

RETAIN CONNECTICUT

Retaining
Employment
and Talent After
Injury/Illness
Network



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

Issue 3 | Dec 16, 2020



**Happy Holidays to all RETAIN-CT
Providers and Colleagues**



Dear Providers, Office Staff and RETAIN-CT Colleagues,

This holiday season is not like anything we could have expected however we at RETAIN-CT have so much to be grateful for. May this email newsletter find you well.

In September, RETAIN-CT relaunched our program using an easier, provider-based recruitment strategy. The goal was to be more inclusive of any worker with a musculoskeletal health issue whether acute or long-term and to eliminate any insurance requirement for participation. The easy 3-form enrollment process with UConn Health proved successful as expressed by a number of RETAIN-CT providers. The Work Navigation team has been putting the RETAIN-CT program into action by working with a select group of randomized participants. We are thankful for the steps taken by many providers and staff to help open the doors to successfully include more workers into the return-to-work/stay-at-work (RTW/SAW) federally initiated program.

Again, we are grateful for your support in the recruitment of patients/workers.

All our best wishes during this holiday season.
Sincerely, the team at RETAIN-CT.

“I only spend about a minute explaining the program to my patients. It’s an easy process”. Dr. Richard Duenas

KEEP ‘EM COMING IN!

With less than two months remaining in Phase 1, we have a good chance of achieving our goal of 80 participants. As of this writing, we are more than half way there at 44 enrollments! Keep up the great work and keep on recruiting!



WATCH OUT IN 2021!

RETAIN-CT Project ECHO

As we mentioned in the last newsletter, soon, all registered RETAIN-CT providers will receive an invitation to participate in the RETAIN-CT Project ECHO, a model of medical peer learning that was

developed at the University of New Mexico and has been applied to specialty medical education in many regions. Six monthly webinar sessions (beginning in January) at no



cost with FREE CME credits will include expert presenters, case presentations, and peer discussions on issues pertaining to the treatment of musculoskeletal disorders and work disability prevention. Participation will provide up to 9 hours of AMA PRA Category 1 CME credits. ECHO Sessions will be from 7:30-9 AM on the second Thursday of every month. Please watch for the announcement and join your peers in this special Project ECHO for RETAIN-CT. Space will be limited. To register your interest, please contact Miriam Muniz at UConn Health (muniz@uchc.edu).

RETAIN-CT Employer Education Program

Also in the new year, we welcome an employer education program *Responding to Worker Health Concerns: A Workshop for Managers and Supervisors*, to the RETAIN line-up. The two-hour workshop is aimed at supporting better communication and problem solving when working with employee's health challenges and preventing physical disability. The industry tailored session employs ergonomic principles to help guide job modifications. Workshops are offered at no cost and can be customized to address industry/work environments. Note: in consideration of State of Connecticut and CDC guidelines regarding COVID-19, sessions will be conducted online until further notice. For more information, please contact Bill Shaw by email or phone: wshaw@uchc.edu/860-679-8946.

COMING SOON, ODG for Disability one-year license

Offered as an additional benefit for all RETAIN-CT providers, RETAIN-CT is pleased to offer a one-year license to the Official Disability Guidelines (ODG) for Disability [[ODG Guidelines for Workers' Compensation, Disability, & Auto-Casualty \(mcq.com\)](#)]. ODG is an online tool that provides evidence-based guidelines for work disability forecasting and planning. Information on the subscription start date and how to access the data-driven duration guidelines, risk scoring, and clinical content available on the site will be sent to you soon!

RESEARCH LITERATURE

Return-to-Work (RTW) Intervention Research

The following review is from the monthly "For Your Insight: Research and Practice from the Field" articles sent out by AIR- American Institutes for Research. This is for providers who may wish to better understand the studied intervention(s) that is behind the RETAIN-CT program, and why working with health care providers and employers is key to finding workers in need of an early intervention.

Supporting Employment for Newly Ill and Injured Workers

This issue brief by Smalligan and Boyens is the second of a series "exploring how

federal policy could improve the employment of people with disabilities by expanding the use of early intervention.” The brief begins by defining early intervention and stating the importance of a “multidomain approach” that coordinates across all facets of a worker’s life that are affected by the onset of injury or illness. The importance of the timing of the intervention is to maintain a strong connection between the worker and their employer to prevent the loss of skills to reduce the emotional and psychological cost of time away from work. Next, the brief describes two models of early intervention—employer-based early intervention and health care facilitated early intervention, as well as evidence supporting the use and implementation of these models.

Employer-based early intervention is the most common in the US and is “typically provided by employers through work disability management programs,” for workers injured on the job. These programs are not always available to all employees and are most often available to higher wage earners. In their review of research related to this model, the authors find that early intervention can improve employment outcomes, improve workers’ health and well-being, and reduce costs to social security disability insurance. These employer-based programs are voluntary in the US, which means there is not as much US-based research available on their outcomes, “but research from outside the US is highly relevant to US policymaking because the interventions themselves are similar.”

Health care facilitated early intervention provides early intervention to those who need it outside of the workplace. Two examples explored in this brief are funded through the state or federal government and provide workers access to early intervention through health care providers. As such, these programs often focus on specific conditions. For example, the Washington State Centers for Occupational Health and Education (COHE) focuses mostly on musculoskeletal job injuries, while the Individual Placement and Support (IPS) model is an employment intervention focused on serious mental illness. Evidence of the success of these models “demonstrate[s] how early intervention models can be effective across a range of different medical conditions and that they can be successfully facilitated through government-funded programs outside of the workplace.”

The authors conclude that effective early intervention requires three important elements: 1) considering all of the “domains in a worker’s life” that have been affected by the injury or illness, 2) strong communication between the worker, their employer, and the healthcare system, with a focus on return to work, and 3) appropriate timing of the intervention, as soon after the onset of injury or illness as possible. The three elements together “can be used to effectively assist workers with a range of medical conditions, and they can be facilitated through the workplace and health care settings.”

Brief available: Smalligan, J., & Boyens, C. (2019). Supporting employment for newly ill and injured workers. Washington, DC: Urban Institute.

Thank you to all of our providers and staff for your support.

Dr William Shaw, UConn Health

Karen Quesnel, CT Department of Labor

Questions or referrals to interested providers?

Please email us

at caldwellcover@uchc.edu or wshaw@uchc.edu.

Division of Occupational and Environmental Medicine | Department of Medicine
263 Farmington Avenue, Farmington, CT 06030

retainct.com



Email sent by:

Janet Caldwell Cover | Outreach and Study Liaison

Occupational and Environmental Medicine | UConn Health

263 Farmington Avenue, Farmington, CT 06030-2017

Office: 860.679.6389

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The RETAIN-CT program is fully funded by the United States Department of Labor under Cooperative Agreement No. OD-32541-18-75-4-9, in the amount of \$3,110,280. This document does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. This program is administered by the CT Department of Labor.

