

# RETAIN CONNECTICUT

Retaining  
Employment  
and Talent After  
Injury/Illness  
Network



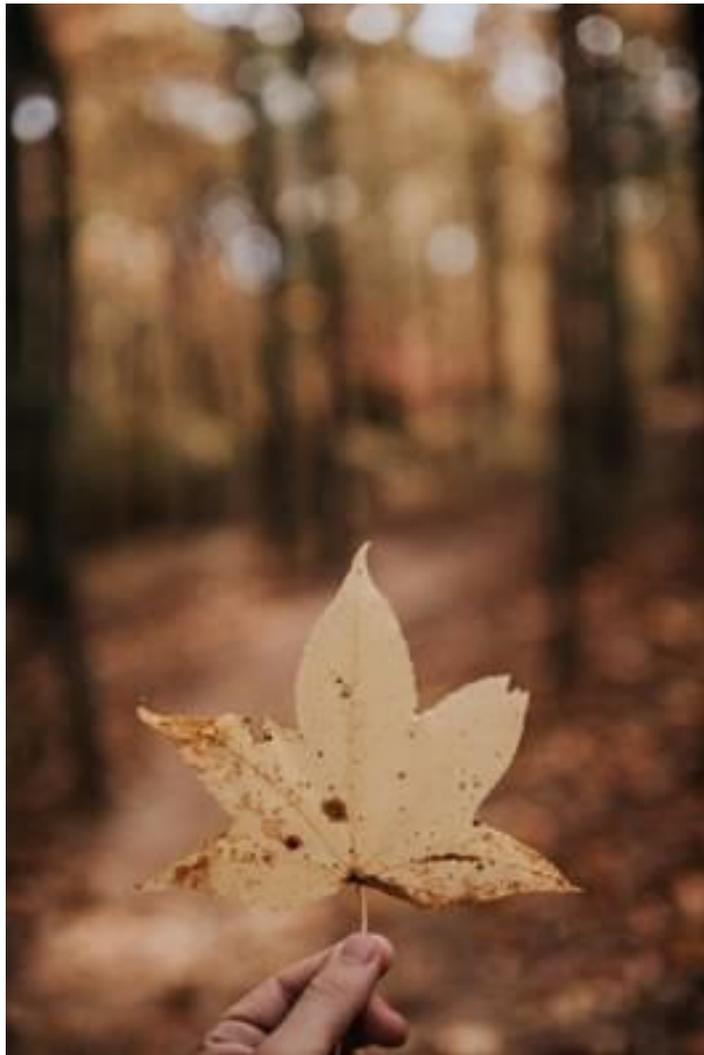
*In partnership with UConn and CT DOL for worker's health*

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## Dear providers and office staff –

As we enter the last few months of the RETAIN-CT demonstration pilot program, we have begun to reflect on lessons learned, the types of workplace challenges brought to light by our participants, and of the program's successes and challenges.

First, we'd like to thank the 121 clinicians who registered for the program, attended orientation sessions, and volunteered to recruit enrollees into the RETAIN-CT program. This high level of engagement sends a clear message that clinicians who treat musculoskeletal pain conditions in CT are highly vested to improve occupational outcomes for their patients, and we are very grateful for your participation in the program (which began in early 2019 for many of you). The addition of a "Project ECHO" option for a subset of clinicians over the past year also reflects your high level of interest in interdisciplinary exchange and innovative methods to prevent musculoskeletal disability.



A real success of our program has been the use of return-to-work navigators to identify individual-level workplace barriers and opportunities and to link them with additional

career development and occupational resources in the workforce system. We have seen repeatedly in our weekly team case conferences the value of integrating clinical care with our workforce systems to improve long-term occupational outcomes was obvious from our weekly team case conferences. The efforts of our RTW navigators, Jill Larmett and Kate Hayden, have been exceptional and well received by your patients.

Most importantly, your patients have really benefitted from the program and shown a willingness to meet with us virtually and explore new return-to-work/stay-at-work ideas. Nearly 90% of patients randomized to the treatment arm have met with us in person or by phone and completed follow-up surveys, which is a high level of participation for a pilot program. We also heard positive feedback from many patients who were energized by the increased number of work options they had to work with.

An unanticipated problem was, of course, the COVID-19 pandemic and the challenges it brought for team coordination, worksite visits, and patient enrollment, not to mention the challenges our enrollees faced returning to jobs that were no longer available or severely altered. We quickly pivoted toward virtual meetings with return-to-work navigators, photographs of work stations for ergonomic analysis, and electronic transmission of project documents, but it certainly kept us looking for creative solutions.

If you have any questions about the RETAIN-CT program, please feel free to reach out to either one of us at [wshaw@uchc.edu](mailto:wshaw@uchc.edu) or [Karen.quesnel@ct.gov](mailto:Karen.quesnel@ct.gov).

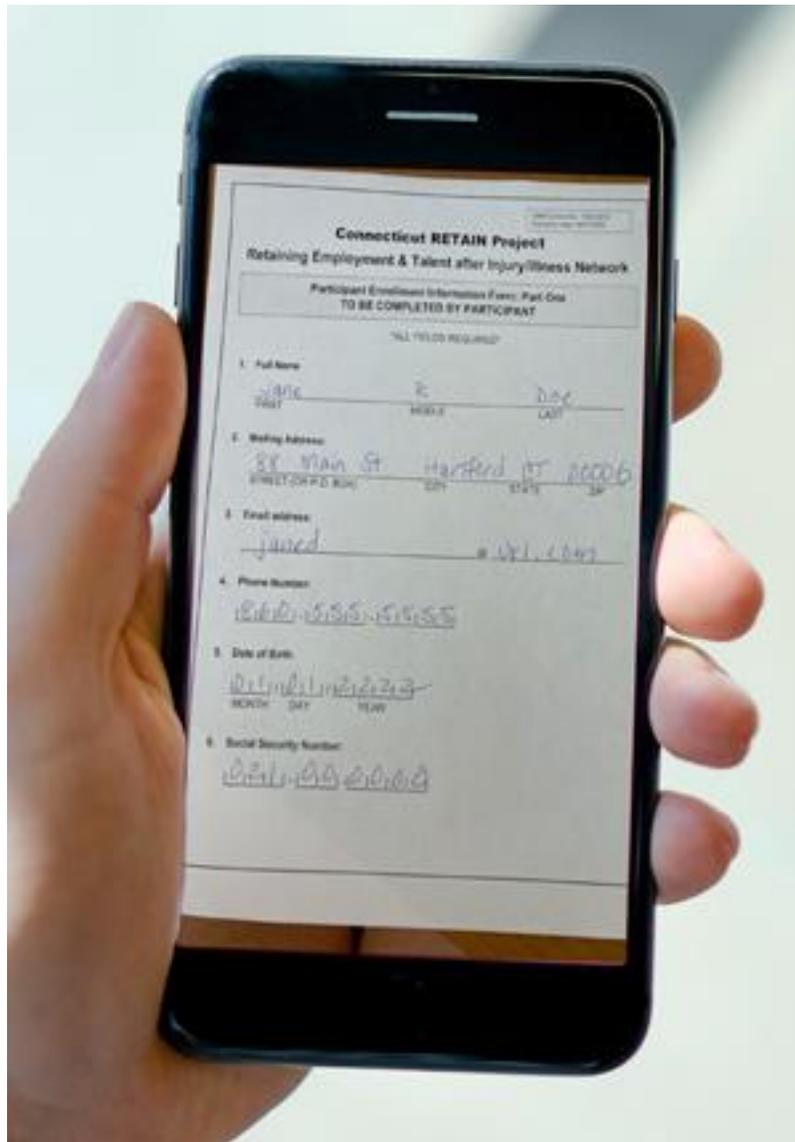
Enjoy the autumn season and please take care.  
Bill Shaw and Karen Quesnel

## QUICK Enrollments by Cell Phone

If you know someone who meets the criteria, we have an easier and faster enrollment method via email and cell phone. For participants UConn has screened through the RETAINCT.com's website, this method has proven to be quite successful for patients using a good quality mobile phone and a little technology know-how.

1. Email the three enrollment forms to the patient (attached)
2. The patient prints the forms
3. The patient completes the forms as best as possible leaving the ICD-10 code blank.
4. The patient signs the consent form located on page 2.
5. The patient uses a smart phone to photograph all pages.
6. Images created by the phone are emailed to UConn.
7. Email to [caldwellcover@uchc.edu](mailto:caldwellcover@uchc.edu)

If your patient wishes to know more about the program and to apply directly through UConn Health, please have them call Janet Caldwell Cover, 860-679-6389.



## FALL ENROLLMENT ACCEPTANCE

With a goal of 140 patients, we understand this is a tall order to ask by Sept 30. If you need a little more time especially with a candidate whom you believe will strongly benefit from the programmatic support of RETAIN-CT, please check with us in October and November for enrollment acceptance. We will be enrolling some late arrivals.

As of today, we have enrolled 114 participants and 60 have been helped by our RTW Navigator Team. **Please help us to reach a goal of 140 participants.**



## RESEARCH LITERATURE



### **Psychological factors associated with unnecessary disability**

Contributed by William Shaw, Ph.D., RETAIN Research Director

What psychological aspects of your patients may be putting them at risk for long-term disability? A recent systematic review of prognostic factors in adults reporting neck or low back pain (Mansell et al., 2020) showed consistent evidence for seven psychological factors. Here they are with a description of comments you may hear from your patients that are evidence of these risk factors:

- **Disability/Activity limitation**

I can't do a thing with this pain; Everything is hard now, nothing's the same; I feel useless

- **Mental health**

I feel so discouraged; This is the worst thing that ever happened; Why did this happen to me?

- **High pain intensity**

The pain is unbearable; the pain is getting worse every day; you don't know what this feels like

- **High pain severity**

I know something serious is wrong with me; I need a more advanced diagnostic work-up

- **Passive coping**

I don't know what to do; Can someone help me?; Nothing I do seems to help

- **Expectation for outcome/recovery**

There's no way this can work out; I'll never be back to normal

- **Fear-avoidance**

I can't move without having more pain; I'm afraid things will get worse if I resume activity

How can these factors be overcome? In another systematic review (Lee et al., 2015), reviewers concluded that there are 3 primary pathways to buffer the effects of these factors. They are to improve self-efficacy, to reduce psychological distress, and to reduce fears. Based on these research findings, patient education should focus on improving patient confidence to cope with pain and dysfunction, countering catastrophic thinking, and reducing fears of more serious pain and medical complications

*References:*

*Mansell G, Corp N, Wynne-Jones G, Hill J, Stynes S, van der Windt D. Self-reported prognostic factors in adults reporting neck or low back pain: an umbrella review. Eur J Pain. 2021; epub ahead of print.*

*Lee H, Hübscher M, Moseley GL, Kamper SJ, Traeger AC, Mansell G, McAuley JH. How does pain lead to disability? A systematic review and meta-analysis of mediation studies in people with back and neck pain. Pain. 2015;156(6):988-997*



Work disability outcomes, like many other health measures, can show disparities by race, gender, and income. Vulnerable workers are at greater risk of

experiencing work disability and have less access to services and supports that might provide a better trajectory for recovery and return-to-work. October is National Disability Employment Awareness Month, and the U.S. Department of Labor's Office of Disability Employment Policy has announced this theme for 2021: "America's Recovery: Powered by Inclusion". The inspiration for this theme is the unprecedented need for economic recovery, accommodation, and organizational support for American workers in 2021. More information can be found at <https://www.dol.gov/newsroom/releases/odep/odep20210513>.

**Thank you to all of our providers and staff for your support.**  
**Dr William Shaw, UConn Health, RETAIN-CT Project Director**  
**Karen Quesnel, CT Department of Labor, RETAIN-CT Project Lead**

**Questions or referrals to interested providers?**

**Please email us**

**at [caldwellcover@uchc.edu](mailto:caldwellcover@uchc.edu) or [wshaw@uchc.edu](mailto:wshaw@uchc.edu).**

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