

#### Matt Adamkin, MD

Assistant Professor

UofL SOM Department of Neurological Surgery
Division of Physical Medicine & Rehabilitation

ULP Restorative Neuroscience

Pl on the UofL Health Subaward

#### Priya Chandan, MD, PhD, MPH

VP of Healthcare Quality & Analytics, Kramer Davis Health
Clinical Associate Professor
Division of Physical Medicine & Rehabilitation, UofL School of
Medicine

Associate Appointment

Department of Health Promotion and Behavioral Sciences, UofL SPHIS

Senior Editor, PM&R: The Journal of Injury, Function, & Rehabilitation

Commonwealth Scholar, Commonwealth Institute of KY

Associate Medical Director, RETAIN Kentucky

#### Lynn T Robbins, BSN, BA, CRRN

UofL Health <u>RETAIN Kentucky</u> Nurse Navigator Certified Rehabilitation Registered Nurse

#### Kristina Kirk, PT, DPT, NCS

Board Certified Neurologic Clinical Specialist
Frazier Rehabilitation Institute Inpatient Rehabilitation
Certified Brain Injury Specialist (CBIS)
UofL Health RETAIN Kentucky PT Liaison
APTA Credential Clinical Instructor

#### Mackenzie Wilson, PT, DPT, NCS

Board Certified Neurologic Clinical Specialist
Frazier Rehabilitation Institute Inpatient Rehabilitation
Certified Brain Injury Specialist (CBIS)
UofL Health RETAIN Kentucky PT Liaison

#### Lori Hight, MS, OTR/L

Frazier Rehabilitation Institute Outpatient Rehabilitation
Certified Brain Injury Specialist (CBIS)
UofL Health <u>RETAIN Kentucky</u> OT Liaison

#### Jillian Winn

**Project Coordinator** 

## Objectives

- Background/ History
- Purpose
- Services
- Enrollment
- RETAIN Groups
- Eligibility
- Interdisciplinary
   Team

- Recruitment/ Outreach
- Referral Data
- Testimonials
- Your Role
- CEU/CME
- FAQs

## Background

Every year, millions of Americans leave the labor force following illness or injury, which can result in a negative ripple effect:

 Research shows that individuals with non-work-related illnesses and injuries are at high risk of becoming unemployed. Yet, many injured or ill workers could remain in their jobs if they receive timely, coordinated assistance.

#### Office of Disability Employment Policy

 Assists both workers with disabilities & employers in understanding their protections & obligations under the law through policy development, outreach & education, & technical assistance.

#### Job Accommodation Network (JAN)

- Provides extensive technical assistance on the reasonable accommodations provision of the ADA.
- Covered employers are required to provide "reasonable accommodations" to qualified job applicants & employees with disabilities.
- Congress passed the ADA Amendments Act (ADAAA), clarifying various aspects of the law & emphasizing that the definition of disability should be interpreted broadly.
  - Coordinating, monitoring, & enforcing the ADA & ADAAA is the responsibility of several federal agencies: the Department of Justice, the Equal Employment Opportunity Commission, the Department of Education, & the Department of Labor





Policy Goal= Improving the Stay At Work(SAW)/Return To Work(RTW) outcomes of individuals who experience an injury/illness that inhibits their ability to work

 Advancement of SAW/RTW through early intervention strategies as a costeffective, mutually beneficial means of addressing the high unemployment of Americans with disabilities.

 Successful SAW/RTW early intervention strategies could result in lower costs for the American taxpayer, lower personnel costs for employers & higher incomes for recovering workers.

#### Social Determinants of Health



# What are Social Determinants of Health?

"Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

U.S. Department of Health and Human Services

# Social Determinants

- Childcare
- Clothing
- Eldercare
- Food
- Healthcare
- Shelter
- Transportation

Through connections with community partners, **RETAIN** can assist participants in resolution of other social determinant barriers including food, shelter & childcare so they can successfully return to work in a sustainable manner

# Workforce & healthcare systems are not designed to talk to each other

Lack of communication between workforce & healthcare systems affects return to work

## Kentucky

48<sup>th</sup> in labor force participation

6-9 months of salary = Cost to employer for employee turnover



## Every year, millions of Americans leave the workforce due to injury or illness which causes a negative ripple effect:



Employees leaving jobs can face health challenges, financial problems, loss of health benefits, family structure distress, & poorer quality of life



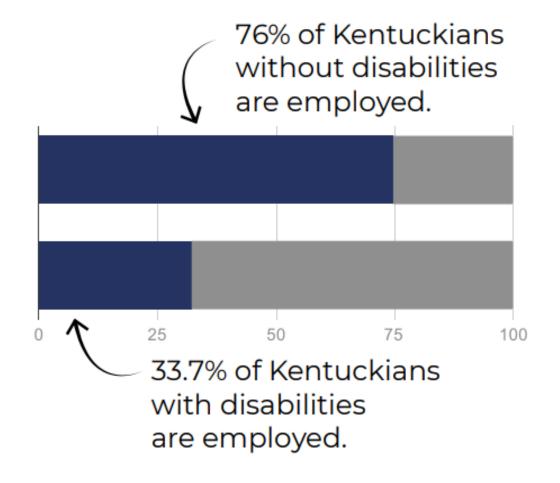
Employers face unexpected expenses due to the loss of a valuable employee



Governments at all levels face reductions in the tax base, costly payouts of disability benefits, shift from private to government funded insurance, & decreased economic activity

Kentucky has among the highest rate of people with disabilities in the nation and among the lowest rate of people with disabilities who are employed.\*

This 42.3% gap ranks
Kentucky tied for 48th in the nation.



## RETAIN Kentucky: Phase 1

In 2018, 8 state teams implemented RETAIN

Evaluating new & early intervention strategies to help injured or ill employees keep their jobs

- Served >200 employees
- Trained >1,100 health care providers & stakeholders



Frazier Rehab/UofL PM&R was responsible for >60% of KY participants in PHASE I

## RETAIN Kentucky: Phase 2



- \$21.6 million grant for expanded implementation
- Serving over 3,000 employees
- Ages 18 and over
- With non-occupational illnesses
   & injuries
- Address enduring implications that COVID-19 will have on the physical & mental health of our workforce

## **RETAIN Partners**

- UofL SOM Division of Physical Medicine and Rehabilitation & UofL Health-Frazier Rehabilitation Institute
- Kent State University
- Kentucky Education & Workforce Development
   Cabinet
- Kentucky Department for Health and Family Services
- Kentucky Department for Public Health
- Kentucky Disability Determination Services
- Kentucky Hospital Association

- University of Kentucky & University of Kentucky
   Human Development Institute
- Kentucky Labor Cabinet
- Kentucky Workforce Innovation Board
- Kentuckian Works Regional Workforce
   Developmental Board
- The Council of State Governments
- University of Kentucky Healthcare & Population Health
- Coalition for Workforce Diversity

## What is RETAIN?

Study that will examine how early intensive RTW coordination impacts recovery & likelihood of remaining employed

## **Focus on Ability NOT Disability**

- Free federally funded initiative exploring SAW/RTW strategies
- To help injured or ill workers remain in or return to their jobs by implementing & evaluating early intervention strategies
- Works with employees, employers & healthcare providers, to address issues that can be factors in successful return to work
- Utilizes peer support, assistive technology, & universal design to promote quality, coordinated health & employment-related SAW/RTW services
- Collected data from the RETAIN KY project will be presented at state & federal government levels to initiate POLICY CHANGE!

## RETAIN ELGIBILITY

>/=18 y/o living in Kentucky

Are employed now or have worked in the last year

Have non-work illnesses, injuries or impairments that put them at risk of leaving the workforce

Diagnosis can be physical and/or mental

Are not receiving Social Security disability benefits (SSI, SSDI) now OR have not applied for Social Security benefits in the last three years?

19, 20

## Eligibility determination & Consent to participate

Coordinator completes intake interview

→ \$100 gift card

Random assignment into enhanced or expedited groups

RETAIN Enrollment Assigned to Return to Work Coordinator

RTW/SAW Development Plan → \$50 gift card **%** 

## **RETAIN Groups**

#### All RETAIN participants will receive:

- Support specific to social determinants with healthcare & employer communication.
- Receive information about resources to promote & support self-advocacy to address social determinants & learn ways to work with healthcare providers & employers.

## **Length of Services:**

- Depends upon worker engagement, identified RTW goals & their group assignment.
- Based on the optimal amount of time needed to meet their RTW goals.



## Differences in RETAIN Groups

## **Expedited**

With coordinator for 2 weeks

## Goal: Self Advocacy

Providing resources regarding assistance
 & programs to achieve their RTW/SAW goals

## Contacted 3x's

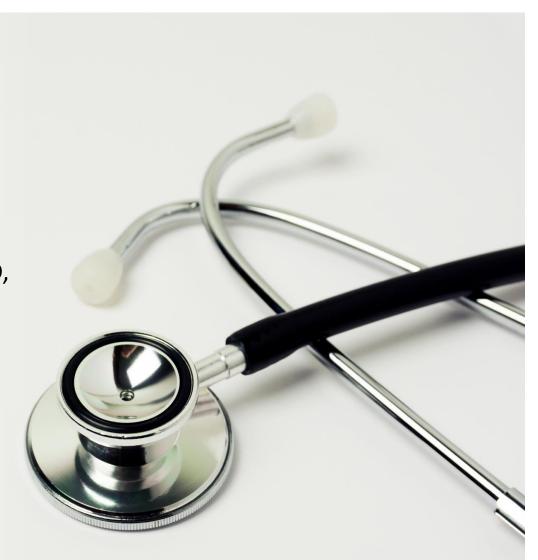
 Initial, following week, & end of second week

## **Enhanced**

- With coordinator for 6 months
- Contact every week or 2x's a week
- Continuing to provide resources that achieve their RTW/SAW goals

## **Interdisciplinary RETAIN Team**

- Intake Coordinators
- Return to Work Coordinators
- Outreach Liaisons
- Job Analysts
- Practitioner representatives:
  - Dr. Matthew Adamkin (PM&R MD)
  - Dr. Priya Chandan (PM& R MD, PhD)
- UofL Health RETAIN Nurse Navigator: Lynn Robbins, RN, AND, BA, CRRN
- Project Coordinator: Jillian Winn
- UofL Health Therapy Liaisons:
  - Kristina Kirk, PT, DPT, CBIS, Board-Certified Neurologic Clinical Specialist
  - Mackenzie Wilson, PT, DPT, CBIS, Board-Certified Neurologic Clinical Specialist
  - Lori Hight, MS, OTR/L



## Interdisciplinary Team Approach

- All staff members within UofL Health are being trained!
  - Nursing staff (RNs/PCAs), therapy team (PT, OT, SLP, and therapy aides/techs), physicians, case managers, psychologists, etc.
- Everyone can have a role in assisting individuals to achieve their goals to return to work/stay at work



## RETAIN Recruitment at UofL Health

- UofL Health strategy has been to initiate training for all staff members
  - Inpatient rehab, Acute care hospitals, Outpatient rehab, Primary care offices, & Outpatient pulmonary
- PT Liaisons & RN navigator providing trainings and education to all staff members including rehab staff, nurses, case management, physicians, etc.
- Posters within visible locations around various hospitals & outpatient care centers for selfreferral

- RETAIN Champions
- Email blasts for staff
- During employee
   orientation staff
   members are educated
   on the RETAIN
   program

#### **Future:**

 Modules for staff to complete for additional education

# RETAIN KY Return to Work Coordinators

 Work with healthcare providers and employers to develop a RTW (Return to work) plan that identifies services to support eligible participant's needs and goals.

These services can include, but are not limited to:

- Case management and Coordination
- Referrals for needed services
- Connect to Community Resources
- Assistive technology evaluations
- Job counseling
- Peer support
- Self-Advocacy Development

## Electronic Medical Records



EMR CHANGES
ADDED ACROSS
ALL UOFL
HEALTH EMR
SYSTEMS FOR
STAFF TO EASILY
MAKE
REFERRALS



IF PATIENT IS ELIGIBLE,
STAFF ASKS FOR CONSENT
THEN STAFF MEMBERS
CHECKS A BOX FOR RETAIN
ORDER THEN REFERRAL
SENT TO RN NAVIGATOR
TO SEND TO RETAIN
REFERRAL COORDINATOR

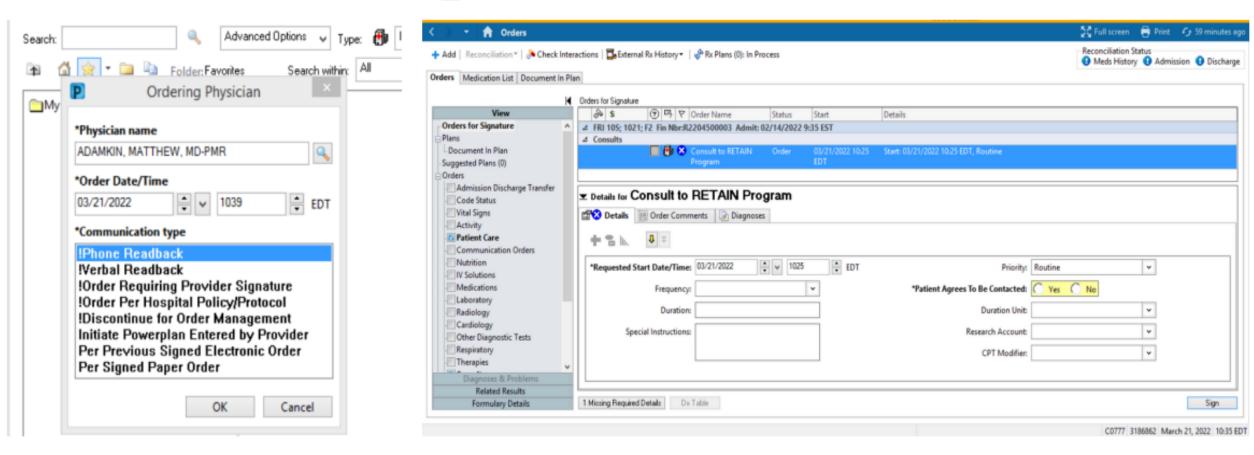


TRIGGERS ADDED
TO EMR SYSTEMS
ALERT STAFF FOR
POTENTIAL RETAIN
REFERRALS



TRIGGERS TO MYCHART TO ALERT PATIENTS REGARDING RETAIN

## EMR Example - Cerner



## Outreach Efforts

- Kentucky State Fair
- Podcast
- APTA KY DEI Committee Promotional Video for RETAIN
- Conferences
  - ACRM 2022/2023, APTA KY Conference 2022/2023, AHEC 2022, KOTA State Conference, Nursing conferences nationally & locally
- Norton Healthcare Neuroscience Expo
- Outreach to outpatient clinics across KY
- Future:
  - KY Brain Injury Walk and other similar local events

## **Referral Data**

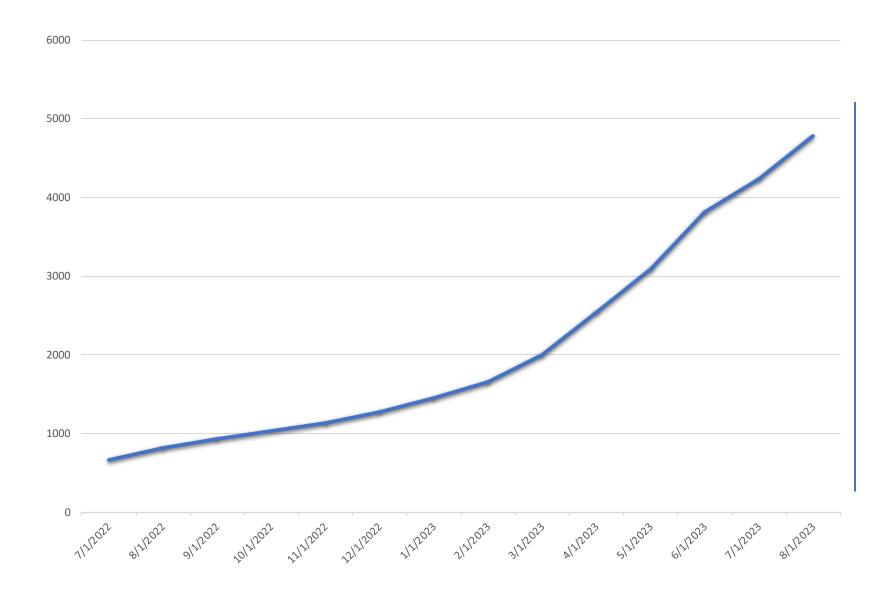
Category	Frequency	Withdrawn before Program Completed*	Program Completed**
Total Referrals	4784		
Total reached and interest/eligibility was confirmed	3273		
Total Ineligible	556		
Total Not Interested	308		
Total Eligible	2413		
Total Enrolled	1347	28% Enrollment of those Referred	
Basic	597		
Basic Currently Enrolled	33		
Basic Exited	564		
Enhanced	750		
Enhanced Currently Enrolled	219		
Enhanced Exited	531	251	280
Did Not Return to Work	197	176	21
Returned to Work	334	75	259

## **Enhanced Group Data**

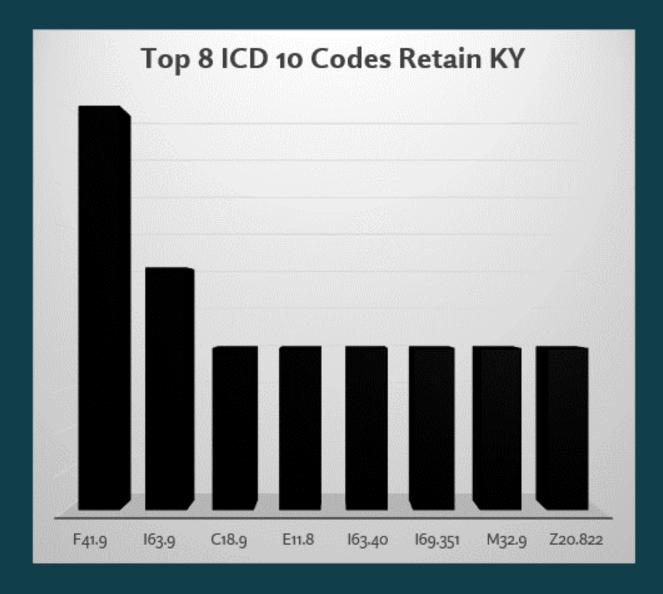
Category	Frequency	Withdrawn before program completed	Program Completed
Did NOT Return to Work	197	176	21
Return to Work	334	75	259

89% of people who did NOT return to work withdrew before the program was completed

78% of people who completed the program returned to work



## Referrals



- F41.9: Anxiety disorder, unspecified
- 2. 163.9: Cerebral infarction, unspecified
- C18.9: Malignant neoplasm of colon, unspecified
- 4. E11.8: Type 2 diabetes mellitus with unspecified complications
- I63.40: Cerebral infarction due to embolism of unspecified cerebral artery
- 6. I69.351: Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
- M32.9: Systemic lupus erythematosus, unspecified
- Z20.822: Contact with and (suspected) exposure to COVID-19



## **Body Structure & Function**

- Memory & Speech Deficits
  - Balance Deficits
  - Decreased Endurance

### **Health Condition**

Cerebral Vascular Accidents

#### **Activities**

- Work : Full- time hospital environmental services

## **Participation**

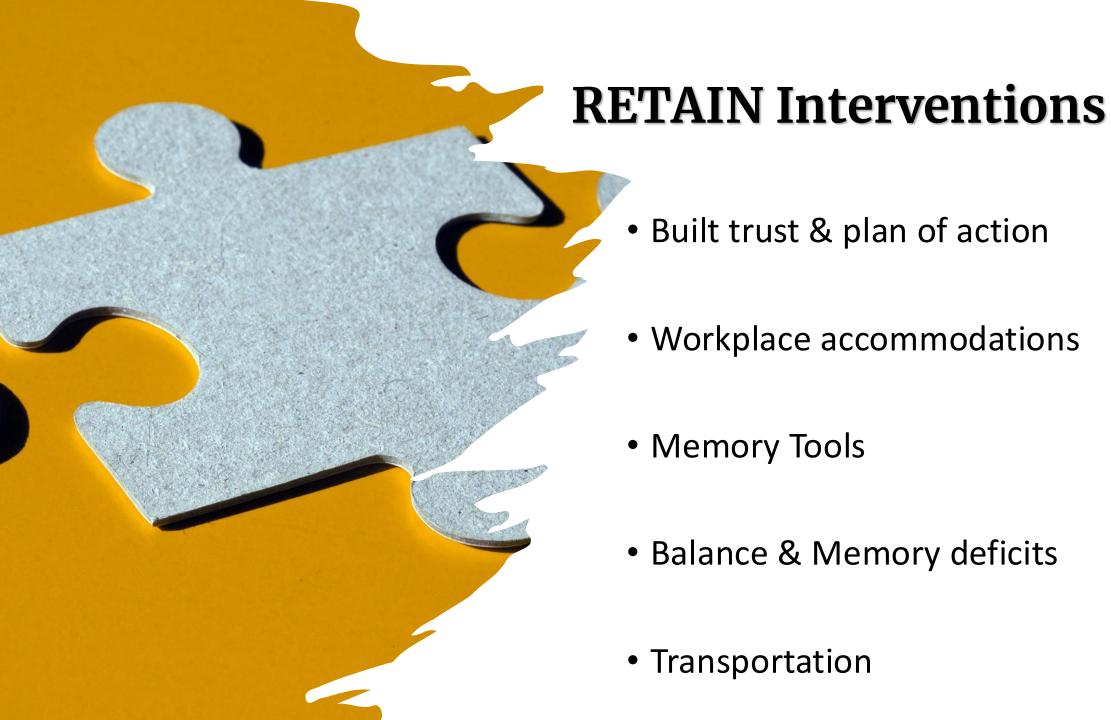
- Self reported decreased
   QOL
- Fear & anxiety regarding losing his livelihood
- Medication Management Difficulties
- Attending Medical
   Appointments Difficulties

### **Environmental Factors**

- Transportation: Car difficulties
- Workplace Accommodations
  - -Financial Difficulties

#### **Personal Factors**

- 50 y/o
- African American Male



## James' RETAIN Results

- Assisted to foster independence & success at work
- Received reasonable workplace accommodations & improved job performance
- Gained knowledge about local community resources to help fix his car & pay for utilities
- Increased endurance
- Improved balance with no self reported falls

- Gained independence with tracking appointments, medications, & work tasks
- Attended more appointments & taking his medications as prescribed
- Regular check-ins and support from the RTW coordinators provides sense of consistency & caring
- Decreased anxiety about losing his job

## Your Role: How to Refer?

## If working in UofL Health system – through EMR



## If working within the state of KY at a different site:

Call (number on website)

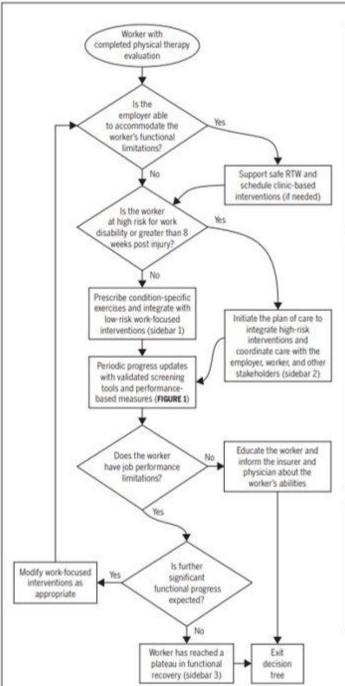
Use referral form (under "I am a Healthcare Provider" tab on website)

Encourage/assist patient with self referral on RETAIN website

Add work history into your subjective evaluation

 i.e. "Are you currently working?", "Has your injury/illness affected your ability to return to work?"

#### RESTRICTED WORK PARTICIPATION: CLINICAL PRACTICE GUIDELINES



#### Sidebar 1: Low-Risk Interventions

- Actively engage the worker to return to activity, to improve his or her work ability, and to limit time away from work
- Use a combination of exercise and clinic-based, work-focused interventions for workers at low risk
- Provide recommendations to injured workers, employers, and other stakeholders for graded, modified, or transitional RTW
- Offer participatory ergonomics to the worker and communicate with stakeholders when job demands exceed the worker's ability
- Do not rely on written material to engage the worker in strategies to return to activity
- Do not use light exercise as an isolated intervention to address RTW goals, except when there is an explicit reason documented

#### Sidebar 2: High-Risk Interventions

- Incorporate psychologically informed practice when psychosocial barriers are present
- Offer participatory ergonomics to the worker and communicate with stakeholders when job demands exceed the worker's ability
- Prescribe intense graded exercise, including work-oriented functional activities and strengthening, cardiopulmonary, endurance, and motor control exercises after 6 weeks post injury
- Consult with the employer about the worker's abilities and job-modification options to improve work status
- Communicate with the employer about the worker's functional abilities and offer recommendations to potentially improve work engagement
- Use a combination of clinic-based, work-focused interventions and jobsite interventions
- Do not use light exercise as an isolated intervention, except when there is an explicit reason documented
- If the worker is greater than 8 weeks post injury, initiate a multidisciplinary assessment to determine appropriate interventions.

#### Sidebar 3: Final Disposition

- Identify job-specific functional abilities for safe RTW (job-specific FCE or progress update)
- Identify workplace accommodation options to support safe RTW
- If a job change is necessary, report the worker's functional abilities, limitations, barriers, and strengths for RTW
- If medical and therapy reporting is inconsistent, consider recommendation for a comprehensive FCE to facilitate vocational planning or administrative claim closure

# How to Access RETAIN Services



Email: RETAIN@uky.edu

Visit: www.KYRETAIN.org

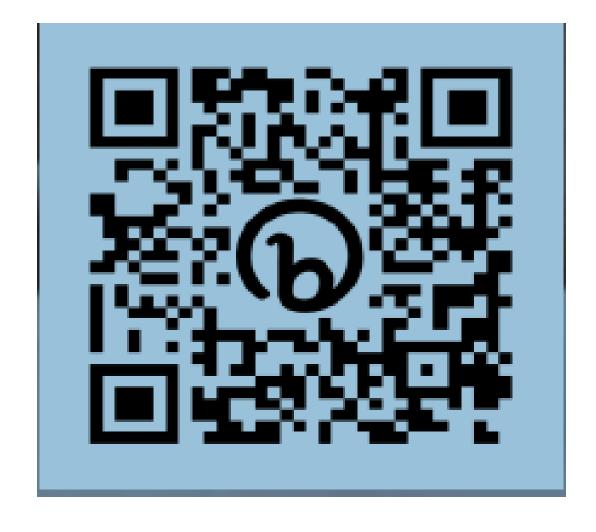
Call: 859.562.3251

Training:

https://www.kyretain.org/trainings/

# Free CEU/CME

- 1.0 CME hours for physicians
- 1.2 CEU hours for therapy/nursing
  - Category 2 : Physical Therapy
  - https://bit.ly/RETAIN23



#### **Designation Statement**

The University of Louisville School of Medicine designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### Accreditation Statement

The University of Louisville School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Nurses - This program has been approved by the Kentucky Board of Nursing for 1.2 continuing education credits through University of Louisville Hospital, provider number 4-0068-12-24-1340. The Kentucky Board of Nursing approval of an individual nursing education provider does not constitute endorsement of program content. Completion criteria to obtain CE's: Attend entire session and complete the evaluation.



What if someone initially agrees to participate, but changes their mind later in the process?

This is a voluntary program; the person can choose to exit the program at any time.



How do I explain to employees that they may receive different services than a coworker?

During intake, the employee will learn about RETAIN and can choose to participate based on their group assignment and their return-to-work goals. Every person's plan will look different based on their unique situation.



Can a person participate with RETAIN and receive other services (e.g., Office of Vocational Rehabilitation)?

Yes, if a person meets each program's eligibility criteria, they can work with multiple community programs or workforce partners while working with RETAIN.



What kind of diagnosis is eligible for RETAIN services?

A person that has a diagnosed medical condition (ICD 10 code) is eligible for RETAIN services. Examples include, but are not limited to, behavioral health, cardiac conditions, diabetes, and physical diagnoses that impacts their ability to stay at work or return to work.

## QUESTIONS?





## mackenzie.wilson@uoflhealth.org

kristina.kirk@uoflhealth.org



- 1. Kentucky Chamber Foundation. (2021). 20 Years in the Making: Kentucky's Workforce Crisis. https://www.kychamber.com/sites/default/files/pdfs/20%20Years%20in%20the%20Making%20-%20Kentucky%27s%20Workforce%20Crisis 2.pdf
- 2. What is the definition of disability under the Ada? ADA National Network. (2022, October 18). Retrieved October 18, 2022 from https://adata.org/fag/what-definition-disability-under-ada
- 3. World Health Organization. (n.d.). Disabilities. World Health Organization. Retrieved October 18, 2022, from https://www.afro.who.int/health-topics/disabilities
- 4. World Health Organization. (n.d.). Disability. World Health Organization. Retrieved October 18, 2022, from https://www.who.int/health-topics/disability#tab=tab 2
- 5. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved October 20, 2022 from https://health.gov/healthypeople/objectives-and-data/social-determinants-health
- 6. Social Determinants of Health. Social Determinants of Health Healthy People 2030. (n.d.). Retrieved October 20, 2022, from https://health.gov/healthypeople/priority-areas/social-determinants-health
- 7. Persons with a disability, 2021 dol. (n.d.). Retrieved October 20, 2022, from https://www.dol.gov/sites/dolgov/files/ODEP/pdf/CPS\_Disability\_2021\_annual\_508\_compliant.pdf
- 8. Cabinet for Health and Family Services, Department for Income Support, Disability Determination Services. (n.d.). Social Security Disability In Kentucky The Evolution of Dependence 1980 2015.
- 9. Zurich. (2015). Early intervention & RTW best practices. Retrieved September 29, 2020, from http://dmec.org/wordpress/wp-content/uploads/2015/08/Zurich-Whitepaper\_Early-Intervention-RTW-Best-Practices.pdf
- 10. Stay at work (saw)/return to work (RTW). (n.d.). Retrieved October 20, 2022, from https://askjan.org/topics/return.cfm#:~:text=Research%20suggests%20that%20the%20likelihood,to%20the%20employer%20and%20beyond.
- 11. Kamdar, B. B., Suri, R., Suchyta, M. R., Digrande, K. F., Sherwood, K. D., Colantuoni, E., Dinglas, V. D., Needham, D. M., & Hopkins, R. O. (2020, January). Return to work after critical illness: A systematic review and meta-analysis. Thorax. Retrieved October 20, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7418481/%C2%A0
- 12. McPeake, J., Mikkelsen, M. E., Quasim, T., Hibbert, E., Cannon, P., Shaw, M., Ankori, J., Iwashyna, T. J., & Haines, K. J. (2019). Return to employment after critical illness and its association with Psychosocial Outcomes. A systematic
- 13. Nichols, A., Mitchell, J., & Lindar, S. (2013, July). Consequences of long-term unemployment urban institute. Retrieved October 20, 2022, from https://www.urbanorg/sites/default/files/publication/23921/412887-Consequences-of-Long-Term-Unemployment.PDF
- 14. Myhren, Hilde MD; Ekeberg, Øivind MD, PhD; Stokland, Olav MD, PhD. Health-related quality of life and return to work after critical illness in general intensive care unit patients: A 1-year follow-up study. Critical Care Medicine: July 2010 Volume 38 Issue 7 p 1554-1561 doi: 10.1097/CCM.0b013e3181e2c8b1
- 15. Baker, E. S. (2018, October). Down and down we go: The Falling U.S. Labor Force Participation Rate: Monthly Labor Review. U.S. Bureau of Labor Statistics. Retrieved October 20, 2022, from https://www.bls.gov/opub/mlr/2018/beyond-bls/down-and-down-we-go-the-falling-us-labor-force-participation-rate.htm
- 16. Cancelliere, C., Donovan, J., Stochkendahl, M.J. et al. Factors affecting return to work after injury or illness: best evidence synthesis of systematic reviews. Chiropr Man Therap 24, 32 (2016). https://doi.org/10.1186/s12998-016-0113-z
- 17. Clinical Guidance to Optimize Work Participation After Injury or Illness: Using the Evidence to Guide Physical Therapist Practice. J Orthop Sports Phys Ther. 2021 Aug;51(8):380-381. doi: 10.2519/jospt.2021.0505. PMID: 34338004.
- 18. ODEP. United States Department of Labor. (n.d.). Retrieved October 20, 2022, from https://www.dol.gov/agencies/odep
- 19. About RETAIN. (2022). RETAIN Kentucky. Retrieved 7/29/22, from https://www.kyretain.org/about-retain/.
- 20. RETAIN Initiative. (2022). Department of Labor. Retrieved 7/29/22, from https://www.dol.gov/agencies/odep/initiatives/saw-rtw/retain.
- 21. Stay at Work/Return to Work Research & Publications. (2022). Department of Labor. Retrieved 7/29/22, from https://www.dol.gov/agencies/odep/initiatives/saw-rtw/research-pubs
- 22. World Health Organization. (n.d.). ICF beginner's guide: Towards a common language for functioning, disability and health. World Health Organization. Retrieved October 20, 2022, from https://www.who.int/publications/m/item/icf-beginner-s-guide-towards-a-common-language-for-functioning-disability-and-health
- 23. Stay-at-work/return-to-work toolkit seed.csa.ora, (n.d.), Retrieved October 20, 2022, from https://seed.csa.org/wp-content/uploads/2020/06/seed report issuu.pdf
- 24. How can states help workers keep their jobs after injury, illness, or disability? (policy brief). Mathematica. (n.d.). Retrieved October 20, 2022, from <a href="https://www.mathematica.org/publications/how-can-states-help-workers-keep-their-jobs-after-injury-illness-or-disability-policy-brief">https://www.mathematica.org/publications/how-can-states-help-workers-keep-their-jobs-after-injury-illness-or-disability-policy-brief</a>

Confidentiality Disclaimer: This message, including any attachments, is confidential, intended only for the named recipient(s) and may contain information that is privileged or exempt from disclosure under applicable law, including PHI (Protected Health Information) cover under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you are not the intended recipient(s), you are notified that the dissemination, distribution, or copying of this message is strictly prohibited. If you receive this message in error or are not the named recipient(s), please notify the sender or contact the UofL Health IT Service Desk at 502–588–7003 to report an inadvertently received message.