

## RETAIN Return to Work Coordinators CoP—Notes

**Facilitators: Darcee Simon, Deja Torrence**

**Subject Matter Expert: Elena Soles**

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Deja welcomed participants and reviewed the agenda for today's community of practice (CoP). Deja then facilitated introductions and asked states to share what provider engagement means to them.

### **What Provider Engagement Means to States**

- Minnesota – Provider engagement means program sustainability. The more your provider is engaged, the better the program can serve its participants. Providers also are incentivized; they receive \$100 when they complete the RETAIN training and another \$100 for each participant they successfully refer. Outreach efforts include slide presentations, targeted emails, and surveys. Though it took time and effort for word to get around, Minnesota is starting to see a snowball effect as more providers become actively engaged.
- Kansas – The current process involves using Electronic Medical Record reports where Kansas receives an appointment schedule list. From there, the program contacts providers to sign off on the referral. The provider then receives \$100 for each patient who successfully signs up for the program. If the provider follows up with the participant by sending the activity prescription form, it receives an additional \$50. Offering these incentives has not had a big impact on provider engagement.
- Ohio – Engaging providers is crucial, and their participation demonstrates their commitment to patient recovery. Ohio has developed training and education materials for providers. Ohio uses the EMR system to help case managers better coordinate care with providers. A challenge: Providers do not respond as quickly as Ohio would like them to. Ohio uses nurse navigators to make messages are provided as quickly as they need to be to providers. Ohio also uses MyChart to stay connected and reach out to providers. Ohio offers an initial education class to providers and a yearly refresher course. If a provider is not engaged, Ohio reaches out to its educational supervisor, and the state will make an additional visit to the provider to help the provider stay engaged.
- Vermont – The structure in Vermont is different from other states: The clinic must be enrolled first, then participants. Vermont offers providers a welcome packet to explain the program. The state offers continuing medical education credit, webinars, and posters they can hang around the clinic. Vermont curates and provides specific resources to providers so they can use those resources as they see fit.

### **When Do You Engage Providers?**

Deja then introduced the subject matter expert, Elena Soles. Elena asked participants whether they engage providers during enrollment, case management, or discharge.

- Minnesota is more focused on the service delivery piece—case management and discharge—and preparing return-to-work (RTW) plans.
- Ohio develops a proposed plan of care, which speaks to the delivery piece component.
- In Vermont, every participant has a work health assessment plan sent to the provider with participant consent. The plan offers recommendations, but Vermont often does not hear back because providers are too busy; in such cases, the state follows up with providers.

Elena stated the “who” also really matters in terms of partner engagement. “Provider” is a broad term that encompasses many different types of practitioners.

- Vermont said the number one reason for being eligible for their program is a mental health diagnosis. Though most of the state’s clinics have a mental health component, some do not. This can make it hard to reach out to providers on mental health–related issues when they do not provide that specialty.

Elena said it is important for states to know why provider engagement is needed and how that is reflected in the messaging.

- Minnesota said the value the state offers to the provider is in making it easier for them—demonstrating value on both sides.

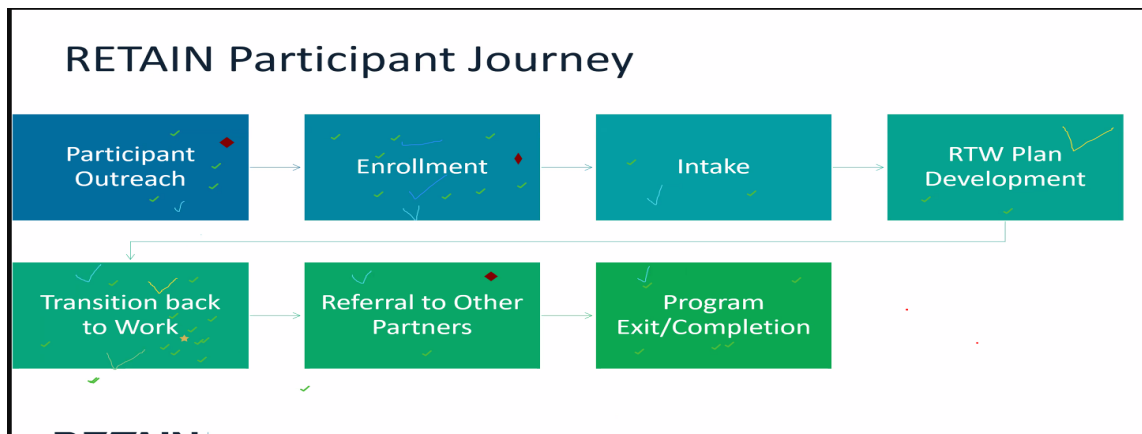
Elena agreed and said providers often are burned out; she advised clarity on what RETAIN brings to the table, saying the value it adds is crucial. It is also important to think about the practice setting, who the states are engaging, and why the states are engaging them—then making sure all those pieces align.

- Ohio added that it assesses the patient’s health literacy at the start to see what they need and encourage patients to build their autonomy, because the more they can help themselves, the better they will be.

Elena then handed it off to Darcee, who led participants through an exercise that identified pain points in the participant’s journey through RETAIN.

### RETAIN Participant Journey

Participants took part in a virtual exercise to identify points in the participant’s journey where issues occur. The results are below.



Darcee said transitioning back to work seemed to be the biggest pain point. She asked what challenges states face with that step.

- Kansas said providers do not return required forms on time or at all.
- Vermont said it had to enroll the clinics before participants. It could not enroll participants until clinics agreed. Initially, every person at every clinic would be screened at intake. However, that was ineffective, as people would be screened multiple times, leading to duplications. Vermont found posters displayed in the clinics was the most effective approach to helping clinics and participants self-refer.

Darcee then shared the importance of analyzing provider engagement pain points, which includes examining the participant journey, identifying challenges along the way, and finding what strategies were most and least effective.

Darcee then passed it back to Deja, who led a discussion of provider engagement solutions and challenges.

### **Engagement Solutions and Challenges**

Deja asked participants to share their challenges and offer any solutions.

- Kansas said its biggest challenge with providers is having them return forms in a timely manner. The state also struggles to get the word out to providers; sending written messages has not been successful.

Deja asked Kansas if sending messages through EMR is the only way it has tried reaching providers.

- Kansas said it faxes a letter explaining the reason for the request, along with the request itself, to providers on the patient's behalf. It also asks patients to contact their provider and take responsibility for the request form's completion.
- Ohio said it has engaged providers that are unengaged by having its education team reach out to physician assistants and nurse practitioners in unresponsive practices to help enroll them. The state also uses an FRQ—a functional recovery assessment—to see whether patients are ready to RTW, then talks to the patient's doctor to help get a letter to the employer.