RETAIN | Retaining Employment and Talent After Injury/Illness Network

Data Roundtable CoP Session 3

Facilitator: Christina Jones

January 26, 2023

Christina (the facilitator) welcomed the Community of Practice (CoP) participants. Participants then introduced themselves and took part in an icebreaker. Afterwards, CoP participants engaged in discussion topics.

Topic question: Do we have any best practices to enable the sharing of processes and data between health care providers and the workforce teams?

- Minnesota asked the other states if they find monitoring data more difficult on the health care side versus the workforce side. Health Insurance Portability and Accountability Act (HIPPA) information and other medical information can be difficult to access.
- In response, Ohio said their state only works with one health system, and it is easier when you are just working with one health system. Even so, they also have trouble getting the nitty gritty data from the health care side.
- Minnesota then asked Ohio if they were using only one database or if they had multiple databases.
- Ohio responded that they use multiple databases. Everything on the health care side is in their electronic medical record (EMR) system and there is an entire protocol for exporting data from that system. On the workforce side, everything is out of the case management system, which is new and causing problems. On the health care side, things are running relatively smoothly.
- Minnesota asked Ohio if they pull all the data from a common ID, or by person, name, or Social Security number.
- The Ohio participant replied that they are relatively new to the project, but believe they pull the information with a common ID.
- Christina (the facilitator) then asked if any other state would like to share best practices.
- Kansas shared that, with REDCap, there is a file repository that the platform uses to share files. The medical system uploads those files, and the workforce system can access those records and move forward with the enrollment process. REDCap can assign ID numbers for each participant. Data can be accessed by both the medical and workforce system.
- Minnesota said they are also having trouble with continuous quality improvement (CQI) when it comes to the health side. Health care providers seem to have their own protocols for CQI, which may go through many chains of command. Having control over CQI as the lead agency has been very difficult.
- Ohio said their health care provider also has their own protocols for CQI and leads that process. If there is buy-in on the health care side, and they are committed to the project, then there is motivation to engage in CQI. However, if there is no buy-in, or if there is hesitation from key actors, then that could be problematic.

- Christina (the facilitator) said that a lot of states seem to be moving toward record review.
- Kentucky said they do not live in the medical records and are more focused on the workforce side. This is because they are working with a lot of different providers and are recruiting from many different sources.
- Kansas mentioned that their medical providers are working on EMR data.
- Christina (the facilitator) asked Vermont if they had any best practices for sharing information between workforce and medical providers.
- Vermont said they have a lot of admins that share information within their group, along with a lot of meetings. Vermont uses OnBase to share information and they also use EMRs to communicate. As far as vetting goes, Vermont has nurses who can go to the practices, and they receive the authorizations and permissions to do that. Vermont finds Slack and Zoom to be easy and effective platforms for communication.

Kansas REDCap Presentation

- Kansas recently moved from Excel to REDCap.
- Kansas contracted with their medical provider to implement REDCap.
- REDCap has a file repository system where files can be shared between the medical system and the workforce system.
- Once the data are uploaded, the workforce system will be able to see the data immediately.
- Once a referral has been made, you can select a provider without typing their name. There is another section where providers can be updated. Once you are done with the referral process, that information is saved to the file repository.
- If the referral becomes an enrollee, then Form 2.1 needs to be filled out. The informed consent forms can also be uploaded at this point. After that, all the information required for the program needs to be filled out.
- Kansas then went through the different information requirements for the control group versus the treatment group. The treatment group requires more information than the control group.
- The orange highlighting means the information needs to be filled in by the medical system, and the green highlighting means the information needs to be filled in by workforce.
- Kansas then shared how cumulative dates are entered into the system.
- Because records are being filled out by multiple people, REDCap only allows one person to fill out the form at a time. A “caution” mark will show that someone else is editing the form at the same time.
- Kansas then gave a demonstration on the status dashboard. Afterwards, they showed the group what the final report looks like.
- In REDCap, medical systems will only be able to see their data; they will not be able to see data from other medical systems.
- Vermont said they use REDCap to capture data from satellite clinics. They wondered if the patient contact number Kansas discussed refers to how many times someone has accessed the file or how many times the participant has been contacted.
- Kansas said the contact number represents the number of communications with the patient.
- Christina (the facilitator) asked about the biggest challenge in getting REDCap set up.

- Kansas said the main issue with REDCap was getting people to log in to the system. When someone requests REDCap access, they go through several different trainings with the person who wants access. Institutional Review Board approval also must be granted for each participant before they can be entered into REDCap.