APPENDIX G

RETAIN PROVIDER SURVEY INSTRUMENTS (R1, R2)

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Retaining Employment and Talent After Injury/Illness Network (RETAIN) PROVIDER SURVEY ROUND 1: Questionnaire and programming specifications

Programming and operational assumptions:

- **Modes.** The provider survey will be administered in three modes – web, paper, and telephone. These specifications are for the computer-assisted versions of the instrument only.
- **Population.** This survey is self-administered. There will not be responses via proxy.
- **Target respondent.** This questionnaire is to be administered to providers of medical or social, rehabilitative services delivered to RETAIN enrollees in intervention group.
- **Length.** The questionnaire is designed to take about 15 minutes to complete.
- **Languages.** The questionnaire is available in English and Spanish (upon request).
- **Administration and design specifications.** Each item in the web questionnaire specifications includes: which respondents receive the item; dynamic fills, designated by text [in brackets]; emphasis text, designated in bold font; soft checks that help improve data quality (designated in boxes below applicable items); response options shown with boxes indicate "check all that apply" response format, whereas those shown in circles denote "check one" response format.

  In this draft, the item as presented in self-administration by web first, followed by the same item as it appears in CATI (telephone interviewer administration). Relevant text modifications have been made for each version, as needed.
- **Login.** Users can login via personalized link or through the main survey page using a username and password. Survey staff can also log in with a separate link as a way of completing questions that inform survey eligibility (which will not be shown to respondents). These paths are reflected in the specifications document.
- **Critical items** have soft checks added throughout the instrument.
- **Partial completes** are designated by completion of C1 (awareness of RETAIN) completed, as applicable.

Sections of the provider questionnaire:

A	Introduction and consent
B	Provision of health care services
C	Provider experience in RETAIN
D	Provider contact information

PROGRAMMER: DO NOT DISPLAY ITEM NUMBERS ON PAGE FOR WEB VERSION

FILLS:

PROGRAM STATE	State Name for RETAIN	Coordinator title
CA	RETAIN-California	Return to Work (RTW) Coordinator
CT	RETAIN-Connecticut	Return to Work (RTW) Coordinator
KS	RETAIN-Kansas	Return to Work (RTW) Coordinator or Medical and Workforce Systems Coordinator
KY	Retaining Kentucky's Workforce through Universal Design (RKW-UD)	Return to Work Coordinator (RTWC)
MN	RETAIN-Minnesota	Return to Work (RTW) Coordinator
OH	RETAIN-Ohio	Health Services Coordinator (HSC)
VT	RETAIN-Vermont	Return to Work (RTW) Coordinator
WA	RETAIN-Washington	Return to Work (RTW) Coordinator

OMB No.: XXX
Expiration Date: XX/X/XXXX

WEB LOGIN SCREEN:

Mathematica

Welcome to the Retaining Employment and Talent After Injury/Illness Network

(RETAIN) Survey of Providers!

To begin, please enter your survey username and password below:

Username:	
Password:	

CLICK THE "NEXT" BUTTON BELOW TO CONTINUE …

If you have any questions, or are having difficulty logging in, we are here to help.
Call the study team at XXX-XXX-XXXX.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is **XXXX** and the expiration date is **XX/XX/XXXX**. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: **XXX**. Do not return the completed form to this address.

CATI VERSION

Hello. **Hello, my name is [INTERVIEWER NAME]. May I please speak to [PROVIDER NAME]?**

I am calling from Mathematica on behalf of the Social Security Administration about an important national study.

	CODE ONE ONLY	
SPEAKING TO [PROVIDER]	1	GO TO A1
[PROVIDER] COMES TO THE PHONE	2	GO TO A1
NEED TO CALLBACK (NO APPT)	3	TERMINATE
NEED TO CALLBACK (SET APPT)	4	SETAPPT
[PROVIDER] HAS MOVED/HAS NEW NUMBER	5	TERMINATE
NEVER HEARD OF [PROVIDER]/WRONG NUMBER	6	TERMINATE
HUNG UP DURING INTRODUCTION (HUDI)	7	TERMINATE
[PROVIDER] IS DECEASED	8	INELIG-TERMINATE
[PROVIDER] IS NO LONGER AT THIS PRACTICE ORG	9	INELIG-TERMINATE

SECTION A. INTRODUCTION AND CONSENT

ALL
[PROVIDER NAME] [PRACTICE ORGANIZATION]

A1. Are you, [PROVIDER NAME] currently providing patient care at [PRACTICE ORGANIZATION]? [NEW]

- ❍ Yes 1
- ❍ No ..... 0 TERMINATE

NO RESPONSE ..... M TERMINATE

SOFT CHECK: IF A1=0; **To confirm – you are no longer providing patient care at [PRACTICE ORGANIZATION]? If you are providing patient care at this place, please change your answer to this question.**
HARD CHECK: IF A1=NO RESPONSE; **Please provide a response to this question. This helps us make sure you receive only the questions that best apply to you.**

CATI VERSION

A1. Are you currently providing patient care at [PRACTICE ORGANIZATION]?

YES 1
NO ..... 0 TERMINATE
DON'T KNOW ..... d TERMINATE
REFUSED ..... r TERMINATE

A1=0 D OR R
[PROVIDER NAME] [PRACTICE ORGANIZATION]

TERMINATE.

Thank you for this information. We will update our records and reach out by telephone if we have any additional questions.

CATI VERSION

TERMINATE. Thank you for this information. We will update our records and reach out by telephone if we have any additional questions.

INTERVIEWER: RECORD NOTE IN CASE RECORD TO DOCUMENT WHAT THE RESPONDENT OR GATEKEEPER SAID.

CLOSE INTERVIEW 1

ALL ELIGIBLE (A1=1)

A2. This survey asks about your experiences as a provider at a practice that provides care and services for the Retaining Employment and Talent After Injury/Illness Network (RETAIN) program.

You'll receive $45 for completing this voluntary survey. It will take about 15 minutes to complete. It includes questions about your experience providing patient care and your experience in RETAIN (if any). Your answers will be kept confidential and grouped with everyone else who responds. [NEW]

- ❍ I agree to take part……1 GO TO B1
- ❍ I do not agree to take part……0 TERMINATE REFUSAL

PROGRAMMER: DO NOT ALLOW MISSING VALUES ON THIS ITEM

HARD CHECK: IF A2=0 RESPONSE; **Please record an answer to the question above.**

CATI VERSION

A2. This survey asks about your experiences as a provider at a practice that provides care and services for the Retaining Employment and Talent After Injury/Illness Network (RETAIN) program.

You'll receive $45 for completing this voluntary survey. It will take about 15 minutes to complete. It includes questions about your experience providing patient care and your experience in RETAIN (if any). Your answers will be kept confidential and grouped with everyone else who responds.

Do you have any questions before we begin?

INTERVIEWER: ANSWER QUESTIONS, AS NEEDED, THEN PROCEED ONCE QUESTIONS HAVE BEEN ADDRESSED.

CODE ONE ONLY

I AGREE TO TAKE PART - OK TO BEGIN .....1 GO TO B1

REFUSED.....r TERMINATE

SECTION B. PROVISION OF HEALTH CARE SERVICES

ALL CONSENTING (A2=1)
[PRACTICE NAME]

B1. What is your <u>primary</u> role at [PRACTICE NAME]?

If you have more than one role, please select the role that takes up most of your time. [HCIA Clin R2, A1a, rev]

- ❍ Primary Care Physician 1
- ❍ Occupational Medicine Physician 2
- ❍ Physical Medicine and Rehabilitation Specialist 3
- ❍ Orthopedic Surgeon 4
- ❍ Neurosurgeon 5
- ❍ Physical Therapist 6
- ❍ Chiropractor 7
- ❍ Registered Nurse 8
- ❍ Nurse Practitioner 9
- ❍ Physician Assistant 10
- ❍ Mental Health Professional 11
- ❍ Other role, not listed above: 99

Specify ☐ (STRING 100)

NO RESPONSE ..... M

CATI VERSION

B1. What is your primary role at [PRACTICE NAME]?

If you have more than one role, please choose the role that takes up most of your time.

CODE ONE ONLY

PRIMARY CARE PHYSICIAN 1
OCCUPATIONAL MEDICINE PHYSICIAN 2
PHYSICAL MEDICINE AND REHABILITATION SPECIALIST 3
ORTHOPEDIC SURGEON 4
NEUROSURGEON 5
PHYSICAL THERAPIST 6
CHIROPRACTOR 7
REGISTERED NURSE 8
NURSE PRACTITIONER 9
PHYSICIAN ASSISTANT 10
MENTAL HEALTH PROFESSIONAL 11
OTHER (SPECIFY) 99
_____ (STRING 100)
DON'T KNOW ..... d
REFUSED ..... r

ALL CONSENTING (A2=1)

B2. How many years have you been in practice? (NEW)

- ❍ 0-5 years 1
- ❍ 6-10 years 2
- ❍ 11-15 years 3
- ❍ 16-25 years 4
- ❍ More than 25 years 5

NO RESPONSE ..... M

SOFT CHECK: IF B2=NO RESPONSE;
Your answer to this question helps us better understand the practices and opinions of different groups of providers.

CATI VERSION

B2. How many years have you been in practice?

CODE ONE ONLY

0-5 years 1
6-10 years 2
11-15 years 3
16-25 years 4
More than 25 years 5
DON'T KNOW ..... d
REFUSED ..... r

SOFT CHECK: IF B2=D or R;
Your answer to this question helps us better understand the practices and opinions of different groups of providers.

ALL CONSENTING (A2=1)

B3. In a typical week, approximately what percent of your patient visits are covered by Workers' Compensation? [NEW]

- ❍ Less than 15% 1
- ❍ 15-25% 2
- ❍ 26-50% 3
- ❍ More than 50% 4
- ❍ I don't work with workers' compensation patients 5
- ❍ I don't know 6

NO RESPONSE ..... M

SOFT CHECK: IF B3=NO RESPONSE;

Please provide a response to this question. Your best estimate is fine.

If you do not see patients who receive workers' compensation, or if their receipt of workers' compensation is not part of their records, please select from the applicable response options for these instances.

CATI VERSION

B3. In a typical week, approximately what percent of your patient visits are covered by Workers' Compensation?

If you do not see patients who receive workers' compensation, or if this is not part of their records, just let me know.

CODE ONE ONLY

Less than 15% 1

15-25% 2

26-50% 3

More than 50% 4

I DON'T WORK WITH WORKERS' COMPENSATION PATIENTS 5

I DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF B3=D OR R;

If you do not see patients who receive workers' compensation, or if their receipt of workers' compensation is not part of their records, just let me know.

ALL CONSENTING (A2=1)

B4. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how often do you … (NEW)

PROGRAMMER: FORMAT WEB USING BANKED FORMAT BEOW TO OPTIMIZE FOR MOBILE DEVICES.

a. Try to help your patients return to work, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

b. Assess barriers to return to work, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

c. Develop a plan to overcome barriers to work, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

d. Develop an activity plan which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

e. Provide information to employers about injured workers, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

f. Discuss possible work accommodations for injured workers with employers, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

CATI VERSION

B4. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how often do you …

Would you say all of the time; some of the time; or rarely?

CODE ONE PER ROW

	All the time	Most of the time	Some of the time	Rarely	Never	DK	REF
a. Try to help your patients return to work, when appropriate?	1	2	3	4	5	D	R
b. Assess barriers to return to work, when appropriate?	1	2	3	4	5	D	R
c. Develop a plan to overcome barriers to work, when appropriate?	1	2	3	4	5	D	R
d. Develop an activity plan which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans, when appropriate?	1	2	3	4	5	D	R
e. Provide information to employers about injured workers, when appropriate?	1	2	3	4	5	D	R
f. Discuss possible work accommodations for injured workers with employers, when appropriate?	1	2	3	4	5	D	R

ALL CONSENTING (A2=1)

B5. When treating patients with a recent injury or illness that may inhibit or prevent continued employment, do you make referrals to any outside public or private programs, when appropriate? Do not include referrals for medical services or supports.

❍ Yes ..... 1 GO TO B6

❍ No ..... 0 GO TO B7

No Response ..... M GO TO B7

CATI VERSION

B5. When treating patients with a recent injury or illness that may inhibit or prevent continued employment, do you make referrals to any outside public or private programs, when appropriate? Do not include referrals for medical services or supports.

YES ..... 1 GO TO B6

NO ..... 0 GO TO B7

DON'T KNOW ..... d GO TO B7

REFUSED ..... r GO TO B7

PROVIDER MAKES REFERRALS TO OUTSIDE PUBLIC OR PRIVATE PROGRAMS (B5=1)

B6. What kinds of outside public or private programs do you typically refer these patients to?

[ ] OUTSIDE PUBLIC OR PRIVATE PROGRAMS (STRING 250)

CATI VERSION

B6. What kinds of outside public or private programs do you typically refer these patients to?

PROBE: Any others?

_____ (STRING 250)

OUTSIDE PUBLIC OR PRIVATE PROGRAMS

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A2=1)

B7. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how do you typically communicate with their employers, if at all? [NEW]

Select all that apply

- ❍ Email 1
- ❍ Letter 2
- ❍ Complete a return-to-work form 3
- ❍ Telephone 4
- ❍ Other way(s) 5
- ❍ I do not communicate with injured workers' employers 6

NO RESPONSE ..... M

CATI VERSION

B7. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how do you typically communicate with their employers most often, if at all?

IF NEEDED: If you do not communicate with injured workers' employers, just let me know.

CODE ALL THAT APPLY

Email 1
Letter 2
Complete a return-to-work form 3
Telephone 4
Other way(s) 5
I DO NOT COMMUNICATE WITH INJURED WORKERS' EMPLOYERS 6
DON'T KNOW ..... d
REFUSED ..... r

ALL CONSENTING (A2=1)

B8. Are there any issues that limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment? [CPC+, B15, rev]

❍ Yes ..... 1 GO TO B9
❍ No ..... 0 GO TO C1
NO RESPONSE ..... M GO TO C1

CATI VERSION

B8. Are there any issues that limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment?

YES ..... 1 GO TO B9
NO ..... 0 GO TO C1
DON'T KNOW ..... d GO TO C1
REFUSED ..... r GO TO C1

PROVIDER REPORTS ISSUES THAT LIMITED ABILITY TO PROVIDE OPTIMAL CARE FOR THIS POPULATION (B8=1)

B9. If yes, what issues limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment? [CPC+, B15, rev]

[ ]
(STRING 250)
NO RESPONSE ..... M

CATI VERSION

B9. What issues limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment?

PROBE: Anything else?

_____ (STRING 250)
DON'T KNOW ..... d
REFUSED ..... r

Section C. Provider Experience in RETAIN

ALL CONSENTING (A2=1)

C1. RETAIN stands for Retaining Employment and Talent After Injury/Illness Network. Are you aware that your practice organization is participating in RETAIN? [Million Hearts, Provider R1- Q16 rev]

- ❍ Yes 1
- ❍ No ..... 0 GO TO D1

NO RESPONSE ..... M GO TO D1

SOFT CHECK: IF C1=NO RESPONSE;
Your answer to this question is important, as it helps us only ask questions that are relevant to you.

CATI VERSION

C1. RETAIN stands for Retaining Employment and Talent After Injury/Illness Network.

Are you aware that your practice organization is participating in RETAIN?

YES 1

NO ..... 0 GO TO D1

DON'T KNOW ..... d GO TO D1

REFUSED ..... r GO TO D1

SOFT CHECK: IF C1=D OR R;
Your answer to this question is important, as it helps us only ask questions that are relevant to you. Are there any questions I can answer or concerns I can help address?

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C2. In a typical week, approximately what percent of your patients are RETAIN enrollees? [HCIA Clinician Rd 2, A5a, rev]

- ❍ Less than 25% 1
- ❍ 25-49% 2
- ❍ 50-74% 3
- ❍ 75-100% 4
- ❍ I don't always know when I'm working with RETAIN enrollees 5
- ❍ I don't work with RETAIN enrollees 6

NO RESPONSE ..... M

SOFT CHECK: IF C2=NO RESPONSE;

Please provide a response to this question. Your best estimate is fine. If you do not see patients who are enrolled in RETAIN, or if their participation is not part of their records, please select from the applicable response options for these instances.

CATI VERSION

C2. In a typical week, approximately what percent of your patients are RETAIN enrollees?

IF NEEDED: If you do not see patients who are enrolled in RETAIN, or if their participation is not part of their records, just let me know.

CODE ONE ONLY

Less than 25% 1

25-49% 2

50-74% 3

75-100% 4

I DON'T ALWAYS KNOW WHEN I'M WORKING WITH RETAIN ENROLEES 5

I DON'T WORK WITH RETAIN ENROLLEES 6

DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF C2=D OR R;

If you do not see patients who are enrolled in RETAIN, or if their participation is not part of their records, just let me know.

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
[COORDINATOR TITLE]

C3. As part of the RETAIN program, a [COORDINATOR TITLE] is someone who coordinates medical services, works with employers/supervisors to develop alternative job duties or help people find temporary employment. They may also provide coaching and individualized supports, like job retraining, problem solving skills trainings, or peer supports.

Do you work with a [COORDINATOR TITLE] as part of the RETAIN program? (NEW)

- ❍ Yes 1
- ❍ No ..... 0 GO TO C6

NO RESPONSE ..... M GO TO C6

CATI VERSION

C3. As part of the RETAIN program, a [COORDINATOR TITLE] is someone who coordinates medical services, works with employers/supervisors to develop alternative job duties or help people find temporary employment. They may also provide coaching and individualized supports, like job retraining, problem solving skills trainings, or peer supports.

Do you work with a [COORDINATOR TITLE] as part of the RETAIN program?

YES 1

NO ..... 0 GO TO C6

DON'T KNOW ..... d GO TO C6

REFUSED ..... r GO TO C6

WORK WITH SERVICE COORDINATOR (C3=1)
[COORDINATOR TITLE]

C4. In general, does working with a RETAIN [COORDINATOR TITLE] make your overall job easier or more difficult to do, or has it had no effect? [HCIA Clinician R2, C3, rev]

Select one only

- ❍ Easier 1
- ❍ More difficult 2
- ❍ No effect 3

NO RESPONSE ..... M GO TO C6

CATI VERSION

C4. In general, does working with a RETAIN [COORDINATOR TITLE] make your overall job easier or more difficult to do, or has it had no effect?

CODE ONE ONLY

EASIER 1

MORE DIFFICULT 2

NO EFFECT 3

DON'T KNOW ..... d GO TO C6

REFUSED.....r GO TO C6

PROVIDER HAS OPIONION ON IMPACT OF SERVICE COORDINATOR ON HIS/HER JOB (C4=1, 2, 3)
[COORDINATOR TITLE]

C5. Why does working with a [COORDINATOR TITLE] make your overall job easier or more difficult to do, or why has it had no effect on your job? [NEW]

(STRING 250)

NO RESPONSE.....M

CATI VERSION

C5. Why does working with a [COORDINATOR TITLE] make your overall job easier or more difficult to do, or why has it had no effect on your job?

_____ (STRING 250)

DON'T KNOW.....d

REFUSED.....r

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
[COORDINATOR TITLE]

C6. Do the overall administrative requirements for RETAIN take up too much of your time or are they reasonable?

These requirements could include hardcopy and electronic documentation, working with RETAIN [COORDINATOR TITLE], and/or attending meetings. [HCIA Clinician Rd. 2, C4, rev]

❍ Take up too much time.....1

❍ Are reasonable.....2

❍ I do not have administrative requirements for RETAIN 3

NO RESPONSE.....M

CATI VERSION

C6. Do the overall administrative requirements for RETAIN take up too much of your time or are they reasonable?

These requirements could include hardcopy and electronic documentation, working with RETAIN [COORDINATOR TITLE], and/or attending meetings.

CODE ONE ONLY

TAKE UP TOO MUCH TIME.....1

ARE REASONABLE.....2

I DO NOT HAVE ADMINISTRATIVE REQUIREMENTS FOR RETAIN 3

REFUSED r

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C7. **<u>Formal</u> training is defined as workshops, webinars, conferences, seminars, grand rounds, and presentations provided via phone, web, or in-person.**

Have you attended any formal training for RETAIN since April of 2020? [HCIA Clinician Rd. 2, B1]

- ❍ Yes 1
- ❍ No ..... 0 GO TO C12

NO RESPONSE ..... M GO TO C12

SOFT CHECK: IF C7=NO RESPONSE;

Your answer to this question helps researchers better understand how often providers like you took part in the trainings offered.

If you are not aware of having taken part in any trainings for RETAIN, please select "no."

CATI VERSION

C7. **<u>Formal</u> training is defined as workshops, webinars, conferences, seminars, grand rounds, and presentations provided via phone, web, or in-person.**

Have you attended any formal training for RETAIN since April of 2020?

IF NEEDED: If you are not aware of having taken part in any trainings for RETAIN, just let me know.

YES 1

NO ..... 0 GO TO C12

DON'T KNOW ..... d GO TO C12

REFUSED ..... r GO TO C12

SOFT CHECK: IF C7=D OR R;

Your answer to this question helps researchers better understand how often providers like you took part in the trainings offered. If you are not aware of having taken part in any trainings for RETAIN, just let me know.

ATTENDED FORMAL TRAINING FOR RETAIN (C7=1)

C8. Did the formal training you attended for RETAIN include <u>any</u> of the following topics? [HCIA Clinician Rd. 2, B1c, rev]

Select all that apply

☐ Occupational health best practices 1
☐ Assessing barriers for returning to work 2
☐ Alternatives to opioids for pain management 3
☐ Other training topic(s) 99
Specify ☐ (STRING 100)
NO RESPONSE ..... M

CATI VERSION

C8. Did the formal training you attended for RETAIN include <u>any</u> of the following topics?

CODE ALL THAT APPLY

Occupational health best practices 1
Assessing barriers for returning to work 2
Alternatives to opioids for pain management 3
Other training topic(s) – SPECIFY 99
_____ (STRING 100)
DON'T KNOW ..... d
REFUSED ..... r

ATTENDED FORMAL TRAINING FOR RETAIN (C7=1)

C9. Please think back to all of the formal training you attended related to RETAIN.

How much do you agree or disagree with the following statement?

"The training helped me return injured or ill workers to productive work as soon as medically possible." [HCIA Clinician Rd. 2, B2, rev]

- ❍ Strongly disagree 1
- ❍ Somewhat disagree 2
- ❍ Neither agree nor disagree 3
- ❍ Somewhat agree 4
- ❍ Strongly agree 5

NO RESPONSE ..... M

CATI VERSION

C9. Please think back to all of the formal training you attended related to RETAIN and tell me how much do you agree or disagree with the following statement.

"The training helped me return injured or ill workers to productive work as soon as medically possible."

Do you:

CODE ONE ONLY

Strongly disagree 1

Somewhat disagree 2

Neither agree nor disagree 3

Somewhat agree 4

Strongly agree? 5

DON'T KNOW ..... d

REFUSED ..... r

ATTENDED FORMAL TRAINING FOR RETAIN (C7=1)

C10. Please think back to all of the formal training you attended related to RETAIN.

On a scale of 1 to 5, where 1 is "no change at all" and 5 is "the most change possible," how much has the training you have received for RETAIN changed the way you interact with all of your patients with a recent injury or illness that may inhibit or prevent their continued employment? (NEW)

No change at all 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ The most change possible

NO RESPONSE ..... M

CATI VERSION

C10. Please think back to all of the formal training you attended related to RETAIN.

On a scale of 1 to 5, where 1 is "no change at all" and 5 is "the most change possible," how much has the training you have received for RETAIN changed the way you interact with all of your patients with a recent injury or illness that may inhibit or prevent their continued employment?

CODE ONE ONLY

1 - No change at all 1

2 2

3 3

4 4

5 - The most change possible 5

DON'T KNOW ..... d

REFUSED ..... r

ATTENDED FORMAL TRAINING FOR RETAIN (C7=1)

C11. What additional topic areas, if any, would you have liked to have seen in the RETAIN training offerings? [HCIA Clinician Rd. 2, B2a, rev]

[ ] OTHER TRAINING TOPICS FOR RETAIN PROVIDERS

(STRING 250)

NO RESPONSE ..... M

CATI VERSION

C11. What additional topic areas, if any, would you have liked to have seen in the RETAIN training offerings?

_____ (STRING 250)

OTHER TRAINING TOPICS FOR RETAIN PROVIDERS

NONE 1

DON'T KNOW ..... d

REFUSED.....r

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C12. To what extent are each of the following currently a barrier to RETAIN achieving its goals?

PROGRAMMER: FORMAT FOR WEB USING BANKED FORMAT SHOWN BEOW TO OPTIMIZE FOR MOBILE DEVICES.

a. Insufficient provider time for amount of work			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 ❍	2 ❍	3 ❍	4 ❍

b. Ineffective communication with service coordinator			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 ❍	2 ❍	3 ❍	4 ❍

c. Employer attitudes			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 ❍	2 ❍	3 ❍	4 ❍

d. Patient attitudes			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 ❍	2 ❍	3 ❍	4 ❍

CATI VERSION

C12. To what extent are each of the following currently a barrier to RETAIN achieving its goals?

I will read a list of challenges some programs face. For each, please tell me if you think it is a major barrier, a minor barrier, or not a barrier to RETAIN achieving its goals.

CODE ONE PER ROW

		MAJOR BARRIER	MINOR BARRIER	NOT A BARRIER	NOT APPLICABLE TO MY JOB	DK	REF
a.	**Insufficient provider time for amount of work**	1	2	3	4	D	R
b.	**Ineffective communication with service coordinator**	1	2	3	4	D	R
c.	**Employer attitudes**	1	2	3	4	D	R
d.	**Patient attitudes**	1	2	3	4	D	R

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C13. Not all clinical practices that were asked to collaborate with this program agreed to do so.

Based on your experience, would any of the following issues <u>discourage</u> clinical practices from participating in RETAIN? [HCIA Clinician Rd. 2, E3, rev]

PROGRAMMER: FORMAT WEB USING BANKED FORMAT BEOW TO OPTIMIZE FOR MOBILE DEVICES.

a. Too many requirements. For example, additional meetings with care team, program documentation, more work at home	
Would discourage participation	Would <u>not</u> discourage participation
1 ❍	0 ❍

b. Current model of care is working, didn't want to make a change	
Would discourage participation	Would <u>not</u> discourage participation
1 ❍	0 ❍

c. Not a good financial decision for practice or organization	
Would discourage participation	Would <u>not</u> discourage participation
1 ❍	0 ❍

d. Promoting work is not an appropriate focus for clinical practices	
Would discourage participation	Would <u>not</u> discourage participation
1 ❍	0 ❍

e. Other barrier not listed above (SPECIFY): _____ (150 CHAR)	
Would discourage participation	Would <u>not</u> discourage participation
99 ❍	0 ❍

CATI VERSION

C13. Not all clinical practices that were asked to collaborate with this program agreed to do so.

I'm going to read a list of issues. Based on your experience, please tell me whether each would discourage clinical practices from participating in RETAIN or not.

IF NEEDED: Would this discourage clinical practices from participating in RETAIN?

CODE ONE PER ROW

	WOULD DISCOURAGE PARTICIPATION	WOULD NOT DISCOURAGE PARTICIPATION	DK	REF
a. Too many requirements. For example, additional meetings with care team, program documentation, more work at home	1	0	D	R
b. Current model of care is working, didn't want to make a change	1	0	D	R
c. Not a good financial decision for practice or organization	1	0	D	R
d. Promoting work is not an appropriate focus for clinical practices	1	0	D	R
e. Other barrier not listed above (SPECIFY)	99	0	D	R

_____(STRING 150)

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C14. Based on your experience with RETAIN, should this program model be set up in other clinical settings or workplaces like yours? [HCIA Clinician Rd. 2, E7]

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

CATI VERSION

C14. Based on your experience with RETAIN, should this program model be set up in other clinical settings or workplaces like yours?

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

STATE = 1 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
INSERT FILL CONDITION OR DELETE ROW

Insert question here

PLACEHOLDER FOR STATE-1 - Specific Items (4)

STATE = 2 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
INSERT FILL CONDITION OR DELETE ROW

Insert question here

PLACEHOLDER FOR STATE-2 - Specific Items (4)

STATE = 3 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
INSERT FILL CONDITION OR DELETE ROW

Insert question here

PLACEHOLDER FOR STATE-3 - Specific Items (4)

STATE = 4 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
INSERT FILL CONDITION OR DELETE ROW

Insert question here

PLACEHOLDER FOR STATE-4 - Specific Items (4)

SECTION D. PROVIDER CONTACT INFORMATION

ALL CONSENTING (A2=1)
[PRACTICE NAME] [PROVIDERAddress1] [PROVIDERAddress2] [PROVIDERCity], [PROVIDERState] [PROVIDERPostCode] [

D1. **Thanks for answering these questions. Can you please confirm your contact information? This is the mailing address where we will send your $45 for completing this survey. [Million Hearts, Provider R1-Q21, rev]**

Our records show:

[PRACTICE NAME]

[PROVIDERAddress1] [PROVIDERAddress2]

[PROVIDERCity], [PROVIDERState] [PROVIDERPostCode]

Is this correct? If not, please select "no" to update this information.

❍ CONFIRMED AS ALL CORRECT ..... 1 GO TO D3

❍ UPDATES ARE NEEDED..... 0 GO TO D2

NO RESPONSE ..... M GO TO D3

SOFT CHECK: IF D1=NO RESPONSE;

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide. This is also where we will mail your $45 check.

PROGRAMMER: If values for fills are missing, then populate fill with "Not on file".

CATI VERSION

D1. **Thanks for answering these questions. Can you please confirm your contact information?**

Our records show: [PRACTICE NAME], [PROVIDERAddress1] [PROVIDERAddress2]

[PROVIDER City], [PROVIDERState] [PROVIDERPostCode]

Is this correct?

YES..... 1 GO TO D3

NO – UPDATES ARE NEEDED..... 0 GO TO D2

DON'T KNOW..... d GO TO D3

REFUSED..... r GO TO D3

SOFT CHECK: IF D1=D OR R;

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide. This is also where we will mail your $45 check.

MAILING ADDRESS NEEDS UPDATE (D1=0)

D2. What is your mailing address? [Million Hearts, Provider R1-Q22, rev]

Street address / PO Box: ☐ (STRING 150)

City: ☐ STRING 100)

State: ☐ USE DROP DOWN MENU

Zip code: ☐ (STRING 5)

NO RESPONSE.....M

SOFT CHECK: IF D2=NO RESPONSE ALL CELLS;

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide. This is also where we will mail your $45 check.

CATI VERSION:

D2. What is your mailing address?

_____
STREET 1 OR P.O. BOX NUMBER

_____
STREET 2

_____
CITY

_____ USE DROP DOWN MENU
STATE

_____
ZIP

DON'T KNOW..... d

REFUSED..... r

SOFT CHECK: IF D2= D OR R :

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide. This is also where we will mail your $45 check.

ALL CONSENTING (A2=1)
[PROVIDER TELEPHONE NUMBER]

D3. What is the best telephone number to reach you at? Our records show it as:

[PROVIDER TELEPHONE NUMBER]

Is this correct? If not, please select "no" to update this information. [NEW]

❍ This is correct ..... 1 GO TO D5

❍ Not correct – need to update ..... 0 GO TO D4

NO RESPONSE ..... M GO TO D5

SOFT CHECK: IF D3=NO RESPONSE;

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide.

CATI VERSION:

D3. What is the best telephone number to reach you at? Our records show it as:

[PROVIDER TELEPHONE NUMBER]

Is this correct?

This is correct ..... 1 GO TO D5

Not correct – need to update ..... 0 GO TO D4

DON'T KNOW ..... d GO TO D5

REFUSED ..... r GO TO D5

SOFT CHECK: IF D3=D OR R;

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide.

BEST PHONE NEEDS UPDATE (D3=0)

D4. What is the best telephone number to reach you at? [NEW]

TELEPHONE ☐☐☐ ☐☐☐ ☐☐☐☐

NO RESPONSE.....M

SOFT CHECK: IF D4=NO RESPONSE;

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide.

CATI VERSION:

D4. What is the best telephone number to reach you at?

|___|___|___| - |___|___|___| - |___|___|___|___|

DON'T KNOW..... d

REFUSED..... r

SOFT CHECK: IF D4= D OR R;

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide.

ALL CONSENTING (A2=1)

D5. What's the email address you check most often? (PROMISE-P18M-VI.D4)

EMAIL (STRING 250) ☐

NO RESPONSE.....M

SOFT CHECK: IF D5= INVALID EMAIL;
Please enter a valid email address. This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide.

CATI VERSION:

D5. What's the email address you check most often?

IF NEEDED: This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide.

INTERVIEWER: EMAIL ADDRESS SHOULD INCLUDE TEXT, THE @ SYMBOL, TEXT, A PERIOD, AND A VALID DOMAIN, SUCH AS ABCD@EFGH.COM

SPECIFY_____

DON'T KNOW..... D

REFUSED..... R

SOFT CHECK: IF D5= INVALID EMAIL; **INTERVIEWER: PLEASE ENTER A VALID EMAIL ADDRESS.**

ALL CONSENTING (A2=1)

D6. Thank you for completing the RETAIN provider survey! Your efforts help make the evaluation of RETAIN a success. We look forward to connecting with you for the next survey one year from now.

If you have any questions, or if your contact information changes, please call XXX-XXX-XXXX. [Million Hearts, Provider R1-Closing, rev]

CATI VERSION

D6. That is the end of the provider survey - thanks for completing it! Your efforts help make the evaluation of RETAIN a success.

We look forward to connecting with you for the next survey one year from now. If you have any questions, or if your contact information changes, please call XXX-XXX-XXXX.

CLOSE INTERVIEW 1

OMB Control No.: XXXX-XXXX
Expiration date: XX/XX/XXXX

Retaining Employment and Talent After Injury/Illness Network (RETAIN) Provider Survey

Your input matters!

This survey should be completed by:	[Name, Practice, MPRID]
Please return this survey by:	[DATE]

ABOUT THIS SURVEY

This survey is part of a national evaluation of the Retaining Employment and Talent After Injury/Illness Network (RETAIN) program. The study is sponsored by the Social Security Administration (SSA).

As a provider at a practice organization that is participating in RETAIN, we are asking you to complete this survey. This study seeks to learn about your experiences providing patient care and your experience with RETAIN (if any).

You'll receive $45 for completing this voluntary survey. It takes about 15 minutes to complete. Your answers will be kept confidential and grouped together with everyone else who responds.

INSTRUCTIONS

Please record your answers as clearly as possible. Mark each applicable response box with a check (✓) or a "X."

Proceed to the next item in the survey unless instructed to route elsewhere.

RETURNING THIS FORM

Thank you for completing this survey!

Please return it to:

RETAIN Survey Team

Mathematica

P.O. Box 2393

Princeton, NJ 08540

If you have any questions about the survey, call 1-XXX-XXX-XXXX or email the survey team at XXXX@mathematica-mpr.com.

PROVISION OF HEALTH CARE SERVICES

BEGIN HERE

Q1. Are you currently providing patient care at the practice organization listed on the cover?

- ☐ Yes
- ☐ No → **RETURN THIS QUESTIONNNAIRE IN THE ENVELOPE PROVIDED.**

Q2. What is your <u>primary</u> role at the practice organization listed on the cover?

If you have more than one role, please select the role that takes up most of your time.

MARK ONE ONLY

- ☐ Primary Care Physician
- ☐ Occupational Medicine Physician
- ☐ Physical Medicine and Rehabilitation Specialist
- ☐ Orthopedic Surgeon
- ☐ Neurosurgeon
- ☐ Physical Therapist
- ☐ Chiropractor
- ☐ Registered Nurse
- ☐ Nurse Practitioner
- ☐ Physician Assistant
- ☐ Mental Health Professional
- ☐ Other role, not listed above

_____

Q3. How many years have you been in practice?

MARK ONE ONLY

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-25 years
- ☐ More than 25 years

Q4. In a typical week, approximately what percent of your patient visits are covered by Workers' Compensation?

MARK ONE ONLY

- ☐ Less than 15%
- ☐ 15–25%
- ☐ 26-50%
- ☐ More than 50%
- ☐ I don't work with workers' compensation patients
- ☐ I don't know

Q5. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how often do you …

MARK ONE PER ROW

	All the time	Most of the time	Some of the time	Rarely	Never
a. Try to help your patients return to work, when appropriate?	☐	☐	☐	☐	☐
b. Assess barriers to return to work, when appropriate?	☐	☐	☐	☐	☐
c. Develop a plan to overcome barriers to work, when appropriate?	☐	☐	☐	☐	☐
d. Develop an activity plan which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans, when appropriate?	☐	☐	☐	☐	☐
e. Provide information to employers about injured workers, when appropriate?	☐	☐	☐	☐	☐
f. Discuss possible work accommodations for injured workers with employers, when appropriate?	☐	☐	☐	☐	☐

Q6. When treating patients with a recent injury or illness that may inhibit or prevent continued employment, do you make <u>referrals</u> to any <u>outside public or private programs</u>, when appropriate? Do not include referral for medical services or supports.

MARK ONE ONLY

- ☐ Yes
- ☐ No → **GO TO Q8**

Q7. What kinds of outside public or private programs do you typically refer these patients to?

_____

_____

Q8. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how do you typically communicate with their employers, if at all?

MARK ALL THAT APPLY

- ☐ Email
- ☐ Letter
- ☐ Complete a return-to-work form
- ☐ Telephone
- ☐ Other way(s)
- ☐ I do not communicate with injured workers' employers

Q9. Are there any issues that <u>limit your ability</u> to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment?

MARK ONE ONLY

- ☐ Yes
- ☐ No → **GO TO Q11**

Q10. If yes, what issues limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment?

_____

_____

PROVIDER EXPERIENCE IN RETAIN

Q11. RETAIN stands for Retaining Employment and Talent After Injury/Illness Network.

Are you aware that your practice organization is participating in RETAIN?

- ☐ Yes
- ☐ No → **GO TO Q25 ON PAGE 9**

Q12. In a typical week, approximately what percent of your patients are RETAIN enrollees?

MARK ONE ONLY

- ☐ Less than 25%
- ☐ 25–49%
- ☐ 50–74%
- ☐ 75–100%
- ☐ I don’t always know when I’m working with RETAIN enrollees
- ☐ I don’t work with RETAIN enrollees

Q13. As a part of the RETAIN program, a [COORDINATOR TITLE] is someone who coordinates medical services, works with employers/supervisors to develop alternative job duties or help people find temporary employment. They may also provide coaching and individualized supports, like job retraining, problem solving skills trainings, or peer supports.

Do you work with a [COORDINATOR TITLE] as part of the RETAIN program?

MARK ONE ONLY

- ☐ Yes
- ☐ No → **GO TO Q16**

Q14. In general, does working with a RETAIN [COORDINATOR TITLE] make your overall job easier or more difficult to do, or has it had no effect?

MARK ONE ONLY

- ☐ Easier
- ☐ More difficult
- ☐ No effect

Q15. Why does working with a [COORDINATOR TITLE] make your overall job easier or more difficult to do, or why has it had no effect on your job?

_____

_____

Q16. Do the overall administrative requirements for RETAIN take up too much of your time or are they reasonable?

These requirements could include hardcopy and electronic documentation, working with RETAIN [COORDINATOR TITLE], and/or attending meetings.

MARK ONE ONLY

- ☐ Take up too much time
- ☐ Are reasonable
- ☐ I do not have administrative requirements for RETAIN

Q17. <u>Formal</u> training is defined as workshops, webinars, conferences, seminars, grand rounds, and presentations provided via phone, web, or in-person. Have you attended any formal training for RETAIN since April of 2020?

- ☐ Yes
- ☐ No → **GO TO Q22**

Q18. Did the formal training you attended for RETAIN include <u>any</u> of the following topics?

MARK ALL THAT APPLY

- ☐ Occupational health best practices
- ☐ Assessing barriers for returning to work
- ☐ Alternatives to opioids for pain management
- ☐ Other training topic(s) – Specify: _____

Q19. Please think back to all of the formal training you attended related to RETAIN.

How much do you agree or disagree with the following statement?

"The training helped me return injured or ill workers to productive work as soon as medically possible."

MARK ONE ONLY

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

Q20. Please think back to all of the formal training you attended related to RETAIN.

On a scale of 1 to 5, where 1 is "no change at all" and 5 is "the most change possible," how much has the training you have received for RETAIN changed the way you interact with all of your patients with a recent injury or illness that may inhibit or prevent their continued employment?

MARK ONE ONLY

- ☐ 1 – No change at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 – The most change possible

Q21. What additional topic areas, if any, would you have liked to have seen in the RETAIN training offerings?

_____

_____

Q22. To what extent are each of the following currently a <u>barrier</u> to RETAIN achieving its goals?

MARK ONE PER ROW

	Major barrier	Minor barrier	Not a barrier	Not applicable to my job
a. Insufficient provider time for amount of work	☐	☐	☐	☐
b. Ineffective communication with service coordinator	☐	☐	☐	☐
c. Employer attitudes	☐	☐	☐	☐
d. Patient attitudes	☐	☐	☐	☐

Q23. Not all clinical practices that were asked to collaborate with this program agreed to do so. Based on your experience, would any of the following issues <u>discourage</u> clinical practices from participating in RETAIN?

	MARK ONE PER ROW	
	Would discourage participation	Would <u>not</u> discourage participation
a. Too many requirements. For example, additional meetings with care team, program documentation, more work at home	☐	☐
b. Current model of care is working, didn't want to make a change	☐	☐
c. Not a good financial decision for practice or organization	☐	☐
d. Promoting work is not an appropriate focus for clinical practices	☐	☐
e. Other barrier not listed above *(specify)* _____	☐	☐

Q24. Based on your experience with RETAIN, should this program model be set up in other clinical settings or workplaces like yours?

☐ Yes

☐ No

PLACEHOLDER FOR STATE-SPECIFIC ITEMS (4)

PROVIDER CHARACTERISTICS AND CONTACT INFORMATION

Q25. What is your mailing address?

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide. This is also where will mail your $45 check.

_____

STREET

_____

CITY STATE ZIP CODE

Q26. What is the best telephone number to reach you at?

|___|___|___| - |___|___|___| - |___|___|___|___ |

AREA CODE PHONE NUMBER

Q27. What's the email address you check most often?

_____@_____

Thank you for completing the RETAIN provider survey! Your efforts help make the evaluation of RETAIN a success. Please return this survey in the envelope provided.

We look forward to connecting with you for the next survey one year from now. If you have any questions, or if your contact information changes, please call XXX-XXX-XXXX.

OMB No.: XXX
Expiration Date: XX/XX/2023

Retaining Employment and Talent After Injury/Illness Network (RETAIN) Provider Survey Round 2 (R2): questionnaire and programming specifications

12.17.19 (Deliverable 9.2C – R2)

Programming and operational assumptions:

- **Modes.** The provider survey will be administered in three modes – web, paper, and telephone. These specifications are for the computer-assisted versions of the instrument only.
- **Population.** This survey is self-administered. There will not be responses via proxy.
- **Target respondent.** This questionnaire is to be administered to providers of medical or social, rehabilitative services delivered to RETAIN enrollees in intervention group. All eligible sample members will be included in the R2 survey, regardless of participation in R1. Sample members will be considered ineligible if they are no longer providing services at the practice organization of record.
- **Length.** The questionnaire is designed to take about 14 minutes to complete.
- **Languages.** The questionnaire is available in English and Spanish (upon request).
- **Administration and design specifications.** Each item in the web questionnaire specifications includes: which respondents receive the item; dynamic fills, designated by text [in brackets]; emphasis text, designated in bold font; soft checks that help improve data quality (designated in boxes below applicable items); response options shown with boxes indicate "check all that apply" response format, whereas those shown in circles denote "check one" response format. In this draft, the item as presented in self-administration by web first, followed by the same item as it appears in CATI (telephone interviewer administration). Relevant text modifications have been made for each version, as needed.
- **Login.** Users can login via personalized link or through the main survey page using a username and password.
- **Critical items** have soft checks added throughout the instrument.
- **Partial completes** are designated by completion of C1 (awareness of RETAIN) completed, as applicable.

Sections of the provider questionnaire:

A	Introduction and consent
B	Provision of health care services
C	Provider experience in RETAIN
D	Contact information

PROGRAMMER:

- Do not display item numbers on page for web version
- CATI load file will include the following variables used in universe logic and fills in this instrument as follows:

Variable	Description- additional notes	Format
R1 survey status	IF = 13: R1 survey was completed IF > 13: R1 survey was non-complete	numeric
Practice organization name		alpha
Provider mailing address		Alpha-numeric
Provider phone		numeric

- The load file will also include the following information used for state-specific fills:

STATE	State Name for RETAIN	Coordinator title
CA	RETAIN-California	Return to Work (RTW) Coordinator
CT	RETAIN-Connecticut	Return to Work (RTW) Coordinator
KS	RETAIN-Kansas	Return to Work (RTW) Coordinator or Medical and Workforce Systems Coordinator
KY	Retaining Kentucky's Workforce through Universal Design (RKW-UD)	Return to Work Coordinator (RTWC)
MN	RETAIN-Minnesota	Return to Work (RTW) Coordinator
OH	RETAIN-Ohio	Health Services Coordinator (HSC)
VT	RETAIN-Vermont	Return to Work (RTW) Coordinator
WA	RETAIN-Washington	Return to Work (RTW) Coordinator

OMB No.: XXX
Expiration Date: xx/xx/xxxxx

LOGIN SCREEN – FOR USERNAME AND PASSWORD LOGIN USERS:

Welcome to the Retaining Employment and Talent After Injury/Illness Network (RETAIN) Survey of Providers!

To begin, please enter your survey username and password below:

Username:	
Password:	

PLEASE CLICK THE "NEXT" BUTTON BELOW TO CONTINUE …

If you have any questions, or are having difficulty logging in, we are here to help.
Please call the study team xxx-xxx-xxxx (toll free).

CATI VERSION

Hello. **Hello, my name is [INTERVIEWER NAME]. May I please speak to [PROVIDER NAME]?**

I am calling from Mathematica on behalf of the Social Security Administration about an important national study.

	CODE ONE ONLY	
SPEAKING TO [PROVIDER]	1	GO TO A1
[PROVIDER] COMES TO THE PHONE	2	GO TO A1
NEED TO CALLBACK (NO APPT)	3	TERMINATE
NEED TO CALLBACK (SET APPT)	4	SETAPPT
[PROVIDER] HAS MOVED/HAS NEW NUMBER	5	TERMINATE
NEVER HEARD OF [PROVIDER]/WRONG NUMBER	6	TERMINATE
HUNG UP DURING INTRODUCTION (HUDI)	7	TERMINATE
[PROVIDER] IS DECEASED	8	INELIG-TERMINATE
[PROVIDER] IS NO LONGER AT THIS PRACTICE ORG	9	INELIG-TERMINATE

SECTION A. INTRODUCTION AND CONSENT

ALL
[PRACTICE ORGANIZATION]

A1. Are you currently providing patient care at [PRACTICE ORGANIZATION]? [NEW]

- ❍ Yes 1
- ❍ No ..... 0 TERMINATE

NO RESPONSE ..... M TERMINATE

SOFT CHECK: IF A1=0; **To confirm – you are no longer providing patient care at [PRACTICE ORGANIZATION]? If you are providing patient care at this place, please change your answer to this question.**
HARD CHECK: IF A1=NO RESPONSE; **Please provide a response to this question. This helps us make sure you receive only the questions that best apply to you.**

CATI VERSION

A1. Are you currently providing patient care at [PRACTICE ORGANIZATION]?

YES 1

NO ..... 0 TERMINATE

DON'T KNOW ..... d TERMINATE

REFUSED ..... r TERMINATE

ALL ELIGIBLE (A1=1)

A2. This survey asks about your experiences as a provider at a practice that provides care and services for the Retaining Employment and Talent After Injury/Illness Network (RETAIN) program.

You'll receive $45 for completing this voluntary survey. It will take about 14 minutes to complete. It includes questions about your experience providing patient care and your experience in RETAIN (if any). Your answers will be kept confidential and grouped with everyone else who responds. [NEW]

- ❍ I agree to take part……1 GO TO B1
- ❍ I do not agree to take part……0 TERMINATE REFUSAL

PROGRAMMER: DO NOT ALLOW MISSING VALUES ON THIS ITEM

HARD CHECK: IF A2=0 RESPONSE; **Please record an answer to the question above.**

CATI VERSION

A2. This survey asks about your experiences as a provider at a practice that provides care and services for the Retaining Employment and Talent After Injury/Illness Network (RETAIN) program.

You'll receive $45 for completing this voluntary survey. It will take about 14 minutes to complete. It includes questions about your experience providing patient care and your experience in RETAIN (if any). Your answers will be kept confidential and grouped with everyone else who responds.

Do you have any questions before we begin?

INTERVIEWER: ANSWER QUESTIONS, AS NEEDED, THEN PROCEED ONCE QUESTIONS HAVE BEEN ADDRESSED.

CODE ONE ONLY

I AGREE TO TAKE PART - OK TO BEGIN .....1 GO TO B1

REFUSED.....r TERMINATE

SECTION B. PROVISION OF HEALTH CARE SERVICES

PROGRAMMER SKIP BOX 1

IF R1 INSTRUMENT WAS COMPLETED BY PROVIDER (STATUS 13) SKIP TO B4. ELSE IF NONCOMPLETE AT R1 (STATUS >13) GO TO B1.

ALL CONSENTING (A2=1) AND STATUS AT R1 SURVEY WAS NON COMPLETE (R1 STATUS >13)
[PRACTICE NAME]

B1. What is your <u>primary</u> role at [PRACTICE NAME]?

If you have more than one role, please select the role that takes up most of your time. [HCIA Clin R2, A1a, rev]

- ❍ Primary Care Physician 1
- ❍ Occupational Medicine Physician 2
- ❍ Physical Medicine and Rehabilitation Specialist 3
- ❍ Orthopedic Surgeon 4
- ❍ Neurosurgeon 5
- ❍ Physical Therapist 6
- ❍ Chiropractor 7
- ❍ Registered Nurse 8
- ❍ Nurse Practitioner 9
- ❍ Physician Assistant 10
- ❍ Mental Health Professional 11
- ❍ Other role, not listed above: 99

Specify ☐ (STRING 100)

NO RESPONSE ..... M

CATI VERSION

B1. What is your primary role at [PRACTICE NAME]?

If you have more than one role, please choose the role that takes up most of your time.

CODE ONE ONLY

PRIMARY CARE PHYSICIAN 1
OCCUPATIONAL MEDICINE PHYSICIAN 2
PHYSICAL MEDICINE AND REHABILITATION SPECIALIST 3
ORTHOPEDIC SURGEON 4
NEUROSURGEON 5
PHYSICAL THERAPIST 6
CHIROPRACTOR 7
REGISTERED NURSE 8
NURSE PRACTITIONER 9
PHYSICIAN ASSISTANT 10
MENTAL HEALTH PROFESSIONAL 11
OTHER (SPECIFY) 99
_____ (STRING 100)
DON'T KNOW ..... d
REFUSED ..... r

ALL CONSENTING (A2=1) AND STATUS AT R1 SURVEY WAS NON COMPLETE (R1 STATUS >13)

B2. How many years have you been in practice? [NEW]

- ❍ 0-5 years 1
- ❍ 6-10 years 2
- ❍ 11-15 years 3
- ❍ 16-25 years 4
- ❍ More than 25 years 5

NO RESPONSE ..... M

SOFT CHECK: IF B2=NO RESPONSE; **Your answer to this question helps us better understand the practices and opinions of different groups of providers.**

CATI VERSION

B2. How many years have you been in practice?

CODE ONE ONLY

0-5 years 1
6-10 years 2
11-15 years 3
16-25 years 4
More than 25 years 5
DON'T KNOW ..... d
REFUSED ..... r

SOFT CHECK: IF B2=D or R;
Your answer to this question helps us better understand the practices and opinions of different groups of providers.

ALL CONSENTING (A2=1) AND STATUS AT R1 SURVEY WAS NON COMPLETE (R1 STATUS >13)

B3. In a typical week, approximately what percent of your patient visits are covered by Workers' Compensation? [NEW]

- ❍ Less than 15% 1
- ❍ 15-25% 2
- ❍ 26-50% 3
- ❍ More than 50% 4
- ❍ I don't work with workers' compensation patients 5
- ❍ I don't know 6

NO RESPONSE ..... M

SOFT CHECK: IF B3=NO RESPONSE;

Please provide a response to this question. Your best estimate is fine.

If you do not see patients who receive workers' compensation, or if their receipt of workers' compensation is not part of their records, please select from the applicable response options for these instances.

CATI VERSION

B3. In a typical week, approximately what percent of your patient visits are covered by Workers' Compensation?

If you do not see patients who receive workers' compensation, or if this is not part of their records, just let me know.

CODE ONE ONLY

Less than 15% 1

15-25% 2

26-50% 3

More than 50% 4

I DON'T WORK WITH WORKERS' COMPENSATION PATIENTS 5

I DON'T KNOW ..... d

REFUSED ..... r

SOFT CHECK: IF B3=D OR R;

If you do not see patients who receive workers' compensation, or if their receipt of workers' compensation is not part of their records, just let me know.

ALL CONSENTING (A2=1)

B4. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how often do you … [NEW]

PROGRAMMER: FORMAT WEB USING BANKED FORMAT BEOW TO OPTIMIZE FOR MOBILE DEVICES.

a. Try to help your patients return to work, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

b. Assess barriers to return to work, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

c. Develop a plan to overcome barriers to work, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

d. Develop an activity plan which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

e. Provide information to employers about injured workers, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

f. Discuss possible work accommodations for injured workers with employers, when appropriate?				
All the time	Most of the time	Some of the time	Rarely	Never
1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

CATI VERSION

B4. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how often do you …

Would you say all of the time; some of the time; or rarely?

CODE ONE PER ROW

	All the time	Most of the time	Some of the time	Rarely	Never	DK	REF
a. Try to help your patients return to work, when appropriate?	1	2	3	4	5	D	R
b. Assess barriers to return to work, when appropriate?	1	2	3	4	5	D	R
c. Develop a plan to overcome barriers to work, when appropriate?	1	2	3	4	5	D	R
d. Develop an activity plan which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans, when appropriate?	1	2	3	4	5	D	R
e. Provide information to employers about injured workers, when appropriate?	1	2	3	4	5	D	R
f. Discuss possible work accommodations for injured workers with employers, when appropriate?	1	2	3	4	5	D	R

ALL CONSENTING (A2=1)

B5. When treating patients with a recent injury or illness that may inhibit or prevent continued employment, do you make referrals to any outside public or private programs, when appropriate? Do not include referrals for medical services or supports. [NEW]

- ❍ Yes ..... 1 GO TO B6
- ❍ No ..... 0 GO TO B7

No Response ..... M GO TO B7

CATI VERSION

B5. When treating patients with a recent injury or illness that may inhibit or prevent continued employment, do you make referrals to any outside public or private programs, when appropriate? Do not include referrals for medical services or supports.

YES ..... 1 GO TO B6

NO ..... 0 GO TO B7

DON'T KNOW ..... d GO TO B7

REFUSED ..... r GO TO B7

PROVIDER MAKES REFERRALS TO OUTSIDE PUBLIC OR PRIVATE PROGRAMS (B5=1)

B6. What kinds of outside public or private programs do you typically refer these patients to?

[ ] OUTSIDE PUBLIC OR PRIVATE PROGRAMS

(STRING 250)

CATI VERSION

B6. What kinds of outside public or private programs do you typically refer these patients to?

PROBE: Any others?

_____ (STRING 250)

OUTSIDE PUBLIC OR PRIVATE PROGRAMS

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A2=1)

B7. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how do you typically communicate with their employers, if at all? [NEW]

Select all that apply

- ☐ Email 1
- ☐ Letter 2
- ☐ Complete a return-to-work form 3
- ☐ Telephone 4
- ☐ Other way(s) 5
- ☐ I do not communicate with injured workers' employers 6

NO RESPONSE ..... M

CATI VERSION

B7. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how do you typically communicate with their employers most often, if at all?

IF NEEDED: If you do not communicate with injured workers' employers, just let me know.

CODE ALL THAT APPLY

Email 1

Letter 2

Complete a return-to-work form 3

Telephone 4

Other way(s) 5

I DO NOT COMMUNICATE WITH INJURED WORKERS' EMPLOYERS 6

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A2=1)

B8. Are there any issues that limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment? [CPC+, B15, rev]

❍ Yes ..... 1 GO TO B9
❍ No ..... 0 GO TO C1
NO RESPONSE ..... M GO TO C1

CATI VERSION

B8. Are there any issues that limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment?

YES ..... 1 GO TO B9
NO ..... 0 GO TO C1
DON'T KNOW ..... d GO TO C1
REFUSED ..... r GO TO C1

PROVIDER REPORTS ISSUES THAT LIMITED ABILITY TO PROVIDE OPTIMAL CARE FOR THIS POPULATION (B8=1)

B9. IWhat issues limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment? [CPC+, B15, rev]

[ ]
(STRING 250)
NO RESPONSE ..... M

CATI VERSION

B9. What issues limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment?

PROBE: Anything else?

_____ (STRING 250)
DON'T KNOW ..... d
REFUSED ..... r

Section C. Provider Experience in RETAIN

ALL CONSENTING (A2=1)

C1. RETAIN stands for Retaining Employment and Talent After Injury/Illness Network. Are you aware that your practice organization is participating in RETAIN? [Million Hearts, Provider R1- Q16 rev]

- ❍ Yes 1
- ❍ No ..... 0 GO TO D1

NO RESPONSE ..... M GO TO D1

SOFT CHECK: IF C1=NO RESPONSE;
Your answer to this question is important, as it helps us only ask questions that are relevant to you.

CATI VERSION

C1. RETAIN stands for Retaining Employment and Talent After Injury/Illness Network.

Are you aware that your practice organization is participating in RETAIN?

YES 1
NO ..... 0 GO TO D1
DON'T KNOW ..... d GO TO D1
REFUSED ..... r GO TO D1

SOFT CHECK: IF C1=D OR R;
Your answer to this question is important, as it helps us only ask questions that are relevant to you. Are there any questions I can answer or concerns I can help address?

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C2. In a typical week, approximately what percent of your patients are RETAIN enrollees? [HCIA Clinician Rd 2, A5a, rev]

- ❍ Less than 25% 1
- ❍ 25-49% 2
- ❍ 50-74% 3
- ❍ 75-100% 4
- ❍ I don't always know when I'm working with RETAIN enrollees 5
- ❍ I don't work with RETAIN enrollees 6

NO RESPONSE ..... M

SOFT CHECK: IF C2=NO RESPONSE;
Please provide a response to this question. Your best estimate is fine. If you do not see patients who are enrolled in RETAIN, or if their participation is not part of their records, please select from the applicable response options for these instances.

CATI VERSION

C2. In a typical week, approximately what percent of your patients are RETAIN enrollees?

IF NEEDED: If you do not see patients who are enrolled in RETAIN, or if their participation is not part of their records, just let me know.

CODE ONE ONLY

Less than 25% 1
25-49% 2
50-74% 3
75-100% 4
I DON'T ALWAYS KNOW WHEN I'M WORKING WITH RETAIN ENROLEES 5
I DON'T WORK WITH RETAIN ENROLLEES 6
DON'T KNOW ..... d
REFUSED ..... r

SOFT CHECK: IF C2=D OR R; **If you do not see patients who are enrolled in RETAIN, or if their participation is not part of their records, just let me know.**

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
[COORDINATOR TITLE]

C3. As part of the RETAIN program, a [COORDINATOR TITLE] is someone who coordinates medical services, works with employers/supervisors to develop alternative job duties or help people find temporary employment. They may also provide coaching and individualized supports, like job retraining, problem solving skills trainings, or peer supports.

Do you work with a [COORDINATOR TITLE] as part of the RETAIN program? [NEW]

- ❍ Yes 1
- ❍ No ..... 0 GO TO C6

NO RESPONSE ..... M GO TO C6

CATI VERSION

C3. As part of the RETAIN program, a [COORDINATOR TITLE] is someone who coordinates medical services, works with employers/supervisors to develop alternative job duties or help people find temporary employment. They may also provide coaching and individualized supports, like job retraining, problem solving skills trainings, or peer supports.

Do you work with a [COORDINATOR TITLE] as part of the RETAIN program?

YES 1

NO ..... 0 GO TO C6

DON'T KNOW ..... d GO TO C6

REFUSED ..... r GO TO C6

WORK WITH SERVICE COORDINATOR (C3=1)
[COORDINATOR TITLE]

C4. In general, does working with a RETAIN [COORDINATOR TITLE] make your overall job easier or more difficult to do, or has it had no effect? [HCIA Clinician R2, C3, rev]

Select one only

- ❍ Easier 1
- ❍ More difficult 2
- ❍ No effect 3

NO RESPONSE ..... M GO TO C6

CATI VERSION

C4. In general, does working with a RETAIN [COORDINATOR TITLE] make your overall job easier or more difficult to do, or has it had no effect?

CODE ONE ONLY

EASIER 1
MORE DIFFICULT 2
NO EFFECT 3
DON'T KNOW ..... d GO TO C6
REFUSED ..... r GO TO C6

PROVIDER HAS OPIONION ON IMPACT OF SERVICE COORDINATOR ON HIS/HER JOB (C4=1, 2, 3)
[COORDINATOR TITLE]

C5. Why does working with a [COORDINATOR TITLE] make your overall job easier or more difficult to do, or why has it had no effect on your job? [NEW]

[ ]
(STRING 250)

NO RESPONSE ..... M

CATI VERSION

C5. Why does working with a [COORDINATOR TITLE] make your overall job easier or more difficult to do, or why has it had no effect on your job?

_____ (STRING 250)

DON'T KNOW ..... d
REFUSED ..... r

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
[COORDINATOR TITLE]

C6. Do the overall administrative requirements for RETAIN take up too much of your time or are they reasonable?

These requirements could include hardcopy and electronic documentation, working with RETAIN [COORDINATOR TITLE], and/or attending meetings. [HCIA Clinician Rd. 2, C4, rev]

- ❍ Take up too much time.....1
- ❍ Are reasonable.....2
- ❍ I do not have administrative requirements for RETAIN 3

NO RESPONSE.....M

CATI VERSION

C6. Do the overall administrative requirements for RETAIN take up too much of your time or are they reasonable?

These requirements could include hardcopy and electronic documentation, working with RETAIN [COORDINATOR TITLE], and/or attending meetings.

CODE ONE ONLY

TAKE UP TOO MUCH TIME 1

ARE REASONABLE.....2

I DO NOT HAVE ADMINISTRATIVE REQUIREMENTS FOR RETAIN 3

REFUSED.....r

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
[STATE PROGRAM LAUNCH DATE]

C7. **<u>Formal</u> training is defined as workshops, webinars, conferences, seminars, grand rounds, and presentations provided via phone, web, or in-person.**

In the past year, have you attended any formal training for RETAIN? [HCIA Clinician Rd. 2, B1]

❍ Yes 1

❍ No ..... 0 GO TO C12

NO RESPONSE ..... M GO TO C12

SOFT CHECK: IF C7=NO RESPONSE; **Your answer to this question helps researchers better understand how often providers like you took part in the trainings offered. If you are not aware of having taken part in any trainings for RETAIN, please select "no."**

CATI VERSION

C7. **<u>Formal</u> training is defined as workshops, webinars, conferences, seminars, grand rounds, and presentations provided via phone, web, or in-person. In the past year, have you attended any formal training for RETAIN?**

IF NEEDED: If you are not aware of having taken part in any trainings for RETAIN, just let me know.

YES 1

NO ..... 0 GO TO C12

DON'T KNOW ..... d GO TO C12

REFUSED ..... r GO TO C12

SOFT CHECK: IF C7=D OR R; **Your answer to this question helps researchers better understand how often providers like you took part in the trainings offered. If you are not aware of having taken part in any trainings for RETAIN, just let me know.**

ATTENDED FORMAL TRAINING FOR RETAIN (C7=1)

C8. In the past year, did the formal training you attended for RETAIN include <u>any</u> of the following topics? [HCIA Clinician Rd. 2, B1c, rev]

Select all that apply

☐ Occupational health best practices 1
☐ Assessing barriers for returning to work 2
☐ Alternatives to opioids for pain management.....3
☐ Other training topic(s).....99
Specify ☐ (STRING 100)
NO RESPONSE.....M

CATI VERSION

C8. In the past year, did the formal training you attended for RETAIN include <u>any</u> of the following topics?

CODE ALL THAT APPLY

Occupational health best practices 1
Assessing barriers for returning to work.....2
Alternatives to opioids for pain management 3
Other training topic(s) – SPECIFY 99
_____ (STRING 100)
DON'T KNOW.....d
REFUSED.....r

ATTENDED FORMAL TRAINING FOR RETAIN (C7=1)

C9. Please think back to all of the formal training you attended related to RETAIN in the past year. How much do you agree or disagree with the following statement?

"The training helped me return injured or ill workers to productive work as soon as medically possible." [HCIA Clinician Rd. 2, B2, rev]

- ❍ Strongly disagree 1
- ❍ Somewhat disagree 2
- ❍ Neither agree nor disagree 3
- ❍ Somewhat agree 4
- ❍ Strongly agree 5

NO RESPONSE ..... M

CATI VERSION

C9. Please think back to all of the formal training you attended related to RETAIN in the past year. How much do you agree or disagree with the following statement:

"The training helped me return injured or ill workers to productive work as soon as medically possible." Do you:

CODE ONE ONLY

Strongly disagree 1

Somewhat disagree 2

Neither agree nor disagree 3

Somewhat agree 4

Strongly agree? 5

DON'T KNOW ..... d

REFUSED ..... r

ATTENDED FORMAL TRAINING FOR RETAIN (C7=1)

C10. Please think back to all of the formal training you attended related to RETAIN in the past year.

On a scale of 1 to 5, where 1 is "no change at all" and 5 is "the most change possible," how much has the training you have received for RETAIN changed the way you interact with all of your patients with a recent injury or illness that may inhibit or prevent their continued employment? [NEW]

No change at all 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ The most change possible

NO RESPONSE ..... M

CATI VERSION

C10. Please think back to all of the formal training you attended related to RETAIN in the past year.

On a scale of 1 to 5, where 1 is "no change at all" and 5 is "the most change possible," how much has the training you have received for RETAIN changed the way you interact with all of your patients with a recent injury or illness that may inhibit or prevent their continued employment?

CODE ONE ONLY

1 - NO CHANGE AT ALL 1

2 2

3 3

4 4

5 - THE MOST CHANGE POSSIBLE 5

DON'T KNOW ..... d

REFUSED ..... r

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C11. To what extent are each of the following currently a barrier to RETAIN achieving its goals?

PROGRAMMER: FORMAT FOR WEB USING BANKED FORMAT SHOWN BEOW TO OPTIMIZE FOR MOBILE DEVICES.

a. Insufficient provider time for amount of work			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 ❍	2 ❍	3 ❍	4 ❍

b. Ineffective communication with [COORDINATOR TITLE]			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 ❍	2 ❍	3 ❍	4 ❍

c. Employer attitudes			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 ❍	2 ❍	3 ❍	4 ❍

d. Patient attitudes			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 ❍	2 ❍	3 ❍	4 ❍

CATI VERSION

C11. To what extent are each of the following currently a barrier to RETAIN achieving its goals?

I'll read a list of challenges some programs face. For each, please tell me if you think it is a major barrier, a minor barrier, or not a barrier to RETAIN achieving its goals.

CODE ONE PER ROW

		MAJOR BARRIER	MINOR BARRIER	NOT A BARRIER	NOT APPLICABLE TO MY JOB	DK	REF
a.	**Insufficient provider time for amount of work**	1	2	3	4	D	R
b.	**Ineffective communication with service coordinator**	1	2	3	4	D	R
c.	**Employer attitudes**	1	2	3	4	D	R
d.	**Patient attitudes**	1	2	3	4	D	R

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C12. Not all clinical practices that were asked to collaborate with this program agreed to do so.

Based on your experience, would any of the following issues discourage clinical practices from participating in RETAIN? [HCIA Clinician Rd. 2, E3, rev]

PROGRAMMER: FORMAT WEB USING BANKED FORMAT BEOW TO OPTIMIZE FOR MOBILE DEVICES.

a. Too many requirements. For example, additional meetings with care team, program documentation, more work at home	
Would discourage participation	Would not discourage participation
1 ❍	0 ❍

b. Current model of care is working, didn't want to make a change	
Would discourage participation	Would not discourage participation
1 ❍	0 ❍

c. Not a good financial decision for practice or organization	
Would discourage participation	Would not discourage participation
1 ❍	0 ❍

d. Promoting work is not an appropriate focus for clinical practices	
Would discourage participation	Would not discourage participation
1 ❍	0 ❍

e. Other barrier not listed above (SPECIFY): _____ (150 CHAR)	
Would discourage participation	Would not discourage participation
99 ❍	0 ❍

CATI VERSION

C12. Not all clinical practices that were asked to collaborate with this program agreed to do so.

I'm going to read a list of issues. Based on your experience, please tell me whether each would discourage clinical practices from participating in RETAIN or not.

IF NEEDED: Would this discourage clinical practices from participating in RETAIN?

CODE ONE PER ROW

	WOULD DISCOURAGE PARTICIPATION	WOULD NOT DISCOURAGE PARTICIPATION	DK	REF
a. Too many requirements. For example, additional meetings with care team, program documentation, more work at home	1	0	D	R
b. Current model of care is working, didn't want to make a change	1	0	D	R
c. Not a good financial decision for practice or organization	1	0	D	R
d. Promoting work is not an appropriate focus for clinical practices	1	0	D	R
e. Other barrier not listed above (SPECIFY)	99	0	D	R

_____(STRING 150)

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

C13. Based on your experience with RETAIN, should this program model be set up in other clinical settings or workplaces like yours? [HCIA Clinician Rd. 2, E7]

❍ Yes 1
❍ No 0
NO RESPONSE ..... M

CATI VERSION

C13. Based on your experience with RETAIN, should this program model be set up in other clinical settings or workplaces like yours?

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

STATE = 1 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
INSERT FILL CONDITION OR DELETE ROW

Insert question here

PLACEHOLDER FOR STATE-1 - Specific Items (2)

STATE = 2 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
INSERT FILL CONDITION OR DELETE ROW

Insert question here

PLACEHOLDER FOR STATE-2 - Specific Items (2)

STATE = 3 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
INSERT FILL CONDITION OR DELETE ROW

Insert question here

PLACEHOLDER FOR STATE-3 - Specific Items (2)

STATE = 4 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)
INSERT FILL CONDITION OR DELETE ROW

Insert question here

PLACEHOLDER FOR STATE-4 - Specific Items (2)

SECTION D. PROVIDER CONTACT INFORMATION

ALL CONSENTING (A2=1)
[PRACTICE NAME] [PROVIDERAddress1] [PROVIDERAddress2] [PROVIDERCity], [PROVIDERState] [PROVIDERPostCode] [

D1. Thanks for answering these questions. Can you please confirm your mailing address? This is where we will send your $45 for completing this survey. [Million Hearts, Provider R1-Q21, rev]

Our records show:

[PRACTICE NAME]

[PROVIDERAddress1] [PROVIDERAddress2]

[PROVIDERCity], [PROVIDERState] [PROVIDERPostCode]

Is this correct? If not, please select "no" to update this information.

- ❍ CONFIRMED AS ALL CORRECT ..... 1 GO TO D3
- ❍ UPDATES ARE NEEDED ..... 0 GO TO D2

NO RESPONSE ..... M GO TO D3

SOFT CHECK: IF D1=NO RESPONSE;
This information helps us reach out if we have any questions about the information provided. It is also where we will mail your $45 check.

PROGRAMMER: If values for fills are missing, then populate fill with "Not on file".

CATI VERSION

D1. Thanks for answering these questions. Can you please confirm your mailing address?

This is where we will send your $45 for completing this survey. Our records show:

[PRACTICE NAME], [PROVIDERAddress1] [PROVIDERAddress2]

[PROVIDER City], [PROVIDERState] [PROVIDERPostCode]

Is this correct?

YES	1	GO TO D3
NO – UPDATES ARE NEEDED	0	GO TO D2
DON'T KNOW	d	GO TO D3
REFUSED	r	GO TO D3

SOFT CHECK: IF D1=D OR R;
This information helps us reach out if we have any questions about the information provided. It is also where we will mail your $45 check.

MAILING ADDRESS NEEDS UPDATE (D1=0)

D2. What is your mailing address? [Million Hearts, Provider R1-Q22, rev]

Street address / PO Box: ☐ (STRING 150)

City: ☐ STRING 100)

State: ☐ USE DROP DOWN MENU

Zip code: ☐ (STRING 5)

NO RESPONSE.....M

SOFT CHECK: IF D2=NO RESPONSE ALL CELLS;
This information helps us reach out if we have any questions about the information provided. It is also where we will mail your $45 check.

CATI VERSION:

D2. What is your mailing address?

_____
STREET 1 OR P.O. BOX NUMBER

_____
STREET 2

_____
CITY

_____ USE DROP DOWN MENU
STATE

_____
ZIP

DON'T KNOW..... d

REFUSED..... r

SOFT CHECK: IF D2= D OR R:
This information helps us reach out if we have any questions about the information provided. It is also where we will mail your $45 check.

ALL CONSENTING (A2=1)
[PROVIDER TELEPHONE NUMBER]

D3. What is the best telephone number to reach you at? Our records show it as:

[PROVIDER TELEPHONE NUMBER]

Is this correct? If not, please select "no" to update this information. [NEW]

❍ This is correct ..... 1 GO TO D5

❍ Not correct – need to update ..... 0 GO TO D4

NO RESPONSE ..... M GO TO D5

CATI VERSION:

D3. What is the best telephone number to reach you at? Our records show it as:

[PROVIDER TELEPHONE NUMBER]

Is this correct?

This is correct ..... 1 GO TO D5

Not correct – need to update ..... 0 GO TO D4

DON'T KNOW ..... d GO TO D5

REFUSED ..... r GO TO D5

BEST PHONE NEEDS UPDATE (D3=0)

D4. What is the best telephone number to reach you at? [NEW]

TELEPHONE ☐☐☐

NO RESPONSE ..... M

CATI VERSION:

D4. What is the best telephone number to reach you at?

|__|__|__| - |__|__|__| - |__|__|__|__|

DON'T KNOW ..... d

REFUSED ..... r

ALL CONSENTING (A2=1)

D5. Thank you for completing the survey! Your efforts help make the evaluation of RETAIN a success. If you have any questions, please call xxx-xxx-xxxx. [Million Hearts, Provider R1-Closing, rev]

CATI VERSION

D5. That is the end of the survey - thanks for completing it! Your efforts help make the evaluation of RETAIN a success. If you have any questions, please call xxx-xxx-xxxx.

CLOSE INTERVIEW 1

OMB Control No.: XXXX-XXXX
Expiration date: XX/XX/XXXX

Retaining Employment and Talent After Injury/Illness Network (RETAIN) Provider Survey

Your input matters!

This survey should be completed by:	[Name, Practice, MPRID]
Please return this survey by:	[DATE]

ABOUT THIS SURVEY

This survey is part of a national evaluation of the Retaining Employment and Talent After Injury/Illness Network (RETAIN) program. The study is sponsored by the Social Security Administration (SSA).

As a provider at a practice organization that is participating in RETAIN, we are asking you to complete this survey. This study seeks to learn about your experiences providing patient care and your experience with RETAIN (if any).

You'll receive $45 for completing this voluntary survey. It takes about 14 minutes to complete. Your answers will be kept confidential and grouped together with everyone else who responds.

INSTRUCTIONS

Please record your answers as clearly as possible. Mark each applicable response box with a check (✓) or a "X."

Proceed to the next item in the survey unless instructed to route elsewhere.

RETURNING THIS FORM

Thank you for completing this survey!

Please return it to:

RETAIN Survey Team

Mathematica

P.O. Box 2393

Princeton, NJ 08540

If you have any questions about the survey, call 1-XXX-XXX-XXXX or email the survey team at XXXX@mathematica-mpr.com.

PROVISION OF HEALTH CARE SERVICES

BEGIN HERE

Q1. Are you currently providing patient care at the practice organization listed on the cover?

- ☐ Yes
- ☐ No → **RETURN THIS QUESTIONNNAIRE IN THE ENVELOPE PROVIDED.**

Q2. What is your <u>primary</u> role at the practice organization listed on the cover?

If you have more than one role, please select the role that takes up most of your time.

MARK ONE ONLY

- ☐ Primary Care Physician
- ☐ Occupational Medicine Physician
- ☐ Physical Medicine and Rehabilitation Specialist
- ☐ Orthopedic Surgeon
- ☐ Neurosurgeon
- ☐ Physical Therapist
- ☐ Chiropractor
- ☐ Registered Nurse
- ☐ Nurse Practitioner
- ☐ Physician Assistant
- ☐ Mental Health Professional
- ☐ Other role, not listed above

_____

Q3. How many years have you been in practice?

MARK ONE ONLY

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-25 years
- ☐ More than 25 years

Q4. In a typical week, approximately what percent of your patient visits are covered by Workers' Compensation?

MARK ONE ONLY

- ☐ Less than 15%
- ☐ 15–25%
- ☐ 26-50%
- ☐ More than 50%
- ☐ I don't work with workers' compensation patients
- ☐ I don't know

Q5. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how often do you …

MARK ONE PER ROW

	All the time	Most of the time	Some of the time	Rarely	Never
a. Try to help your patients return to work, when appropriate?	☐	☐	☐	☐	☐
b. Assess barriers to return to work, when appropriate?	☐	☐	☐	☐	☐
c. Develop a plan to overcome barriers to work, when appropriate?	☐	☐	☐	☐	☐
d. Develop an activity plan which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's treatment plans, when appropriate?	☐	☐	☐	☐	☐
e. Provide information to employers about injured workers, when appropriate?	☐	☐	☐	☐	☐
f. Discuss possible work accommodations for injured workers with employers, when appropriate?	☐	☐	☐	☐	☐

Q6. When treating patients with a recent injury or illness that may inhibit or prevent continued employment, do you make referrals to any outside public or private programs, when appropriate? Do not include referral for medical services or supports.

MARK ONE ONLY

- ☐ Yes
- ☐ No → **GO TO Q8**

Q7. What kinds of outside public or private programs do you typically refer these patients to?

_____

_____

Q8. When you are treating a patient with a recent injury or illness that may inhibit or prevent continued employment, how do you typically communicate with their employers, if at all?

MARK ALL THAT APPLY

- ☐ Email
- ☐ Letter
- ☐ Complete a return-to-work form
- ☐ Telephone
- ☐ Other way(s)
- ☐ I do not communicate with injured workers' employers

Q9. Are there any issues that <u>limit your ability</u> to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment?

MARK ONE ONLY

- ☐ Yes
- ☐ No → **GO TO Q11**

Q10. What issues limit your ability to provide optimal care for patients with a recent injury or illness that may inhibit or prevent their continued employment?

_____

_____

PROVIDER EXPERIENCE IN RETAIN

Q11. RETAIN stands for Retaining Employment and Talent After Injury/Illness Network.

Are you aware that your practice organization is participating in RETAIN?

- ☐ Yes
- ☐ No → **GO TO Q24 ON PAGE 9**

Q12. In a typical week, approximately what percent of your patients are RETAIN enrollees?

MARK ONE ONLY

- ☐ Less than 25%
- ☐ 25–49%
- ☐ 50–74%
- ☐ 75–100%
- ☐ I don't always know when I'm working with RETAIN enrollees
- ☐ I don't work with RETAIN enrollees

Q13. As a part of the RETAIN program, a [COORDINATOR TITLE] is someone who coordinates medical services, works with employers/supervisors to develop alternative job duties or help people find temporary employment. They may also provide coaching and individualized supports, like job retraining, problem solving skills trainings, or peer supports.

Do you work with a [COORDINATOR TITLE] as part of the RETAIN program?

MARK ONE ONLY

- ☐ Yes
- ☐ No → **GO TO Q16**

Q14. In general, does working with a RETAIN [COORDINATOR TITLE] make your overall job easier or more difficult to do, or has it had no effect?

MARK ONE ONLY

- ☐ Easier
- ☐ More difficult
- ☐ No effect

Q15. Why does working with a [COORDINATOR TITLE] make your overall job easier or more difficult to do, or why has it had no effect on your job?

_____

_____

Q16. Do the overall administrative requirements for RETAIN take up too much of your time or are they reasonable? **These requirements could include hardcopy and electronic documentation, working with RETAIN [COORDINATOR TITLE], and/or attending meetings.**

MARK ONE ONLY

- ☐ Take up too much time
- ☐ Are reasonable
- ☐ I do not have administrative requirements for RETAIN

Q17. <u>Formal</u> training is defined as workshops, webinars, conferences, seminars, grand rounds, and presentations provided via phone, web, or in-person. In the past year, have you attended any formal training for RETAIN?

- ☐ Yes
- ☐ No → **GO TO Q22**

Q18. In the past year, did the formal training you attended for RETAIN include <u>any</u> of the following topics?

MARK ALL THAT APPLY

- ☐ Occupational health best practices
- ☐ Assessing barriers for returning to work
- ☐ Alternatives to opioids for pain management
- ☐ Other training topic(s) – Specify: _____

Q19. Please think back to all of the formal training you attended related to RETAIN in the past year. **How much do you agree or disagree with the following statement?**

"The training helped me return injured or ill workers to productive work as soon as medically possible."

MARK ONE ONLY

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

Q20. Please think back to all of the formal training you attended related to RETAIN in the past year.

On a scale of 1 to 5, where 1 is "no change at all" and 5 is "the most change possible," how much has the training you have received for RETAIN changed the way you interact with all of your patients with a recent injury or illness that may inhibit or prevent their continued employment?

MARK ONE ONLY

- ☐ 1 – No change at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 – The most change possible

Q21. To what extent are each of the following currently a <u>barrier</u> to RETAIN achieving its goals?

MARK ONE PER ROW

	Major barrier	Minor barrier	Not a barrier	Not applicable to my job
a. Insufficient provider time for amount of work	☐	☐	☐	☐
b. Ineffective communication with [COORDINATOR TITLE]	☐	☐	☐	☐
c. Employer attitudes	☐	☐	☐	☐
d. Patient attitudes	☐	☐	☐	☐

Q22. Not all clinical practices that were asked to collaborate with this program agreed to do so. Based on your experience, would any of the following issues discourage clinical practices from participating in RETAIN?

	MARK ONE PER ROW	
	Would discourage participation	Would not discourage participation
a. Too many requirements. For example, additional meetings with care team, program documentation, more work at home	☐	☐
b. Current model of care is working, didn't want to make a change	☐	☐
c. Not a good financial decision for practice or organization	☐	☐
d. Promoting work is not an appropriate focus for clinical practices	☐	☐
e. Other barrier not listed above *(specify):* _____	☐	☐

Q23. Based on your experience with RETAIN, should this program model be set up in other clinical settings or workplaces like yours?

☐ Yes

☐ No

PLACEHOLDER FOR STATE-SPECIFIC ITEMS (2)

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CONTACT INFORMATION

Q24. What is your mailing address?

This information helps us keep in touch with you so we can reach out if we have any questions about the information you provide. This is also where will mail your $45 check.

_____

STREET CITY STATE ZIP CODE

Q25. What is the best telephone number to reach you at?

|___|___|___| - |___|___|___| - |___|___|___|__ |

AREA CODE PHONE NUMBER

Thank you for completing the RETAIN provider survey! Your efforts help make the evaluation of RETAIN a success. Please return this survey in the envelope provided.