RETAIN Retaining Employment and Talent After Injury/Illness Network

Mathematica Progress Together

Center for Studying Disability Policy

Disability Policy Issue Brief

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The RETAIN Demonstration: State programs' approaches to recruiting potential enrollees

The Retaining Employment and Talent After Injury/Illness Network (RETAIN) demonstration, a joint initiative of the U.S. Department of Labor and the Social Security Administration, aims to help workers with recently acquired injuries and disabilities remain in the labor force. Following a pilot phase, the Department of Labor awarded cooperative agreements to state agencies in Kansas, Kentucky, Minnesota, Ohio, and Vermont to fully implement RETAIN services. A central challenge for the five state RETAIN programs is finding effective ways to identify, recruit, and enroll workers who would potentially benefit from RETAIN services within the time frame of early intervention.

This brief presents information on state programs' approaches to recruiting potential enrollees and implications for the pace of enrollment during the first 11 months of the demonstration. The five state RETAIN programs varied widely in cumulative enrollment during this period. The programs use different types of strategies to recruit potential enrollees. For example, some programs use a relatively direct strategy of relying on their staff to identify potential enrollees by searching medical record data. Other programs use a relatively indirect strategy of relying on referrals from other entities, such as medical providers, to identify potential enrollees. Programs that use relatively direct strategies had more enrollees. The findings here offer considerations for RETAIN and other programs seeking to identify and enroll participants in a relatively short time frame to provide early intervention services.

Introduction

The RETAIN demonstration aims to provide coordinated early intervention services to workers experiencing new or worsening medical conditions that challenge their ability to work. Workers with recently acquired injuries and disabilities might be able to stay in the labor force if they receive well-targeted interventions during the first few weeks after the onset of their medical condition (Ben-Shalom et al. 2018). The RETAIN demonstration is designed to build evidence on the effectiveness of early stay-at-work/return-to-work (SAW/RTW) strategies to help

The RETAIN evaluation

Mathematica's evaluation of each state program uses an experimental study design. The goals of the evaluation are to document how the RETAIN projects were implemented and estimate the impacts of the projects on SAW/RTW outcomes of people at risk of exiting the labor force and becoming reliant on long-term disability programs (Berk et al. 2021).

those who develop a potentially disabling condition. The demonstration is a joint initiative of the U.S. Department of Labor (DOL) and the Social Security Administration (SSA). DOL awarded cooperative agreements to five state agencies to provide RETAIN services following a pilot phase of RETAIN.[1] The five state RETAIN programs are in Kansas, Kentucky, Minnesota, Ohio, and Vermont. All state RETAIN programs provide services centered on early coordination of health care and employment-related supports and services with the goal of helping injured or ill workers remain in the workforce. RETAIN services include training for medical providers on best practices for helping patients remain in the labor force and SAW/RTW coordination services for enrollees.

A central challenge for state RETAIN programs is finding effective strategies to identify, recruit, and enroll workers who would potentially benefit from RETAIN services. These steps are critical to delivering services to workers who need them. Programs must also complete the steps quickly enough to identify workers who could benefit from early intervention. Each program had flexibility to design processes that reflected the state's context, organizational capabilities, and underlying population. Understanding effective strategies for recruiting potential enrollees for RETAIN could inform other programs seeking to provide early intervention services.

The five state RETAIN programs differed in their pace of enrollment during the first 11 months of the demonstration and in their strategies for recruiting potential enrollees. Their recruitment approaches differed in three primary ways: (1) the program partner leading enrollee recruitment; (2) the number and capacity of staff to recruit and enroll people; and (3) the main source for identifying potential enrollees. Their strategies for recruiting potential enrollees fall on a continuum of direct and indirect approaches. Direct approaches refer to programs that directly identify potential enrollees; indirect approaches refer to programs that rely more on referrals from other entities. Programs that use relatively direct strategies had more enrollees.

Steps in the RETAIN recruitment and enrollment process

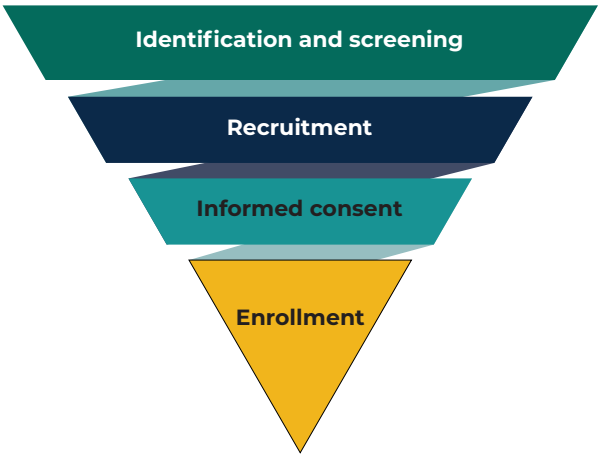
Enrollment into RETAIN is the final step in a multistep process (Exhibit 1). Each program must identify potentially eligible enrollees, confirm their eligibility and need for the program, and provide information about RETAIN. Although the content and order of these steps vary among the programs, the final steps are to obtain informed consent from interested workers and enroll them into the state RETAIN program. (See Appendix, Exhibit A.1 for more details on the recruitment and enrollment process in each program.)

Eligibility criteria

DOL requires enrollees in all state RETAIN programs to meet the following criteria:

- Must be employed or in the labor force at the onset of the injury, illness, or condition (work related or not work related)
- Must not have a pending application for or receive federal disability benefits

Exhibit 1. RETAIN recruitment and enrollment process



Program partnerships

The **lead applicant** for each state RETAIN program holds fiscal and administrative responsibility for the RETAIN grant award.

DOL requires the lead applicant to collaborate with the following **partners**:

- State health departments
- Health care systems
- State Workforce Development Board

To guide enrollment, each RETAIN program established its own eligibility criteria for workers who might benefit from RETAIN, within the guidelines established by DOL. These criteria define the population of potentially eligible workers for each RETAIN program, thereby influencing the characteristics of the workers who ultimately enroll into each program.

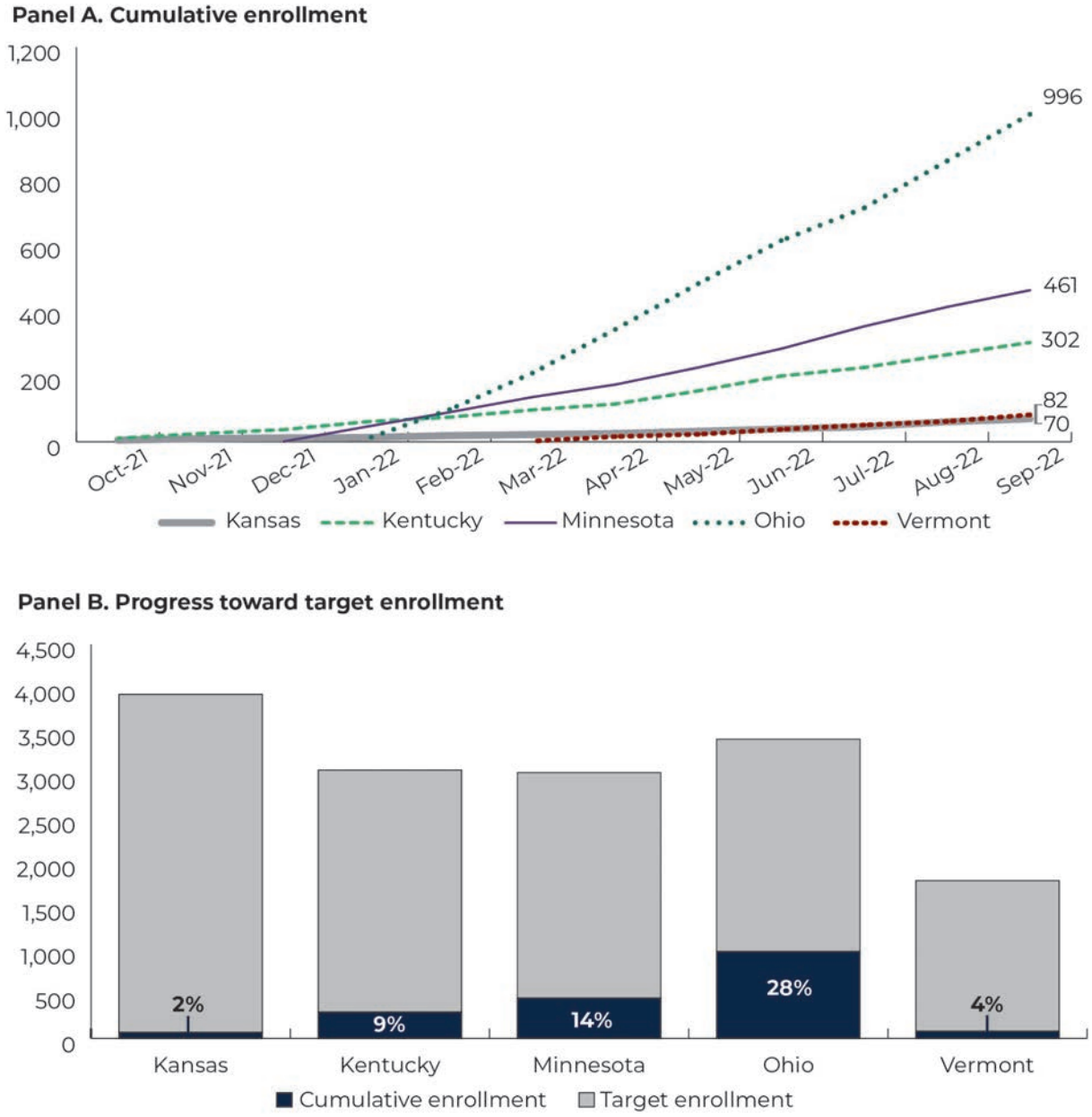
The lead agency for each program developed partnerships with other organizations in the state to implement RETAIN, following the DOL guidelines. Each program has at least one key health care partner and a lead workforce partner. Some of these partners play key roles in recruiting potential enrollees. For example, partners can employ staff who carry out steps of the recruitment and enrollment process. Partners can also encourage their staff to refer potentially eligible workers to the state RETAIN program and refer their own employees.

RETAIN programs varied in their cumulative enrollment after the first 11 months of implementation

There was wide variation in cumulative enrollment among the RETAIN programs during the first 11 months of the demonstration (Exhibit 2, Panel A).[2] One program (Ohio) enrolled nearly 1,000 workers, which is more people than the other four programs enrolled combined. Two programs enrolled fewer than 100 workers (Kansas and Vermont). The remaining two programs (Minnesota and Kentucky) enrolled 461 and 302 workers, respectively. Each program's cumulative enrollment represented progress toward its enrollment target, ranging from two (2) percent of the target (Kansas) to 28 percent (Ohio) (Exhibit 2, Panel B). Two thirds of the 30-month enrollment period remains after September 2022.[3]

Differences in states' contexts could influence the pace of enrollment (see Appendix, Exhibit A.2). The geographic areas covered in the pilot phase and the location of the main health system partners likely affected the programs' reach in the early months of enrollment. In addition, the number of potential enrollees in each state depends on the size and characteristics of the labor force, the health of the local economy, and access to medical care. For example, the programs with relatively low enrollment (Kansas and Vermont) have smaller numbers of workers in the labor force. Finally, enrollment into RETAIN can depend on workers attending appointments with medical providers at which providers might offer information to their patients about RETAIN or record medical information that signals patients' eligibility for RETAIN. Thus, greater access to medical care could potentially support higher enrollment.

Exhibit 2. Enrollment progress, October 2021 to September 2022



Source: Enrollment data from state RETAIN programs.

State RETAIN programs used a continuum of direct and indirect approaches to recruiting potential enrollees

As of 11 months into implementation, programs' approaches to recruiting potential enrollees differ in three primary ways (Exhibit 3). These differences include the program partner leading enrollee recruitment, the number and capacity of staff to recruit and enroll people, and the main source for identifying potential enrollees.

Different partnerships to manage recruitment and enrollment

Four of the five programs (Kansas, Minnesota, Ohio, and Vermont) manage their recruitment and enrollment through health care system partners. In Minnesota and Ohio, the programs partner with large, well-known health care systems (the Mayo Clinic and Mercy Health, respectively). In these two states, recruitment and enrollment staff are embedded within the health care systems and can use health care system data to bolster recruitment

Exhibit 3. Differences in approaches to recruiting potential enrollees, by RETAIN program

	VT	KS	KY	MN	OH
Partner leading enrollee recruitment	Health care system partner	Health care system partner	Workforce partner	Health care system partner	Health care system partner
Recruitment staffing structure	4 dedicated intake coordinators contact potential enrollees and obtain informed consent and complete enrollment	7 RTW coordinators contact potential enrollees and obtain informed consent Approximately 10 workforce coordinators complete enrollment	2 dedicated intake coordinators contact potential enrollees, obtain informed consent and complete enrollment 1 research assistant supports intake	6 dedicated recruitment staff and 1 lead RTW coordinator review EMR data, contact potential enrollees, obtain informed consent and complete enrollment 5 RTW coordinators are trained to obtain informed consent and complete enrollment if needed	3 dedicated nurses review EMR data 9 dedicated recruitment coordinators contact potential enrollees 6 RTW coordinators obtain informed consent and complete enrollment
Main source for identifying potential enrollees	Self-screening at clinics	Referrals from medical providers	Referrals from medical providers, including via EMR notifications	Review of EMR reports, including information from EMR-embedded social determinants of health screening tool	Review of EMR reports
Other sources of potential enrollees	N/A	Limited referrals from employers, self-referrals, workforce system	Limited referrals from state vocational rehabilitation agency, employers, self-referrals, community organizations, and others	Limited referrals from community organizations and self-referrals	Limited self-referrals
Cumulative enrollment	82	70	302	461	996

Source: Site visit interviews with program leaders and staff in spring 2022 and states' quarterly progress reports.

Note: Direct refers to programs that directly identify potential enrollees; indirect refers to programs that rely more on referrals from other entities. This figure describes staffing and steps directly involved in recruitment and enrollment of enrollees. In each program, additional staff conduct outreach to medical providers, employers, and others to prompt referrals of potential enrollees. Recruitment staff then connect with potential enrollees to complete enrollments.

EMR = electronic medical record; RTW = return to work.

and enrollment. In Kansas, the program partners with multiple health care systems in different areas of the state, but recruitment and enrollment staff are not able to leverage health care system data for RETAIN. In the Vermont program, the program's intake coordinators are employed by Dartmouth Health, which functions as a coordinating center. The intake coordinators do not have access to and were not able to leverage health care system data for recruitment and enrollment. Instead, OneCare, Vermont's Accountable Care Organization, helps to recruit primary care practices where patients can pre-screen themselves for eligibility for the program. The remaining program (Kentucky) manages enrollee recruitment through the University of Kentucky's Human Development Institute, which serves as the state's workforce partner.

Variation in staff capacity and structure across RETAIN programs

There is wide variation among the programs in the number and capacity of staff that recruit and enroll people.[4] The most robust staffing structure is in Ohio's program, with three nurses who review information about potential enrollees full time, nine dedicated recruitment coordinators who follow up with potential enrollees, and six RTW coordinators who obtain informed consent and complete enrollment. One program (Minnesota) relies on seven staff members for recruitment, employing six dedicated recruitment and enrollment staff and one lead RTW coordinator to carry out its program's recruitment and enrollment efforts, with an additional five RTW coordinators trained to step in as needed. The remaining three programs (Vermont, Kansas, and Kentucky) rely on leaner staffing structures to support recruitment and enrollment. Kansas's program relies on seven RTW coordinators who support enrollment and provide RETAIN services (and about 10 employment coordinators who support the final steps of the enrollment process), and Vermont's program employs four dedicated intake coordinators for its enrollment work. Kentucky's program employs two dedicated recruitment and enrollment staff and one assistant supporting intake.

Question on employment status in MN RETAIN social determinants of health screening tool:

Please choose the answer that best describes your current employment status:

A. Employed and actively working without restrictions
B. Employed but not working due to illness or injury – list last date worked*
C. Employed but not working due to furlough – list last date worked*
D. Working with temporary restrictions*
E. Temporarily disabled – list last date worked*
F. Unemployed/not currently in the paid workforce but seeking employment – list last date worked*
G. Unemployed/not currently in the paid workforce and NOT seeking employment
H. Permanently disabled
I. Retired
J. Not applicable (e.g., pediatrics)

*Recruitment staff flag responses B, C, D, E and F for recruitment.

Programs' use of electronic medical record (EMR) data

Staff in two programs (Ohio and Minnesota) review information in EMRs to identify potentially eligible workers. In Ohio, the program's primary source of referrals comes from a set of EMR reports from Mercy Health that list patients with specified musculoskeletal or cardiovascular conditions. Nurses with clinical expertise review the reports to assess the severity of potential enrollees' conditions to determine whether they are likely to benefit from RETAIN services.

In Minnesota, recruitment staff review reports from an EMR-embedded screening tool for social determinants of health to identify potential enrollees. All Mayo Clinic patients are invited to answer the social determinants of health screening questions at

least once a year. To increase the amount of data available for recruitment and enrollment purposes, Minnesota RETAIN staff added employment status questions to the social determinants of health screening tool. Based on patients' responses to the employment status questions, an automated algorithm categorizes patients as having a low, medium, or high risk of acute work disability.[5] Recruitment and enrollment staff then focus on those patients who are designated with a medium- or high-risk classification. These reports are the program's primary source of referrals.

The remaining three programs do not systematically review EMR data as part of recruiting potential enrollees. In the Kentucky program, the workforce partner leading recruitment and enrollment partnered with health systems to embed a referral to RETAIN into the EMR systems. Program staff can access EMR data for one health care system to locate clarifying information about referrals. The health care systems leading recruitment and enrollment in Kansas and Vermont similarly did not have access to EMR data for the purpose of supporting enrollment.

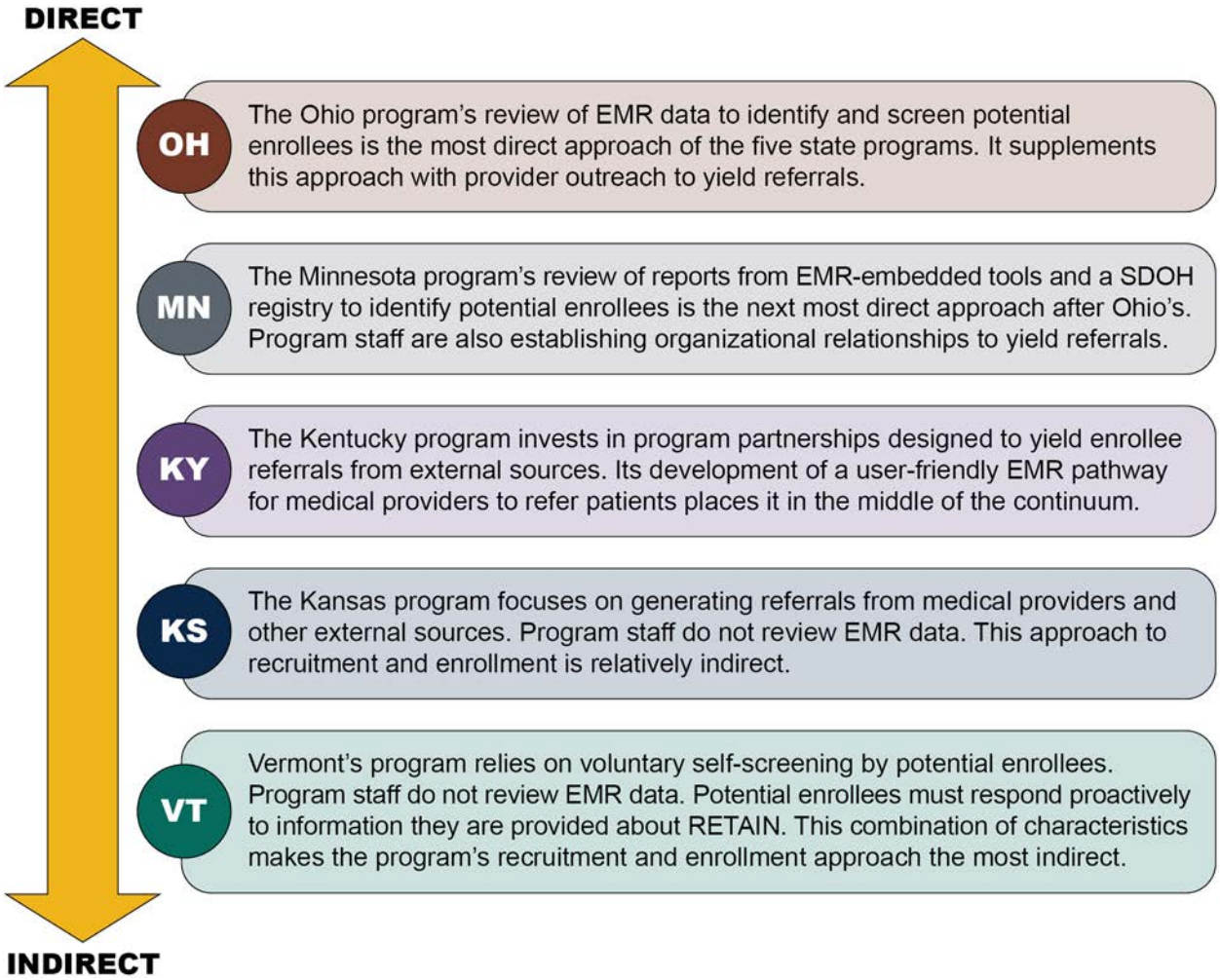
Other referral sources

All five programs receive referrals of potential enrollees from within the medical system. In addition to some states identifying patients through EMRs, Kentucky, Ohio, Kansas, and Minnesota rely on medical providers to refer their patients based on the providers' knowledge of the RETAIN program. To support these referrals, program staff in each state reach out to medical providers about the program and the referral process. These efforts include engaging provider champions (in all programs), holding lunch and learn meetings (Ohio and Kansas), assigning program staff to maintain a physical presence and ongoing engagement with medical providers (Kentucky), and establishing subrecipient contracts with provider organizations to increase referrals for enrollment (Minnesota). Program staff in Kentucky took an additional step to collaborate with the program's two health care system partners to embed a referral option into the EMR.[6] This referral option was designed to reduce the level of effort associated with referring a patient to RETAIN. In Vermont, the program relies on potential enrollees to self-refer by answering screening questions in the waiting room at participating medical practices.

Four of the five programs receive a limited number of referrals of potential enrollees from outside of the medical system (Kansas, Kentucky, Minnesota, Ohio). In Kansas, the program receives limited referrals from employers, self-referrals, and clients from the workforce system. Similarly, Minnesota's program receives limited referrals of workers from community organizations and self-referrals. Kentucky's program also receives limited referrals of workers from employers and self-referrals, in addition to clients from community organizations, the state vocational rehabilitation agency, and community members from local police departments. Though Ohio's program depends mostly on its robust system of referrals from medical providers and its health care system, it also receives some self-referrals. Vermont's program receives no referrals and depends solely on its approach of having workers self-screen at medical practices. Practices provide the screening questions to patients in multiple formats including posters with quick response (QR) codes; tablets; and paper screening forms. Practices also provide promotional materials about the study to support screening awareness.

The five programs' strategies for recruiting potential enrollees fall on a continuum of approaches from direct to indirect (Exhibit 4). We considered strategies to be more direct if they involved program staff assigned to identify potential enrollees using individual-level EMR data and ease of use for medical providers and others who referred potential enrollees. We considered strategies to be less direct if they relied only on referrals from external sources or self-referrals.

Exhibit 4. Continuum of direct and indirect approaches to recruiting potential enrollees



EMR = electronic medical record; RETAIN = Retaining Employment and Talent After Injury/Illness Network; SDOH = social determinants of health.

Other factors influencing enrollment

Several other factors influence states' approaches to and achievements in enrollment. These include efforts to recruit in underserved communities, engage providers, increase awareness and trust among potential enrollees, streamline enrollment processes, and provide incentives for potential enrollees.

Recruitment in underserved communities

Several programs recruit and enroll participants in underserved communities. Program staff noted that recruitment in underserved communities involves developing relationships over time with indirect referral sources. Programs adopted various strategies to develop and foster these relationships, including by connecting with leaders of faith-based, immigrant, and racial and ethnic organizations to strengthen trust; forming a community advisory board to advise the program on its equity goals; translating program materials to broaden accessibility; and including Federally Qualified Health Centers and free health clinics in its outreach to medical providers. These strategies require sustained efforts, but they have the potential to influence enrollment outcomes, including enrollee demographics.

The demographic characteristics of enrollees varied across the RETAIN programs (see Appendix, Exhibit A.3). Overall, most enrollees in each program were White non-Hispanic, their mean age was in the early to mid-40s, and nearly all identified English as their preferred language. Enrollees in the Kentucky, Kansas, and Ohio programs, however, were more racially and ethnically diverse than those in Minnesota and Vermont. Those in the Ohio, Minnesota, and Vermont programs had higher levels of education. Mental health conditions were most common among enrollees in Kentucky, where one-quarter of enrollees had a mental health diagnosis as their primary condition. These demographic characteristics reflect the underlying population in each state, the eligibility criteria programs applied, and approaches to recruitment and enrollment.

Tailoring medical provider engagement

Program staff indicated that tailoring medical provider engagement to emphasize benefits to providers increased their referrals of potential enrollees. Staff in several states reported that medical providers responded to messaging that describes RETAIN as a resource for supporting their patients instead of adding to their workloads. In one program, medical providers reportedly appreciated that RETAIN offers training about SAW/RTW best practices. Nonetheless, several programs experienced delays in making these trainings available to medical providers. Other benefits to medical providers included monetary incentives and continuing medical education credits.

Establishing awareness of the program and building trust

Establishing awareness of the program and trust with potential enrollees supports enrollment. For example, program staff asked medical providers to speak to their patients about RETAIN to provide legitimacy and encourage patients to consider enrolling. Program staff also sent out mailers and informational materials about RETAIN before making recruitment calls to show that the program is legitimate and to familiarize potential enrollees with its services. Program staff have adjusted the tone and content of scripts they use during recruitment to establish rapport with potential enrollees and communicate the program's potential benefits. Several programs have also worked with telecommunications companies to ensure that when program staff call potential enrollees, the caller ID reflects the name of the RETAIN program instead of an unknown or untrusted number.

Documentation and other enrollment requirements

Program requirements for potential enrollees to provide identifying documentation could pose a barrier to enrollment, along with the sometimes long and complex process for consenting to enrollment. For example, the length of the enrollment conversation—including informed consent—was as short as 20 minutes and as a long as one hour across the programs. Several programs made efforts to streamline this process by sharing a copy of the consent document before the enrollment meetings to review it together via screen sharing or reading it out loud and then collecting enrollees' consent.

Providing enrollment incentives

Providing incentives to enrollees might support enrollment, but their importance relative to other factors is unclear. Four programs offered an enrollment incentive ($50 to $100) to encourage eligible workers to enroll. Recruitment staff shared anecdotally that enrollees had generally favorable reactions to the incentive. The one program with a workforce partner leading recruitment and enrollment (Kentucky) did not provide an enrollment incentive to enrollees. Three states (Kansas, Minnesota, and Ohio) also offered incentives to providers for completing RETAIN trainings or referring patients to RETAIN. The provider incentives ranged from $100 to $500.

Discussion

Many early intervention programs could benefit from strategies to effectively identify and enroll participants. These programs often have limited time frames in which to establish operations, recruit and enroll potential participants, and provide services. Programs that provide early intervention services face additional time pressure because they must reach potential participants quickly after their need for services arises. Effective strategies for quickly finding and reaching participants could help program staff maximize their time and funding to reach and deliver services to people who need them.

During the first 11 months of RETAIN, programs with higher enrollment also had relatively direct approaches to recruiting potential enrollees. These relatively direct approaches include proactively reviewing individual-level information to identify when someone might need services. Programs that use relatively direct approaches also had robust staffing structures in which multiple staff with ample time identify potential enrollees and recruit them into the program.

At the same time, specific strategies for recruiting potential enrollees might not be fully replicable across RETAIN programs or other programs. For example, for program staff to review EMR data to identify potential enrollees, the program must partner with an organization that has access to those data and develop any agreements necessary to allow the review. An institutional review board, which monitors research projects involving human subjects, must also approve such plans. When the strategies are not directly applicable, program staff could consider options for adapting them to the local context or current program constraints.

Another consideration is that programs aim to enroll workers who can benefit from early intervention services. Some enrollment strategies might be more effective at identifying people who need services. For example, programs with health care partners leading recruitment enrolled participants with relatively shorter times between their diagnosis and enrollment, and the program with a workforce partner leading recruitment and enrollment (Kentucky) had enrollees with notably longer times since diagnosis (Appendix, Exhibit A.3). The RETAIN evaluation will assess these considerations, which go beyond the scope of this brief.

The RETAIN programs will continue to enroll workers through 2023 and into 2024. Observing enrollment over the remainder of the demonstration will clarify whether the enrollment differences between states with relatively direct and indirect approaches to recruiting potential enrollees persist. Over time, it is possible that the early outreach and partnering efforts of states with indirect approaches could yield better results or that these states will adopt some of the more direct approaches already implemented by Ohio and Minnesota.

Endnotes

[1] More information about the pilot phase of RETAIN is available at https://www.dol.gov/agencies/odep/initiatives/saw-rtw/retain/phase-one.

[2] Differences in the date when programs started enrolling workers could influence cumulative enrollment. Several state programs launched enrollment before others, and the earliest start dates were five months before other state programs. More time for enrollment could lead to a larger number of enrollments, but earlier enrollment start dates did not correlate with higher cumulative enrollment as of 11 months into implementation.

[3] After a six-month start-up period, all RETAIN programs entered a 30-month enrollment period in mid-November 2021, though programs began enrollment in different months (Figure 2, Panel A).

[4] This description of staff capacity and structure focuses on staff directly involved in recruiting and enrolling people for RETAIN. It does not include staff who conduct outreach to medical providers, employers, and others to prompt referrals to the program.

[5] Low risk indicates that the early intervention would be unlikely to improve the patient's likelihood of staying at or returning to work (e.g., permanently disabled, retired, student), medium risk indicates that the patient is still employed but at risk of work disability (e.g., working but with restrictions, employed but not working due to furlough), and high risk indicates that the patient needs more assistance to retain employment (e.g., not working at all due to injury or illness, recently unemployed but seeking employment.

[6] Of the Kentucky program's two main health care system partners, one added an option for medical providers to refer patients to RETAIN within the EMR in March 2022. The other partner plans to add an EMR referral option in late 2022.

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Appendix: Additional Exhibits

Exhibit A.1. Recruitment and enrollment process, by state RETAIN program

Element	State
Kansas	
Eligibility criteria	Adults ages 18 to 65 who live or work in Kansas, who are currently employed or seeking employment, and who have work-related or non-work-related musculoskeletal injuries, mental health conditions, chronic diseases, or other newly diagnosed illnesses or injuries that impact employment
Referral sources	1. Medical provider refers patient 2. Local workforce center refers client 3. Worker self-refers
Recruitment	RTW coordinator leads the enrollment process and contacts potential enrollee after receiving a completed referral form.
Enrollment	RTW coordinator reviews eligibility, answers questions and completes informed consent form, and alerts potential enrollee they will be contacted by a workforce coordinator. If the enrollee has an email address, they can sign the form electronically. If the enrollee does not have an email address, they sign a hard copy of the form and mail it back to the RETAIN team. Workforce coordinator then follows up with the potential enrollee to confirm identifying documentation.
Enrollment incentive	Enrollees: Each enrollee receives an incentive payment of $50 for completing enrollment paperwork. Providers: Each provider receives $100 for completing a referral form for successful referral to RETAIN.
Kentucky	
Eligibility criteria	People who work in Kentucky and are at risk of exiting the workforce because of non-work-related injury or illness; they must have been employed within the last 12 months
Referral sources	1. Medical providers refer staff and patients 2. Kentucky Workforce Innovation Board; Local Workforce Development Boards; Kentucky Chamber of Commerce refer employers and workers 3. Community agencies refer clients via the online referral platform, Unite Us 4. Absence management organization refers workers 5. Employers refer workers 6. Worker self-refers 7. Office of Vocational Rehabilitation
Recruitment	Intake coordinator contacts potentially eligible worker within 24 hours of receiving the referral to confirm eligibility and introduce the RETAIN program.
Enrollment	The intake coordinator reviews eligibility, provides information about the intervention, reviews informed consent document, obtains informed consent from eligible workers, and completes all necessary forms. Enrollee provides consent to enroll verbally, which the intake coordinator records in the case management data system. The intake coordinator offers to send a copy of the consent document.
Enrollment incentive	Enrollees: n.a. Providers: n.a.

Element	State
Minnesota	
Eligibility criteria	Workers ages 18 and older who live and work in Minnesota and have work-related or non-work-related conditions, have any acute illness or injury affecting work, had surgery in the past three months, or are anticipating surgery within the next two months
Referral sources	1. Mayo Clinic recruitment staff review social determinants of health for patients at acute risk of work disability and review reports from EMR-embedded tools to identify patients who may be potentially eligible for RETAIN including from Orthopedics, the Emergency Department, and Occupational Medicine 2. Medical provider refers patient 3. Community organization refers 4. Worker self refers
Recruitment	Recruitment staff reach out to the potentially eligible worker to confirm eligibility, introduce the RETAIN program, and determine interest in the program.
Enrollment	RTW coordinator or recruitment staff review informed consent document with eligible worker via screen sharing and coordinates completion of the RETAIN application and all necessary forms. Enrollee provides consent to enroll by signing informed consent document electronically. The RTW coordinator offers to send a copy of the consent document.
Enrollment incentive	Enrollees: Each enrollee receives an incentive payment of $100 upon completing enrollment. Providers: A $100 gift card is offered to each provider for completing the education modules before 90 days of one of their patients enrolling and being assigned to the treatment group.
Ohio	
Eligibility criteria	Adults ages 18 to 65 with non-work-related musculoskeletal conditions or cardiovascular diagnoses that affect employment. Must be receiving medical care from the lead health care partner, Mercy Health.
Referral sources	1. Mercy Health recruitment staff review EMR data to identify patients of the lead health care partner who meet initial eligibility criteria 2. Medical provider refers patient 3. Worker self-refers
Recruitment	RTW coordinator calls potential enrollees to review RETAIN program and consent information. If the patient is interested in participating in RETAIN, recruitment staff schedule an enrollment call and email RETAIN program and consent information to the patient.
Enrollment	RTW coordinator obtains informed consent from potential enrollees by having them sign electronically via DocuSign software or mail the signed consent forms to the RETAIN office.
Enrollment incentive	Enrollees: Each enrollee receives an incentive payment of $100 after completing the enrollment process. Providers: Providers who complete the five training modules receive a $500 incentive payment and 3.75 continuing medical education credits. Providers receive a $100 incentive payment for completing the refresher training.

Element	State
Vermont	
Eligibility criteria	Workers ages 18 and older with an illness or injury that occurred, flared, or worsened within the past six months and limits their ability to stay at work or return to work. (People are ineligible if they have been out of work for more than 12 weeks and have no projected work capacity or have an unmanaged substance use disorder.)
Referral sources	Patients at participating primary care practices self-refer by completing a pre-screener.
Recruitment	The intake coordinator calls patients who pre-screen as potentially eligible to screen for eligibility. The intake coordinator introduces the RETAIN program and attempts to recruit workers.
Enrollment	The intake coordinator asks enrollees to sign a consent form and all other necessary forms. Most enrollees completed the informed consent process electronically, but others complete the form on paper. The eligible worker can opt for the intake coordinator to help them navigate the completion of the forms over the telephone.
Enrollment incentive	Enrollees: Each enrollee receives an incentive payment of $50 upon completion of enrollment and intake forms. Providers: n.a.

Source: Application for Phase 2 of RETAIN, quarterly progress reports, and virtual site visit interviews.

Note: This table describes staffing and steps directly involved in recruitment and enrollment of enrollees. In each program, additional staff conduct outreach to medical providers, employers, and others to prompt referrals of potential enrollees. Recruitment staff then connect with potential enrollees to complete enrollments.

RETAIN = Retaining Employment and Talent after Injury/Illness Network; EMR = electronic medical record; n.a. = not applicable; RTW = return to work.

Exhibit A.2. State context for RETAIN program enrollment

State	Labor force[a] (June 2022)	Unemployment rate[a] (June 2022)	Employment rate among working-age people with disabilities[b] (2021)	SSDI applications as a percentage of the SSDI-eligible population[c] (2017)	Primary care physicians per 100,000 residents[d] (2021 to 2022)
Ohio	5,794,721	3.9	36.8	0.8	96
Minnesota	3,092,148	1.8	43.0	0.6	108
Kentucky	2,064,228	3.7	32.3	1.1	78
Kansas	1,507,053	2.4	44.1	0.7	92
Vermont	334,725	2.2	31.2	0.8	141

[a] U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2022.

[b] Institute on Disability/University Center for Excellence in Disability, University of New Hampshire, Annual Disability Statistics Compendium, 2021.

[c] Anderson et al. (2020).

[d] U.S. Department of Health and Human Services, HRSA Data Warehouse, Area Health Resource File, Workforce Data, 2021–2022.

RETAIN = Retaining Employment and Talent after Injury/Illness Network; SSDI = Social Security Disability Insurance.

Exhibit A.3. Demographic characteristics of RETAIN enrollees

Characteristic	Kansas	Kentucky	Minnesota	Ohio	Vermont	*p*-value
Total number of enrollees	69	302	461	996	82	
Sex						0.000
Male	44.9	48.3	44.0	38.3	41.5	
Female	55.1	51.7	55.1	61.7	56.1	
Prefer not to answer	0.0	0.0	0.9	0.0	*	
Age						0.116
18–29 years	18.8	14.6	15.2	17.7	6.1	
30–39 years	30.4	24.8	21.9	19.6	25.6	
40–44 years	15.9	11.3	13.0	12.2	18.3	
45–49 years	10.1	11.6	13.0	11.4	9.8	
50–54 years	10.1	12.3	13.7	15.6	13.4	
55–59 years	10.1	11.9	11.3	14.3	14.6	
60+ years	4.3	13.6	11.9	9.2	12.2	
Mean (years)	40.2	44.2	43.8	43.5	46.4	0.043
Preferred language						0.003
English	100.0	97.7	97.2	99.2	97.6	
Spanish	0.0	*	1.1	0.8	*	
Other	0.0	*	1.7	0.0	*	
Education						0.000
Less than a high school diploma	8.7	7.3	2.4	5.8	7.3	
High school diploma, GED, or certificate of completion	47.8	54.0	34.5	40.7	36.6	
Occupational certificate/license or two-year college degree	29.0	20.9	33.0	31.4	29.3	
Four-year college degree or post-graduate degree	14.5	17.9	30.2	22.1	26.8	

Characteristic	Kansas	Kentucky	Minnesota	Ohio	Vermont	*p*-value
Type of illness (based on ICD codes)						0.000
Musculoskeletal, back	14.5	8.9	6.3	10.3	18.3	
Musculoskeletal, non-back	66.7	13.6	55.3	81.3	29.3	
Mental	0.0	25.2	4.6	0.0	7.3	
Long COVID	*	2.0	3.9	0.0	3.7	
Other	15.9	50.3	29.9	8.3	30.5	
Missing	*	0.0	0.0	0.0	11.0	
New condition	84.1	47.4	62.5	56.1	43.9	0.000
Injury or illness as a result of accident	81.2	18.2	44.3	64.0	35.4	0.000
Work-related injury or illness	65.2	7.6	9.8	3.0	35.4	0.000
Injury or illness as part of a workers' compensation claim	58.0	3.6	4.6	0.0	14.6	0.000
Time between injury or illness and enrollment (days)	66.3	1,499.5	46.8	29.0	151.2	0.000

Source: RETAIN enrollment data through September 30, 2022.

Note: We conducted statistical tests of difference to compare treatment enrollee characteristics among RETAIN programs. We used chi-square tests for binary and categorical variables and one-way ANOVA tests for continuous variables. RETAIN programs differed in their approaches to recording ICD 10 codes. These different approaches might affect the distribution of impairment groupings in each program. Because of the relatively broad impairment groupings we constructed, however, we expect any differences would be minimal. "New condition" is defined in contrast to "worsening of an existing condition." Data were available for 69 of the 70 enrollees in Kansas.

*Suppressed to avoid disclosing information about particular individuals.

ANOVA = analysis of variance; ICD = International Classification of Disease; RETAIN = Retaining Employment and Talent after Injury/Illness Network.