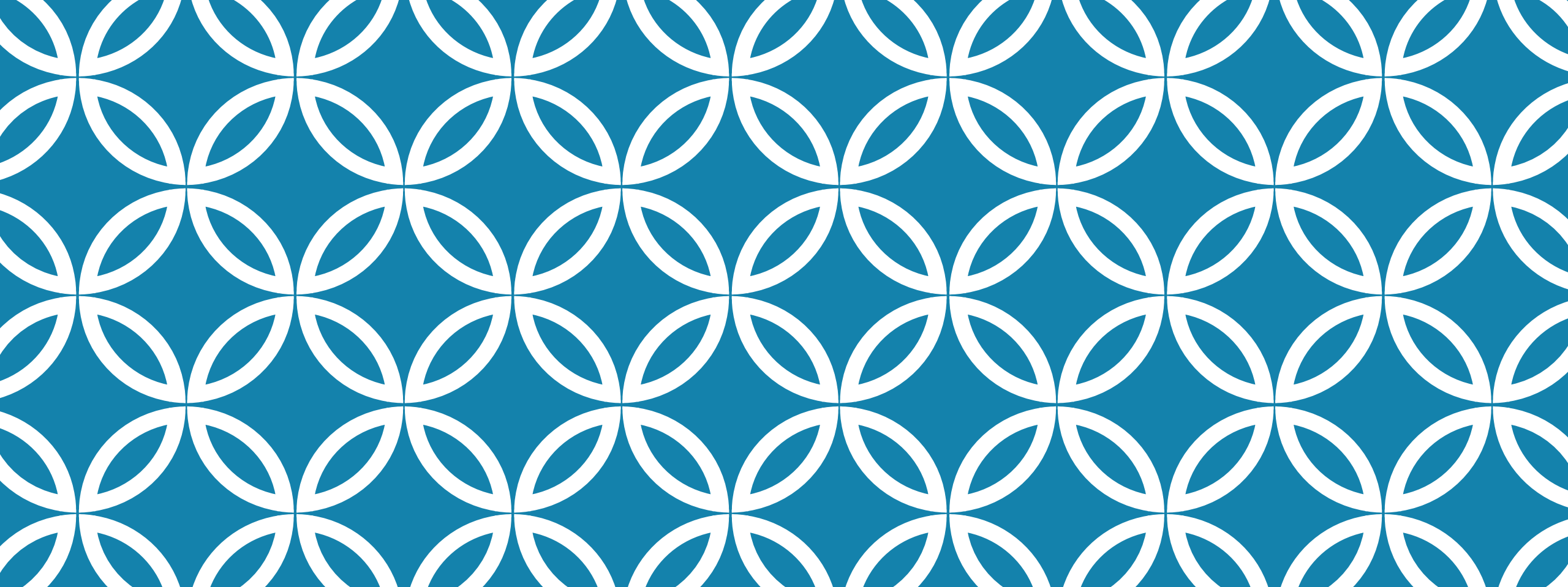
Rehder K, Adair KC, Sexton JB. The Science of Health Care Worker Burnout: Assessing and Improving Health Care Worker Well-Being. Arch Pathol Lab Med. 2021 Sep 1;145(9):1095-1109. doi: 10.5858/arpa.2020-0557-RA. PMID: 34459858.

Melnikow J, Padovani A, Miller M. Frontline physician burnout during the COVID-19 pandemic: national survey findings. BMC Health Serv Res. 2022 Mar 19;22(1):365. doi: 10.1186/s12913-022-07728-6. PMID: 35303889; PMCID: PMC8933125.

Gaber TAK, Ashish A, Unsworth A. Persistent post-covid symptoms in healthcare workers. Occup Med (Lond). 2021 Jun 16;71(3):144-146. doi: 10.1093/occmed/kqab043. PMID: 33830208; PMCID: PMC8083525.

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- Medscape US and International Physicians' COVID-19 Experience Report: Risk, Burnout, Loneliness. (Available at: <https://www.medscape.com/slideshow/2020-physician-covid-experience-6013151#14>)
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- West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: contributors, consequences and solutions. Journal of internal medicine, 283(6), 516-529.
- Hartzband, P., & Groopman, J. (2020). Physician burnout, interrupted. New England Journal of Medicine, 382(26), 2485-2487.
- Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., ... & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. Annals of internal medicine, 170(11), 784-790.



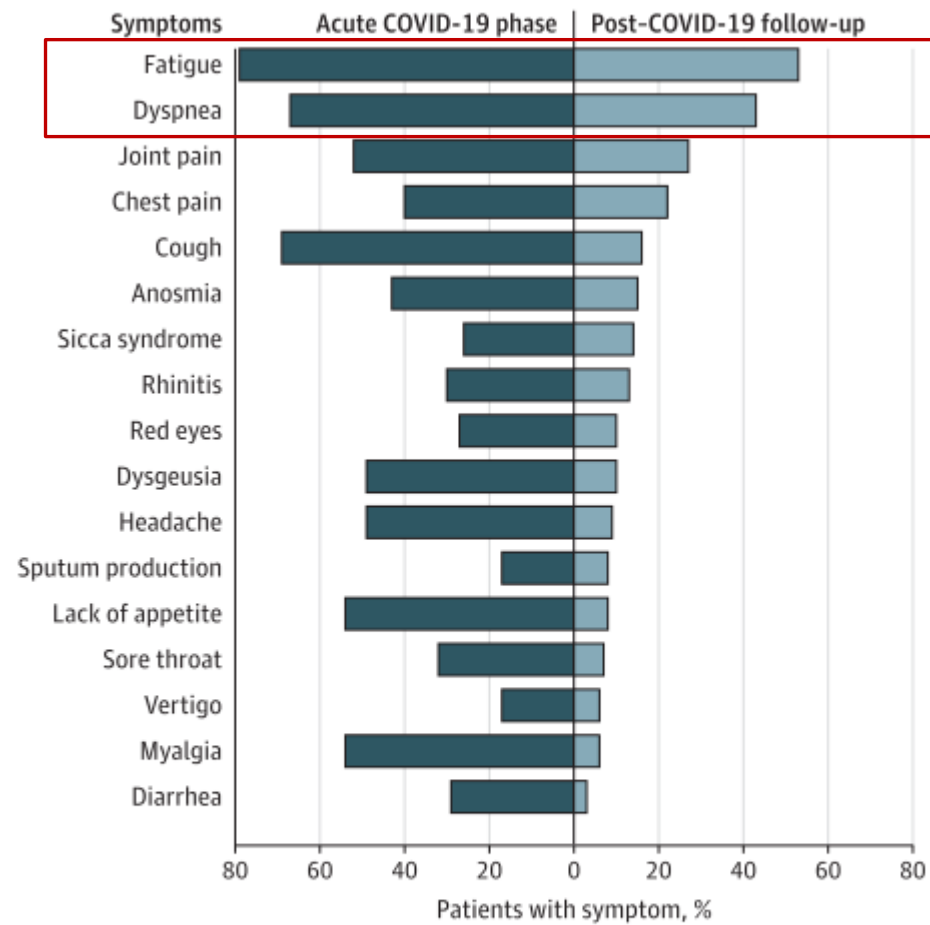
POST COVID SYNDROME OCCUPATIONAL IMPLICATIONS

Updated 9/9/22

Greg Vanichkachorn MD, MPH,
FACOEM
Mayo Clinic



WHAT IS POST COVID SYNDROME



The figure shows percentages of patients presenting with specific coronavirus disease 2019 (COVID-19)-related symptoms during the acute phase of the disease (left) and at the time of the follow-up visit (right).

CARP POPULATION

Fatigue 80%

Respiratory 59%

Neurologic 59%

Cognitive impairment 45%

Sleep disturbance 30%

Mental health sx 26%

**CARP
POPULATION
UNIQUE SX**

Tinnitus

Prolonged loss of taste and smell

Hair shedding (telogen effluvium)

Syncope

Sinus discomfort

GI Symptoms





The image features three metal-framed wheelchairs with black seats and backrests, arranged in a row from left to right. They are set against a dark, gradient background that transitions from a deep blue-grey at the top to a darker, almost black tone at the bottom. The lighting is dramatic, highlighting the metallic frames and the texture of the seats. The text is overlaid on the middle of the wheelchairs.

WORK CHALLENGES FUNCTIONAL DECLINE

34% impaired ADLS

82% impaired IADLS

63% returned to work in some form

- 46% (29/63) were back at baseline work
- Average time to between infection and presentation was 3 months

CARP POPULATION FUNCTION

PROGNOSIS

-530 patients at Weil Cornell Medicine

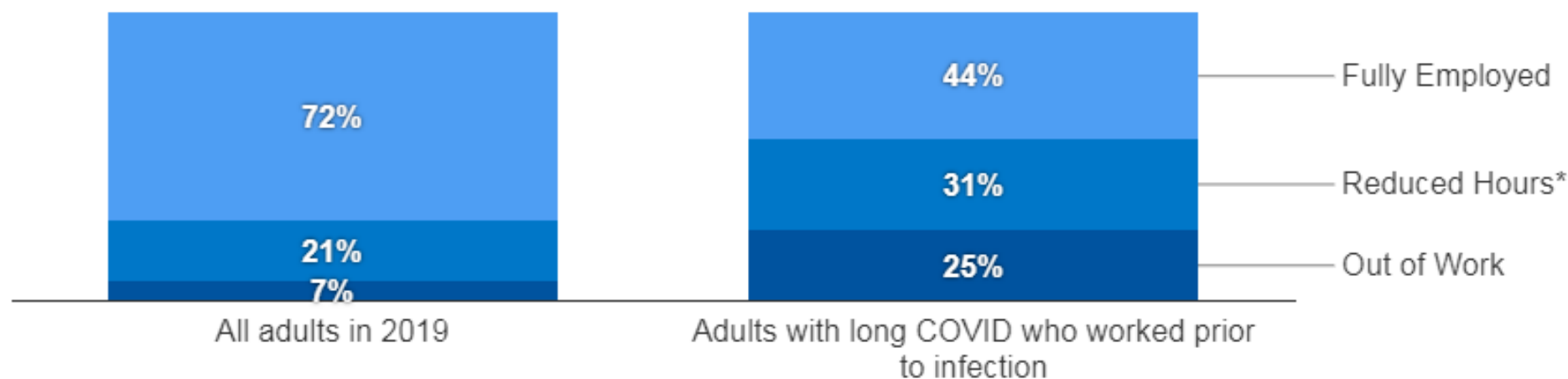
-Follow up at 12 months

	12 months
Worse health	41.5%
Persistent symptoms	44.2%
Trouble lifting/carrying groceries	36.5%
Limited ability to climb a flight of stairs	38.1%
Troubles walking one block	22.1%

Figure 2

Fewer than Half of Working Age Adults with Long COVID Who Worked Prior to Infection Work Full-Time After Infection

Employment status of working age adults (percent of population) for all adults in 2019 (Current Population Survey) and for survey respondents who worked prior to COVID infection (average of two surveys)



NOTE: KFF Analysis of: Katie Bach, "Is 'Long COVID' Worsening the Labor Shortage?" Brookings (Jan 1, 2022); Hannah E. Davis and others, "Characterizing Long COVID in an International Cohort: 7 Months of Symptoms and Their Impact, *The Lancet*, v. 38 (August 1, 2021); Workers' Experiences of Long COVID: A TUC Report (June 2021); and US BLS Labor Force Statistics from the Current Population Survey (2019).

[PNG](#)

KFF

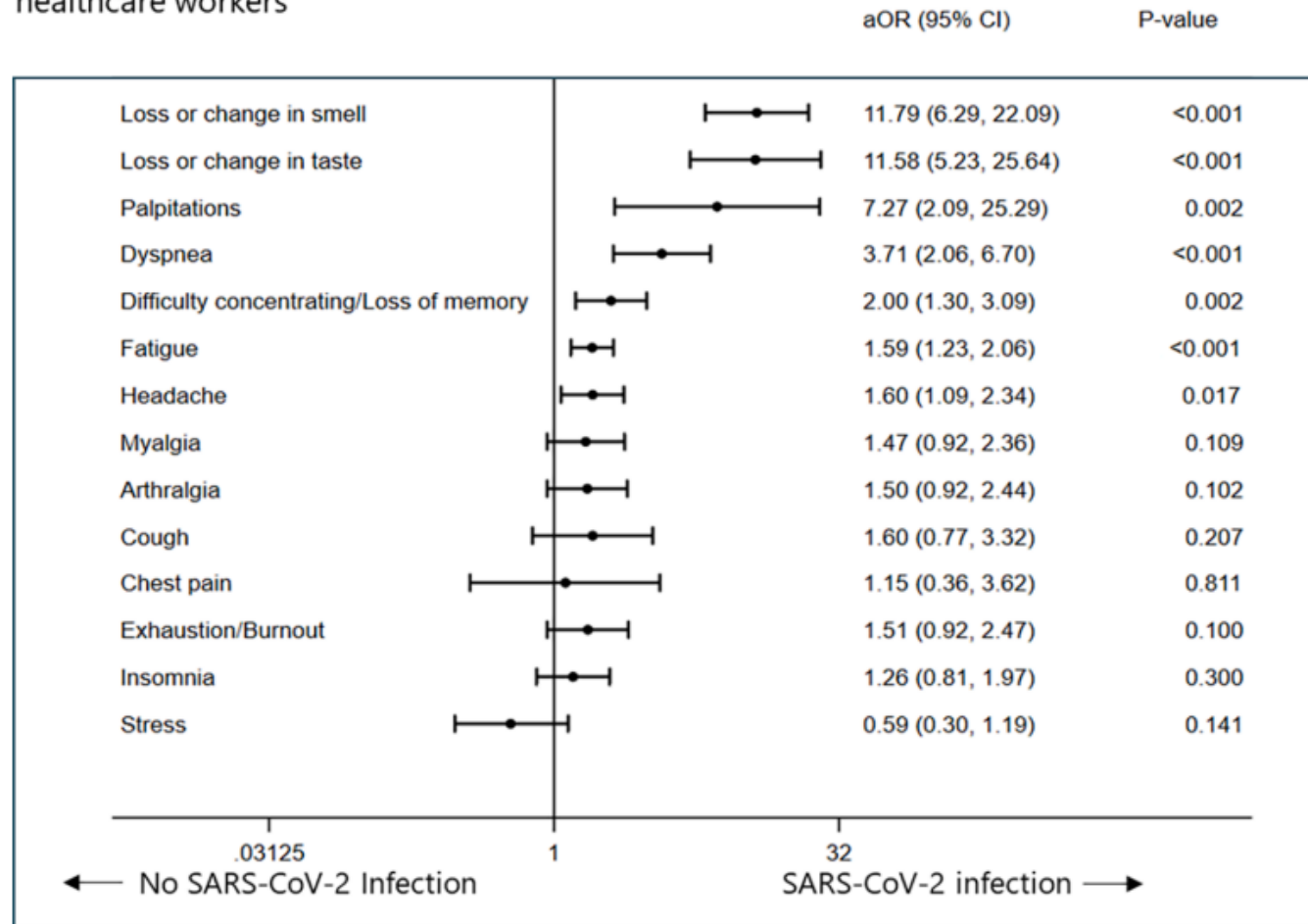
IMPACT ON HCW

3083 HCW

Functional impairment worse

OR 2.28; 1.76 – 2.96

Panel B. Presence of symptoms in SARS-CoV-2 positive compared to SARS-CoV-2 negative healthcare workers



M N, L V, D S C, et al. The pandemic toll and post-acute sequelae of SARS-CoV-2 in healthcare workers at a Swiss University Hospital. *Preventive medicine reports*. 2022 Oct 2022;29doi:10.1016/j.pmedr.2022.101899

A woman wearing a grey hard hat and safety glasses stands in a large industrial factory. She is looking off to the side with a serious expression. The background is filled with complex machinery, pipes, and structural beams, creating a dark and industrial atmosphere. The lighting is dim, with some overhead lights visible.

WORK CHALLENGES SAFETY

**CARP
POPULATION
(CONT.)**

Fatigue 80%

Respiratory 59%

Neurologic 59%

Brain Fog 45%

Sleep disturbance 30%

Mental health sx 26%



WHAT IS BRAIN FOG?

SUBJECTIVELY

- Short term memory
- Word finding
- Multitasking

OBJECTIVELY

February 2022

60 patients

Multidisciplinary assessment

Quality of life

Psychiatric

Neuropsychological battery

Medical

	Long COVID Group (n=32)	Control (n=28)
Below normal scores on NP	8/11 domains	1/11 domains
% extremely low scores	28% (n=12)	14% (n=4)

Ferrando SJ, Dornbush R, Lynch S, et al. Neuropsychological, medical and psychiatric findings after recovery from acute COVID-19: A cross-sectional study. *J Acad Consult Liaison Psychiatry*. 2022.







**WORK CHALLENGES
NO STANDARDS**

WHAT IS POST COVID SYNDROME?

-No universal definition

World Health Organization – 10/6/2021

- A history of probable or confirmed SARS COV-2 infection
- Sx \geq 3 months from onset of infection
- Sx \geq 2 months
- Can't be explained by an alternative diagnosis

CDC Definition

- Call it “Post-COVID Conditions”
- \geq 4 weeks from acute infection start (symptoms or test)

1. Organization WH. A clinical case definition of post COVID-19 condition by a Delphi consensus. Accessed 10/6, 2021. <https://www.who.int/publications/i/item/WHO-2019-nCoV-Post-COVID-19-condition-Clinical-case-definition-2021.1>
2. @CDCgov. Post-COVID Conditions: Information for Healthcare Providers. @CDCgov. Updated 2021-09-10T04:38:34Z. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html>



PANDORAS BOX

No single objective test for diagnosis.

No clear cluster of patient groups yet.

No appropriate test for assessing cognition.

**WHO REALLY HAS
LONG HAUL COVID?**





**WORK CHALLENGES
EMPLOYER UNCERTAINTY**

ADA COVERAGE

July 2021

Government recognized long covid as a protected disability under ADA

“substantially limits one or more major life activities”

Reasonable accommodation in the workplace



EMPLOYER EXPERIENCE

Work restriction and limitations

Temporary Alternative Duty

Job Rotations

Culture of support





WHAT IS REASONABLE? |



**WORK CHALLENGES
NOT RARE**

A nighttime photograph of a city skyline, likely New York City, featuring a large suspension bridge in the foreground and several illuminated skyscrapers in the background. The scene is dimly lit, with the city lights providing the primary illumination.

90.6 MILLION COVID-19 CASES

9 million Post COVID Syndrome cases

2.7 million unable to function normally



Greg Vanichkachorn MD, MPH

Senior Associate Consultant

Occupational and Aerospace Medicine

Vanichkachorn.greg@mayo.edu

<https://www.mayoclinic.org/appointments>

Appointment number: 507-538-1377

<https://connect.mayoclinic.org/blog/post-covid-recovery/>

Questions and Open Discussion



Bright Spot Presentation



Minnesota State Fair Experience

Nancy Omondi, Director MN RETAIN
2022 RETAIN Annual Convening - September 21-22, 2022

Minnesota State Fair – 2022

- 12 days
- 2022 Attendance: **1,842,202**
- 22,000+ Promotional Items distributed!
 - Highlighters*
 - Magnetic Notepad*
 - First Aid Kit*
 - Chip Clip*
 - Pens
 - Grocery Bags
 - Solar Chargers

*ordered specifically for state fair



State Fair Takeaways

- Dedicated staff willing to work numerous shifts
- Connections made with participants, healthcare, employers, etc.
- With the number of people passing by you had to have a very short but clear and concise message about the program.
- Logistically challenging! It could take up to an hour to get to the Fair by bus or finding parking and walking. Drop off for materials had to be done before 7am.
- Ongoing monitoring of web traffic, referral sources, etc. to determine the impact of this outreach opportunity.



Acknowledgement

- Department of Labor and Industry (DLI)
- Workforce Development Inc. (WDI)
- Department of Health (MDH)
- Mayo Clinic
- Department of Employment and Economic Development (DEED)



Break

Job Accommodations from Multiple Lenses: Strategies and Considerations for Business and Healthcare

Introductions (cont.)



- **Panelist**

Glenn Pransky, MD, M.Occ. Health, Associate Professor, University of Massachusetts Medical School



- **Panelist**

Deborah J. (DJ) Hendricks, EdD, Executive Director, Job Accommodation Network (JAN)



- **Moderator**

Joseph Ashley, RhD, Principal, Ashley Consulting, LLC, former Assistant Commissioner, Virginia Department for Aging and Rehabilitative Services (DARS)

Engaging Physicians in Accommodations

Glenn Pransky MD MOccH

Assoc Prof, Univ of MA Medical School

Harvard School of Public Health

Glenn.pransky@umassmed.edu



The Challenge

- **RTW - good for mental, physical and financial health**
- **Accommodations are key to RTW**
- **Hard to engage MDs in RTW – especially accommodations**
- **Can we improve this?**

Today's goals

- **Why accommodations are so important**
- **The MD role – potential vs reality**
- **How we can engage MDs**

Accommodations and RTW

- **Single most effective RTW intervention**
 - **Avoids delayed RTW, job loss**
- **Inexpensive, effective, safe**
- **Prolonged OOW = morbidity and mortality**
 - **Loss of health insurance, poor care**

Krause, Dasinger and Neuhauser, 1998

Andren and Svensen, 2012

https://www.tsoshop.co.uk/gempdf/Advising_Patients_About_Work.pdf

Advising Patients About Work

GPs ARE IN A UNIQUE POSITION TO PROVIDE PATIENTS WITH EVIDENCE-BASED ADVICE ABOUT WORK

For most adults of working age, including people with disabilities and many common health problems, there is strong evidence¹ that (return to) work:

- promotes recovery and aids rehabilitation
- improves physical and mental health and well-being
- reduces social exclusion and poverty

The beneficial effects of work generally outweigh any risks of work

There is strong evidence¹ that long periods out of work can cause or contribute to:

- higher consultation, medication consumption and hospital admission rates
- 2 to 3 times increased risk of poor general health
- 2 to 3 times increased risk of mental health problems
- 20% excess mortality

The longer anyone is off work, the lower their chances of getting back to work.²

Sickness certification is a major clinical intervention with potentially serious long-term consequences.³

Two-thirds of sickness absence, long-term incapacity and ill-health retirement is now due to 'common health problems' – mild/moderate mental health, musculoskeletal and cardio-respiratory conditions. Much of this should be preventable.⁴

Physician barriers

- **Unfamiliar, lack of expertise, don't understand health impact**
- **Too busy - not my job (“paperwork” category)**
- **Liability fears**
- **Acquiescence to patient demands**

“The Role of the Physician in the RTW Process”, Mathematica 2015 – at
https://www.dol.gov/sites/dolgov/files/ODEP/research/saw-rtw/RoleofPhysicianinRTW_FINAL_2015.pdf

RETURN TO WORK IS GOOD MEDICINE



WorkSafe[™]

WORKERS' COMPENSATION BOARD OF BC

www.WorkSafebc.com



A CHANGING APPROACH TO RETURN TO WORK

Until recently in British Columbia, as a physician your decisions about the return to work (RTW) of your patients were often limited— either the patient could return to full duty or they could not return to full duty. Employers used to offer patients little in the way of modified return-to-work opportunities. Today there are significant changes in RTW thinking on the part of employers, labour, the WCB, and medical and rehabilitation health care professionals. Many employers are initiating systematic "remain at work" and RTW programs for injured employees. The most progressive programs see the RTW process as a tool for the physician to use in their medical treatment plan. In short, RTW becomes a form of "therapy." The RTW process ensures that physicians make medical decisions while employers make employment decisions.

WORK AS THERAPY

RTW programs are based on the philosophy that many patients can safely perform productive work during the process of recovery. Patient understanding and confidence in the philosophy of "work as therapy" is an essential element of RTW success. You can increase the effectiveness of RTW efforts by counselling your patients on the benefits and expected results of the RTW plan. A patient's understanding of and attitude towards any treatment plan can affect outcomes. **Work as therapy** is no different— your patient stands to benefit physically, emotionally, and socially. RTW programs help your patient recover more rapidly and more completely.

BENEFITS

The use of **work as therapy** benefits everyone in the workers' compensation system.

- It benefits employees by helping them to recover more rapidly and more completely.
- It benefits the employer by returning a valuable employee to work.
- It benefits you by providing a therapeutic intervention where treatment options have been limited. The WCB recognizes your participation in the RTW process by providing a fee for service.

ATTENDING PHYSICIAN'S ROLE

You are the one who sets the patient's expectations about time-loss. As an attending physician you are often asked to facilitate the remain-at-work process by providing RTW planning. You may also be asked to approve your patient's participation in proposed short-term, modified duties.

HOW TO FACILITATE THE RTW PROCESS

Communicate

Find an effective, easy way to let a patient (and his/her employer) know when he/she can return to work, and under what conditions. When your patient cannot yet return to work, it is helpful to explain to everyone why this is the case. It is also helpful to identify when (or if) you believe the worker's condition will improve sufficiently to allow the patient to participate in a RTW program.

Use work as an extension of medical treatment

Much like physical therapy or work conditioning, placing a recovering patient into physically suitable safe work can help your patient maintain his/her physical conditioning. It can also have significant biopsychosocial benefits for the patient. In addition to those benefits, RTW helps maintain the employee/employer relationship that is vital to the employee's ongoing success in the workplace.

Establish timelines

Establishing a timeline set recovery times. This assisting a safe and productive patient. The two most important factors are:

- The earliest date your patient can return to alternate modified duties.
- The date your patient can return to his/her full duties.

Capabilities

An effective prescription on the individual's capability limitations should be restitutive. In so doing, you continue to have many of the claim related physical restrictions are required. patient (and their employer) work duties can and cannot assign. Employers are much more likely to assign suitable work for your patient if you describe the patient's abilities rather than their limitations.



<https://coastrange.ca/wp-content/uploads/2018/03/Return-to-work-is-good-medicine.pdf>



Washington State Department of
Labor & Industries

Attending Provider's

Return to Work Desk Reference

*"Employment is nature's physician
and is essential to human happiness"*

Galen (Greek physician – AD 172)



The Department of Labor & Industries (L&I) is accredited by the Washington State Medical Association CME Accreditation Committee to sponsor continuing medical education activities for physicians. L&I designates this activity for a maximum of 3 hours in Category 1 credits to satisfy the educational relicensure requirements of the Washington State Medical Quality Assurance Commission. L&I designates this enduring material for a maximum of 3 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approval Date: July 2, 2012
Expiration Date: July 2, 2015

CME credit will be given following

<https://lni.wa.gov/forms-publications/f200-002-000.pdf>



University of
Massachusetts
Medical School

umassmed.edu

Overcoming the barriers

- **Educate – RTW is good medicine (academic detailing , lead by example)**
 - **OOW is bad for health**
- **Patient-centered – ask, iterative**
 - **You don't have to be an ergonomist**
- **Brief and effective – power of a brief phone call**
 - **WC encourages MD-employer communication**
- **Resources – less burden, better outcomes**
 - **WC Carrier, PT, plant safety director or HR, RETAIN, JAN**
- **Reassure – HIPAA, liability, outcomes**

Workplace support, not med care, enables workers in poor health to stay at work

(F Leijten, SG Van De Heuvel et al, ScJ WEH, 2013)

- **Older (45-64) employees with poor health past 12 mos.**
 - MSD, CVD, cancer, sensory problems
- **Essential factors that enabled them to stay on the job:**
 - Changes to work stations, working times, work tasks
 - Personal coping; support from colleagues / supervisors
 - Largely informal / self-directed interventions



Questions? (cont.)

More resources

Burton and Waddell, Is work good for your health and well-being ? (TSO, 2015) <https://cardinal-management.co.uk/wp-content/uploads/2016/04/Burton-Waddell-is-work-good-for-you.pdf>

Resources for MDs – accommodation rationale, role, communication with others
<http://www.60summits.org/resources.html>

Advising Patients about Work (guidance for GPs) (TSO, 2007)
https://www.tsoshop.co.uk/gempdf/Advising_Patients_About_Work.pdf

The Personal Physician's Role in Helping Patients with Medical Conditions Stay at Work or Return to Work, (ACOEM 2017)
<https://acoem.org/Guidance-and-Position-Statements/Guidance-and-Position-Statements/The-Personal-Physician-s-Role-in-Helping-Patients-with-Medical-Conditions-Stay-at-Work-or-Return-to>

THE POWER OF ACCOMMODATIONS

DEBORAH J. HENDRICKS, EXECUTIVE DIRECTOR, JOB ACCOMMODATION NETWORK

OUR GOALS TODAY

Present the information you need to:

- Lessen the workload on you and your colleagues in researching appropriate workplace accommodations for your employees, clients, and patients.
- Assist you as you work to improve diversity and employment opportunities.
- Increase your understanding of the accommodation process and the Americans with Disabilities Act (ADA) and how it may apply to your situation.
- Help you understand the interactive accommodation process, how it works, and the roles of each of the parties involved.

THE JOB ACCOMMODATION NETWORK (JAN)

- What is JAN?
- How does JAN function?
- How can you utilize the JAN service?

WHAT IS JAN?

- JAN is a grant funded by the U.S. Department of Labor's Office of Disability Employment Policy.
- JAN provides customized workplace accommodation information and practical information regarding the ADA and other relevant disability-related legislation.
- JAN is free to everyone.

WHO IS “EVERYONE?”

- Employers
- Public and private rehabilitation professionals
- Health care providers of all types
- Anyone whose job involves a need for workplace accommodation strategies and solutions
- Individuals with a disability



HOW DOES JAN FUNCTION?

- JAN's knowledgeable and experienced staff provide customized information on accommodation solutions based on:
 - The individual's disability and functional limitations
 - The job duties and requirements
 - Environmental factors such as location, other equipment, policies, etc., that may impact the accommodation choice
- JAN's consulting staff work in teams and specialize in specific types of medical conditions and/or set of functional limitations (e.g., sensory, motor, cognitive/neurological)

HOW CAN YOU UTILIZE JAN'S SERVICES?

Step 1. Contact JAN

- Phone: 800-526-7234 (Voice) or 877-781-9403 (TTY)
- Website: AskJAN.org
 - Live Chat
 - JAN on Demand
 - Search accommodation options on your own
- Ask your Return-to-Work Coordinator to contact JAN with you jointly

Step 2. Discuss the situation with a member of the JAN consulting staff. You will be routed to a consultant or employment specialist who is knowledgeable and experienced in the impairment involved. They will guide the process by asking questions about the functional limitations resulting from the individual's condition, the job duties that are impacted, and any other information that may be relevant to determining appropriate accommodation options.

HOW CAN YOU UTILIZE THE JAN SERVICE? (2)

Step 3. The JAN consultant may immediately discuss possible accommodation solutions with you. Or, if the situation is more complex, they may need some time to research available solutions.

Step 4. Once the necessary information has been gathered, the JAN consultant will develop accommodation solutions best suited to the situation you have described. You will receive an email at the address you provided describing those potential solutions.

Step 5. You should always feel free to contact us again, if you need additional information or if conditions change.

HOW CAN JAN HELP YOU AND YOUR TEAM?

- You don't need to be an expert in making accommodations.
- You don't have to constantly be aware of the latest technologies.
- You don't have to spend time researching potential accommodations for every employee/patient/client.
- JAN maintains an incredible array of resources available to you immediately on the JAN website: [AskJAN.org](https://www.AskJAN.org).
- You can refer anyone involved in the accommodation process to JAN for information.



UNDERSTANDING THE ADA



Employer



Individual



Service/Medical
Care Provider



RESPONSIBILITIES



Employer



Individual



Service Provider

THE INTERACTIVE ACCOMMODATION PROCESS

1. An accommodation request is made and is recognized → [individual] + [employer]

2. Information is gathered → [employer (JAN)] + [individual (JAN) + service provider (JAN)]

3. Accommodation options are researched → [employer (JAN)] + [individual (JAN) + service provider (JAN)]

4. An accommodation is chosen → [employer + individual + service provider]

5. The selected accommodation is implemented → [employer] + [individual + service provider]

6. The new accommodation is monitored → [employer] + [individual + service provider]

7. Changes/modifications are made, if needed → [employer (JAN)] + [individual (JAN) + service provider (JAN)]

INTERACTIVE ACCOMMODATION PROCESS DOS






DO

- Maintain strict confidentiality
- Help identify and prioritize limitations
- Support preparation of appropriate medical documentation
- Encourage compromise and consideration of alternative options
- Discourage rigid thinking

INTERACTIVE ACCOMMODATION PROCESS DON'TS



DON'T

- Share private information inappropriately
 - Employer  Individual
 - Service Provider  Individual
 - Employer  Service Provider
- Engage in or support rigid thinking
- Use vague language such as “light duty”

COMMON QUESTIONS ABOUT THE ADA AND ACCOMMODATIONS

- Is there a list of qualifying disabilities?
 - NO
- When is an accommodation “reasonable?”
 - When it is effective and seems to be “feasible” or “plausible”
- How long does the accommodation process take?
 - It depends
- Aren’t accommodations always rather expensive?
 - NO



JAN FOLLOW-UP SURVEY RESULTS

Employers who used the JAN service were contacted to determine actions taken after the interaction.

- 1,029 employers provided cost information related to accommodations they had made.
- 571 (56%) said the accommodations needed by their employee cost absolutely nothing.
- 403 (39%) experienced a one-time cost. The median one-time expenditure as reported by these employers was \$500.
- 9 (1%) said the accommodation resulted in an ongoing, annual cost to the company.

JAN FOLLOW-UP SURVEY RESULTS (2)

Plus, employers noted significant benefits resulting from having made the accommodation. The following are just some of the direct benefits reported:

- Retained a valued employee: 90%
- Increased the employee's productivity: 68%
- Eliminated costs associated with training a new employee: 58%
- Increased the employee's attendance: 57%
- Increased diversity of the company: 36%

JAN FOLLOW-UP SURVEY RESULTS (3)

But do accommodations really work?

Of the 986 employers who had made an accommodation after contacting JAN who responded to this question, 75% said the accommodation made was either very or extremely effective!

THE POWER OF ACCOMMODATIONS (CONT.)

- Expand job opportunities
- Increase employability
- Improve productivity
- Decrease absences

Appropriate accommodation choices can mean the difference between an individual becoming employed, staying on the job, or returning to work following an injury or illness.

SITUATIONS & SOLUTIONS

A professor with a mental health condition was having difficulty concentrating in the office. The professor shared office space and constant interruptions were causing problems with concentration. The individual contacted JAN and was provided with information on how to request an accommodation. As a result of the request, the individual was provided a private office space. No cost.

SITUATIONS & SOLUTIONS (2)

An office worker with limitations in using her hands had difficulty manipulating the mouse on her computer. Her employer contacted JAN. A JAN specialist in motor limitations provided the employer with information on possible accommodations that were compatible with their systems. After talking with JAN, the employer purchased a foot mouse, speech-to-text software, and a foot mat. Without this accommodation the employee might have been reassigned to a position of lesser pay. The accommodation was reported as very effective by the employer and cost approximately \$300.

SITUATIONS & SOLUTIONS (3)

An employee working for a county government had requested to work from home because of the need for frequent breaks due to a kidney disorder. The commute to work also was difficult. Unsure as to the use of work-from-home as an accommodation, the employer contacted JAN. One of JAN's specialists discussed the associated ADA rights and responsibilities. Following this conversation with JAN, the employer allowed the employee to work from home and allowed for a flexible schedule for medical appointments. The employer also provided the employee with computer equipment at home. They consider the accommodation cost to be \$0 as they provide the same equipment to all employees. The employer also stated it was effective because the employees' job could unequivocally be completed at home 100%.

SITUATIONS & SOLUTIONS (4)

A health care provider was working with an individual who had been newly hired in a small law office and who had recently begun using a service animal. The health care provider contacted JAN about the possible use of a service dog in the work setting. The JAN specialist provided information on requesting such an accommodation and the medical documentation that might need to be submitted. The provider assisted the individual in making the request to bring their service animal to work. After determining it was needed to decrease anxiety because of PTSD, the employee was allowed to bring the service animal to work. The provider reported the accommodation was very effective. No cost.

CONTACT JAN FOR MORE INFORMATION

Visit	AskJAN.org
Call	800.526.7234 877.781.9403 (TTY)
Chat	@ AskJAN.org
Submit	JAN on Demand Inquiry @ AskJAN.org/JANonDemand.cfm
Email	JAN@AskJAN.org
Social Media	Facebook – Job Accommodation Network Twitter – @JANatJAN

Questions and Open Discussion (cont.)



Bright Spot Presentation 2

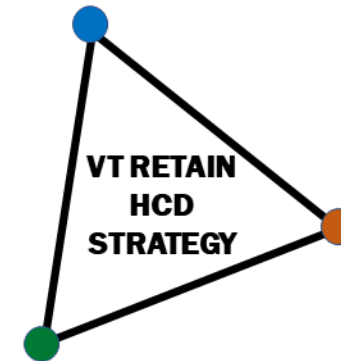
Human-Centered Design (HCD) Drives Engagement and Outcomes

- Providers reach out directly for advice
- Participants remain in study and report positive interactions with Study Coordinators and Work-Health Coaches (RTW coordinators)
- Patients refer their PCPs to join RETAIN program
- Clinics reach out asking to enroll
 - VT participants must come from a clinic enrolled in the program
- Clinic enrollment goal exceeded
- Using equity-centered project design yields equity-centered results

How are we utilizing HCD?

- **Consulted with Design Initiative at Dartmouth**
 - Dartmouth College’s Thayer School of Engineering
- **Conduct on-going internal staff training** focused on inclusion and team-building
- **Established dedicated DEI Workgroup** led by specialist who consults on and reviews all internal and external projects and community outreach
- **Involve community members** in project design through Advisory Group participation
- **Team member with certificate in Value-Based Medicine** advises on patient-needs approach
- **Engage participating clinics in boosting enrollment** through regular in-person meetings and offering variety of participant enrollment options
 - From paper to digital
- **We do not prescribe.** We listen, we ask questions and involve those who are involved in crafting effective solutions.

ACCESS TO, AWARENESS OF,
AND INTERNALIZED PRACTICE
OF HUMAN-CENTERED DESIGN



DEDICATED DEI
SPECIALIST AND
WORKGROUP

VALUE-BASED
MEDICINE SPECIALIST
TO ENSURE FOCUS
REMAINS ON
PATIENT/USER NEEDS

RETAIN Program Participant Spotlight

Break 2

Role-Based Discussion Groups

Breakout Sessions

- Return-to-Work Coordinators (RTWCs), Nurse Navigators, and TA Liaisons; Facilitator: Kirsten Firminger
- Providers and Healthcare Partners; Facilitator: Elena Soles
- State Directors; Facilitators: Derek Shields and Leslie Dawson
- Evaluation Liaisons and Data Staff; Facilitator: Christina Jones
- Workforce Partners, Business Development and Community Engagement Coordinators; Facilitator: Ashley Clark-Purnell

Role-Based Discussion Group Share Out

RETAIN

Retaining Employment and Talent After
Injury/Illness Network

RETAIN Program Participant Spotlight 2

Break 3

Bright Spot Presentation 3

RETAIN Employment Support



- Functional Job Description
- Transitional Duty Tasks
- Job Accommodations/Modifications

Using Functional Job Descriptions to Promote an Inclusive Workplace



Communicating about RETAIN to Legislators

Introductions (cont.2)



- **Speaker**

Anton C. Bizzell, MD,
President and CEO of
The Bizzell Group, LLC



- **Moderator**

Lisa Jacobs, Program
Manager, The Bizzell
Group, LLC

Today's Expert Speaker



DR. ANTON C. BIZZELL, MD

PRESIDENT & CEO – THE BIZZELL GROUP

Dr. Anton C. Bizzell, MD, has more than 25 years of combined clinical, research, health services, policy, and management experience with private and public organizations and federal agencies within the U.S. Department of Health and Human Services (HHS). He also serves as a U.S. Chamber of Commerce Foundation board member and advises the Foundation's [Sharing Solutions Campaign](#) as a nationally recognized substance abuse and mental health expert. He has extensive experience leading and collaborating with health professional and community organizations in the fields of primary care, mental health, and substance use disorders.

He received his B.A. in biology from the University of Virginia, his M.D. from the University of Virginia School of Medicine, and his postgraduate training in family medicine from Howard University Hospital in Washington, D.C.

Overview & Goals

During this presentation, we will discuss:

- Why Connect with Policymakers?
- Develop Your Engagement Strategy
- Implement Your Plan
- Maintain the Connection



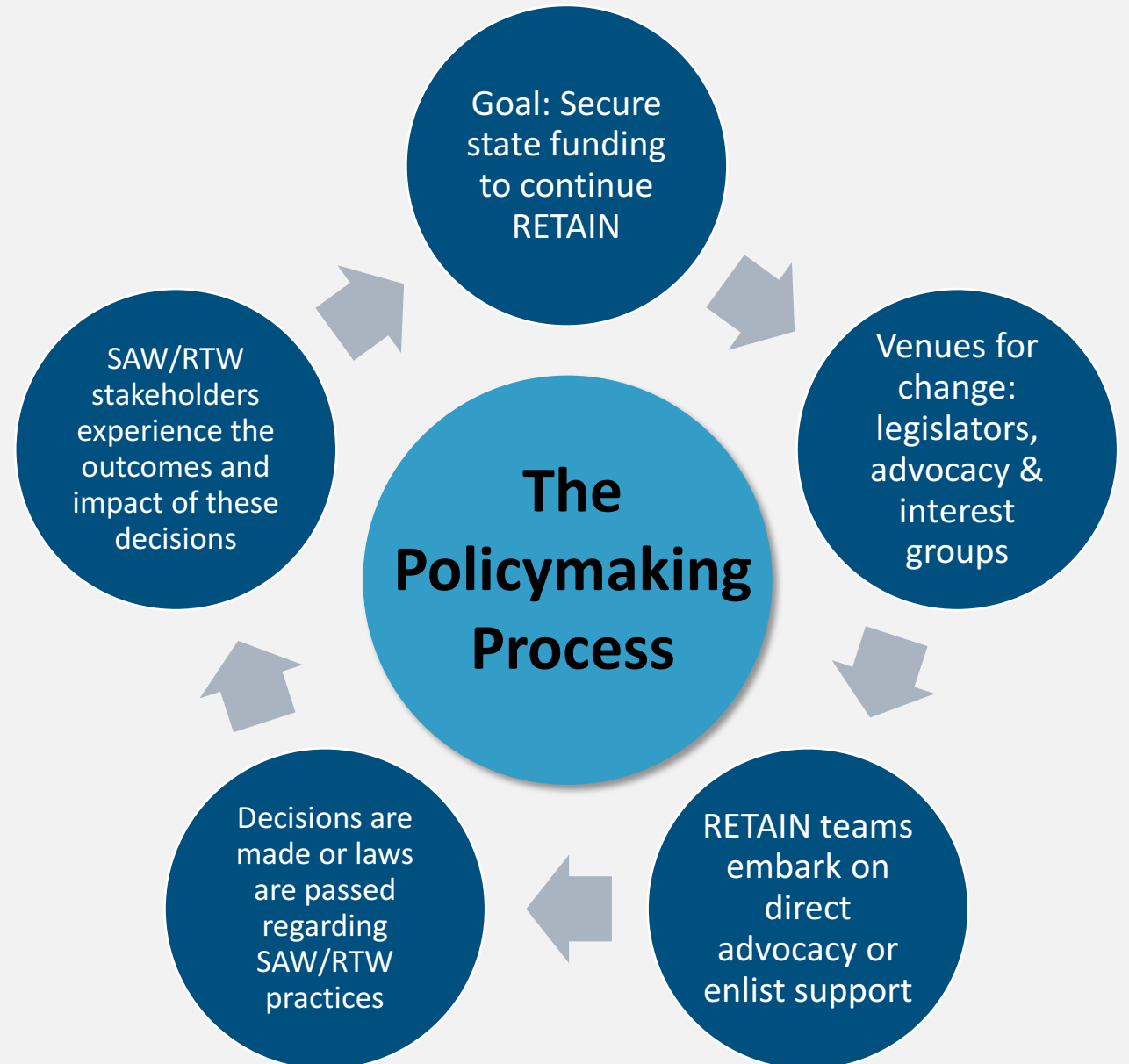
Why Connect with Policymakers?



- Policymakers are everywhere!
- They're seeking solutions to public problems.
- They have a very specific skillset.
- **They are looking for information from you to help enact meaningful change.**

Policymakers as Navigators

- They rely on analysts, researchers, organizations, and the public to inform their positions.
- Give them the tools, evidence, and information they need to enact the changes in SAW/RTW in your state.

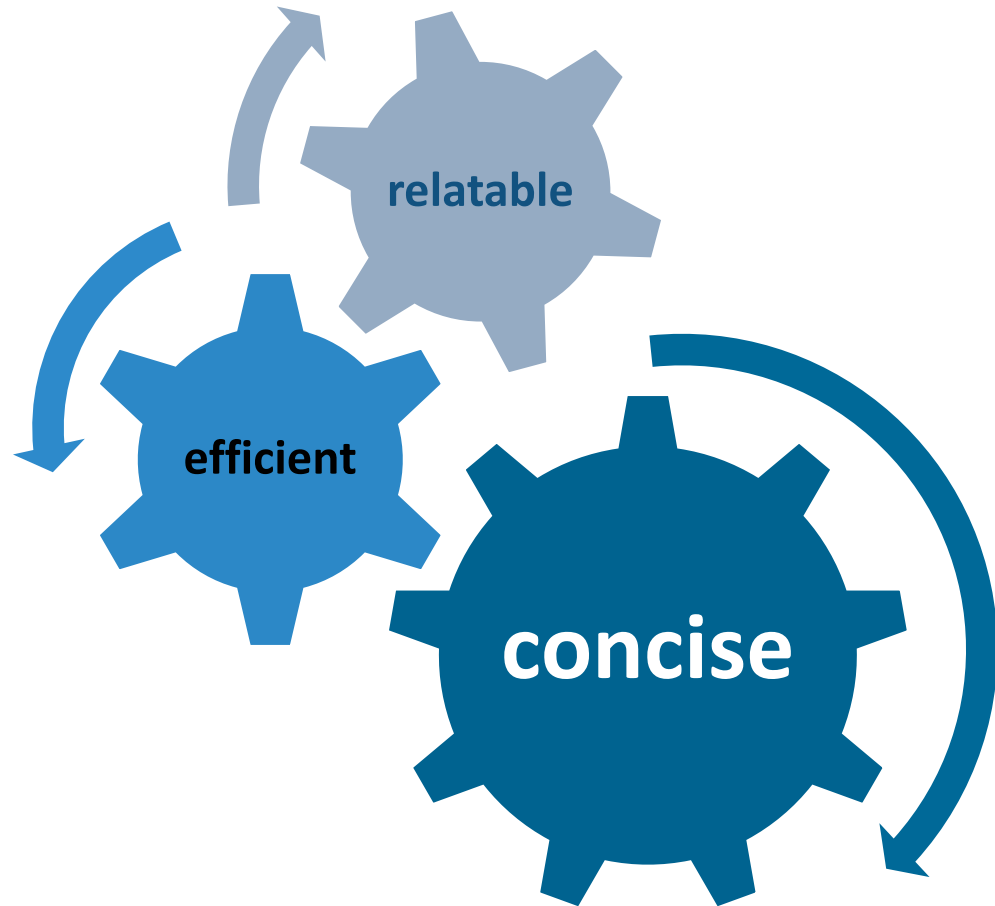


Plan Your Strategy

Do	Don't
Think ease.	Offer long paragraphs or “walls of text.”
Curate clear, concise, and memorable information. Use colors and images to reinforce your messages.	Deliver a message that is not for them.
Weave data and evidence into your story.	



Plan Your Engagement



Know Your Audience

- What's important to them?
- How do you reach them?
- Are there any upcoming observances or recent news events that align with SAW/RTW practices?
- Consider the stage in the political cycle.
- **Select your communications channels, tactics, and messages accordingly.**

Design Your Messaging

Framing

- Cost savings
- Real-life examples of program benefits
- Public opinion
- **Social math**

How Social Math Works

Makes an issue relevant and urgent to an audience by comparing your data to familiar numbers around:

- **Dramatic events** — “More than the number of residents displaced by Hurricane Katrina”
- **Understandable costs** — “For less than the price of a cup of coffee each day ...”
- **Current numbers from other issues** — “It’s more than 10 times the number of people we lose each year to opioid overdoses.”



Social math doesn't “dumb it down.” It crystalizes it.

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Implement Your Plan: Best Practices



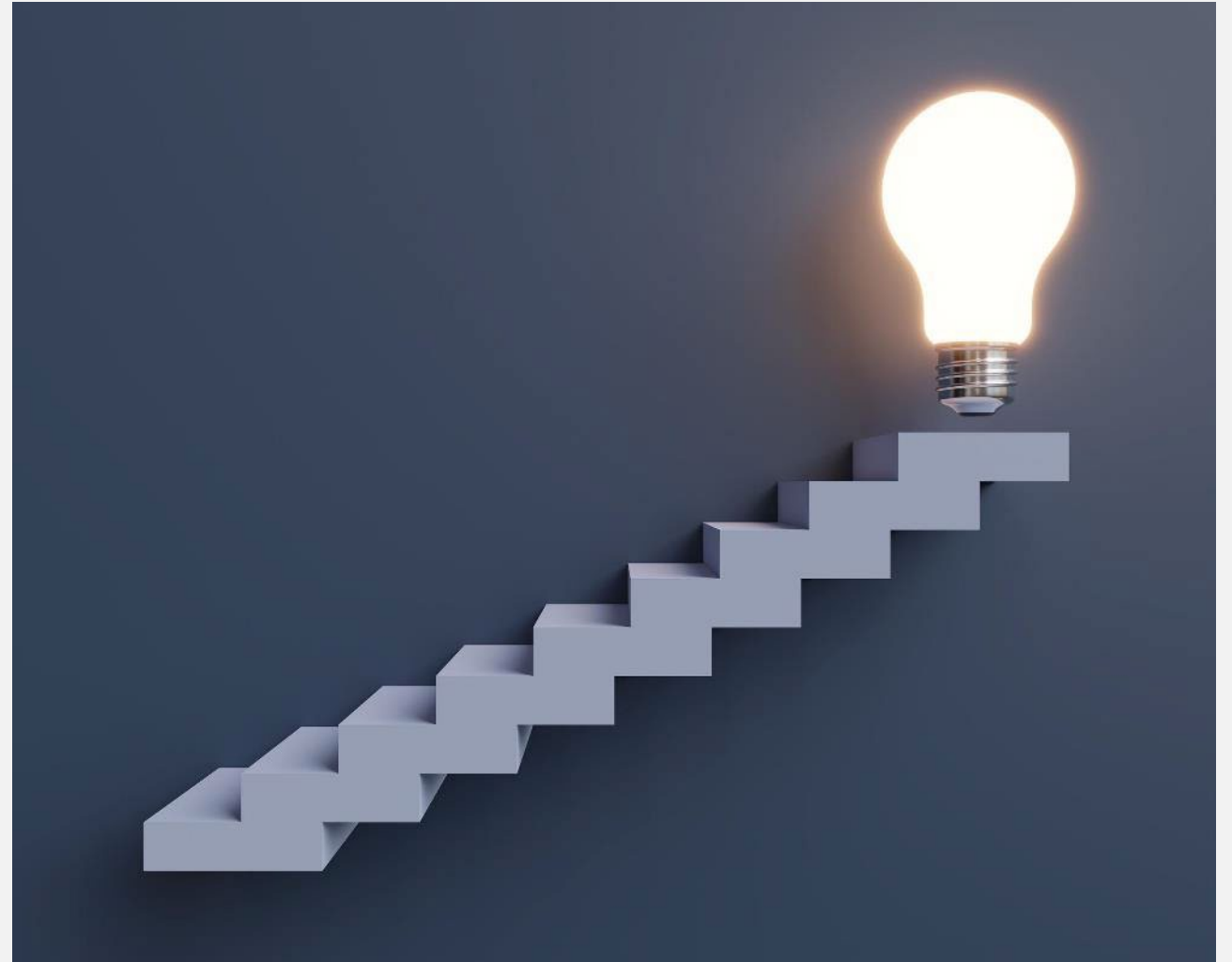
Consider

- Channel, time, and place
- Windows of opportunity
- Gatekeepers
- Joining forces with other organizations
- **Messaging that is relatable, efficient, concise—and memorable.**

Maintain the Connection

Building trust

- Strive for consistent contact.
- **Credibility and visibility:** Continue to demonstrate success, provide evidence, and present your staff as subject matter experts (SME).
- Keep your state RETAIN communications channels current.





Questions for Discussion

- Has your state taken steps to increase program visibility, credibility, and engagement with policymakers? If so, what have you learned?
- What has made your SAW/RTW messaging memorable in your state?
- What communications channels have you seen local and state policymakers use (e.g., town halls, social media)? Do any of these align with engagement methods your state uses now?

References (cont.2)

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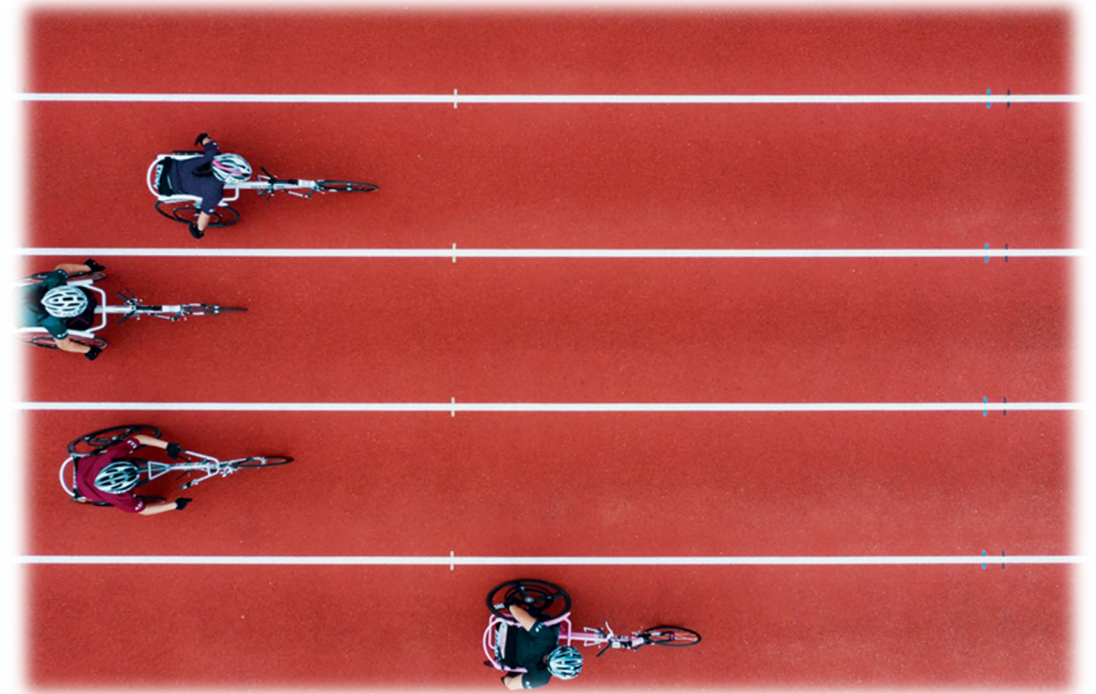
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Speed Networking

Speed Networking (cont.)

This will happen as fast as these athletes' race!

- You will be randomly placed into a room with other state team representatives.
- In your rooms, share
 - Your name and your RETAIN role for your state.
 - One fun fact about your state or yourself.
 - One thing that resonated with you from the Day 1 sessions.
 - If there is extra time, feel free to chat among yourselves!



Wrap-Up

Thank you for your Day 1 participation!

Please take a moment to complete this evaluation:
<https://www.surveymonkey.com/r/P3K9Z8G>