Disability Policy Issue Brief

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The RETAIN Demonstration: A Case Study of Medical Providers' Experiences in Ohio RETAIN

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 illnesses remain in the labor force. Following a pilot phase, the U.S. Department of Labor awarded cooperative agreements to state agencies in Kansas, Kentucky, Minnesota, Ohio, and Vermont to fully implement RETAIN services. These five RETAIN programs worked to identify and recruit workers at risk of exiting the labor force and applying for Social Security Disability Insurance and Supplemental Security Income. For Mathematica's evaluation of RETAIN, funded by the Social Security Administration, each program randomly assigned enrollees to a treatment group (those eligible to receive services through RETAIN) or a control group (those ineligible for RETAIN services).

In this brief, we describe the experiences of medical providers in Ohio RETAIN, including their characteristics, use of occupational health best practices, experiences working with return-to-work (RTW) coordinators, and barriers to participating in the program. We focus on Ohio RETAIN because it was run by a single health system with direct access to providers, a relationship that facilitated the program model.

Most Ohio RETAIN medical providers said they completed RETAIN training on occupational health best practices; about half of those providers found the training helpful, and a quarter said their interactions with patients changed as a result. Nearly all providers frequently used one or more of the occupational health best practices featured in the training.

Nearly all medical providers had worked with an RTW coordinator. Among them, physicians found support from RTW coordinators to be more helpful than nonphysician medical providers did. Those who saw benefits said that RTW coordinators reduced the administrative burden associated with helping their patients return to work and supported their patients directly, especially in addressing nonmedical barriers to work. Despite these benefits, providers said that employers' and patients' attitudes remained ongoing challenges to helping patients with illness and injuries stay at work or return to work. Overall, providers expressed widespread support for replicating or expanding RETAIN but noted the importance of minimizing the burden to providers.

Introduction

The Retaining Employment and Talent after Injury/Illness Network (RETAIN) demonstration is a collaborative effort between the U.S. Department of Labor and the Social Security Administration to help people with recently acquired injuries and illnesses remain in the labor force. Millions of workers in the United States leave the labor force each year after experiencing an injury or illness (Hollenbeck 2015). The demonstration aims to build evidence on the effectiveness of early stay-at-work (SAW)/return-to-work (RTW) strategies to help people who develop a potentially disabling condition improve their employment outcomes and avoid the need to apply for disability programs such as Social Security Disability Insurance and Supplemental Security Income.

The U.S. Department of Labor funded RETAIN demonstration programs in Kansas, Kentucky, Minnesota, Ohio, and Vermont. These five programs aimed to identify, recruit, and enroll a subset of workers at risk of exiting the labor force and applying for Social Security Disability Insurance or Supplemental Security Income. Each program randomly assigned enrollees to a treatment group (those eligible to receive services through RETAIN) and a control group (those ineligible for RETAIN services).

The RETAIN program model offers two core services to enrollees in the treatment group (called treatment enrollees): medical provider services and SAW/RTW coordination services. Medical provider services consist of medical providers engaging in training to learn occupational health best practices, using occupational health best practices in patient care, and communicating with RETAIN program staff (called RTW coordinators) about treatment enrollees' ability to work. As part of SAW/RTW services, RTW coordinators communicate with medical providers, employers, and others to facilitate and monitor treatment enrollees' medical and employment services and progress. In the RETAIN model, medical providers are key partners of RTW coordinators in supporting treatment enrollees' efforts to stay at work or return to work. Each state's RETAIN program had the flexibility to adapt the model to partner with local healthcare systems and other organizations to deliver services and to meet the needs of enrollees in each state.

Partnering with medical providers to deliver RETAIN services

The U.S. Department of Labor requires RETAIN programs to partner with a healthcare system practicing coordinated care and population health management.

- Programs must train participating medical providers in occupational health best practices.
- Programs may use financial compensation or other incentives to encourage medical providers to complete training and adopt occupational health best practices. ◢

Understanding medical providers' experiences with the program model can provide insight on how SAW/RTW programs can collaborate with providers to support patients' employment outcomes and how to involve providers in similar programs in the future. In this brief, we describe the experiences of medical providers in Ohio RETAIN, including their characteristics, use of occupational health best practices, experiences with RETAIN and RTW coordinators, and barriers to participating in RETAIN. We focus on Ohio RETAIN because it was run by a single health system with direct access to providers, a relationship that benefits the program model. The brief is based on data from a survey completed in early 2024 by 138

medical providers who participated in Ohio RETAIN (for details on the survey, see Appendix A).[1] The survey included several opportunities for respondents to share free-text responses to supplement the questions with pre-specified response options. To provide context for the survey findings, we also draw on findings from semistructured interviews we conducted with Ohio RETAIN program staff during site visits in June 2023 and with Ohio treatment enrollees in October and November 2022. Mathematica conducted such interviews in all five RETAIN states to assess program implementation (Keith et al. 2024).

Background

Evidence suggests that when a patient becomes injured or ill, medical providers can play an important role in supporting a patient's continued employment, but they face various challenges in doing so. Experts have offered policy recommendations to address these challenges and to better engage providers in supporting their patients' SAW/RTW processes. Ohio RETAIN adopted several of these recommendations by establishing a robust training program and providing compensation to RETAIN-participating providers supporting the SAW/RTW goals of RETAIN treatment enrollees. Here, we review evidence on engaging providers in patients' efforts to stay at work or return to work, and we describe information from interviews detailing the role of medical providers in Ohio RETAIN.

The role of medical providers in supporting patients' SAW/RTW processes

Evidence suggests that medical providers can play a key role in helping patients who have sustained a recent injury or illness to stay at work or return to work. Providers' clinical expertise makes them well-positioned to determine whether or how a patient's injury or illness affects their ability to work (Heidkamp and Christian 2013). A provider can support a patient's SAW/RTW goals by assessing the patient's functional capacity to perform their job responsibilities, providing medical treatment and care, and communicating with the patient and other relevant parties throughout the SAW/RTW process (Denne et al. 2015). The provider's assessment can inform a treatment plan documenting the steps and timing for when a patient can return to their job and under what restrictions, shaped by the provider's knowledge of evidence-based practices (Jurisic et al. 2017).

Communication is critical to the SAW/RTW process, including communication between a medical provider and a patient, the patient's employer, and others (such as insurers). After assessing the patient and developing a treatment plan, the provider can play a central role in communicating relevant findings to key parties in the patient's SAW/RTW process. When providers communicate this information, it helps create shared expectations among all parties about what the patient can do and how the patient can remain safe when returning to work (Jurisic et al. 2017). Communication from providers to patients can influence a patient's decision about whether to return to work after an illness or injury (Contreary and Perez-Johnson 2016).

Despite their important role, providers faced challenges to supporting their patients' continued employment. One challenge is a lack of provider training and experience supporting patients to stay at work or return to work. Few medical schools include education on the health risks of unemployment or methods to assess patients' work capacity (Heidkamp and Christian 2013). After medical school, providers' opportunities to access training on topics such as work disability prevention or occupational health best practices is also limited and subject to the priorities of healthcare systems overseeing providers. These

[1] As of December 2023 (around the time of survey launch), Ohio RETAIN had 450 participating medical providers supporting 3,661 RETAIN enrollees (of which 1,830 were in the treatment group).

factors lead to providers having inconsistent access to training on SAW/RTW topics (Denne et al. 2015). Moreover, outside of a few specialties in which providers often treat patients with work-limiting conditions (such as occupational medicine and mental health), many providers lack the experience to productively engage in their patients' SAW/RTW processes. The absence of relevant experience could limit providers' knowledge of appropriate work accommodations or restrictions, treatments, and resources to help patients maintain continued employment (Contreary and Perez-Johnson 2016).

Another challenge to medical providers supporting their patients to stay at work or return to work is a lack of financial compensation or other incentives for them to invest in their patients' employment outcomes as part of patients' care. Over the past several decades, governments have increasingly used health policies that incorporate financial compensation or other incentives to shape the behavior of medical providers (Oliver et al. 2011).[2] However, most providers still do not benefit financially from helping their patients stay at work or return to work (Christian 2015). Similarly, private health insurers' policies for provider reimbursement typically do not consider a provider's role in a patient's SAW/RTW process.

Finally, providers often face competing priorities for their limited time, which can leave little opportunity to discuss their patients' employment status during patient visits. The average patient's visit with primary care providers or specialists is roughly 20 minutes long in the United States (Neprash et al. 2021; AMN Healthcare 2023). Medical providers have noted that the time pressures they face can result in limited uptake of best practices such as patient education, relationship building, or understanding the social determinants of health affecting their patients (Nguyen et al. 2024). Although financial compensation or other incentives might influence what providers prioritize during these short visits, providers must also use their clinical judgment to address the most pressing medical issues during patient visits. Because of time constraints and a potential lack of awareness of the health risks of unemployment, providers may perceive discussions about their patients' employment status to be outside their immediate medical concern (Contreary and Perez-Johnson 2016). These combined factors may contribute to why many physician providers do not consider SAW/RTW practices to be within the purview of their jobs (Denne et al. 2015).

The RETAIN model includes recommended practices to engage medical providers in supporting patients' SAW/RTW efforts

- Existing policy recommendations largely fall into two categories: (1) expanded or mandatory training opportunities for providers on work disability prevention and occupational health best practices, and (2) financial compensation or other incentives to increase engagement and accountability among providers.
- The RETAIN model includes (1) training for medical providers on occupational health best practices and (2) financial compensation or other incentives for using those best practices in patient care. ◢

Experts have offered policy recommendations to better engage providers in supporting their patients' SAW/RTW processes. One recommendation to improve providers' engagement in supporting their patients' SAW/RTW efforts and employment outcomes is to create financial compensation or other incentives for providers. For example, the Centers for Medicare & Medicaid Services and the American Medical Association could collaborate to create new procedure codes or modify existing ones to capture

[2] For example, in the United States, the Centers for Medicare & Medicaid Services introduced its Quality Payment Program in 2016, which ties payments for eligible medical providers to quality health care (CMS 2016).

SAW/RTW medical best practices not currently recorded or paid for (Christian 2015). This recommendation is supported by evidence from Washington State's Centers of Occupational Health & Education program—which served as the model for RETAIN—showing that both short- and long-term outcomes for patients improve when providers can bill and be paid for specific SAW/RTW-related services (Wickizer et al. 2011). An alternate recommendation is to add employment as a quality metric in a pay-for-quality program, such as the Quality Payment Program from the Centers for Medicare & Medicaid Services (Contreary and Perez-Johnson 2016).

Another policy recommendation is to expand and mandate provider training on topics such as work disability prevention and occupational health best practices. Experts recommend that this education should begin early, in medical or nursing school (Christian 2015). Relevant training topics might include how guidance from providers influences patients' decisions and beliefs; guidance on appropriate time off, treatment, and work accommodations for common injuries or diagnoses; and information on the long-term impacts of unemployment on patients' well-being (Contreary and Perez-Johnson 2016). Because of the time constraints and competing demands providers face, financial compensation or other incentives from the government or medical associations might help increase their participation in these education and training opportunities. Such incentives could include medical or nursing schools adopting relevant curricula or continuing medical education (CME) credits for providers to participate in training courses. Mandates from the government or medical associations could also promote uptake of these education opportunities. For example, a 2017 study showed promising evidence that mandatory CME on a specific topic can improve providers' adherence to guidelines and best practices related to the topic (Kelsch et al. 2017).

The role of medical providers in Ohio RETAIN

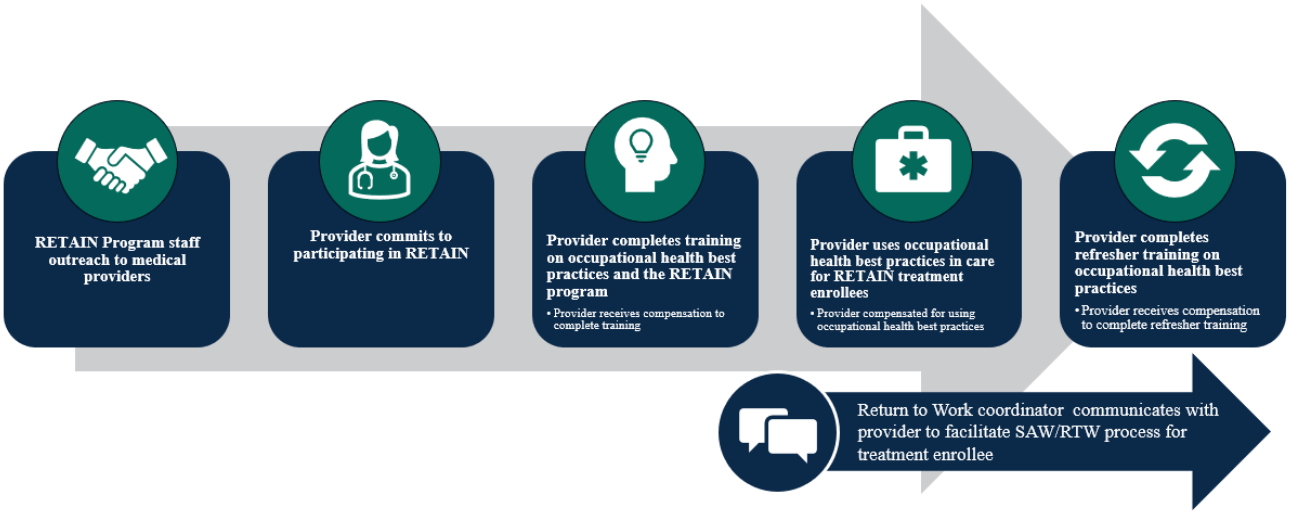
During site visit interviews in June 2023, program leaders and staff described how they organized and implemented the program, including the role of medical providers in Ohio RETAIN.

Ohio RETAIN's program was run by a single healthcare system, Mercy Health, which oversees most aspects of RETAIN.[3] Mercy Health employed Ohio RETAIN staff to identify and recruit eligible patients; identify, reach out to, and train medical providers; and deliver RTW coordination services to treatment enrollees. All medical providers participating in the program were part of the Mercy Health system.

Ohio RETAIN connected medical providers with training, RTW coordinators, and program goals (Exhibit 1). Program staff conducted outreach to medical providers in the Mercy Health system, with a focus on providers whose patients were likely to be eligible for RETAIN because of their health conditions. Providers were asked to complete RETAIN training on occupational health best practices within 30 days of agreeing to participate in the program. The program compensated providers when they completed the training and when they used occupational health best practices in patient care. To enroll in Ohio RETAIN, potential enrollees must have had a RETAIN-participating medical provider and provided consent for the medical provider to communicate their health information with an RTW coordinator.

[3] The Ohio Department of Job and Family Services was the lead agency for Ohio RETAIN. To support implementation, the department brought together a range of partners, including Mercy Health, the program's lead healthcare partner. Other partners included local workforce development boards and Opportunities for Ohioans with Disabilities (Ohio's state vocational rehabilitation agency).

Exhibit 1. Role of medical providers in Ohio RETAIN



RETAIN = Retaining Employment and Talent After Injury/Illness Network
RTW = Return-to-work
SAW = Stay-at-work

To identify providers to participate in RETAIN, program staff conducted outreach to medical providers in the Mercy Health system. Program staff conducted outreach to physician and nonphysician medical providers (for example, nurse practitioners and physician assistants) who treated the diagnoses that met Ohio RETAIN's eligibility criteria).[4] Program staff also followed up with medical providers they identified as having patients who were eligible for RETAIN through a review of Mercy Health patients' electronic medical records (EMRs).[5] In addition, program leaders asked medical providers who were highly engaged in RETAIN to join the program's advisory board and suggest ways to encourage other providers to participate in the program.

[4] Although the program's original eligibility criteria included only patients with non-work-related musculoskeletal or cardiovascular injury or illness, program staff reported that provider interest in the program increased after Ohio RETAIN expanded its eligibility criteria midway through the enrollment period to include certain mental and behavioral health diagnoses, abdominal surgeries, and neurological conditions.

[5] Nurses employed by Mercy Health identified potential RETAIN enrollees by reviewing daily EMR reports containing patients' age, medical condition, and timing of condition onset or worsening of condition relative to the program eligibility criteria.

Ohio RETAIN asked participating providers to complete an initial online training and a refresher training one year later. The initial training provided information on occupational health best practices and Ohio RETAIN. Medical providers who completed the five training modules received $500 in compensation and 3.75 CME credits.[6] The refresher training provided a high-level reminder of occupational health best practices, and medical providers received $100 in compensation and 1.5 CME credits for completing the refresher training. During site visit interviews, program staff noted that medical providers' busy schedules made it challenging for them to complete the training modules, but program staff's consistent follow-up with providers improved training completion (Keith et al. 2024). Program staff monitored providers' training completion rates and followed up to remind providers of the training and compensation if they had not completed their training within 30 days of the provider's initial agreement to participate in RETAIN. As of December 31, 2023, program leaders reported a completion rate of 84.8 percent for the initial training and 56.7 percent for the refresher training.

Ohio RETAIN required medical providers to complete five training modules:

1. Introduction to RETAIN
2. RETAIN best practices (including occupational health best practices)
3. RETAIN roles and relevant staff
4. Pain management for occupational injuries
5. Biopsychosocial and functional recovery interventions and risk factors

Following completion of the initial training, Ohio RETAIN compensated providers for their use of occupational health best practices when providing patient care. Medical providers who documented their use of occupational health best practices during medical appointments with treatment enrollees received compensation based on the average time necessary to complete each best practice multiplied by the provider's billing rate. For example, a provider could receive compensation for documenting practices such as developing an activity prescription or updating a care plan. To remind medical providers to use occupational health best practices, RETAIN staff used a notification in the EMR system to notify the medical provider of upcoming visits with RETAIN treatment enrollees. In addition, when providers opened treatment enrollees' charts, they saw a yellow flag indicating that the patient was enrolled in research. During site visit interviews, however, program staff said the impact of compensation on medical providers' use of occupational health best practices seemed minimal (Keith et al. 2024).

Ohio RETAIN staff were also available to provide one-on-one training to medical providers on using and documenting occupational health best practices. During site visit interviews, a RETAIN program leader noted that medical providers with less experience with occupational health best practices (such as primary care providers) benefited from additional guidance to understand appropriate treatments and work restrictions compared with medical providers already more experienced with those best practices (such as orthopedic surgeons and neurosurgeons). RETAIN staff also trained a practice's support staff (for example, medical assistants) on how to document procedure codes for occupational health best practices to increase participating providers' adoption and recording of the practices.

[6] Mercy Health worked through its director of medical education to complete the application process for CME accreditation. The process involved providing different types of information to support CME approval for a range of licensures (for example, medical doctor, social worker, registered nurse, nurse practitioner). Mercy Health also identified a provider sponsor to review and support the training content. Mercy Health must renew its application every two years to maintain CME accreditation for the trainings and has kept the trainings up to date with program changes such as expanded eligibility criteria.

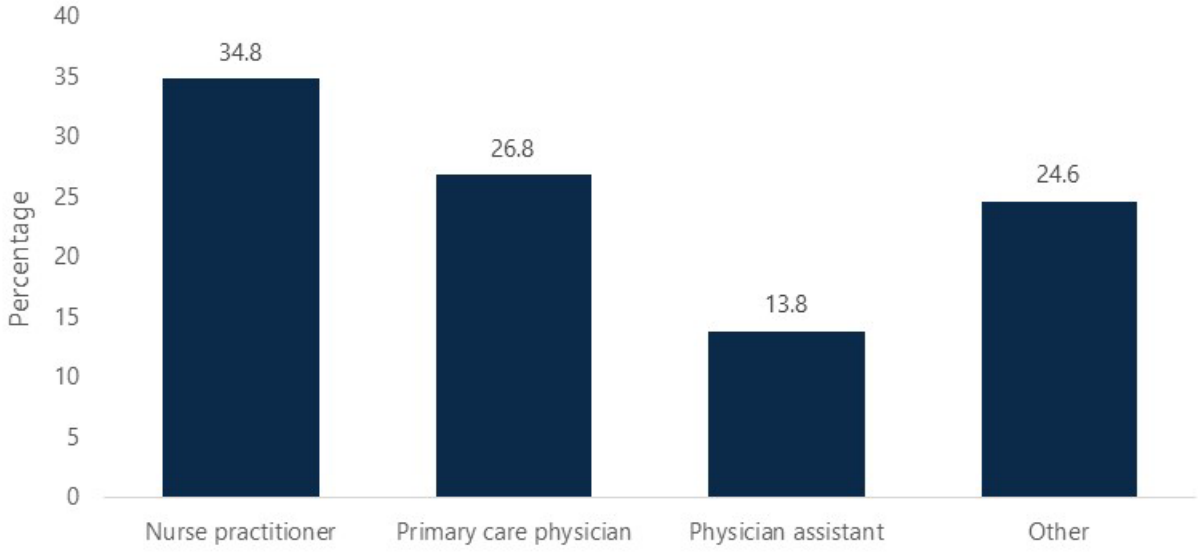
Characteristics of Ohio RETAIN medical providers

In this section, we first describe the characteristics of Ohio RETAIN medical providers who responded to the survey. We examine providers' specialty, years of experience, sex, and race and ethnicity. We then compare a subset of providers' characteristics (sex and race and ethnicity) with those of their patients who were RETAIN treatment enrollees. We also report the percentage of providers who, like their patients, ever had a health condition that limited their work. Examining the characteristics of responding medical providers gives us insight into who provided core medical services to treatment enrollees in Ohio RETAIN. The U.S. Department of Labor did not impose any requirements for RETAIN programs regarding medical provider characteristics.

Medical providers' characteristics

Nurse practitioners, primary care physicians, and physician assistants were the most common types of medical providers in Ohio RETAIN (Exhibit 2). Among the 138 providers who responded to the survey, 34.8 percent were nurse practitioners, 26.8 percent were primary care physicians, and 13.8 percent were physician assistants. The remaining providers who responded were physicians with various specialties, such as orthopedic surgeons.[7]

Exhibit 2. Share of Ohio RETAIN medical providers by type

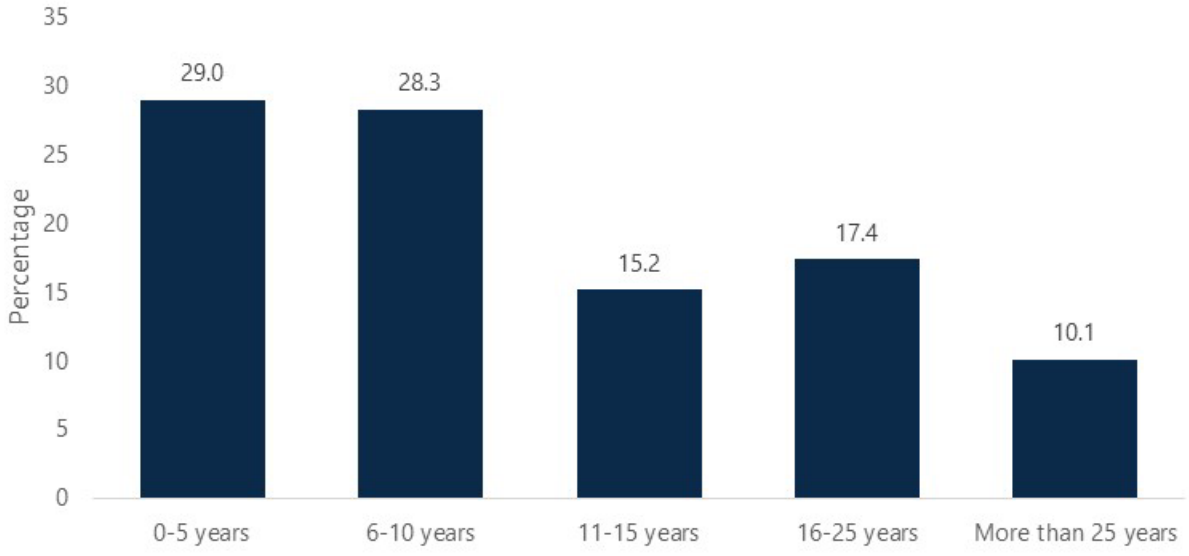


Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).
RETAIN = Retaining Employment and Talent After Injury/Illness Network

Most medical providers had been in practice for 10 years or less (Exhibit 3). The largest share of medical providers had five years of experience or less (29.0 percent), followed by six to 10 years of experience (28.3 percent). About one-sixth of medical providers had 11 to 15 years in practice (15.2 percent), and a similar share had 16 to 25 years (17.4 percent). The remaining medical providers (10.1 percent) had more than 25 years in practice.

[7] The "other" category also included podiatrists, which we counted as physicians.

Exhibit 3. Share of Ohio RETAIN medical providers by total years in practice



Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).
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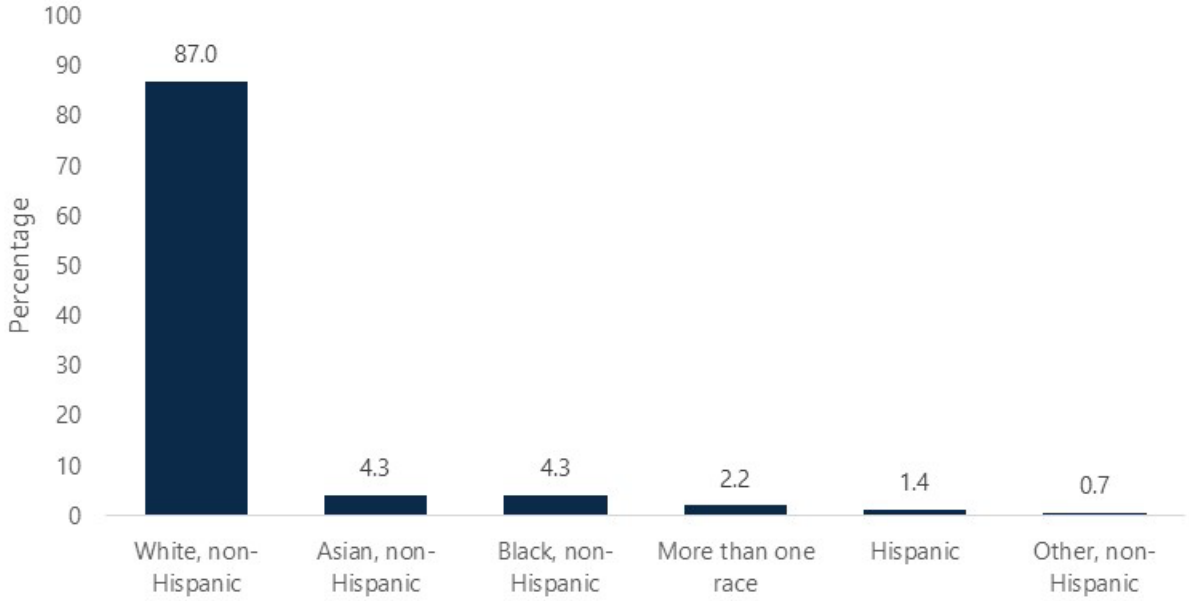
Most medical providers identified as female, White, and non-Hispanic. A slightly larger share of medical providers identified as female (52.2 percent) than as male (47.8 percent). As Exhibit 4 shows, most medical providers were White, non-Hispanic (87.0 percent), followed by Asian, non-Hispanic (4.3 percent) and Black, non-Hispanic (4.3 percent). Few providers identified as more than one race (2.2 percent); Hispanic (1.4 percent); or other, non-Hispanic (0.7 percent).

Exhibit 4. Share of Ohio RETAIN medical providers by race



Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).
RETAIN = Retaining Employment and Talent After Injury/Illness Network

Comparing characteristics of medical providers and treatment enrollees

There is mixed evidence on the effect of gender- or race-match between doctors and patients on patient's health (Meghani et al. 2009). The literature suggests that communication between doctor and patient improves when patients and providers share the same race (Alsan et al. 2019). Anecdotal evidence also suggests that physicians with the same diagnosis might be better equipped to connect with their patients (Colino 2016). In addition, during interviews with treatment enrollees across all five RETAIN demonstration programs, several said that it was easier to connect with RETAIN enrollment staff who shared characteristics with them, including gender, race, language, or age; experience with disability; being a parent; or living in the same city (Keith et al. 2024). Although RETAIN programs did not focus on the characteristics of medical providers delivering services, providers with similar lived experience or who were treating patients with similar demographic characteristics might be able to better connect with treatment enrollees than providers who did not share these characteristics or experiences.

Compared with Ohio RETAIN medical providers, treatment enrollees were more likely to be female and had greater racial and ethnic diversity (Exhibit 5). Ohio RETAIN medical providers and treatment enrollees were similar in that most were female and White, non-Hispanic. The share of people with these characteristics differed statistically between medical providers and treatment enrollees. Compared with treatment enrollees, more medical providers identified as male and White, non-Hispanic. The distribution of treatment enrollees by race also differed from that of the providers.

Exhibit 5. Demographic characteristics of RETAIN medical providers and treatment enrollees (percentages)

Demographic characteristics	Medical providers	Treatment enrollees	*p*-value of the difference
Sex			
Female	52.2	61.8	0.002
Race and ethnicity			**<0.001**
Asian, non-Hispanic	4.3	0.6	
Black, non-Hispanic	4.3	16.5	
Hispanic	1.4	4.3	
More than one race	2.2	1.3	
Other, non-Hispanic	0.7	0.4	
White, non-Hispanic	87.0	76.7	
Missing	0.0	0.2	
Total observations	**138**	**1,829**	

Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers and RETAIN enrollment forms.

Note: We conducted statistical tests to assess whether the differences between providers and treatment enrollees are statistically significant. The *p*-value for a binary variable is based on a two-tailed *t*-test. The *p*-value for a multinomial categorical variable, which we present in the row for the variable label, is based on a chi-square test.

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Medical providers were less likely than treatment enrollees to have ever had a physical or mental health condition that limited their work. Among all medical providers, 15.2 percent reported ever having a health condition that limited the type or amount of work that they do. In contrast, all Ohio RETAIN enrollees had to have such a condition at the time of enrollment to be eligible for the program.

Medical providers' experiences with Ohio RETAIN

In this section, we describe medical providers' experiences with Ohio RETAIN as reported in the survey. In addition to describing their awareness of RETAIN, we summarize their experiences with RETAIN training, use of occupational health best practices, experiences with RETAIN's RTW coordinators, and perceived barriers to and facilitators of participating in RETAIN. We present providers' reported use of occupational health best practices, but we do not know how providers would have used occupational health best practices in the absence of the RETAIN training.

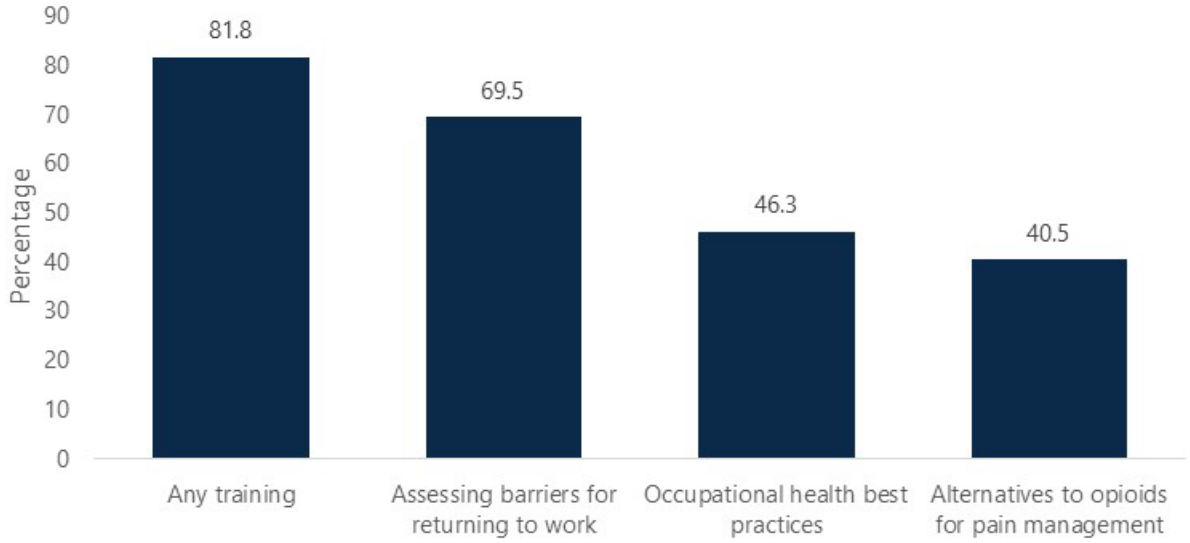
Medical providers' awareness of RETAIN

Medical providers' awareness of RETAIN was very high. All providers reported being aware that their medical practice participated in Ohio RETAIN. Most providers (86.9 percent) said that Ohio RETAIN treatment enrollees represented less than one-quarter of their patients in a typical week.[8] Despite their awareness of Ohio RETAIN, some providers (7.9 percent) said they did not always know when they were working with Ohio RETAIN treatment enrollees.

Medical providers' experiences with RETAIN training

Most medical providers reported attending a training delivered by Ohio RETAIN (Exhibit 6). Medical providers most frequently attended training on assessing barriers to return to work (69.5 percent). Less than half (46.3 percent) of providers reported attending a training on occupational health best practices. The least-attended training was on alternatives to opioids for pain management (40.5 percent).

Exhibit 6. Medical providers' engagement in Ohio RETAIN trainings



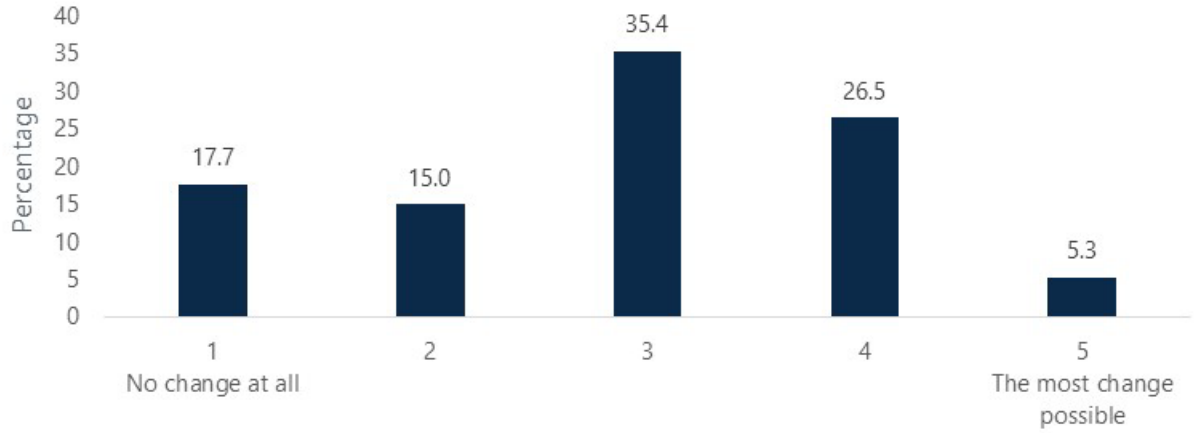
Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).
Note: This figure shows the percentage of providers who reported engaging in each training topic.
RETAIN = Retaining Employment and Talent After Injury/Illness Network

[8] According to data we received from Ohio RETAIN, the number of RETAIN treatment enrollees a provider sees as patients ranged from one to 63 with a median of two and an average of six. The distribution was similar among providers who responded to the survey.

More than half of medical providers who attended a training reported that it helped them to return injured or ill workers to work quickly (62.8 percent). In contrast, about one-tenth of providers (13.3 percent) said Ohio RETAIN training did not help them return their patients to work quickly. The remaining providers had a neutral response to whether the training affected how they cared for patients.

Medical providers who attended trainings were divided on whether Ohio RETAIN trainings changed their patient care. One-third of medical providers indicated that training changed the way they interacted with patients who had work-limiting injuries or illnesses (31.8 percent selected 4 or 5 on a scale of 1 to 5, where 5 was "the most change possible"), and another third (32.7 percent) reported little to no change (1 or 2) (Exhibit 7).

Exhibit 7. Extent to which training changed the way Ohio RETAIN medical providers interacted with patients who had work-limiting injuries or illnesses (scale of 1 to 5)



Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).

Note: This figure shows the percentage of responding providers who attended a training and selected each response on a scale of 1 (no change at all) to 5 (the most change possible).

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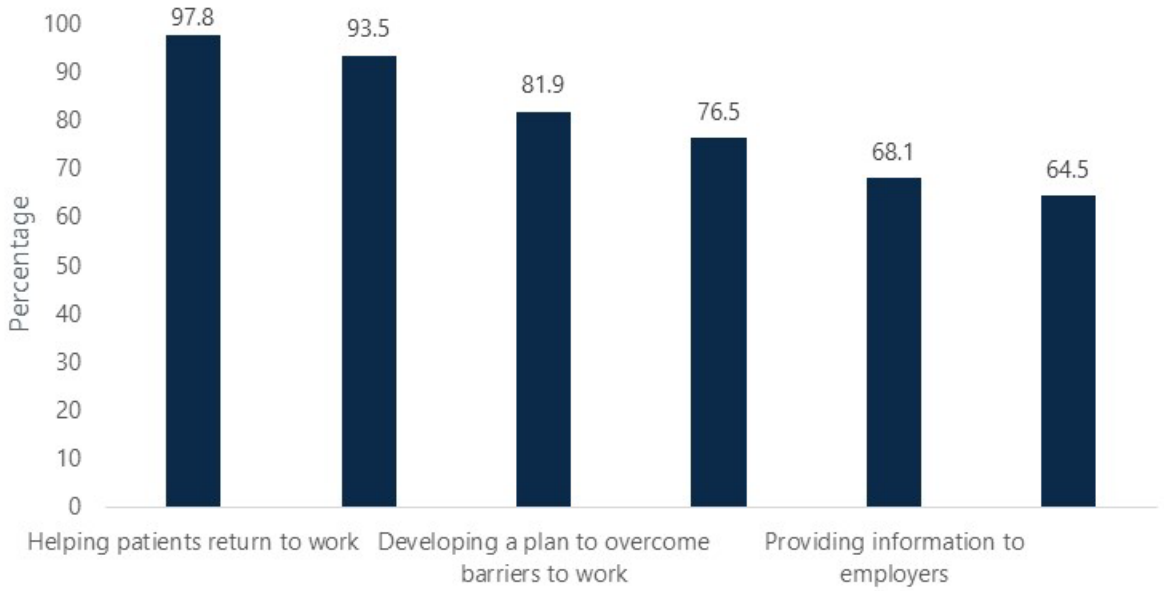
Medical providers' use of occupational health best practices

Most medical providers reported using multiple occupational health best practices all or most of the time (Exhibit 8). Nearly all providers (97.8 percent) said they tried to help patients return to work all or most of the time, which is one of the six occupational health best practices covered in Ohio RETAIN's training for medical providers. Most providers reported that they assessed barriers to returning to work with patients all or most the time (93.5 percent), and about two-thirds said they provided information to employers about injured workers or discussed possible work accommodations with employers all or most of the time (68.1 percent and 64.5 percent, respectively).[9] The lower percentage of providers regularly using these two best practices might reflect the fact that Ohio RETAIN's RTW coordinators helped communicate with employers, including to discuss possible work accommodations.

[9] When providers do communicate with employers, it is most often through an RTW plan developed by the RTW coordinator with the treatment enrollee in consultation with the enrollee's medical provider and employer. The RTW plan was the most common form of communication with employers for 81.9 percent of providers. The RTW plan outlines the enrollee's treatment goals and the steps, including services, needed for the enrollee to return to or maintain employment; the plan also includes an RTW date.

Exhibit 8. Share of medical providers who reported using occupational health best practices all or most of the time, by best practice



Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).

Nearly one-third of medical providers reported challenges to providing optimal care for patients with a recent injury or illness that may inhibit or prevent their employment. Medical providers who indicated that they experienced a challenge (29.7 percent) described the issue in free-text responses. One challenge was limited time to engage in patient care and understand the nature of patients' job responsibilities. Providers reported that the paperwork required of physicians regarding their patients' medical leave from work created an administrative burden that limited their time for patient care when they already had as few as 15 minutes to spend with each patient. These time constraints made it challenging for providers to fully support their patients' efforts to stay at work or return to work through comprehensively assessing their patients' functional capacity, communicating with patients' employers, or understanding a patients' job functions. This limited knowledge made it challenging for providers to develop comprehensive treatment plans and recommend appropriate work restrictions for their patients who sustained a recent illness or injury.

In brief text responses, providers also reported that another challenge was lengthy and complex timelines for patients' medical recoveries, which made it difficult to support their timely return to work. Some patients sustained injuries or illnesses that made them unable to return to their same jobs, particularly jobs with high physical demands, adding complexity to their ability to return to work. Providers noted it was also difficult to provide optimal care to patients who faced challenges accessing care to support their recovery, such as physical therapy, because of wait lists, lack of insurance or denial of coverage for certain types of care, or inability to afford copays or coinsurance. In addition, some providers said that patients' mental health challenges or lack of motivation to stay at work or return to work limited their providers' ability to support them.[10]

[10] More information on the experiences of and challenges RETAIN enrollees with behavioral health conditions faced is available in Farid et al. (2024).

Providers described in free-text responses some barriers to providing optimal care, including limited options for referring patients to additional support or limited knowledge of where to refer patients. Providers said they most frequently referred patients for additional medical services, including physical therapy and physical medicine and rehabilitation, orthopedic medicine, functional capacity test providers, and occupational therapy and medicine. Several providers reported referring patients for other types of support, such as counseling or cognitive behavioral therapy, financial assistance, or social service programs. Some providers, however, said there were not enough resources available to which they could refer their patients for financial or other nonmedical resources and reported they did not have sufficient knowledge of such resources.

Providers said in brief text responses that limited support for their patients from employers was also a challenge: some employers were not receptive to communications from medical providers, and others were unwilling or unable to accommodate work restrictions for their employees.

Medical providers' experiences with RETAIN RTW coordinators

Medical providers reported on their experiences participating in Ohio RETAIN, including working with RTW coordinators. Nearly all medical providers (90.6 percent) reported working with an RTW coordinator as part of Ohio RETAIN.

Overall, around eight of 10 medical providers working with RTW coordinators said the RTW coordinators made their jobs easier. The survey asked providers who indicated that RTW coordinators made their jobs easier to briefly explain how they did so. Providers appreciated that RTW coordinators helped them fully engage in the program. For example, RTW coordinators alerted them to upcoming office visits with RETAIN treatment enrollees and reminded them of the codes to enter in the EMR when they used occupational health best practices with these patients. RTW coordinators also helped providers navigate the workflow and requirements of the program.

Example of limited support from employers

"Most employers I have interacted with have minimal 'light duty' and require patients to be released to full duty without restrictions or be off completely [before allowing them back to work]."

- Ohio RETAIN medical provider

Note: "Light duty" typically refers to a job assignment that is less physically or mentally demanding than someone's usual job duties.

In brief text responses, medical providers said they valued that RTW coordinators reduced the administrative burden of helping patients return to work. Providers said that RTW coordinators helped with paperwork and coordination with third parties involved in their patients' SAW/RTW processes. For example, RTW coordinators supported them in completing paperwork related to their patients' medical leave from work, such as paperwork related to the Family and Medical Leave Act (known as FMLA). Providers also said that RTW coordinators not only communicated with patients' employers but also managed the coordination between the different providers treating each patient.

Medical providers also valued that RTW coordinators directly supported their patients' efforts to stay at work or return to work. According to providers, RTW coordinators worked closely with their patients who were treatment enrollees to develop RTW plans and consistently followed up with patients on their progress. Providers credited RTW coordinators with identifying the non-health barriers patients faced when trying to maintain employment and with referring patients to resources, such as social services or financial

assistance programs, to address these barriers. Providers appreciated RTW coordinators' close coordination with their patients and the frequent updates that RTW coordinators provided, particularly given the time constraints providers faced that limited the intensity of support they were able to offer their patients.

Among the 17.6 percent of medical providers working with an Ohio RETAIN RTW coordinator who said that the coordinator had no effect on their job, most said their patients did not need the support. In brief text responses, several providers noted that most of their patients who enrolled in RETAIN were those that were likely to return to work on their own without the support of Ohio RETAIN. One nonphysician provider reported already working with patients to try to return to work safely and as soon as possible before the rollout of Ohio RETAIN. Other providers said that only a small percentage of their patients enrolled in Ohio RETAIN or that they had minimal interaction with the program, so the program did not significantly affect their jobs.

Experiences of medical providers who said the RTW coordinator made their job easier

"They assist the patient with their social concerns regarding their injury or problem. This in turn helps the patient recover from their injury with fewer obstacles."

"The patients are in touch with [the RTW coordinators], working through their work-related issues, and this can make my visit with the patients smoother and quicker."

Experience of medical provider who said the RTW coordinator had no effect on their job

"My patients who participate in RETAIN were going to return to work [anyway], as they all had high-paying jobs and underwent mild to moderate surgeries that only required short-term time off. The program did not significantly impact me or my patients."

Providers' experience with RTW coordinators varied by provider type: physicians were more likely than nonphysicians to report that RTW coordinators were helpful. Physician and nonphysician medical providers reported working with Ohio RETAIN RTW coordinators at similar rates (91.5 percent for physicians and 89.6 percent for nonphysicians), but more physicians (87.7 percent) than nonphysicians (76.7 percent) indicated that working with a RTW coordinator made their job easier to do (Appendix Exhibit B.1). There was a larger gap between physician and nonphysicians who indicated that working with a RTW coordinator had no effect on their job (12.3 percent versus 23.3 percent, respectively), although the difference by provider type was not statistically significant. None of the medical providers responded that working with an Ohio RETAIN RTW coordinator made their job more difficult.

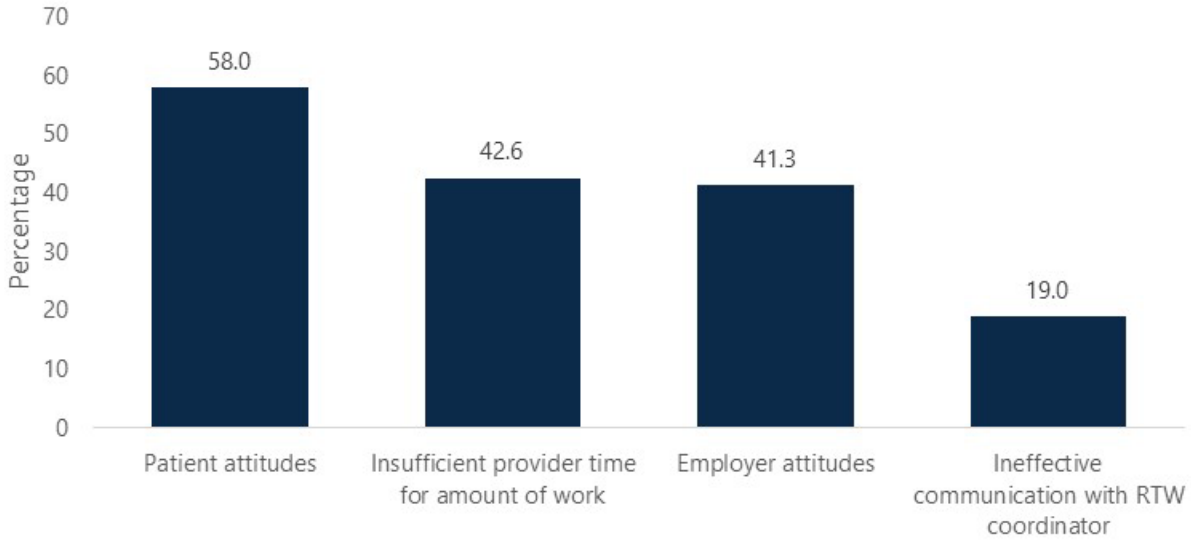
Perceived barriers to participating in RETAIN Ohio

Medical providers responded to a series of questions asking about their perceived barriers to Ohio RETAIN achieving its goals and issues that would discourage a clinical practice from participating in the program.

Medical providers reported patients' and employers' attitudes and insufficient provider time as the biggest hurdles to Ohio RETAIN achieving its goals. More than half of medical providers (58.0 percent) identified patients' attitudes as a minor or major barrier for the effectiveness of Ohio RETAIN. Nearly half of providers also mentioned insufficient time and employer attitudes as barriers (42.6 and 41.3 percent, respectively). About one-fifth of medical providers (19.0 percent) said that ineffective communication with

an RTW coordinator was a barrier to Ohio RETAIN effectiveness. Overall, 87.0 percent of providers indicated that the Ohio RETAIN's administrative requirements were reasonable (not shown).

Exhibit 9. Barriers to Ohio RETAIN achieving its goals



Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).

Note: This figure shows the percentage of medical providers who mentioned each category as a major or minor barrier to Ohio? RETAIN achieving its goals. If a respondent reported the barrier was not applicable or skipped the question, we assumed they did not identify it as a major or minor barrier.

RETAIN = Retaining Employment and Talent After Injury/Illness Network

Nearly all medical providers supported replicating or expanding Ohio RETAIN, but about half warned about provider burden. Overall, 93.5 percent of providers supported replicating or expanding Ohio RETAIN to allow more practices and providers to participate, but they indicated several factors that could discourage practices from doing so. In response to a list of four potential issues, most providers (56.5 percent) identified provider burden, agreeing that "too many requirements (that is, meetings with care team, program documentation, more work at home)" could discourage practices from participating in the program. Other factors respondents identified that could discourage practices from participating in Ohio RETAIN included concern about the lack of financial benefit for the practice (34.1 percent), a lack of interest in change because the current model of care is working (28.7 percent), and the view that promoting work is not an appropriate focus for clinical practices (15.7 percent).

A larger share of physicians than nonphysicians described patients' attitudes as a barrier to Ohio RETAIN achieving its goals. Ineffective communication with the RETAIN RTW coordinator was less of a barrier for physicians (16.9 percent) than nonphysicians (20.9 percent), although the difference was not statistically significant (Appendix Exhibit B.2). Physicians and nonphysicians reported as barriers an insufficient time for the amount of work (42.3 percent and 41.8 percent, respectively) and employers' attitudes at similar rates (43.7 percent and 38.8 percent, respectively). A larger share of physicians than nonphysicians, however, indicated that patients' attitudes were a barrier to the effectiveness of Ohio RETAIN (64.8 percent and 50.1 percent, respectively). This difference might be explained by differences in the mix of patients each provider type saw. For example, evidence shows that physicians were more likely to see patients with chronic conditions but to have shorter appointments, on average, than nurse

practitioners (Neprash et al. 2020). These patients might experience more challenges to returning to work, and providers may have less time to connect with them.

Discussion

Summary of findings

In this brief, we reported findings from a survey of Ohio RETAIN medical providers. We described their characteristics and compared them with those of treatment enrollees. We presented the experiences of providers in Ohio RETAIN, including their use of occupational health best practices, their experiences with the program and with RTW coordinators, and their perceived barriers to participating in Ohio RETAIN. We drew on qualitative data from Ohio RETAIN as well as quantitative data, including an analysis of free-text responses from the survey.

We found that most providers who responded to the survey were female, White, and non-Hispanic. They differed from treatment enrollees in that more providers were male, non-Hispanic White, and less likely to have a work-limiting condition. Nearly half of providers were not physicians (nurse practitioners or physician assistants).

Medical providers had a high level of engagement in Ohio RETAIN. All responding providers were aware of the program, and most (90.6 percent) had worked with an RTW coordinator. Many said they frequently used one or more of the occupational health best practices featured in Ohio RETAIN trainings. Still, they experienced challenges to providing optimal care for patients because of limited time for patient care, limited availability and knowledge of resources to which they could refer patients, and limited support from enrollees' employers.

Physicians found support from RTW coordinators to be more helpful than nonphysicians did, one-fifth of whom said the support had no effect on the ease of doing their job. Even so, 82.4 percent of providers said that RTW coordinators made their jobs easier by reducing the burden of completing paperwork and coordination to help their patients return to work and by supporting their patients directly, especially with nonmedical barriers to work. Despite these benefits, providers said that employers' and patients' attitudes remained ongoing challenges to helping treatment enrollees stay at work or return to work. Overall, providers expressed widespread support for replicating or expanding RETAIN but noted the importance of minimizing the burden to providers.

Implications for policy and practice

The findings have several policy and program implications.

Efforts to train providers in occupational health best practices might help to fill gaps in knowledge and experience. To address the evidence suggesting that providers lack relevant training, Ohio RETAIN offered consistent training to all participating providers, who reported using the best practices covered in those trainings. About half of providers reported that the trainings influenced their patient care, which might have contributed to their reportedly frequent use of occupational health best practices.

A coordinator function can help ease the burden on providers who have limited time to support their patients' efforts to stay at work or return to work. RTW coordinators addressed several challenges providers identified to providing optimal care. RTW coordinators saved providers' time by completing administrative and coordination functions, supplementing providers' knowledge of referrals for supportive services to reduce barriers to work, and communicating with employers.

Providers who have a high volume of patients who need support with coordination might benefit most from RETAIN. Some of the providers who did not find RTW coordinators helpful had a small number of treatment enrollees. Although Ohio RETAIN conducted outreach to all physicians who treated RETAIN-eligible patients, a future program could focus its outreach on providers who meet a minimum threshold of eligible patients. In addition, physicians were more likely than nonphysicians to find the support of RTW coordinators helpful. A program like RETAIN could focus on providers whose patients have more complex or severe conditions and have a greater need for coordination when, at the same time, the provider must focus appointment time on the patient's medical needs.

Future programs like Ohio RETAIN could minimize requirements placed on practices and providers and emphasize the financial or business case for participation. Although providers were largely comfortable with the administrative burden of participating in Ohio RETAIN, they consistently indicated that the burden could pose a barrier to other practices or providers participating in the program. In addition, providers anticipated that the potential lack of financial benefit for a practice could limit its interest in participating. In combination, these findings suggest that the program should be designed to minimize the time required of providers to participate and that the messages sent to practices and providers might emphasize a business case for financial and time-saving benefits.

Programs wishing to improve employment outcomes should consider incorporating efforts to motivate and educate patients and employers into their designs. Providers noted that, despite the supports provided by Ohio RETAIN, patients' and employers' attitudes remained barriers to helping treatment enrollees stay at work or return to work. These efforts could require partnering with other organizations. For example, a program like Ohio RETAIN could reach patients through the Mercy Health system but would benefit from partnering with an employer group to reach employers about helping ill or injured workers stay at work or return to work.

Study context and considerations

Compared with the other states' RETAIN programs, the unique design of Ohio RETAIN offered an opportunity for higher levels of engagement with medical providers.[11] Requiring all Ohio RETAIN providers to be part of the Mercy Health system and all enrolled patients to have a medical provider that agreed to participate in the RETAIN program enabled Ohio RETAIN staff to (1) deliver consistent training to all providers in the program, (2) follow-up with providers to ensure that they completed the training, (3) offer compensation to providers for their participation, and (4) offer individualized support to providers. In addition, Ohio RETAIN required treatment enrollees to consent to having their RTW coordinators communicate with their RETAIN provider, which allowed providers to play a role in communicating information as part of their SAW/RTW processes. In contrast, RTW coordinators in other states' RETAIN programs frequently struggled to engage medical providers as part of their RTW

[11] For more information about other states' RETAIN programs, see Keith et al. (2024).

coordination services, in part because they lacked enrollees' permission to communicate with them (Keith et al. 2024).

Running the program out of Mercy Health also allowed Ohio RETAIN to leverage Mercy Health's EMR system to support occupational health best practices and provider compensation for using them. Program staff used the EMR to remind providers to use occupational health best practices with RETAIN treatment enrollees, and providers used EMR to document and receive compensation for the use of these practices.

Future programs could explore the feasibility of running the program in one or more large health systems, particularly those with an EMR that could support similar reminder and documentation functions as with Ohio RETAIN. In addition, future programs could consider requirements similar to those used by Ohio RETAIN to permit communication between program service providers during the enrollee consent process.

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Appendix A: Data and Methods

Data and samples

We fielded the survey of Ohio RETAIN medical providers from January 16, 2024, to April 16, 2024. We selected the survey sample of medical providers from participating medical provider data that Ohio RETAIN shared with the Social Security Administration. Mathematica developed and maintained the survey data collection instrument and collected and stored all survey responses on our systems. We administered the survey on the web and on paper.

We invited 239 Ohio RETAIN medical providers that had at least one RETAIN treatment enrollee as a patient to participate in the survey. Mathematica and Ohio RETAIN jointly and simultaneously conducted initial outreach to and recruitment of medical providers. Mathematica mailed the advance letter with a hard copy of the survey, and Ohio RETAIN sent an invitation email as the first outreach approach. Ohio RETAIN and Mathematica each sent three reminder emails over the course of the field period. Mathematica conducted phone outreach, calling medical providers or their offices to remind the providers to complete the survey. The final response rate for the survey of medical providers was 64 percent. This response rate is higher than other surveys of medical providers Mathematica has conducted. A previous survey of medical providers fielded by Mathematica yielded a response rate of 39 percent (Ben-Shalom et al. 2019). Externally, large national studies of medical providers, the 2022 Medical Expenditure Panel Survey – Provider Survey and the 2019 National Ambulatory Medical Care Survey, had response rates of 64.2 percent and 28.2 percent, respectively (Agency for Healthcare Research and Quality 2024; Santo and Kang 2023).

Analysis methods

Quantitative analysis

Our main analysis used survey response data from the Ohio RETAIN medical provider survey. We calculated descriptive statistics of measures regarding medical providers' characteristics, use of occupational health best practices, experiences with RETAIN and RETAIN training, and perceived barriers to and facilitators of participating in RETAIN. The descriptive statistics consisted of means and percentages of valid responses to survey items. In addition, we estimated the statistical significance of different means across subgroups of providers using two-sided *t*-tests.

We complemented this analysis with data on demographic and health characteristics of Ohio treatment enrollees from RETAIN enrollment forms. To compare characteristics of providers and treatment enrollees in Ohio, we estimated the statistical significance of the difference in their means using two-sided *t*-tests for binary variables and chi-square tests for categorical variables.

Qualitative analysis

We identified common themes from the brief free-text responses that respondents entered voluntarily to expand on selected survey responses. The free-text responses were about one to two sentences long and provided limited information. We coded and analyzed free-text responses to supplement our understanding of the corresponding survey question. To describe the program's context and background, we drew on findings from interviews conducted in June 2023 and reported in Keith et al. (2024). For that report, we coded all site visit interview transcripts using NVivo (qualitative data analysis software). We used the Consolidated Framework for Implementation Research to structure the qualitative data collection

and analysis. The Consolidated Framework for Implementation Research is a conceptual framework developed to assess implementation in different settings and identify factors (facilitators and barriers) that may influence intervention implementation and effectiveness (Damschroder et al. 2009). The coded data enabled us to identify themes about RETAIN implementation that captured the perspectives of various respondents.

Appendix B: Additional Exhibits

Exhibit B.1. How working with a RTW coordinator affected doing the overall job, by medical provider type (percentage)

Rating	Physicians	Nonphysicians	p-value of the difference
Made it easier	87.7	76.7	0.111
Made it more difficult	0.0	0.0	
No effect	12.3	23.3	0.111
Total respondents	**65**	**60**	

Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).

Note: This table shows the share of RETAIN providers in each category by provider type. The sample size reflects medical providers who worked with an RTW coordinator. We grouped providers into two types: physicians (primary care physicians and specialists) and nonphysicians (nurse practitioners and physician assistants). We used two-sided *t*-tests to determine whether the difference in the two group means was statistically significantly different from zero.

RTW= Return-to-work

Exhibit B.2. Barriers to Ohio RETAIN achieving goals, by provider type (percentage)

Barrier	Physicians	Nonphysicians	*p*-value of the difference
Employer attitudes	43.7	38.8	0.566
Ineffective communication with RTW coordinator	16.9	20.9	0.525
Insufficient provider time for amount of work	42.3	41.8	0.923
Patient attitudes	64.8	50.7	0.097
Total respondents	**71**	**67**	

Source: Mathematica's analysis of a survey administered to Ohio RETAIN medical providers (n = 138).

Note: This table shows the share of RETAIN providers in each category by provider type who cited each barrier. If a respondent reported the barrier was not applicable or skipped the question, we assumed they did not identify it as a major or minor barrier. We grouped providers into two types: physicians, (primary care physicians and specialists) and nonphysicians (nurse practitioners and physician assistants). We used two-sided *t*-tests to determine whether the difference in the two group means was statistically significantly different from zero.

RETAIN= Retaining Employment and Talent After Injury/Illness Network