

Preventing Needless Work Disability and the Healthcare Provider Role



Minnesota RETAIN

Retaining
Employment
and Talent After
Injury/Illness
Network

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Disclosures

Grant funding from the U.S. Department of Labor supports partial FTE as PI and co-Medical Director of the Minnesota RETAIN program.

Today's Objectives

- Review the RETAIN program for stay-at-work/return-to-work
- Recognize the harms of iatrogenic disability
- Identifying the provider's role in encouraging independent function
- Recommend safe, functional activities that encourage healing
- Identify strategic initiatives that could support sustainability

April 28, 2021:

News Release

US DEPARTMENT OF LABOR AWARDS \$103M TO FIVE STATES TO EXPAND PROJECTS TO DEVELOP STRATEGIES TO KEEP ILL, INJURED WORKERS IN THE WORKFORCE

RETAIN to improve coordination among employers, healthcare providers, stakeholders

WASHINGTON, DC - The [U.S. Department of Labor](#) today announced the award of five grants totaling more than \$103 million to five state agencies to continue and expand pilot projects to help newly injured and ill workers remain in the workforce.

Agencies in Kansas, Kentucky, Minnesota, Ohio and Vermont will receive funds to begin the second phase of demonstration projects in the development of the [Retaining Employment and Talent after Injury/Illness Network](#). RETAIN focuses on implementing and evaluating stay-at-work and return-to-work strategies to help people to remain effective contributors to the labor force following illness or injury. States will use grant funds to improve coordination among employers, healthcare providers and other stakeholders able to help workers find alternatives as they decide whether to stay at or return to work following illness or injury.

Retaining Employment and Talent after Injury/Illness Network (RETAIN)

- Helps workers stay at or return to work when an injury or illness impacts employment.
- A no-cost early intervention program to improve stay-at-work/return-to-work (SAW/RTW) outcomes.
- Promotes closer coordination among *individuals* and *organizations* who influence workers' decisions to work or not.
- Clinical trial model; intervention and control arms.

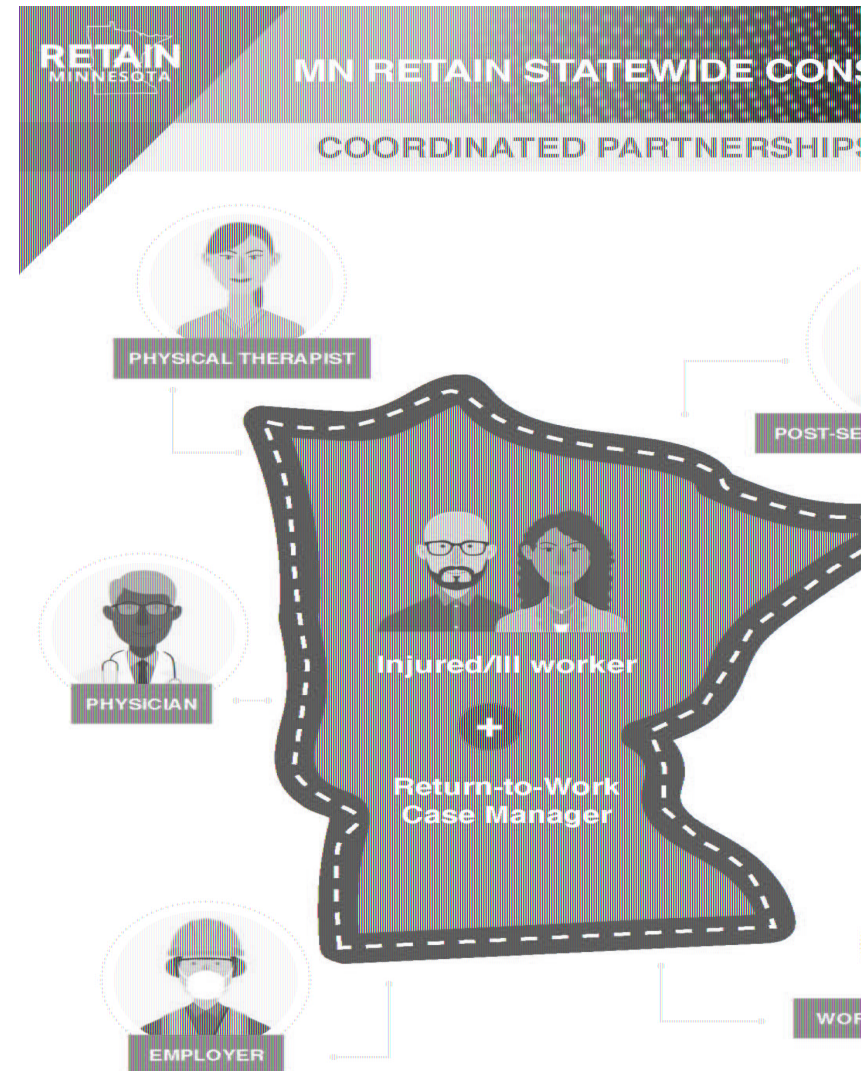
Program Goal

Increase employment retention and labor force participation of ill and injured individuals; reduce long-term work disability



Return-to-Work Case Manager: *Clinical Care Partner and Advocate*

- Screening
- Consent and Intake
- Communication with employers and providers
- Develop Return-to-Work plan
- Follow-up Visits
- Follow-up Communication
- Closeout Visit



Phase I and Statewide Expansion

Phase I

- \$3.5 Million
- 150 people
- Build strategic multi disciplinary partnerships
- Regional focus - Southeastern MN
- Development of new data protocols and systems
- Embedding Return to Work Case Managers (RTWCMs) into the clinical practice

Phase II

- \$19.5 Million - Incrementally awarded
- 3,200 people
 - Randomized to intervention vs. control
- Statewide expansion
 - New partners
- Equity - focus on underserved and underrepresented communities
 - Equity benchmark of 15%

Eligibility/Inclusion Criteria

- Be 18-years-old or older
- Live and work in Minnesota
- Employed or active in the labor force
- Has worked at least one day within the last 3 months
- Have an injury/illness that impacts employment



Exclusion Criteria

A worker would **NOT** qualify for the MN RETAIN program if they:

- Have a pending application or are receiving of Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).
- Are a worker's compensation recipient that has a qualified rehabilitation consultant (QRC) or a disability case manager (DCM).
- Are employed by a RETAIN healthcare recipient or subrecipient with an existing return-to-work program for employees (i.e. Mayo Clinic employees).
- Have legal representation/litigation at the time of enrollment related to the medical condition.
- Do not have the capacity to give appropriate informed consent.

Services Provided

- Free Return to Work Case Manager Services
 - Facilitate early intervention and coordination
 - Review medical conditions to determine impact on essential job functions
 - Enhance communication among workers, employers, and health care providers
 - Follow-up until successful return to work, obtain permanent restrictions
- Referral and facilitation of workforce development services
 - Accommodations and job modifications
 - Retraining and rehabilitation services
 - Resume building, job search, temporary alternative jobs
 - Supportive Services to overcome barriers to return to work
- Training providers in occupational health best practices

Healthcare Partnerships

- Deliver RETAIN services to eligible participants through Return-to-Work Case Managers & educate healthcare providers
- Mayo Clinic – Lead Healthcare Partner
 - Rochester Clinic
 - Fulcrum Healthcare Network
 - *Additional discussions with potential healthcare subrecipients ongoing
- What's working:
 - Use of Electronic Medical Record system to screen for potential participants
 - Employment as a Social Determinant of Health
 - Strong buy-in from partners on the goals of RETAIN
 - Cohesive healthcare team trained for RETAIN



Provider Training on Occupational Health Best Practices: Preventing Needless Work Disability and the Healthcare Provider Role

- Appreciate the benefits remaining at work provides to the healing patient
- Recognize the harms of iatrogenic disability
- Identifying the provider's role in encouraging independent function
- Recommend safe, functional activities that encourage healing

Clinical Providers Play a Huge Role in Preventing Needless Work Disability

RETAIN Provider Training

The Problem

Nearly 7.8 million workers missed work due to “illness, injury or medical problem or appointment” in January 2022



Data from the U.S. Department of Labor

Troubling Statistics

The longer people stay out of work, the less likely they are to return to work:

- Only 50% return after 12 weeks
- Less than 5% return after 12 months

(ACOEM, 2006)



Not working= Increased Risk of...



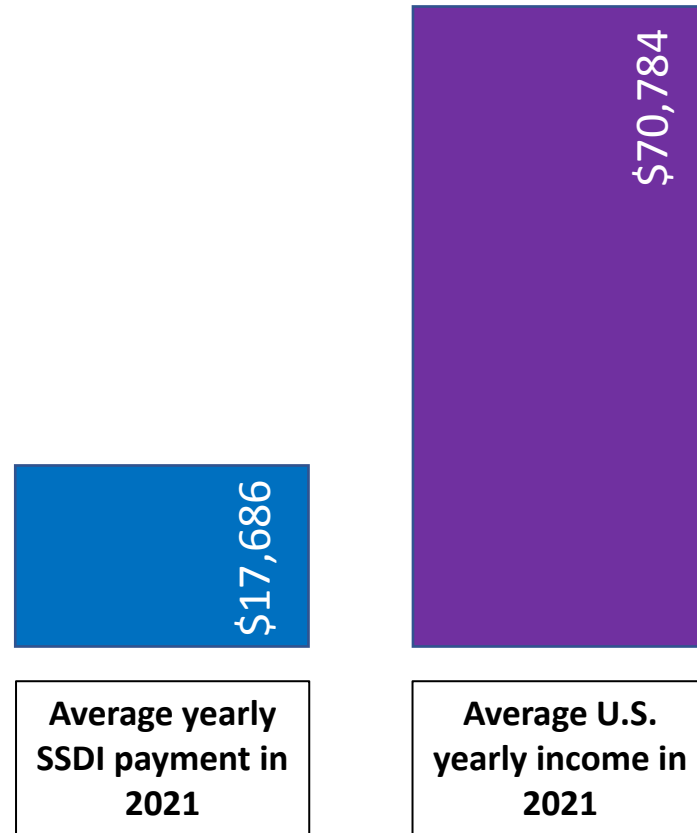
(Sullivan & Hyman, 2014)

Not working= Adverse Health Outcomes



(Sullivan & Hyman, 2014)

Being Away from Work Negatively Affects People's Financial Health



Impairment vs. Disability

Impairment

Any loss or abnormality of psychological, physiological, or anatomical structure or function

Disability

Any restriction or lack of ability necessary to perform a physical activity required for gainful employment

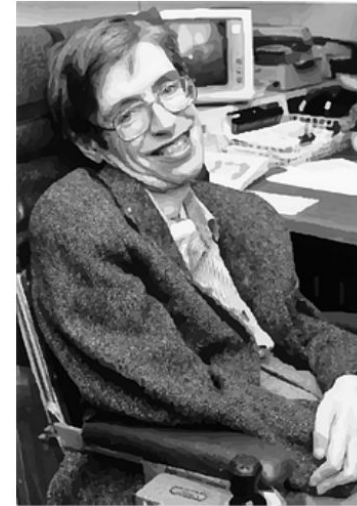
Physical impairments do not necessarily prevent people from doing the work they do and love



Helen Keller



President Franklin Roosevelt



Stephen Hawking



Ray Charles

RETAIN Best Practices* for Helping People Stay at or Return to Work

1. For all injury cases – whether work-related or not -- collect a detailed description of the injury, including the:
 - Location where it occurred
 - Date it occurred
 - Mechanism of Injury
 - Immediate treatment provided



***Adapted from the Centers of Occupational Health and Education (COHE) model**

RETAIN Best Practices

2. Develop an activity plan, which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans

***Ask where the patient works and what they do if not known

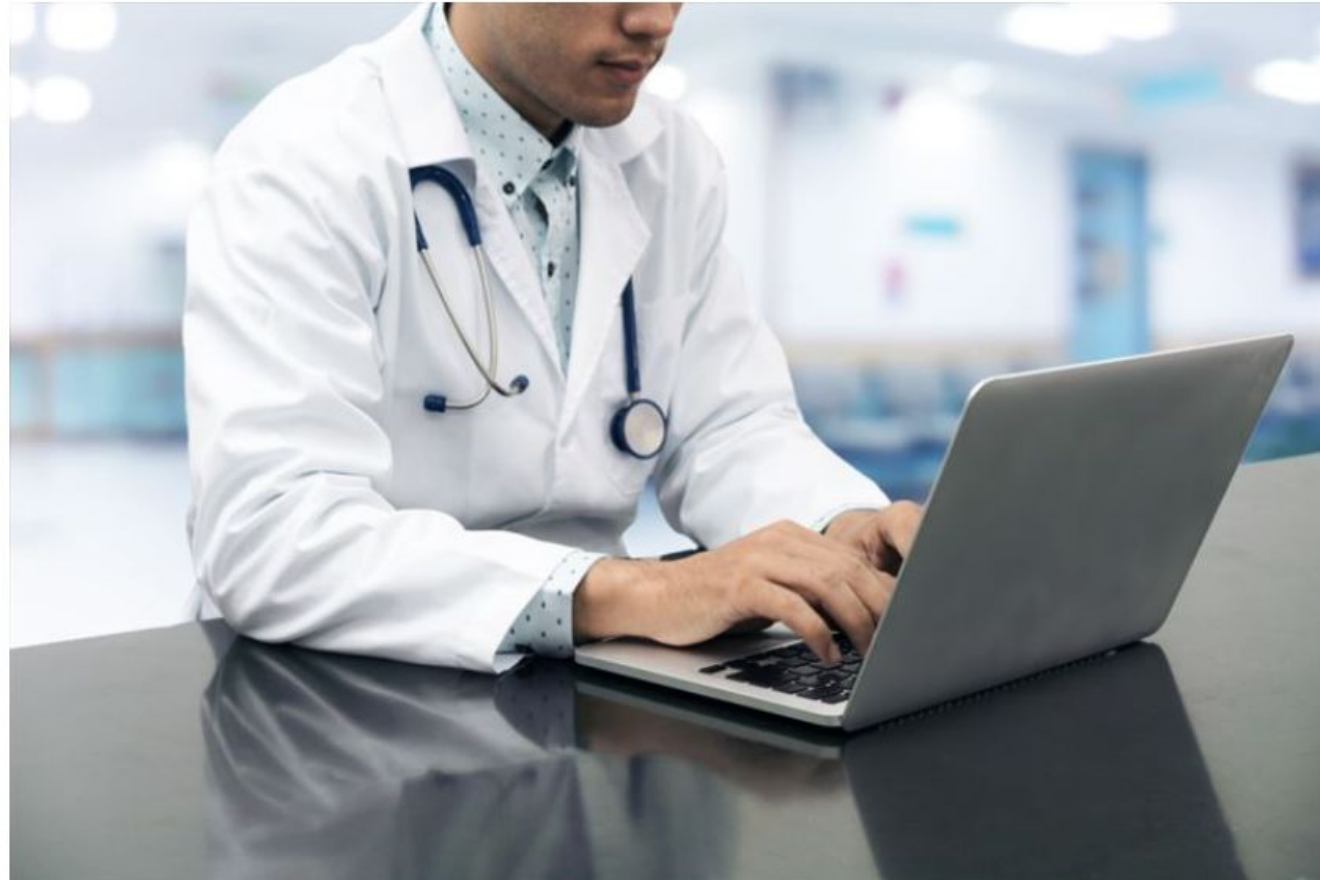


*Adapted from the Centers of Occupational Health and Education (COHE) model

A stay at or return-to-work plan belongs in the **beginning** of the treatment planning process



Write Restrictions That Enable People to Engage in Safe, Therapeutic Activities to Speed Healing



Focus on function when writing restrictions:

If your patient can do this at home:	Then they can likely do this at work:
Lift a gallon of milk with both hands	Able to lift up to 10 lbs using both hands
Lift a gallon of milk with one hand Carry a grocery bag	Able to lift up to 10lbs with right/left hand only Able to lift up to 20 lbs with both hands
Pick up their purse from the floor	Able to lift up to 5lbs with one hand or 10lbs using both hands together
Sit to eat dinner or watch TV	Primarily seated work with the ability to change positions as needed for comfort
Do laundry	Able to lift 15-20lbs and twist/bend occasionally
Walk the dog around the block	Walk at own pace up to 10 min

Use SMERF to Communicate Medical Restrictions to Employers

S = Specific

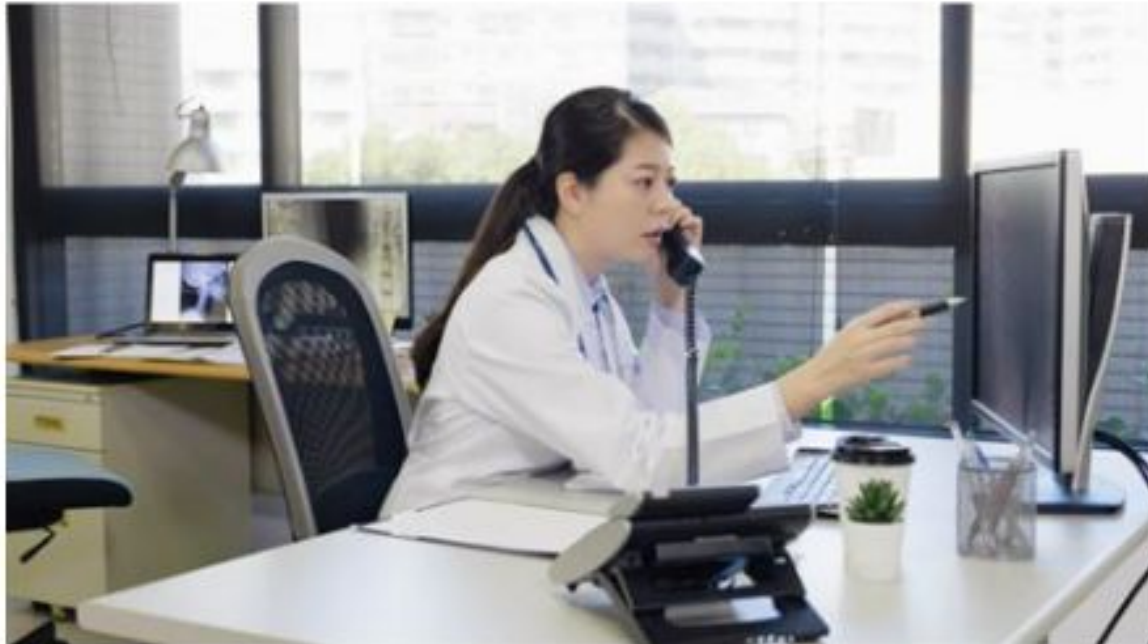
M = Medically necessary

E = Expiration date

R = Restrict minimally

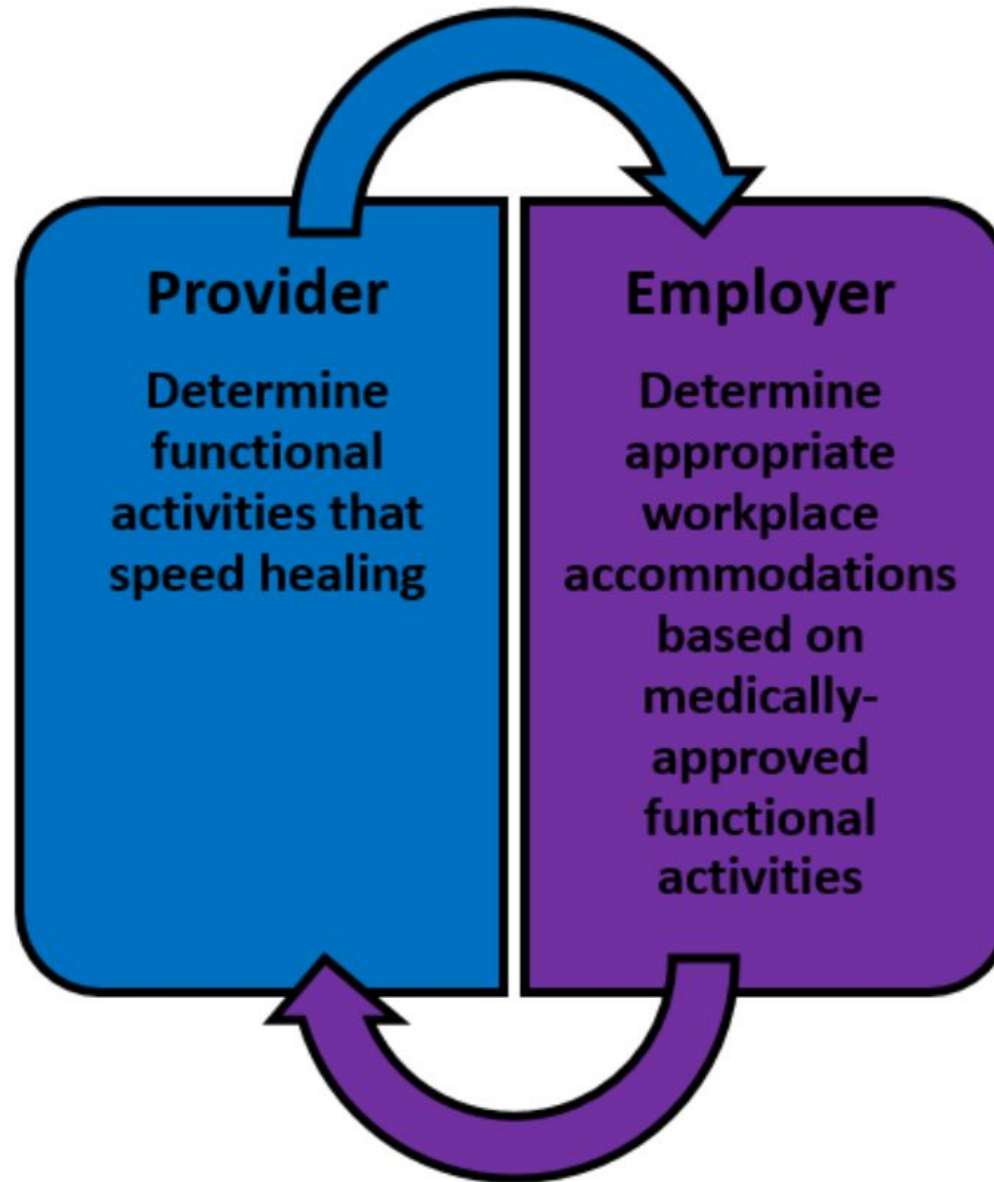
F = Functional description of impairment in simple language

RETAIN Best Practices



3. Communicate directly with staff and employers when injured or ill workers need work restrictions

*Adapted from the Centers of Occupational Health and Education (COHE) model



HIPAA-Compliant Communications with Employers

- Obtain a signed release of information from the patient to contact the employer
- Focus on functional abilities and restrictions needed to work
- Do not discuss medical issues, such as diagnoses or medications.



Use Communication That Proactively and Positively Guides Patients Toward the Stay at or Return to Work Process



Positive Expectancy

Say This	Not This
Typically for this type of injury, most people see a decrease in swelling and pain in about 4 to 6 weeks. You should be able to return to most activities at that point.	I don't know when or whether you'll ever be able to go back to work.
It's normal for you to continue to have symptoms as you are returning to work. That doesn't necessarily mean you need to be out of the workplace.	This is the worst elbow fracture I've seen.
The concerns you have are normal. Most people have those concerns when they return to work. This will improve with time.	You shouldn't be having pain.
Moderate activity at home, in physical therapy, and at work will help make your treatment more effective.	You will need to work hard in physical therapy to recover from this.

Connection is Key



Communication and the Use of Opiates for Pain Control

1. Addiction is prevalent
2. Try alternatives first
3. Significant risk of tolerance
4. With chronic use, opiates lose effectiveness and pain may worsen



Avoid medicalization of a non-medical issue



Focus on the Medical Issue

Say This	Not This
“Although I can appreciate workplace conflict must be distressing, my role is to focus on the medical issue.”	“Not getting along with a co-worker is not a medical issue.”
“It’s normal to feel tension when you don’t get along with someone. Being in a difficult work environment, however, doesn’t necessarily mean that your best treatment option is to be out of the workplace.”	“I can see why you would never want to return to that workplace.”
“Let’s focus on treating your migraines. You may also want to consider other options to help you work through difficult interactions with others, such as contacting your employee assistance program or scheduling some sessions with a counselor.”	“If you stay away from those people who bug you at work, your headaches will get better.”

RETAIN Best Practices

4. Assess the injured or ill worker's barriers to return to work and develop a plan to overcome them



*Adapted from the Centers of Occupational Health and Education (COHE) model

Connect workers to resources:

American Job Centers

American Job Centers are designed to provide a full range of assistance to job seekers under one roof. Established under the Workforce Investment Act, and reauthorized in the [Workforce Innovation and Opportunities Act of 2014](#), the centers offer training referrals, career counseling, job listings, and similar employment-related services.

- [American Job Center Finder | CareerOneStop](#)

The Opioid Conversation

Say This	Not This
I know you're having some pain, and I want to help you get better in the safest way possible. Narcotic pain medication often causes more problems than it solves.	I don't prescribe narcotics.
Narcotics are very strong medications, and we need to be careful because they can be dangerous.	It sounds like you want a prescription for narcotics.
It's normal to have some discomfort. In your case, it's not a danger sign.	You shouldn't be having pain.

Tips to Prevent Opioid Over Use

- Use short-acting regimens
- Start with lowest dose possible
- Avoid chronic dosing
- Don't escalate doses
- Make a plan for stopping



(Mayo Clinic, 2018)

Alternate treatment for pain

- Physical therapy
- Yoga
- Cognitive behavior therapy (CBT)
- Exercise, including walking at a comfortable pace
- Complementary/alternative medicine strategies



(Mayo Clinic, 2018)

Recap



1. Disability is not a diagnosis
2. Staying at work or returning to work promotes healing
3. A disability epidemic with complex origins exists in the United States
4. Providers can inadvertently cause harm by writing restrictions that take patients out of work
5. Providers have many opportunities to change patients' futures by helping them stay at or return to work despite limitations they may have due to illness or injury

Providers Make a Difference and Help Patients Succeed in Staying at or Returning to Work



RETAIN Performance Tracking

1835
Total Participants

917
Control

918
Treatment

322
Enrolled

1513
Exited

Percentage of Industry Classification

Health Care	18.86%
Accommodation and Food Services or Arts and Entertainment	11.55%
Retail Trade or Wholesale Trade	11.17%
Manufacturing	10.46%
Education	10.08%
Construction or Utilities	9.65%
Transportation and Warehousing	6.38%
Finance and Insurance or Real Estate and Leasing	5.61%
Public Administration	4.80%
Professional, Management, or Administrative Services	4.09%
Agriculture or Mining	2.62%
Information	2.51%
Other Services	2.23%

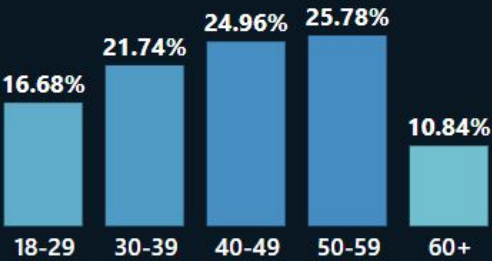
Race/Ethnicity

White-Non Hispanic	78.58%
White-Hispanic	6.32%
Hawaiian or Pacific Islander	0.27%
Did Not Self-Identify	1.58%
Black	6.92%
Asian	1.91%
American Indian or Alaska Native	1.31%
2 Or More Races	3.11%

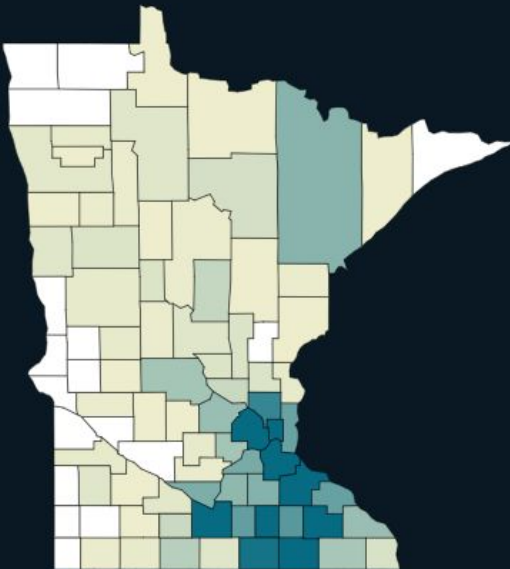
Top 10 County

Olmsted	18.69%
Hennepin	16.19%
Ramsey	4.96%
Dakota	4.69%
Goodhue	4.36%
Blue Earth	4.31%
Mower	4.25%
Steele	4.09%
Freeborn	3.27%
Anoka	2.78%

Enrollment Percentage By Age Group



Enrollment Heat Map



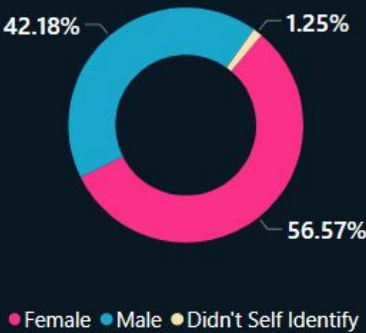
Employment Status

Employed Full-Time	69.92%
Employed Part-Time	15.97%
Not Employed, Was Not Self-Employed	6.92%
Self-Employed	6.59%
Not Employed, Was Self-Employed, Non-Farm	0.60%

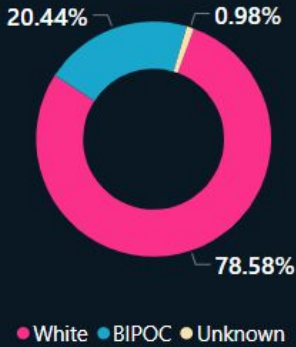
Education

High school/eqv Degree	35.69%
Occupational/2-year College	27.79%
4 year (bachelor's) Degree	21.36%
Post-graduate Degree	12.37%
Less than high school	2.78%

Gender



White VS BIPOC



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Demographic | Health Info | Analytics

Top 10 Referral Sources

Management Information System: Mayo	72.97%
HealthPartners	10.57%
BuildClinical	5.12%
Mayo Clinic	3.60%
Self-Referral: Recommended by friend, employer, insurer	2.94%
Self-Referral: Social Media or Press Coverage	1.25%
Other	1.04%
Health Care Provider (RETAIN affiliated)	0.71%
Management Information System: Workforce System	0.49%
Fulcrum Networks Inc.	0.44%

Insurance

Private Own Employer	40.21%
Medical Assistance/Medicaid	31.90%
Private Family Employer	19.70%
No Insurance	3.31%
Private No Employer	1.57%
Medicare	1.52%
Other	1.14%
Veterans	0.65%

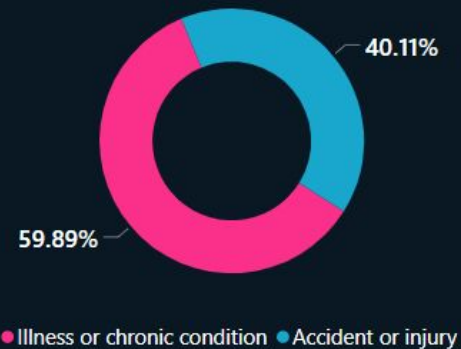
Top 10 Injury/Illness

Knee	11.28%
Back	8.39%
Shoulder/Upper Arm	8.28%
Hand/Wrist	7.52%
Mental Health	7.08%
GI	5.83%
Cancer/Neoplasms	5.34%
Hip	4.63%
Foot	4.03%
Cognitive	3.76%

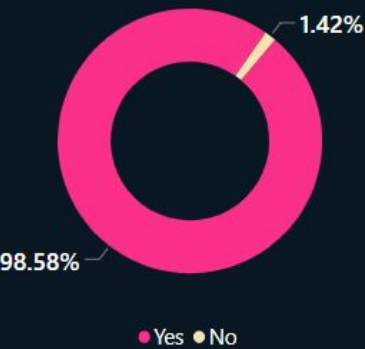
Self-Reported Health Status

Good	33.08%
Fair	30.03%
Very Good	19.84%
Poor	12.04%
Excellent	5.01%

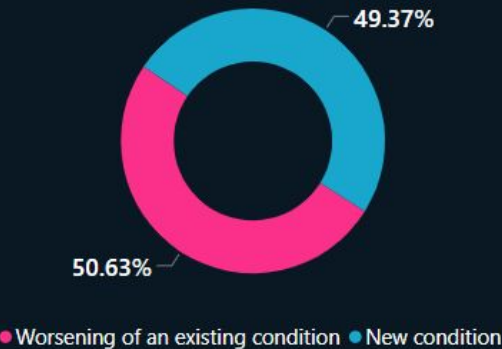
Primary Condition Resulted From



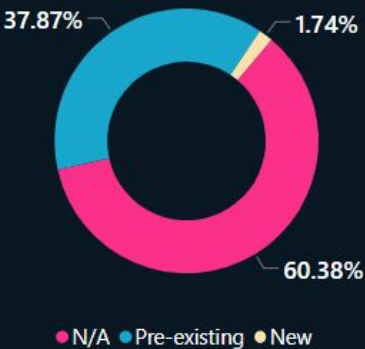
Is Injury/Illness Limiting Work?



Is Injury/Illness New or Worsening?



Has Mental Health Diagnosis?



RETAIN Performance Tracking

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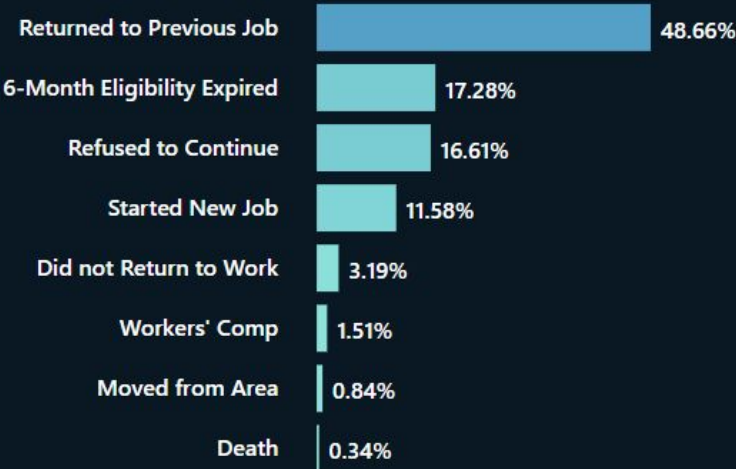
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Participants' Exit Reason



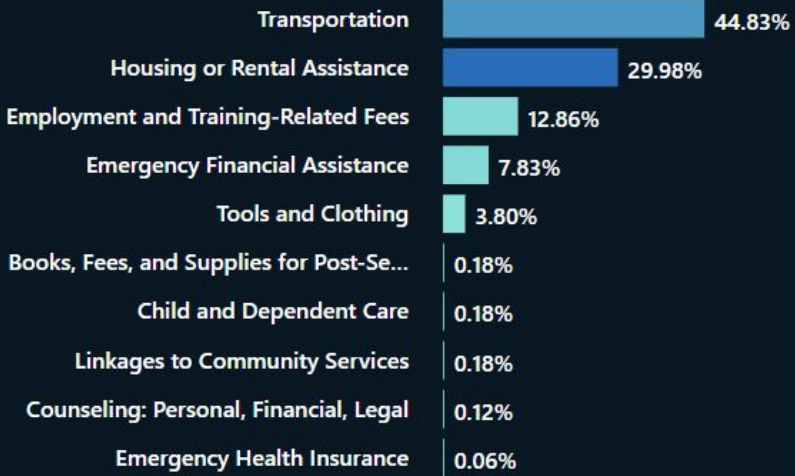
Dissatisfaction/Conflict at Current Job Switched or Changed Job AVG Month Stayed in Program

12.75% 11.58% 3.64

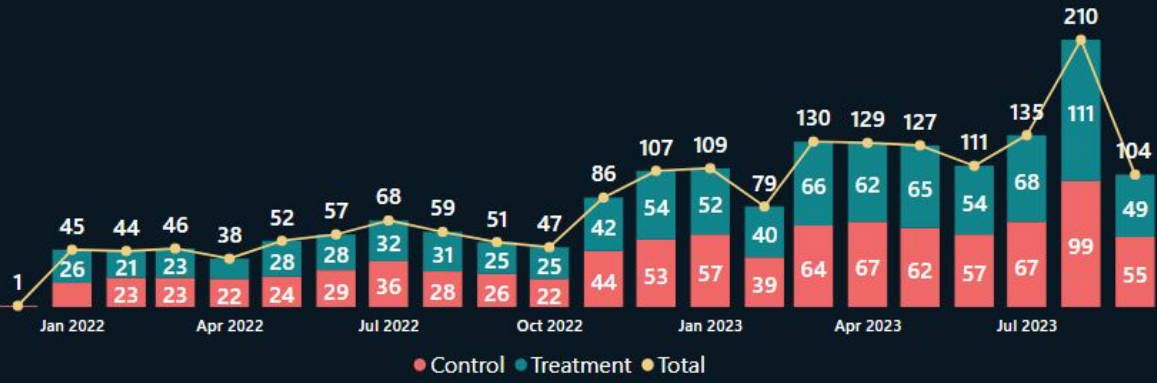
Referred to Other Program Accessed Other Program AVG Month to Get Back to Work

14.92% 5.56% 2.08

Percentage of Support Services Used



Number of Monthly Enrollments



Percentage of Served Activity



Next step:

- Determine how to make the program sustainable after research funding ends (May 2025)
- Develop statistics to quantify the benefits to healthcare
 - Reduced provider time (i.e. with forms)
 - Reduced patient visits
- Identify funding sources supporting all who need services
- Identify ways to obtain reimbursement for RTWCM services

In closing



Dr. Charles H. Mayo & Dr.
William J. Mayo

“Long ago I learned from my father to put people to bed only for as short a time as was absolutely necessary, for they were like a foundered horse, if they go down it was difficult for them to get up, and their strength ebbed away very rapidly while in bed.”

Thank you!

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