

RETAIN CONNECTICUT

Retaining
Employment
and Talent After
Injury/Illness
Network



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

Issue 4 | Feb 12, 2021



Hello providers and office staff –

The RETAIN-CT program is evolving and growing even during a pandemic. This is why we are especially grateful for all who have contributed thus far during this difficult time. We hope you will continue to support the program in the recruitment of workers to help them get back on their feet to work, thrive and be healthy.

56 is an excellent number. With this number of participants, our RETAIN-CT team has processed 56 initial surveys, 40 second surveys, 56 stipends to providers and numerous more to patients, **and initiated 28 RTW Navigator interventions.** With this success, the CT DOL and UConn Health are poised to receive Phase 2 funding for the next four years to expand these efforts from the North Central region to a state-wide culturally inclusive program. We continue to recruit new enrollees through June 2021, and hopefully for another four years, so we ask that you continue to recommend new workers to RETAIN-CT experiencing pain, acute injury or long-term musculoskeletal

disease at risk for disability. Thank you for your dedication to your patients and support in the SAW/RTW RETAIN-CT program.

Steps to Recruitment

Some providers may not be aware of the new protocol in place since September 2020. The changes were designed to simplify the qualifications and process, opening up the doors to more participants. Here is a review of the requirements and steps needed to successfully recruit workers for RETAIN-CT.

- 1) Sign-up as a provider through retainct.com
- 2) Attend a 45 minute Zoom SAW/RTW training session with Michael Erdil, MD
- 3) Office Staff to receive 15 minute Forms training and receive printed forms and folders
- 4) Ask workers (18-65), at most risk for disability, if they wish to participate in a study.
 - a. Clinician reviews 10 questions with patient (yellow form)
 - b. Patient signs consent form (blue form)
 - c. Patient completes 21 question survey in office (blue form)
- 5) FAX: 860-679-1349. Email: RetainCTForms@uchc.edu or drop off at UConn Health, Main Entrance, Farmington, for a speedy enrollment.
- 6) Invoice is generated automatically by UConn to process \$200 Provider stipend.

We are here to help in your recruitment effort with tips, hand-outs and other tools.

If you don't have the time to complete forms with your patient, have them call me at 860-697-6389. Janet Caldwell Cover, caldwellcover@uchc.edu

FOR RETAIN-CT PROVIDERS

Did you see the email in your Inbox this week offering the ODG subscription? Offered as an additional benefit for all RETAIN-CT providers, the RETAIN Team is pleased to offer a one-year license to ODG for Disability [[ODG | Guidelines for Workers' Compensation, Disability, & Auto-Casualty \(mcg.com\)](#)]. 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 was sent. If you missed or didn't receive the email with the links, reply to this newsletter and let us know.

RESEARCH LITERATURE



Using Electronic Health Records and Clinical Decision Support to Provide Return-to-Work Guidance for Primary Care Practitioners for Patients With Low Back Pain

McLellan and colleagues (2017) examine a clinical decision support (CDS) tool designed to help primary care physicians provide RTW support for individuals with LBP. Subject matter experts designed the CDS tool to support the prevention of work disability, facilitate communication between the physician and employer, help physicians consider the interactions between a patient's work and health, and increase occupational health data in electronic health records. The CDS tool is a health information technology system meant to be embedded into electronic health record systems, which then generates an activity prescription report using actuarial data (i.e., statistics used to calculate various sorts of risk that insurance companies insure people against) and expert consensus. Primary care physicians then give the activity prescription report to the patient, which provides information about both occupational and non-occupational limitations. The activity prescription also serves as a report to employers and other stakeholders (e.g., workers' compensation insurers) about patient limitations. The CDS tool is evidence based and is consistent with findings from other

observational studies. The authors conclude that the CDS could be expanded from LBP to cover other work- and non-work-related conditions.

Research available: [McLellan, R.K., Haas, N.S., Kownacki, R.P., Pransky, G.S., Talmage, J.B., & Dreger, M. \(2017\). Using electronic health records and clinical decision support to provide return-to-work guidance for primary care practitioners for patients with low back pain. J Occup Environ Med. 2017 November; 59\(11\): e240–e244.](#)



Recession, Fear of Job Loss, and Return to Work

Bogdan and Savych (2010) examined economic conditions related to workers' concerns about job security and return to work (RTW) outcomes. The authors surveyed injured workers during the economic expansion of the late 1990s, the recession of 2001, and the economic recovery from 2002 through 2006. The authors found that a serious recession can change worker behavior related to RTW efforts. Changes in RTW behavior are highlighted by two key findings from the survey data: 1) workers may be more determined to RTW earlier to increase the prospects that their job will exist after RTW, and 2) injured workers in fields where unemployment is high are more likely to pursue RTW because they are fearful about losing their job. Both key findings highlight how workers who fear being fired are less likely to face long-term unemployment after injury. Motivation to RTW from fear of job loss may help offset "a significant portion of the traditional negative effects of recessions on return-to-work outcomes of injured workers." The authors conclude that their findings provide evidence that fear associated with job loss may play an important factor in how quickly an injured worker returns to work.

Report available: [Victor, R.A., & Savych, B. \(2010\). Recession, fear of job loss, and return to work. Cambridge, MA: Workers Compensation Research 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.

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