



RETAIN-CT Project Echo Series

In conjunction with the RETAIN-CT phase I pilot funding, the RETAIN-CT leadership team saw an opportunity to support a Project ECHO series in 2021, focused on preventing work disability for patients with acute and chronic musculoskeletal disease (MSD). UConn Health Division of Occupational and Environmental Medicine (DOEM), under the leadership of Research Director William S. Shaw Ph.D., collaborated with the Community Health Center Association of CT (CHCACT) to launch RETAIN-CT Project ECHO for medical and community professionals treating MSD patients. The initiative involved recruiting a team of specialists and health care providers committed to sharing their medical knowledge and expertise in the management of complex medical cases, working collaboratively to help patients facing real-world challenges for recovery and return-to-work. Health care providers including RETAIN-CT provider registrants from multiple disciplines and specialties were invited to be part of this well established and respected, best practice care methodology to promote peer case-based learning. Facilitated by Michael Erdil, MD, FACOEM, eight successive monthly sessions featured presentations/discussions by/between subject matter experts (SME) followed by an open discussion. CME credits were available at no cost to attendees.

What is Project ECHO?

Project ECHO is a peer-to-peer model of exchanging information across multiple disciplines including, medical specialists to community-based providers and civic professionals. ECHO® stands for Extension for Community Healthcare Outcomes. With a goal to reach rural and underserved communities and to prevent death from treatable diseases, Project ECHO, was designed by Dr. Sanjeev Arora from the University of New Mexico. This methodology is designed for for clinical specialists, researchers and educators to share, problem solve and transfer knowledge with local community clinicians. Since the program's start in 2003, the concept has grown exponentially. Thousands have applied this model of knowledge transfer in medical hospitals and schools, as well as universities and communities around the globe. Today video conferencing technology has enhanced communication and facilitated the formation of more Project ECHO groups by easily uniting professionals together across multiple disciplines. More information on the history of the model and examples of the ECHO success stories may be found [here](#).

RETAIN-CT Project ECHO session structure

Workshop sessions were structured as interactive, virtual grand rounds for health care providers and their organizations using a hub (UConn Health DOEM) and spoke (healthcare providers/clinicians) model. A RETAIN-CT Project ECHO facilitator was identified at UConn Health DOEM to work with administrative support staff from CHCACT. Clinicians from various disciplines and specialties connected and actively participated at monthly, regularly scheduled times with a subject matter expert (SME) using low-cost multi-point video conferencing (Zoom). RETAIN-CT leadership team members were recruited to participate (CT Dept. of Labor, CT Dept. of Aging and Disability Services, Work Navigator from Capital Workforce Partners). Workshop session topics were selected by the participating clinicians from a list of options developed by UConn Health DOEM. Each workshop session began with introductions of all participants. This was followed by a formal didactic by the SME. After the didactics, there were case presentations to peers and all participants who shared insights to help manage patients with musculoskeletal conditions to reduce associated work disability. Post session evaluations were emailed to each participant after each ECHO session. Providers received CME credits for each session they attended.

Clinician recruitment for RETAIN-CT Project ECHO

RETAIN-CT clinicians were recruited by explaining that participation expands provider knowledge, skills, competence, and performance managing musculoskeletal conditions and work disability. The program was structured to address significant knowledge gaps, limited training on assessing disability risks, overcoming barriers to RTW, and improving communication. Clinicians appreciated the trainings because they helped them understand the return-to-work landscape, directed them to state and other resources, and allowed them to learn evidence-based techniques on how best to help their patients. Clinicians could obtain peer and specialty advice on how to treat patients with complex musculoskeletal conditions. Knowledge gained could increase patient functional outcomes and where possible, help patients with their return to work. Attendance allowed providers and their health care organizations to be part of a peer and specialty network, gain new connections, and easily bring an opportunity to share and collaborate across a variety of disciplines. Clinicians received free CMEs for the total time spent participating, including didactics and patient case presentations.

Responsibilities and Expectations for RETAIN-CT Project ECHO Participating Clinicians

RETAIN-CT registered providers were granted registration for RETAIN-CT Project ECHO virtual sessions. The goal was to maintain the initial group of participants throughout the series of 8 sessions. Participants were encouraged to not miss more than 3 sessions. Participants included RETAIN-CT registered providers and others from various clinical training backgrounds, disciplines and specialties. The 1.5 hour sessions were held monthly for 8 months. Materials relevant to each session were emailed before and after each workshop.

Project ECHO RETAIN-CT Workshop Sessions

Program Overview

The sessions were scheduled at 7:30am to accommodate the need to fit into busy practitioners' schedules. A few minutes were given to greet one another and state their name, practice and specialty. The SME presented for 45 minutes followed by an opportunity for participants to ask questions and share relevant case examples.

Program Objectives

The overall purpose of the Project ECHO sessions were to:

- Discuss RETAIN-CT objectives and components
- Identify risks for work loss associated with acute musculoskeletal disorders
- Develop strategies and collaborate to overcome barriers to stay at work (SAW) or return to work (RTW)

Schedule of Workshop Sessions

Feb 11, 2021 Musculoskeletal Work Disability and Evidence-based Risk Factors

Subject matter expert: William S. Shaw, Ph.D.

Facilitator: Michael Erdil MD, FACOEM

March 11, 2021 Clinician Role to Prevent Musculoskeletal Sources of Work Disability and Coordination with the RETAIN-CT Work Navigator Team

Subject matter experts: William S. Shaw, PhD; Glenn Pransky, MD, M Occ H; Jill Larmett BS, CWDP

Facilitator: Michael Erdil MD, FACOEM

April 8, 2021

Screening Patients for Musculoskeletal Work Disability Risks Including Psychosocial and Work Organizational Risks

Subject matter expert: William Shaw, PhD

Facilitator: Michael Erdil MD, FACOEM

May 13, 2021

Improving Functional Outcomes and Preventing Unnecessary Work Disability in Patients with Spine Disorders. Evidence Recommendations and System/Program Interventions.

Subject Matter Expert: Kevin Bernard MD; Subramani Seetharama MD, MS, FAAPMR; Donald Murphy DC, FRCC

Facilitator: Michael Erdil MD, FACOEM

June 10, 2021

Return to Work During Post-acute COVID-19 Illness (long COVID)

Subject matter experts: Tom Winters MD, FACOEM, FACPM, Lee Okurowski MD, MPH, MBA
Facilitator: Michael Erdil MD, FACOEM

July 8, 2021

Reducing MSK Pain and Work Limitations with Ergonomics

Subject matter expert: Jennifer Garza, ScD

Facilitator: Michael Erdil MD, FACOEM

August 12, 2021

Improving Recovery and Function for Patients with Substance Abuse Disorder with a Focus on Opioid Use Disorder

Subject matter expert: Surita Rao MBBS, MD, FASAM

Facilitator: Michael Erdil MD, FACOEM

Sept 9, 2021

The Brain and Pain - Limbic Treatments

Subject matter expert: Kenneth Larsen, DMin, PhD, ABMP

Facilitator: Michael Erdil MD, FACOEM

Resources Shared with Providers during Project ECHO Sessions

Nutrition Information

During our group discussion, Dr. Duenas discussed nutritional recommendations he provides to patients. Dr. Duenas shared a website that he uses for nutritional information.

<https://nutritionfacts.org/>

Lifestyle and nutrition are examples of missed opportunities that physicians too often fail to include in patient discussions. He also shared additional nutrition websites that he used in the past.

The NIH and USDA has useful information on nutrition and supplements.

NIH Office of Dietary Supplements <https://ods.od.nih.gov/>

NIH Dietary Supplements for Older Adults <https://www.nia.nih.gov/health/dietary-supplements-older-adults>

USDA Dietary Guidelines for

Americans https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf

Resources on Pain

Understanding Pain

Helps individuals understand what current research has been saying about chronic pain (5 min)

https://www.youtube.com/watch?v=C_3phB93rvI

Advice for People Taking Opioid Medication

Explains what chronic pain is, what we know about the benefits and risks of opioid medications, and how to reduce risks (11 min).

<https://www.youtube.com/watch?v=7Na2m7lx-hU>

Consumer Reports Health

<https://www.consumerreports.org/back-pain/the-better-way-to-get-back-pain-relief/>

<https://www.consumerreports.org/pain-relief/how-to-get-rid-of-lower-back-pain/>

Cornell

Take Care of Your Pain Program was developed for older adults receiving home care but has useful information for patients

<http://citra.human.cornell.edu/tcyp>

UC Davis (developed with funding from RWJ)

Booklet providing 11 strategies for chronic pain self-management (16 pages)

https://www.ucdmc.ucdavis.edu/nursing/Research/INQRI_Grant/Long-Term%20Non-Surgery%20Pain%20Management%20Strategies%20Booklet%20WebFINAL082311.pdf

IASP “Global Year About Back Pain” site where there are some fact sheets (and other information from years past) that might be useful.

<https://www.iasp-pain.org/GlobalYear>

Acute Care Physical Therapy

APTA online learning resources that are open access: <https://learningcenter.apta.org/covid19>

Exposure to Workplace Trauma and Posttraumatic Stress Disorder Among Intern

Physicians: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780781>

Association Between Proportion of Workday Treating COVID-19 and Depression, Anxiety, and PTSD Outcomes in US Physicians: <https://pubmed.ncbi.nlm.nih.gov/33201021/>

National Academy of Medicine- Clinician Wellbeing and COVID:

<https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/>

Work & Health from the UK

Free webinars on key issues to do with work and health: [Webinars | The Society of Occupational Medicine \(som.org.uk\)](#)

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Project ECHO RETAIN-CT Workshop Session Descriptions

Feb 11, 2021 Musculoskeletal Work Disability and Evidence-based Risk Factors

Session Objectives

- Outline Project ECHO CME workshop objectives and organization
- Describe the overall cost and societal burden of musculoskeletal disability in the US
- Determine list of workshop session topics

Subject matter expert

William Shaw, PhD Dr. Shaw is Associate Professor and Chief, Division of Occupational and Environmental Medicine, Department of Medicine, University of Connecticut School of Medicine in Farmington. Dr. Shaw serves as the RETAIN-CT Research Director. Dr. Shaw has more than 20 years of research experience in the field of occupational health and safety. His training background is in engineering and clinical psychology, and his primary research focus has been workplace disability and return-to-work, especially with respect to psychosocial and organizational factors affecting outcomes for workers with acute musculoskeletal injuries or chronic health conditions. He currently serves as Associate Director of the Center for Promotion of Health in the New England Workplace (CPH-NEW), one of six NIOSH-funded Centers for Excellence in the US. He has more than 125 published scientific journal articles in the fields of occupational medicine, pain, health psychology, and occupational rehabilitation, and he served as a Senior Associate Editor for the Journal of Occupational Rehabilitation for more than ten years.

Facilitator

Michael Erdil MD, FACOEM. Dr. Erdil is a board-certified occupational medicine physician with Occupational and Environmental Health Network in Marlborough MA; and an Assistant Clinical Professor at UConn Health Division of Occupational and Environmental Medicine. Dr. Erdil served as RETAIN-CT Medical Advisor and Educator. Dr. Erdil has been a contributor to several evidence-based treatment guidelines for low back and musculoskeletal disorders including the Agency for Health Care Policy and Research, American College of Occupational and Environmental Medicine, ODG by MCG Guidelines, UpToDate and Dynamed Plus. His research and interests include musculoskeletal disorders including low back pain, disability prevention, shared decision making and interventions to address the opioid crisis. Dr. Erdil is a member of the American College of Occupational and Environmental Medicine (ACOEM) working group to revise Preventing Needless Work Disability by Helping People Stay Employed and has been involved with other ACOEM task force and panel activities. Dr. Erdil was the recipient of the Harriett Hardy Award from the New England College of Occupational and Environmental Medicine for his contributions to the field of occupational medicine.

Description

This introductory session started with a description of Project ECHO, participant expectations and goals for the RETAIN-CT Project ECHO. Facilitators and participants introduced themselves including reasons for participation, knowledge gaps and performance improvement goals. Participants included medical physicians from multiple specialties (occupational medicine, physical medicine and rehabilitation, internal medicine, an orthopedic surgeon, addiction pain management), chiropractic physicians, and physical therapists. RETAIN-CT leadership participation included participants from the CT Dept. of Labor, CT Dept. of Aging and Disability, and the RETAIN-CT Work Navigator. Facilitators determined the topics for the first two sessions. Participants selected desired topics from a list compiled by the facilitators.

References

Project ECHO introductory materials

<https://hsc.unm.edu/echo/>

Burden of Musculoskeletal Diseases in the United States

<https://www.usbji.org/programs/bmus>

March 11, 2021 Clinician Role to Prevent Musculoskeletal Sources of Work Disability and Coordination with the RETAIN-CT Work Navigator Team

Session Objectives

- Describe key elements of the RETAIN-CT demonstration pilot project.
- Describe how to identify and address perceived SAW/RTW risk factors and barriers.
- List treatment decisions for musculoskeletal care that may have implications for return-to-work.
- Describe how the work navigator team identifies and addresses perceived SAW/RTW risk factors and barriers.

Subject matter experts

William S. Shaw, PhD

Glenn Pransky, MD, MOccH. Dr. Pransky is a board certified occupational medicine physician. Dr. Pransky is an associate professor in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School and a Visiting Lecturer at the Harvard School of Public Health and the University of Massachusetts/Lowell. From 1999 to 2017, he directed the Center for Disability Research at the Liberty Mutual Research Institute in Hopkinton, MA. Dr. Pransky co-founded the Work Disability Prevention and Integration Scientific Section of the International Congress on Occupational Health. Dr. Pransky has received multiple awards for his research and contributions including Nachemson Memorial Award from the Institute for Work and Health in Toronto, NORA Award for Innovative Research from the National Inst. for Occupational Safety and Health, and the Harriet Hardy Award from the New England College of Occupational and Environmental Medicine.

Jill Larmett BS, CWDP. Jill Larmett is Connecticut's North Central Region Disability Resource Coordinator (DRC) and served as a RETAIN-CT Work Navigator. Jill is a Certified Workforce Development Professional, holds a Bachelor of Science Degree in Human Services and is a Certified Work Incentive Practitioner. She serves as a guide to Capital Workforce Partners (Workforce Development Board), American Job Center (AJC), and Partner staff in helping them navigate the system of services that assist individuals with disabilities.

Facilitator

Michael Erdil MD, FACOEM

Description

Dr. Shaw provided an overview of the burden of work disability, musculoskeletal pain, workplace factors influencing RTW and described the RETAIN-CT phase I project goals and demonstration partners. Dr. Pransky discussed system factors associated with RTW and screening and listening for disability risk factors. Pertinent questions and communication recommendations were described. Treatments associated with disability were noted. Jill Larmett discussed the role of the RETAIN-CT Work Navigator, patient interviewing techniques

and motivational interviewing. An overview of the RETAIN-CT Work Navigator Team conferences was provided.

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<https://pubmed.ncbi.nlm.nih.gov/30234763/>

The Australasian Faculty of Occupational & Environmental Medicine Realising the health benefits of work – An evidence update November 2015
https://www.racp.edu.au/docs/default-source/advocacy-library/pa-health-benefits-of-work-evidence-update.pdf?sfvrsn=af75331a_6

WA Dept of Labor and Industries Attending Provider's RTW Desk Reference
<https://www.lni.wa.gov/forms-publications/F200-002-000.pdf>

IWH Working together. Successful strategies for RTW
https://www.iwh.on.ca/sites/iwh/files/iwh/tools/working_together_2008.pdf

IWH At Work. Effective workplace RTW interventions are multi-faceted
https://www.iwh.on.ca/sites/iwh/files/iwh/at-work/at_work_87_0.pdf

BMJ Learning Motivational interviewing in brief consultations
https://learning.bmj.com/learning/module-intro/motivational-interviewing.html?locale=en_GB&moduleid=10051582

April 8, 2021 Screening Patients for Musculoskeletal Work Disability Risks including Psychosocial and work Organizational Risks

Session Objectives

- Characterize evidence based medical, psychosocial, and workplace factors associated with musculoskeletal disability.
- List validated tools to screen for musculoskeletal chronicity and disability and describe how they can be used.

Subject matter expert

William Shaw, PhD

Facilitator

Michael Erdil MD, FACOEM

Description

The session discussed the evidence base and emergence of psychosocial risk screening, specific work disability risks and screening tools including the Orebro and STarT Back tools. Dr. Shaw discussed who to screen, when and what to do with the results including provider conversations and counseling, workplace support, and RTW coordination.

Case studies involved discussion of outcomes where screening and interventions were used in work and non-work settings. An example of CTS included treatment decisions, personal risk factors, supervisor issues, coaching in self advocacy, and work and home ergonomic problems that were addressed.

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<https://pubmed.ncbi.nlm.nih.gov/21963002/>

May 13, 2021 Improving Functional Outcomes and Preventing Unnecessary Work Disability in Patients with Spine Disorders. Evidence Recommendations and System / Program Interventions

Session Objectives

- Characterize evidence-based recommendations to improve functional outcomes including return to work for patients with neck or back pain
- Describe the use of screening tools (STarT Back) and facilitated care to improve functional outcomes in a hospital affiliated spine program
- Recite key concepts of a primary spine care model to improve coordination of care and patient outcomes including work ability

Subject matter experts

Kevin Bernard MD. Dr. Bernard is an interventional pain management doctor at Sports Medicine North specializing in nonsurgical spine and sports medicine care. He is board-certified in physical medicine and rehabilitation. Dr. Bernard completed his spine fellowship at New England Baptist Hospital in Boston and previously worked as a staff physician in The Spine Center, conducting research through the Libert Family Spine Institute.

Subramani Seetharama MD, MS, FAAPMR. Dr. Seetharama is a board certified in physical medicine and rehabilitation and sports medicine, and is also certified in spinal cord injury. Dr. Seetharama serves as Medical Director for The Hospital of Central Connecticut Spine Center and is the Chief of Physical Medicine & Rehabilitation for Hartford Healthcare Rehabilitation Network.

Donald Murphy DC, FRCC. Dr. Murphy is a chiropractic physician, teacher, researcher and consultant. Academic appointments at Alpert Medical School of Brown University and Dept of Physical Therapy, University of Pittsburgh. Previous Medical Director of an interdisciplinary spine program for a multi-hospital system. Teaching focuses on training physical therapists and chiropractors to function in a new, innovative role, Primary Spine Practitioner. Consulting with Spine Care Partners involves implementing high-value spine programs, including in hospital systems and payer communities. Has served on guideline panels for ACOEM and the American College of Physicians, among others. He has over 100 peer-reviewed publications and books/chapters.

Facilitator

Michael Erdil MD, FACOEM

Description

This session deviated from traditional Echo single SME by coordinating three back pain experts.

Dr. Bernard discussed key concepts involving acute and chronic pain, factors to consider, history taking and evaluation including screening for disability risks and management recommendations to improve spine care functional outcomes including work ability.

Dr. Seetharama discussed key elements of a hospital affiliated interdisciplinary spine care program with STarT Back risk screening and facilitated evidence-based care with outcomes tracking. Clinical and financial benefits of evidence based and facilitated care was described.

Dr. Murphy discussed the development of a primary spine care model to improve coordination of care and outcomes including work ability. This demonstration project involved implementation of primary care training in clinical reasoning and evidence-based care, motivational interviewing with effective communication and active coordination, and principles of psychologically informed PT.

Several PTs discussed how they implemented psychologically informed PT, MI, therapeutic alliances, etc. to improve outcomes.

Case presentation discussed screening, timely intervention in a patient with lumbar radiculopathy resulting in clinical improvement and RTW.

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June 10, 2021 Return to Work During Post-acute COVID-19 Illness (long COVID)

Session Objectives

- To be able to identify most common symptoms of post-acute COVID illness
- To be able to identify the timeline of post-acute COVID illness
- To understand the application of ACOEM return to work guidelines to post-acute COVID illness
- To be able to identify resources and adjunctive therapies available to enable employees to return to work

Subject matter experts

Tom Winters MD, FACOEM, FACPM. Dr. Winters is a board certified occupational medicine physician who is President and Chief Medical Officer for Occupational and Environmental Health Network in Marlborough, MA. Dr. Winters is Medical Director and consultant for multiple academic hospital and university research occupational health programs, including BSL 2 and 3 facilities. He was instrumental in the development of a world class research occupational health program at a Boston academic institution where he continues as Occupational Health Officer, a role that includes provision of medical surveillance and exposure response services for their BSL 4 laboratory. Dr. Winters also has extensive expertise in musculoskeletal disease, occupational health of healthcare workers, and total disability management. Dr. Winters is a visiting scientist at Harvard Medical School and the Harvard School of Public Health, Dr. Winters serves on the Residency Advisory Committee and is a preceptor for resident clinical rotations. Dr. Winters received the Harriet Hardy Award from the New England College of Occupational and Environmental Medicine for his contributions.

Lee Okurowski MD, MPH, MBA. Dr. Okurowski is a board certified occupational medicine physician who is Chief Executive Officer for Occupational and Environmental Health Network in Marlborough, MA. Dr. Okurowski provides Medical Direction for several Massachusetts hospital Employee Health Departments. Additionally, Dr. Okurowski serves as Medical Consultant for a labor union in Rhode Island, and reviewer/consultant for a Massachusetts State Agency Division. He also consults for various other companies, including corporations and manufacturers and insurers. Dr. Okurowski has extensive background in prevention and disability research, including identification of risk prediction models for work-related back pain to improve quality of care and reduce costs. Dr. Okurowski is a visiting lecturer for the Harvard School of Public Health and is a clinical preceptor for residents during their clinical rotations at the Harvard School of Public Health Occupational and Environmental Medicine Residency Program.

Facilitator

Michael Erdil MD, FACOEM

Description

The topic was selected due to the expectation that post-acute covid syndromes (PACS) will significantly contribute to the burden of future work disability and recognition that pain is a component of some of these cases. Current best evidence was discussed by Dr. Winters involving covid infection and timelines for recovery, common post-acute covid presentations, screening and assessment tools, treatments and care management including RTW recommendations.

Dr. Okurowski presented several cases involving PACS in health care providers managed in academic medical center and hospital affiliated practices. Another case was discussed involving subacromial pain syndrome after covid vaccination.

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Post-COVID Conditions: Information for Healthcare Providers

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Society of Medicine COVID-19 return to work guide For recovering workers

https://www.som.org.uk/COVID-19_return_to_work_guide_for_recovering_workers.pdf

American Physical Therapy Association online learning resources

<https://learningcenter.apta.org/covid19>

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National Academy of Medicine- Clinician Wellbeing and COVID

<https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/>

Work & Health from the UK

Free webinars on key issues to do with work and health: [Webinars | The Society of Occupational Medicine \(som.org.uk\)](#)

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July 8, 2021 Reducing MSK Pain and Work Limitations with Ergonomics

Session Objectives

- Recite evidence supporting ergonomics and key elements of effective worksite ergonomic programs
- Describe the concepts involved in participatory ergonomics
- Discuss case scenarios involving patients who may benefit from ergonomic evaluations and considerations on how to incorporate recommendations into overall management

Subject matter expert

Dr. Jennifer Garza, ScD. Dr. Garza is an Assistant Professor in the Department of Medicine, Division of Occupational and Environmental Medicine at UConn Health. Dr. Garza also serves as the ergonomist for UConn Health employees. Her research interests include ergonomics, exposure assessment, and occupational physical activity. Dr. Garza is an affiliated researcher with the Center for the Promotion of Health in the New England Workplace (CPH-NEW) Total Worker Health Center for Excellence.

CASE PRESENTATIONS: Thomas Varghese, Ergonomist, UConn Health DOEM; Jill Larmett, Disability Resource Coordinator, Capital Workforce Partners

Facilitator

Michael Erdil MD, FACOEM

Description

Dr. Garza provided a description of the science of ergonomics, key elements of effective worksite programs and evidence of efficacy. The discussion noted key risk factors for MSK symptoms and recommendations for training management and workers in participatory ergonomics. Advice was offered on how to evaluate ergonomic programs, promote worker recovery and maintain management commitment and employee involvement. Thomas Varghese, UConn ergonomist, discussed ergonomics in hospital settings, aerospace and office environments with examples of interventions.

Cases were discussed with manufacturing and office ergonomic interventions to address worker symptoms. Jill Larmett, RETAIN work Navigator, discussed a case where the RETAIN team provided successful ergonomic recommendations to a participant to assist them at work and home.

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IWH Factors for success in participatory ergonomics
<https://www.iwh.on.ca/summaries/sharing-best-evidence/factors-for-success-in-participatory-ergonomics>

IWH Report on process and implementation of participatory ergonomic interventions: A systematic review
<https://iwh.on.ca/projects/process-and-implementation-of-participatory-ergonomics-interventions-systematic-review>

IWH reducing msd hazards in the workplace IWH 2009
https://www.iwh.on.ca/sites/iwh/files/iwh/tools/pe_guide_2009b.pdf

August 12, 2021 Improving Recovery and Function for Patients with Substance Abuse Disorder with a Focus on Opioid Use Disorder

Session Objectives

- Discuss an overview of the neurobiology of substance and opioid abuse disorders (SUD and OUD)
- List key psychopharmacological and psychotherapy approaches to treatment of SUD and OUD
- Discuss how to initiate screening, brief intervention and treatment for SUD and OUD

Subject matter expert

Surita Rao MBBS, MD, FASAM. Dr. Rao is an associate professor and director of the Psychiatry Residency Training Program at the UConn School of Medicine Department of Psychiatry. Dr. Rao has been on the faculty at both Yale and Emory Universities, and has been on the UConn School of Medicine faculty since 2008. Her clinical work has focused on addiction psychiatry. Upon completing her fellowship training, she worked as the medical director of the Methadone Maintenance Clinics at Yale University School of Medicine. She has worked with impaired physicians and other health care professionals. Dr. Rao is on the Board of Directors for the American Society of Addiction Medicine (ASAM) and is vice chair of their national membership committee. She is past president of the Connecticut chapter of ASAM. Dr. Rao was chair of the physicians' health committee at Saint Francis. She also serves on the board of the Hartford Dispensary.

Facilitator

Michael Erdil MD, FACOEM

Description

Dr. Rao discussed the definition of substance abuse disorders and its neurobiologic basis constituting a brain disorder. An overview was provided for opioid use disorder (OUD) including epidemiology, health consequences including overdose and deaths, withdrawal and treatments for OUD including behavioral supports and medication assisted treatment (MAT). The didactic included an overview of screening brief intervention and referral to treatment (SBIRT) for patients with OUD.

The case presentation focused on a patient with OUD on MAT facing surgery, a setting where treatment with opioid analgesics can result in relapse. In this case, there was collaboration among the surgical providers and mental health providers to establish a treatment plan focusing on minimizing the dose and duration of opioid analgesics, continuing MAT and working

with the patient on goal setting and encouragement to proceed with a treatment plan minimizing risks of relapse for the patient and enhancing functional recovery and RTW.

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<https://pubmed.ncbi.nlm.nih.gov/31153631/>

Substance Abuse and Mental Health Services Administration has a number of valuable resources.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

<https://www.samhsa.gov/sbirt>

Mental Health and Substance Use Disorders

SAMHSA works to reduce the impact of the most common mental health and substance use disorders on America's communities. <https://www.samhsa.gov/find-help/disorders>

Medication-Assisted Treatment (MAT)

Learn how medication-assisted treatment (MAT) is used to treat substance use disorders as well as sustain recovery and prevent overdose. <https://www.samhsa.gov/medication-assisted-treatment>

Opioid Overdose Prevention Toolkit <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

Providers Clinical Support System has developed a SAMSHA supported substance use disorder 101 core curriculum for healthcare providers. The 22 modules provide an overview of evidence-based practices in the prevention, identification, and treatment of substance use disorders and co-occurring mental disorders.

<https://pcssnow.org/education-training/sud-core-curriculum/>

SAFER is a multifaceted, comprehensive effort aimed at helping employers prioritize safety as they return employees to traditional work environments and schedules in a post-quarantine world..

<https://www.nsc.org/work-safety/safety-topics/safe-actions-for-employee-returns-safer>

Sept. 9, 2021 The Brain and Pain - Limbic Treatments

Session Objectives

- You will be able to differentiate the usefulness of 'Numeric Rating Pain Scale' and the 'McGill Pain Inventory'
- You will be able to identify key elements of the dynamic relationship between the brain and pain
- You will have a chance to consider your own relationship to the archetype of the Wounded-Healer

Subject matter expert

Kenneth Larsen, DMin, PhD, ABMP. Dr. Larsen is a Clinical Psychologist in the Department of Medicine at New England Baptist Hospital (NEBH). Dr. Larsen has held teaching appointments as Clinical Instructor in Medicine at Harvard Medical School, Adjunct Professor of Psychopharmacology at Mass School of Professional Psychology and is a Member of the American Psychological Association and has served on the Board of Directors of the Massachusetts Psychological Association. He is board certified in medical psychology and clinical hypnotherapy. In addition he is a Diplomate-Fellow in the American Association of Pastoral Counseling. Dr. Larsen was awarded a Dlin/Fischer Clinical Research Award from the Academy of Psychosomatic Medicine in 2008 for a double blind, placebo controlled study of perioperative administration of olanzapine to prevent postoperative delirium in joint replacement patients. For the past twenty years Dr. Larsen has utilized innovative treatment approaches in caring for patients suffering from catastrophic occupational injuries and workplace violence, as well as in the nonpharmacologic management of chronic pain.

Facilitator

Michael Erdil MD, FACOEM

Description

Dr. Larsen spoke about pain and psychosocial risk factors, the effect of the limbic system on pain coping and the variety of individual experiences with pain. The need to understand the subjective nature of pain rather than pain as a number was emphasized. Dr. Larsen discussed evaluation techniques and the use of inventories like the McGill Pain Questionnaire. Treatment options were noted to help patients understand and cope better with their pain, including breathing, relaxation, autonomy, control and responsibility. An overview of treatment options included therapeutic alliance, cognitive behavioral therapy, mindfulness and other techniques.

A case was discussed including a patient with chronic pain due to complex regional pain syndrome after foot surgery. The case was complicated by functional dystonia and oculogyral crisis. The patient responded to a number of techniques including mind-body approaches, autonomic self-regulation, hypnosis, mindfulness, anger management and better sleep hygiene.

The discussion included use of a work book for patients to help them engage and learn self-management.

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<https://pubmed.ncbi.nlm.nih.gov/23794646/>

AHRQ has some useful evidence reviews regarding chronic pain including non-interventions, non-pharmacologic treatments. See:

<https://effectivehealthcare.ahrq.gov/products/noninvasive-nonpharm-pain-update/research>

The Pain Chronicles (Science of Suffering) - Melanie Thernstrom, writer for NY Times Magazine

Psychological Approaches to Pain Management - Gatchel and Turk (classic)

Psychological Methods of Pain Control - Price and Bushnell

Clinical Hypnosis for Pain Control - David Patterson

Recruiting the midbrain for accessing and healing sensorimotor memories of traumatic activation - Corrigan & Grand

Understanding Pain

Helps individuals understand what current research has been saying about chronic pain (5 min)

https://www.youtube.com/watch?v=C_3phB93rvI

Advice for People Taking Opioid Medication

Explains what chronic pain is, what we know about the benefits and risks of opioid medications, and how to reduce risks (11 min).

<https://www.youtube.com/watch?v=7Na2m7Ix-hU>

Consumer Reports Health

<https://www.consumerreports.org/back-pain/the-better-way-to-get-back-pain-relief/>

<https://www.consumerreports.org/pain-relief/how-to-get-rid-of-lower-back-pain/>

Cornell

Take Care of Your Pain Program was developed for older adults receiving home care but has useful information for patients

<http://citra.human.cornell.edu/tcyp>

UC Davis (developed with funding from RWJ)

Booklet providing 11 strategies for chronic pain self-management (16 pages)

https://www.ucdmc.ucdavis.edu/nursing/Research/INQRI_Grant/Long-Term%20Non-Surgery%20Pain%20Management%20Strategies%20Booklet%20WebFINAL082311.pdf

Feedback

Feedback was evaluated after each session in an effort to enhance the learning experience.

Some examples of changes to practice expressed by attendees:

- Screening of psychosocial factors
- Ask more open-ended questions about psychological feelings about return to work
- Outcomes, risk stratification, return to work
- Continued education on the importance of patient centered care and the importance of the patient connection
- Work to be more multidisciplinary and improve communication
- Establish a network of providers who can support the care needed for my patients for recovery of injuries and conditions with reasonably prompt return to their regular activities of daily living and work.
- The need to coordinate assessment and (post acute covid) treatment efforts across medical specialties (cardiopulmonary, psychiatric, physical medicine, etc.)
- Discuss ergonomics in more detail with patients. Utilize ergonomists for patients with recurrent computer related upper back/neck strain
- Incorporating substance use disorder screening as part of rehabilitation and return-to-work programming
- Implement new behavioral health recommendations into education
- Trying to address system-level factors that can impede my patients' progress toward pain self-management and RTW

At the last session, participants were asked for some final perspectives about the RETAIN-CT ECHO series. Some examples are summarized:

- Especially helpful to share resources (books, websites, patient education materials, workbooks).
- Great to try for a more holistic, less reductionistic view of patient care.
- Good suggestions for ways to address psychosocial factors (in the WC world where this is often taboo).
- Good to include case presentations to have a “real time” look at real cases.
- In-person might be nicer (I think this might be a new problem for Project ECHOs going forward – zoom is no longer a unique aspect).
- Helpful to understand variety of perspectives from other disciplines, with often overlapping frustrations and challenges.
- Helpful to encourage mind-body views about pain, the complexity of body systems affected by pain, and the multitude of possible risk factors.
- Helpful to suggest more referral options for patients to see other types of providers who might have relevant expertise.