

WA-RETAIN Phase 1 Abstract

WA-RETAIN Phase 1 builds on the foundation established by the highly successful Centers of Occupational Health and Education (COHE) Program, which was developed by the Washington State Department of Labor and Industries, and identified as a model for the RETAIN Grant. The COHE Alliance of Western Washington has a proven record of success in increasing employment retention and labor force participation and reducing long-term disability, including the need for federal disability benefits among individuals who acquire work disabilities. It is the largest COHE, spanning the length of state, and incorporating 90 different facilities/organizations and 937 practitioners trained and experienced in delivering COHE Best Practices.

Similarly, through two rounds of Disability Employment Initiative Grants, from the US Department of Labor, the Work Force Development Councils of King and Snohomish Counties have developed and demonstrated enhanced expertise and success in helping employers and workers with disabilities collaborate in recognizing, developing, accommodating and applying the talents of people who have disabilities to improving an employer's bottom line. WA-RETAIN Phase 1, brings these two areas of strength together in a new partnership to expand COHE model best practices and evidence based Stay-At-Work and Return-to-Work early interventions to two new target populations of workers who encounter significant injuries or illnesses while working or actively pursuing employment.

TARGET POPULATIONS: The WA-RETAIN Phase 1 Demonstration Project will provide a robust mix of rapid response, coordinated Evidence Based Early Interventions (EBEI) to two target populations who do not currently have access to the established Centers of Occupational Health and Education (COHE), Returned to Work (RTW), and Stay at Work (SAW) programs that have proven to be so effective under the direction of the Washington State Department of Labor and Industries (L&I). The populations selected by the partners for this proposal are: 1) state employees at risk for filing long-term disability claims; and 2) individuals whose Worker's Compensation claims have been denied, but who nevertheless have recent onset injuries or illnesses substantial enough to put them at risk of leaving the labor force. Both of these populations match Mathematica's description of the characteristics most likely to lead to substantial public benefit from the provision of EBEI. These populations also share the common advantage that the WA-RETAIN Phase 1 partners will have ready access to them through existing programs that are committed to cooperating with this project. While the partners are focused on building the capacity and developing the protocols necessary to initiate services, the programs that are in contact with the target populations will already be providing them information about the project and the services it will be able to offer. When the demonstration project is ready to begin offering services, it will have a queue of eligible participants ready to apply.

STATE EMPLOYEES: Each year between 600 and 700 employees of Washington state government leave the labor force to go on to long-term disability benefits. Musculoskeletal (MSK) injuries are the most common cause for long-term disability in this population, accounting for 31% of claims (followed by accidents/violence, 15%, and nervous system claims, 14%). Seventy-eight percent of these claimants are younger than sixty years old when they leave

the labor force to go on to long-term disability. The inclusion of this target population aligns with Governor Inslee's commitment, expressed in Executive Order 13 – 2, to increase the employment rate of people with disabilities working for the state and make the state a model employer for people with disabilities. In his letter of support and commitment for this project Governor Inslee declared his interest in using this project to enable the State of Washington to serve as model to other employers on the benefits of using these evidence-based practices to retain the knowledge and skills of experienced employees.

WORKERS WITH DENIED STATE FUNDED WORKER'S COMPENSATION CLAIMS: Members of this target population will often have completed much of the same evaluation and assessment processes as the individuals with approved claims the COHEs customarily serve. This will make this target population the least disruptive to incorporate into the existing program, since they will often present themselves with comparable documentation in familiar formats. This target population has the additional advantage that the WA-RETAIN Phase 1 Demonstration Project will be able to do outreach to this target population and supply them with information about the services it has to offer, through the Labor and Industries (L&I) staff who are working with them to evaluate their claims. Those staff will provide information about a potential additional resource through the project, to claimants who meet the selection criteria, when it begins to seem likely that their Worker's Compensation (WC) claims may be denied. In 2017 L&I denied 15,368 WC claims made under state-funded system. 3,773 of those claimants resided in King County, and 1,722 resided in Snohomish County. Of the claims made that year by King and Snohomish County residents 2,125 were based on MSK and connective tissue disorders or on traumatic injuries to bones, nerves, spinal cord, muscles, tendons, ligaments, or joints, all conditions likely to cause chronic pain and lead to a work-related disability, without EBEL. According to the 2016 Annual Statistical Report on the Social Security Disability Insurance Program, MSK conditions were the most common basis for SSDI eligibility, accounting for 33.4% of those on SSDI only, and for 19.4% of those receiving both SSDI and Social Security Insurance (SSI). Treatment of chronic pain is widely variable with high financial and human cost. Overprescribing of opioids for both acute and chronic pain has contributed to the current opioid epidemic and to development of long term disability even though opioids have been shown to be less effective than non-opioid medications such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of chronic pain¹. Moving to a collaborative care approach to managing complex pain has been shown to result in improved patient outcomes². Early identification of patients at risk of developing chronic pain is a critical component of collaborative care.

SERVICES TO BE DELIVERED: COHE: The WA-RETAIN Phase 1 Demonstration Project will add two new Health Services Coordinators dedicated to this project and reimburse the COHE Alliance of Western Washington for the time its other personnel commit to developing and implementing this project. It will also duplicate L&I's established COHE fee schedule. In this way the project will build the capacity that will allow the COHE Alliance to extend its services to the participant samples selected from the project's target populations. This will enable the demonstration project to launch from the foundation of a large, well-established, successful

network of providers who are already trained and experienced in the following COHE best practices:

- Submitting a complete Report of Accident (ROA) in 2 business days or less.
- Completing an Activity Prescription Form (APF) on the first office visit or when patient restrictions change.
- 2-way communication with the employer when patients are off or expected to be off work.
- Assessing and documenting the patient's Barriers to Return to Work (BRTW), and developing a plan to overcome the barriers.
- Risk identification.
- Minimizing opioid use.
- Provider support and training.
- Patient education.

Return to Work/Stay at Work (RTW/SAW): The project will also fund two full-time Disability Resource Coordinators (DRCs) and reimburse the Snohomish County Workforce Development Council (WDC) and the Workforce Development Council of Seattle King County for the time their other personnel commit to developing and implementing this project. This will allow the project to replicate and expand upon L&I's Stay at Work (SAW) and Returned to Work (RTW), by integrating those services to employers and job seekers into Washington State's America's Job Centers, known as WorkSource Centers. The WDCs of King and Snohomish counties have been highly successful partners in two rounds of Disability Employment Initiative (DEI) grants, through which they have developed expertise in serving workers with disabilities and their employers. The Disability Resource Coordinators (DRCs) trained through those grants will be able to assist both employers' and workers' creative exploration of Reasonable Accommodation, and light duty assignments to ease reintegration into work, and other problem-solving related to meeting the employers' and workers' needs. The grant will provide funding to allow the DRCs to include additional training, assistance with costs of reasonable accommodations and incentives to create light duty positions, as part of the toolkit they can offer. The DRCs will also be able to apply best practices learned from their experience with DEI, such as Integrated Resource Teams, and facilitated integration into Career Pathways Programs to the menu of coordinated, person-centered services provided under this demonstration project.

The Progressive Goal Attainment Program (PGAP™) is a 10-week evidence-based treatment program designed to identify and treat the psychological risk factors contributing to an individual's disability. Appropriate patients include injured workers struggling with MSK conditions, depression and other debilitating conditions that are preventing them from participating in the return to work process. The primary goal of PGAP™ is to reduce psychosocial barriers to the rehabilitation progress, promote re-integration into daily life activities, increase quality of life and facilitate a return to work. Its goals are achieved via structured activity scheduling, graded-activity involvement, goal setting, problem solving, achievement tracking and motivational support. The COHE Alliance of Western Washington includes partners who are certified PGAP™ providers and this service will be incorporated into the demonstration project. PGAP™ can be provided in a group setting, making it cost-effective, as well as strongly evidence-based.