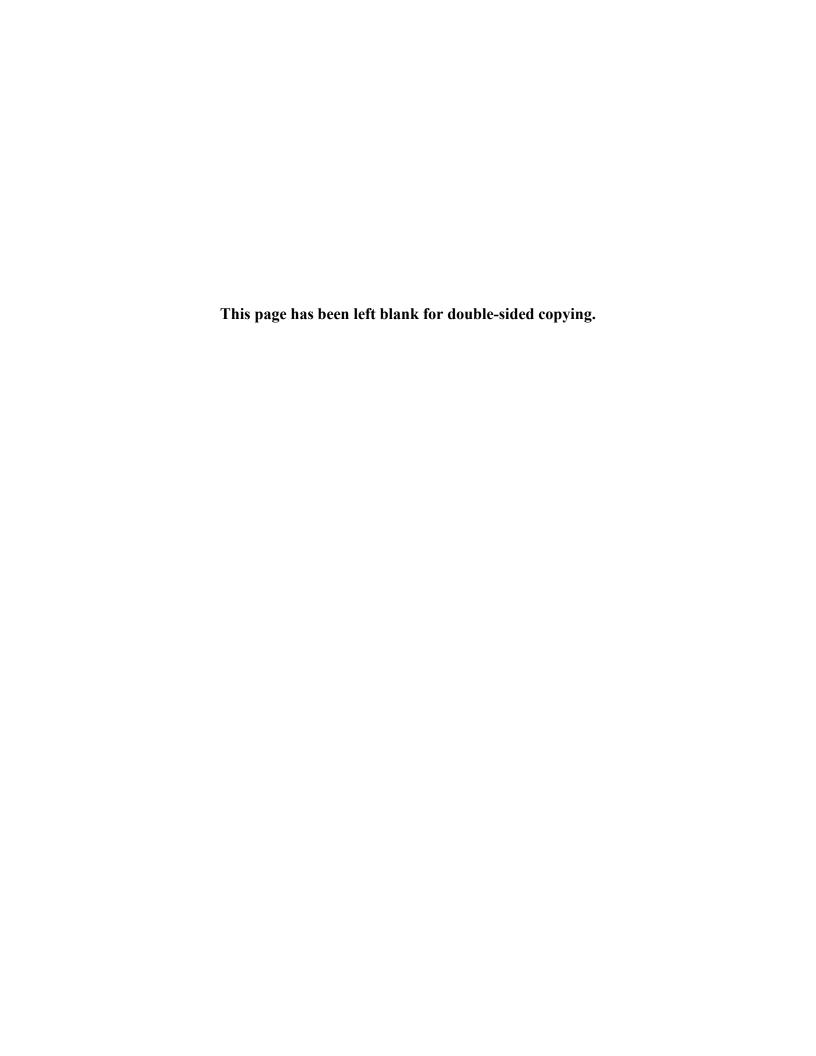
APPENDIX G RETAIN PROVIDER SURVEY INSTRUMENTS (R1, R2)





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	Return to Work Coordinator (RTWC)
	Workforce through	
	Universal Design (RKW-	
	UD)	
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:



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.

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 ONI	<u>LY</u>
SPEAKING TO [PROVIDER]1	GO TO A1
[PROVIDER] COMES TO THE PHONE2	GO TO A1
NEED TO CALLBACK (NO APPT)3	TERMINATE
NEED TO CALLBACK (SET APPT)4	SETAPPT
[PROVIDER] HAS MOVED/HAS NEW NUMBER5	TERMINATE
NEVER HEARD OF [PROVIDER]/WRONG NUMBER6	TERMINATE
HUNG UP DURING INTRODUCTION (HUDI)7	TERMINATE
[PROVIDER] IS DECEASED8	INELIG-TERMINATE
[PROVIDER] IS NO LONGER AT THIS PRACTICE ORG9	INELIG-TERMINATE

SECTION A. INTRODUCTION AND CONSENT

ALL			
[PRO	VIDER NAME] [PRACTICE ORGANIZATION]		
A1. A	re you, [PROVIDER NAME] currently providing patient care at [PRACTICE C	RGANI	ZATION]? [NEW]
	O Yes	1	
	O No	0	TERMINATE
	NO RESPONSE	M	TERMINATE
	Γ CHECK: IF A1=0;		
	onfirm – you are no longer providing patient care at [PRACTICE ORGANIZA iding patient care at this place, please change your answer to this question		If you are
HARI	CHECK: IF A1=NO RESPONSE;		
	se provide a response to this question. This helps us make sure you receive best apply to you.	only tl	ne questions
CATI \	VERSION		
A1.	Are you currently providing patient care at [PRACTICE ORGANIZATION]?		
	YES	1	
	NO	0 T	ERMINATE
	DON'T KNOW	d T	ERMINATE
	REFUSED	r T	ERMINATE
A1=0	D OR R		
[PRO	VIDER NAME] [PRACTICE ORGANIZATION]		
TERM	INATE.		
	you for this information. We will update our records and reach out by $oldsymbol{t}$ onal questions.	elephor	ne if we have any
	/ERSION		
	INATE. Thank you for this information. We will update our records and reading additional questions.	ch out k	y telephone if we
	VIEWER: RECORD NOTE IN CASE RECORD TO DOCUMENT WHAT KEEPER SAID.	THE R	ESPONDENT OR
	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]

- O lagree to take part...... 1 GO TO B1

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

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]

0	Primary Care Physician		1	
O	Occupational Medicine Physician		2	
O	Physical Medicine and Rehabilitation S	Specialist	3	
O	Orthopedic Surgeon		4	
O	Neurosurgeon		5	
O	Physical Therapist		6	
O	Chiropractor		7	
O	Registered Nurse		8	
O	Nurse Practitioner		9	
O	Physician Assistant		10)
O	Mental Health Professional		1 ²	1
O	Other role, not listed above:		99	9
Sp	ecify	(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 PHYSICIAN2 ORTHOPEDIC SURGEON4 PHYSICAL THERAPIST6 REGISTERED NURSE8 NURSE PRACTITIONER9 PHYSICIAN ASSISTANT10 MENTAL HEALTH PROFESSIONAL......11 OTHER (SPECIFY)99 _____ (STRING 100) DON'T KNOW......d REFUSED.....r

	00110513	/ A C 4 \
ALL	CONSENTING	(A2=1)

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

0	0-5 years	. 1
\mathbf{c}	6-10 years	.2
O	11-15 years	.3
O	16-25 years	.4
O	More than 25 years	.5
	NO RESPONSE	.М

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.

ΔΙΙ	CON	ISENT	DINIC	(A2=1)
\neg LL	-	\cup	1110	1 - 1 - 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =

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

O	Less than 15%	. 1
\mathbf{c}	15-25%	.2
0	26-50%	.3
O	More than 50%	.4
O	I don't work with workers' compensation patients	.5
0	I don't know	.6
	NO RESPONSE	М.

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.

	0011051			
ALL	CONSEN	HNG	(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	All the time Most of the time Some of the time Rarely Never						
1 O	2 Q	3 O	4 O	5 O			

b. Assess barriers to return to work, when appropriate?					
All the time	Most of the time	Some of the time	Rarely	Never	
1 O	2 Q	O 6	4 O	5 O	

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 O	2 Q	O ε	4 O	5 Q	

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?					
	Most of the	Some of the	Rarely		
All the time	time	time		Never	
1 O	2 Q	з О	4 O	5 O	

e. Provide information to employers about injured workers, when appropriate?								
All the time	All the time							
1 Q	2 Q	3 O	4 O	5 O				

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

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

		CODE ONE FER NOW						
		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 <u>referrals</u> to any <u>outside public or private programs</u> , when appropriate? Do not include referrals for medical services or supports.						
	O Yes		1 GO TO B6				
	O No		0 GO TO B7				
	No Response		M GO TO B7				
CATI	VERSION						
B5.		injury or illness that may inhibit or prever to any <u>outside public or private programs</u> 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				
PRC	VIDER MAKES REFERRALS TO OUTSI	DE PUBLIC OR PRIVATE PROGRAMS (B5:	=1)				
B6.	What kinds of outside public or priva	nte programs do you typically refer these p	patients to?				
		OUTSIDE PUBLIC OR PRIVATE PRO	OGRAMS				
		(STRING 250)					
CATI	VERSION						
B6.		te programs do you typically refer these p	patients to?				
	PROBE: Any others?						
		(STRING 250)					
	OUTSIDE PUBLIC OR PRIVATE PROG	GRAMS					
	DON'T KNOW	d					
	REFUSED	r					

ALL	CON	NSENTING (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]		
		Se	elect all that apply	
	0	Email	1	
	O	Letter	2	
	O	Complete a return-to-work form	3	
	O	Telephone	4	

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' EMPLOYER	RS6
DON'T KNOW	d
REFUSED	r

ALL		
B8.	Are there any issues that <u>limit your ability</u> to provide o or illness that may inhibit or prevent their continued en	
	O Yes	1 GO TO B9
	O No	0 GO TO C1
	NO RESPONSE	M GO TO C1
CATI	VERSION	
38.	Are there any issues that <u>limit your ability</u> to provide o illness that may inhibit or prevent their continued emp	
	YES	1 GO TO B9
	NO	0 GO TO C1
	DON'T KNOW	d GO TO C1
	REFUSED	r GO TO C1
	OVIDER REPORTS ISSUES THAT LIMITED ABILITY TO PR PULATION (B8=1)	OVIDE OPTIMAL CARE FOR THIS
POF	OVIDER REPORTS ISSUES THAT LIMITED ABILITY TO PR PULATION (B8=1) If yes, what issues limit your ability to provide optimal that may inhibit or prevent their continued employmen	care for patients with a recent injury or illne
POF	PULATION (B8=1) If yes, what issues limit your ability to provide optimal	care for patients with a recent injury or illne
POF	PULATION (B8=1) If yes, what issues limit your ability to provide optimal	care for patients with a recent injury or illne
POF	PULATION (B8=1) If yes, what issues limit your ability to provide optimal that may inhibit or prevent their continued employment	care for patients with a recent injury or illne t? [CPC+, B15, rev]
POF 39.	If yes, what issues limit your ability to provide optimal that may inhibit or prevent their continued employment (STRING 250)	care for patients with a recent injury or illne t? [CPC+, B15, rev]
POF B9.	If yes, what issues limit your ability to provide optimal that may inhibit or prevent their continued employment (STRING 250) NO RESPONSE	care for patients with a recent injury or illne t? [CPC+, B15, rev]
POF B9.	If yes, what issues limit your ability to provide optimal that may inhibit or prevent their continued employment (STRING 250) NO RESPONSE	care for patients with a recent injury or illne t? [CPC+, B15, rev]
POF B9.	If yes, what issues limit your ability to provide optimal that may inhibit or prevent their continued employment (STRING 250) NO RESPONSE	care for patients with a recent injury or illne it? [CPC+, B15, rev]M or patients with a recent injury or illness tha
POF B9.	If yes, what issues limit your ability to provide optimal that may inhibit or prevent their continued employment (STRING 250) NO RESPONSE	care for patients with a recent injury or illnest? [CPC+, B15, rev]

Section C. Provider Experience in RETAIN

ALL C	ONSENTING ((A2=1)
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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]

O	Yes1	
O	No0	GO TO D1
	NO RESPONSEM	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	
NO	GO TO D1
DON'T KNOW d	GO TO D1
REFUSEDr	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	SPART	OF RET	AIN (C1-1)
FINOVIDEIN		FINACTIOL	σ	OI INL I	

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

0	Less than 25%	. 1
O	25-49%	.2
O	50-74%	.3
O	75-100%	.4
O	I don't always know when I'm working with RETAIN enrollees	.5
O	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 ENRO	OLEES5
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.

[COC	ORDINATOR TITLE]		
C3.	As part of the RETAIN program, a [COORDINATOR TITLE] is someone who coordinates medica services, works with employers/supervisors to develop alternative job duties or help people fin 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	n? (NE'	W)
	O Yes	1	
	O 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 services, works with employers/supervisors to develop alternative job dut temporary employment. They may also provide coaching and individualize retraining, problem solving skills trainings, or peer supports.	ies or h	nelp people find
	Do you work with a [COORDINATOR TITLE] as part of the RETAIN program	n?	
	YES	1	
	NO	0 0	O TO C6
	DON'T KNOW	d G	O TO C6
	REFUSED	r G	O TO C6
	K WITH SERVICE COORDINATOR (C3=1)		
[COC	ORDINATOR TITLE]		
C4.	In general, does working with a RETAIN [COORDINATOR TITLE] make you more difficult to do, or has it had no effect? [HCIA Clinician R2, C3, rev]	r overa	all job easier or
	Select one only		
	O Easier	1	
	O More difficult	2	
	O No effect	3	
	NO RESPONSE	M	GO TO C6
CATI	VERSION		
C4.	In general, does working with a RETAIN [COORDINATOR TITLE] make you more difficult to do, or has it had no effect?	r overa	all job easier or
	CODE OI	NF ON	Υ
	EASIER		
	MORE DIFFICULT		
	NO EFFECT		
	DON'T KNOW		GO TO C6
			1

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

	REFUSED	r GO TO C6
PRO	VIDER HAS OPIONION ON IMPACT OF SERVICE COORDINATOR (ON HIS/HER JOB (C4=1, 2, 3)
[COC	ORDINATOR TITLE]	
C5.	Why does working with a [COORDINATOR TITLE] make your ov do, or why has it had no effect on your job? [NEW]	erall job easier or more difficult to
	(STRING 250)	
	NO RESPONSE	M
CATI	VERSION	
C5.	Why does working with a [COORDINATOR TITLE] make your ov do, or why has it had no effect on your job?	erall job easier or more difficult to
	(ST	RING 250)
	DON'T KNOW	
	REFUSED	r
	VIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)	
[COC	DRDINATOR TITLE]	
C6.	Do the overall administrative requirements for RETAIN take up t reasonable?	oo much of your time or are they
	These requirements could include hardcopy and electronic doc [COORDINATOR TITLE], and/or attending meetings. [HCIA Clinic	
	O Take up too much time	1
	O Are reasonable	2
	O I do not have administrative requirements for RETAIN	3
	NO RESPONSE	M
CATI	VERSION	
C6.	Do the overall administrative requirements for RETAIN take up t reasonable?	oo much of your time or are they
	These requirements could include hardcopy and electronic doc [COORDINATOR TITLE], and/or attending meetings.	umentation, working with RETAIN
		CODE ONE ONLY
	TAKE UP TOO MUCH TIME	1
	ARE REASONABLE	2
REFU	I DO NOT HAVE ADMINISTRATIVE REQUIREMENTS FOR RETAINUSED $$ r	N3

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]

O	Yes1	
O	No0	GO TO C12
	NO RESPONSEM	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	
NO0	GO TO C12
DON'T KNOW d	GO TO C12
REFUSEDr	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.

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 ap	ply			
		Occupational health best practices		1			
		Assessing barriers for returning to work		2			
		Alternatives to opioids for pain manageme	nt	3			
		Other training topic(s)		99			
		Specify] (STRING 100)				
	ı	NO RESPONSE		M			
C8.	Did	the formal training you attended for RE		wing topics? ALL THAT APPLY			
	Occi	upational health best practices					
		essing barriers for returning to work					
		rnatives to opioids for pain management					
	Othe	er training topic(s) – SPECIFY		99			
	(STRING 100)						
		N'T KNOW		d			
	RFF	USED		r			

ATTENDED FORMAL TRAINING FOR RETAIN (C7=	ATTENDED	FORMAL	TRAINING FO	R 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]

O	Strongly disagree	.1
O	Somewhat disagree	.2
O	Neither agree nor disagree	.3
O	Somewhat agree	.4
O	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

ATTI	ENDED FORMAL TRAINING FOR RET	ΓΑΙΝ (C7=1)				
C10.	Please think back to all of the form	nal training yo	ou atter	nded related	to RETAII	N.
	On a scale of 1 to 5, where 1 is "no has the training you have received patients with a recent injury or illn (NEW)	I for RETAIN o	change	d the way y	ou interac	t with all of your
	No change at all 1 O 2 O 3 O	4 O 5 (T C	he most cha	ange possib	le
	NO RESPONSE					M
CATI	VERSION					
C10.	Please think back to all of the form	nal training yo	ou atter	nded related	to RETAII	N.
	On a scale of 1 to 5, where 1 is "no has the training you have received patients with a recent injury or illn	I for RETAIN o	change	d the way y	ou interac	t with all of your
					CODE ONE	E 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	
ATTI	ENDED FORMAL TRAINING FOR RET	ΓΑΙΝ (C7=1)				
C11.	What additional topic areas, if any offerings? [HCIA Clinician Rd. 2, I		ave lik	ed to have s	seen in the	RETAIN training
		OTHE	R TRAI	INING TOPI	CS FOR RE	ETAIN PROVIDERS
	(STRING 250)					
	NO RESPONSE					M
CATI	VERSION					
C11.	What additional topic areas, if any offerings?	, would you h	ave like	ed to have s	seen in the	RETAIN training
				(STR	ING 250)	
	OTHER TRAINING TOPICS FOR R	RETAIN PROVI	IDERS		-	
	NONE					1
	DON'T KNOW					d

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

C12. To what extent are each of the following currently a <u>barrier</u> 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 Q	2 O	O 6	4 O				
b. Ineffective communication with service coordinator							
Major barrier Minor barrier Not a barrier my job							
1 Q	2 Q	3 O	4 Q				

c. Employer attitudes							
Major barrier	Minor barrier	Not a barrier	Not applicable to my job				
1 Q	2 Q	O 8	4 Q				

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

CATI VERSION

C12. To what extent are each of the following currently a <u>barrier</u> 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 ((
--

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 $\underline{\text{discourage}}$ clinical practices from participating in RETAIN? [HCIA Clinician Rd. 2, E3, rev]

EVICES.

PROGRAMMER: FORMAT WEB USING BANKED	FORMAT BEOW TO OPTIMIZE FOR MOBILE DE				
a. Too many requirements. For example, a program documentation, more work at					
Would discourage participation	Would not discourage participation				
O 1	O 0				
b. Current model of care is working, didn'	t want to make a change				
Would discourage participation	Would not discourage participation				
O 1	C 0				
c. Not a good financial decision for practic	ce or organization				
Would discourage participation Would <u>not</u> discourage participation					
O 1	O 0				
d. Promoting work is not an appropriate for	ocus for clinical practices				
Would discourage participation	Would not discourage participation				
O 1	O 0				
e. Other barrier not listed above (SPECIF)	′): (150 CHAR)				
Would discourage participation	Would not discourage participation				
99 Q	O 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 <u>discourage</u> 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 <u>NOT</u> DISCOURAGE PARTICIPATION	DK	REF
 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)

PRO	VIDER KNOWS PRACTICE IS PART OF RETAIN (21=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]			
	O Yes	1		
	O No	0		
	NO RESPONSE	M		
CATI	VERSION			
C14.	Based on your experience with RETAIN, should settings or workplaces like yours?	I this program model be set up in other clinical		
	YES	1		
	NO	0		
	DON'T KNOW	d		
	REFUSED	r		
STA	TE = 1 AND PROVIDER KNOWS PRACTICE IS PAI	RT OF RETAIN (C1=1)		
INSE	RT FILL CONDITION OR DELETE ROW			
P	Insert question here PLACEHOLDER FOR STATE-1 - Specific Item	s (4)		
STA	TE = 2 AND PROVIDER KNOWS PRACTICE IS PAI	RT OF RETAIN (C1=1)		
INSE	RT FILL CONDITION OR DELETE ROW			
P	Insert question here PLACEHOLDER FOR STATE-2 - Specific Item	s (4)		
STA	TE = 3 AND PROVIDER KNOWS PRACTICE IS PAI	RT OF RETAIN (C1=1)		
INSE	RT FILL CONDITION OR DELETE ROW			
	nsert question here PLACEHOLDER FOR STATE-3 - Specific Item	s (4)		

Insert question here

INSERT FILL CONDITION OR DELETE ROW

PLACEHOLDER FOR STATE-4 - Specific Items (4)

STATE = 4 AND PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)

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.

0	CONFIRMED AS ALL CORRECT	. 1	GO TO D3
0	UPDATES ARE NEEDED	. 0	GO TO D2
NC	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?

YES1	GO TO D3
NO – UPDATES ARE NEEDED	GO TO D2
DON'T KNOWd	GO TO D3
REFUSEDr	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.

)2.		NEEDS UPDATE (D1=0)	earts, Provider R1-Q22, rev]
	Street address		(STRING 150)
		710 50%.	
	City:		STRING 100)
	State:		USE DROP DOWN MENU
	Zip code:		(STRING 5)
SOF		ONSE	M S;
This	s information help	ps us keep in touch with yo	ou so we can reach out if we have any questions about we will mail your \$45 check.
D2.	Wilde to year	nailing address?	
	STREET 1 OF	R P.O. BOX NUMBER	
	STREET 1 OF	R P.O. BOX NUMBER	
		R P.O. BOX NUMBER	
	STREET 2	R P.O. BOX NUMBER	USE DROP DOWN MENU
	STREET 2	R P.O. BOX NUMBER	USE DROP DOWN MENU
	STREET 2 CITY STATE ZIP		USE DROP DOWN MENU
	STREET 2 CITY STATE ZIP DON'T KNOW.		

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]

0	This is correct1	GO TO D5
\mathbf{O}	Not correct – need to update0	GO TO D4
NC	RESPONSE	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	GO TO D5
Not correct – need to update0	GO TO D4
DON'T KNOWd	GO TO D5
REFUSEDr	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 RESPONSEM
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 KNOWd
REFUSEDr
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 ad	dress you check most often? (PROMISE-P18M-VI.D4)	
EMAIL (STRING 25	0)	
NO RESPONSE		M
SOFT CHECK: IF D5= INVA	LID EMAIL;	
	address. This information helps us keep in touch with ns about the information you provide.	you so we can reach
CATI VERSION:		
D5. What's the email address	s you check most often?	
	ormation helps us keep in touch with you so we can r information you provide.	each out if we have any
	MAIL ADDRESS SHOULD INCLUDE TEXT, THE @ SYNND A VALID DOMAIN, SUCH AS ABCD@EFGH.COM	MBOL, TEXT, A PERIOD,
SPECIFY		
DON'T KNOW		D
REFUSED		R
SOFT CHECK: IF D5= INVA	LID 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-XXXXX.
[Million Hearts, Provider R1-Closing, rev]



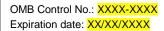


CATI VERSION

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	l	1
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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]

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: xxxxx. Do not return the completed form to this address.

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 (\checkmark) 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-XXXX or email the survey team at XXXX@mathematica-mpr.com.

PROVISION OF HEALTH CARE SERVICES

BE Q1.	Are you currently providing patient care at the	practice organization listed on the
	cover?	
Q2.	- ☐ Yes ☐ No → RETURN THIS QUESTIONNNAIRE What is your <u>primary</u> role at the practice organ	
	If you have more than one role, please select the	
	MARK ONE ONLY	Tole that takes up most of your time.
	☐ Primary Care Physician	☐ Chiropractor
	Occupational Medicine Physician	☐ Registered Nurse
	Physical Medicine and Rehabilitation Specialist	☐ Nurse Practitioner
	Orthopedic Surgeon	☐ Physician Assistant
	☐ Neurosurgeon	☐ Mental Health Professional
	☐ Physical Therapist	☐ Other role, not listed above
Q3.	How many years have you been in practice? MARK ONE ONLY	
	0-5 years	
	G-10 years	
	☐ 11-15 years	
	☐ 16-25 years	
	☐ More than 25 years	

	Workers' Compensation? MARK ONE ONLY					
	☐ Less than 15%					
	□ 15–25%					
□ 26-50%						
	☐ More than 50%					
	☐ I don't work with workers' compensa	ation patie	nts			
	☐ I don't know					
Q5.	25. 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	Most of	Some of the		
		time	the time	time	Rarely	Never
a.	Try to help your patients return to work, when appropriate?					
						_
b.	Assess barriers to return to work, when appropriate?					Ш
	·					
C.	appropriate? Develop a plan to overcome barriers to					
c.	appropriate? Develop a plan to overcome barriers to work, when appropriate? Develop an activity plan which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's					

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</u> <u>programs</u> , when appropriate? Do not include referral for medical services or supports.
	MARK ONE ONLY
Г	- □ Yes
	\square No \rightarrow 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% 1 don't always know when I'm working with RETAIN enrollees I don't work with RETAIN enrollees

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
\square No \rightarrow 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?
·
or are they reasonable? These requirements could include hardcopy and electronic documentation, working
or are they reasonable? These requirements could include hardcopy and electronic documentation, working with RETAIN [COORDINATOR TITLE], and/or attending meetings.
or are they reasonable? These requirements could include hardcopy and electronic documentation, working with RETAIN [COORDINATOR TITLE], and/or attending meetings. MARK ONE ONLY
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

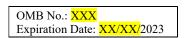
Q17. Formal training is defined as workshops, webinars, conferences, seminars, grand rounds, and presentations provided via phone, web, or in-person. Have you attended any formal training for RETAIN since April of 2020?
☐ ☐ Yes
\square No \rightarrow GO TO Q22
Q18. Did the formal training you attended 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.	20. 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					
	1. What additional topic areas, if any, would you have liked to have seen in the RETAIN training offerings? ———————————————————————————————————					
			MARK ON	E PER ROV	<i>I</i>	
		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					

	so. Based on your experience, would any of the followard practices from participating in RETAIN?	WING ISSUES <u>CISCO</u> MARK ONE	
		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)		
			
24.	Based on your experience with RETAIN, should this period of clinical settings or workplaces like yours?	orogram model be	eset up in othe
	□ Yes		
	□ No		
	PLACEHOLDER FOR STATE-SPECIFIC ITEMS (4)		

PROVIDER CHARACTERISTICS AND CONTACT INFORMATION

CITY STATE ZIP CODE What is the best telephone number to reach you at? AREA CODE PHONE NUMBER What's the email address you check most often? @ Only you for completing the RETAIN provider survey! Your efforts help make the unation of RETAIN a success. Please return this survey in the envelope provided.	This information helps us keep in to	ouch with you so we can reach	out if we have anv
What is the best telephone number to reach you at?			
What is the best telephone number to reach you at?	STREET		
AREA CODE PHONE NUMBER What's the email address you check most often? @ ak you for completing the RETAIN provider survey! Your efforts help make the uation of RETAIN a success. Please return this survey in the envelope provided. ook forward to connecting with you for the next survey one year from now. If you	CITY	STATE	ZIP CODE
AREA CODE PHONE NUMBER What's the email address you check most often? @ Ak you for completing the RETAIN provider survey! Your efforts help make the uation of RETAIN a success. Please return this survey in the envelope provided. ook forward to connecting with you for the next survey one year from now. If you	What is the best telephone numbe	er to reach you at?	
What's the email address you check most often? @ nk you for completing the RETAIN provider survey! Your efforts help make the uation of RETAIN a success. Please return this survey in the envelope provided. ook forward to connecting with you for the next survey one year from now. If you			
nk you for completing the RETAIN provider survey! Your efforts help make the uation of RETAIN a success. Please return this survey in the envelope provided.		al mantaffan	
nk you for completing the RETAIN provider survey! Your efforts help make the uation of RETAIN a success. Please return this survey in the envelope provided.	wnat's the email address voli che	eck most otten /	
uation of RETAIN a success. Please return this survey in the envelope provided.	That o the officer address you one	ok most ofton.	
	nk you for completing the RETAIN uation of RETAIN a success. Plea ook forward to connecting with ye	@@ I provider survey! Your efforts ase return this survey in the en ou for the next survey one yea	velope provided. ar from now. If you
	nk you for completing the RETAIN uation of RETAIN a success. Plea ook forward to connecting with ye	@@ I provider survey! Your efforts ase return this survey in the en ou for the next survey one yea	velope provided. ar from now. If you
	nk you for completing the RETAIN uation of RETAIN a success. Plea ook forward to connecting with ye	@@ I provider survey! Your efforts ase return this survey in the en ou for the next survey one yea	velope provided. ar from now. If you
	nk you for completing the RETAIN uation of RETAIN a success. Plea	@@ I provider survey! Your efforts ase return this survey in the en ou for the next survey one yea	velope provided. ar from now. If you
	nk you for completing the RETAIN uation of RETAIN a success. Plea ook forward to connecting with ye	@@ I provider survey! Your efforts ase return this survey in the en ou for the next survey one yea	velope provided. ar from now. If you





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	numeric
	IF > 13: R1 survey was non-complete	
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
ОН	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 (toll free).

Public reporting burden for this collection of information is estimated to average 17 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 ON	<u>ILY</u>
SPEAKING TO [PROVIDER]1	GO TO A1
[PROVIDER] COMES TO THE PHONE2	GO TO A1
NEED TO CALLBACK (NO APPT)3	TERMINATE
NEED TO CALLBACK (SET APPT)4	SETAPPT
[PROVIDER] HAS MOVED/HAS NEW NUMBER5	TERMINATE
NEVER HEARD OF [PROVIDER]/WRONG NUMBER6	TERMINATE
HUNG UP DURING INTRODUCTION (HUDI)7	TERMINATE
[PROVIDER] IS DECEASED8	INELIG-TERMINATE
[PROVIDER] IS NO LONGER AT THIS PRACTICE ORG9	INELIG-TERMINATE

SECTION A. INTRODUCTION AND CONSENT

ALL			
[PR/	CTICE ORGANIZATION]		
A1. A	re you currently providing patient care at [PRACTICE ORG	ANIZATION]? [NEW]	
	O Yes	4	
	O No		
	NO RESPONSE		
SOF	T CHECK: IF A1=0;		
	onfirm – you are no longer providing patient care at [PRAC iding patient care at this place, please change your answer		? If you are
HAF	D CHECK: IF A1=NO RESPONSE;		
	se provide a response to this question. This helps us make best apply to you.	sure you receive only	the questions
CATI	VERSION		
A 1.	Are you currently providing patient care at [PRACTICE O	RGANIZATION]?	
	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]

- O lagree to take part...... 1 GO TO B1

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.

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]

\mathbf{O}	Primary Care Physician		1
0	Occupational Medicine Physician		2
O	Physical Medicine and Rehabilitation	Specialist	3
0	Orthopedic Surgeon		.4
O	Neurosurgeon		.5
O	Physical Therapist		.6
0	Chiropractor		.7
O	Registered Nurse		.8
O	Nurse Practitioner		.9
0	Physician Assistant		.10
O	Mental Health Professional		11
O	Other role, not listed above:		.99
Sp	ecify	(STRING 100)	
	NO RESPONSE		M

CATI VERSION

B1. What is your <u>primary</u> 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 PHYSICIAN2 ORTHOPEDIC SURGEON4 PHYSICAL THERAPIST6 CHIROPRACTOR......7 NURSE PRACTITIONER9 PHYSICIAN ASSISTANT10 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 >1)

B2.	How many years have you been in practice? [NEW]		
	O	0-5 years	1
	0	6-10 years	2
	0	11-15 years	.3
	0	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]

O	Less than 15%	. 1
O	15-25%	.2
O	26-50%	.3
O	More than 50%	.4
O	I don't work with workers' compensation patients	.5
C	I don't know	.6
	NO RESPONSE	. М

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)	
ALL CONSENTING (AZ-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 Q	2 Q	3 Q	4 O	5 Q

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

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 O	2 🔾	3 O	4 O	5 O

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

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

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 O	2 Q	3 O	4 O	5 Q

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 <u>referrals</u> to any <u>outside public or private programs</u> , when appropriate Do not include referrals for medical services or supports. [NEW]						
	O Yes		.1 GO TO B6				
	O No		.0 GO TO B7				
	No Response		.M GO TO B7				
CATI	VERSION						
B5.	When treating patients with a recent injury of employment, do you make <u>referrals</u> to any <u>o</u> Do not include referrals for medical services	utside public or private programs					
	YES	1	GO TO B6				
	NO	0	GO TO B7				
	DON'T KNOW	d	GO TO B7				
	REFUSED	r	GO TO B7				
PRO	OVIDER MAKES REFERRALS TO OUTSIDE PUB	LIC OR PRIVATE PROGRAMS (B5	5=1)				
B6.	What kinds of outside public or private prog						
		UTSIDE PUBLIC OR PRIVATE PRO	OGRAMS				
	(S	TRING 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						
	REFUSED	r					

B7. When you are treating a patient with a recent injury or illness that may inhibit or prevent of 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			
'ERS	SION				
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 I	NEEDED: If you do not communicate with injured workers' empl	loyers, just let me know.			
	<u>(</u>	CODE ALL THAT APPLY			
Em	nail	1			
Let	tter	2			
Со	omplete a return-to-work form	3			
Tel	lephone	4			
Oth	her way(s)	5			
I D	O NOT COMMUNICATE WITH INJURED WORKERS' EMPLOYERS	S6			
DO	DN'T KNOW	d			
	em	employment, how do you typically communicate with their employ Select all to Email			

ALL CONSENTING (A2=1)

ALL	CONSENTING (A2=1)				
B8.	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? [CPC+, B15, rev]				
	O Yes	1 GO TO B9			
	O No	0 GO TO C1			
	NO RESPONSE	M GO TO C1			
CATI	VERSION				
B8.	Are there any issues that <u>limit your ability</u> illness that may inhibit or prevent their cor	to provide optimal care for patients with a recent injury ntinued employment?			
	YES	1 GO TO B9			
	NO	0 GO TO C1			
	DON'T KNOW	d GO TO C1			
	REFUSED	r GO TO C1			
POP	PULATION (B8=1)	BILITY TO PROVIDE OPTIMAL CARE FOR THIS			
B9.	may inhibit or prevent their continued emp	optimal care for patients with a recent injury or illness th ployment? [CPC+, B15, rev]			
	(STRING 250)				
	NO RESPONSE	M			
CATI	VERSION				
B9.		ptimal care for patients with a recent injury or illness that			
D9.	inhibit or prevent their continued employm				
	PROBE: Anything else?				
		(STRING 250)			
	DON'T KNOW				
	REFUSED	r			

Section C. Provider Experience in RETAIN

C1.	RETAIN stands for Retaining Employment and 1	Talent After Injury/Illness Network. Are you aware
	that your practice organization is participating i	in RETAIN? [Million Hearts, Provider R1- Q16 rev]

O	Yes	1	
O	No	0	GO TO D1
	NO RESPONSE	М	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?

YES1	
NO	GO TO D1
DON'T KNOW d	GO TO D1
REFUSEDr	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 I	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]

O	Less than 25%	1
0	25-49%	2
O	50-74%	3
0	75-100%	4
O	I don't always know when I'm working with RETAIN enrollees	5
	I don't work with RETAIN enrollees	
	NO RESPONSE	N

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 ENR	OLEES5
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.

[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]

O	Yes	1	
O	No	0	GO TO C
	NO RESPONSE	NΛ	GO TO CE

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?

YES1	
NO	GO TO C6
DON'T KNOWd	GO TO C6
REFUSEDr	GO TO C6

	RK WITH SERVICE COORDINATOR (C3=1)		
[CO	ORDINATOR TITLE]		
C4.	In general, does working with a RETAIN [COOR more difficult to do, or has it had no effect? [HC		all job easier or
		Select one only	
	O Easier	1	
	O More difficult	2	
	O No effect	3	
	NO RESPONSE	M	GO TO C6
CATI	VERSION		
C4.	In general, does working with a RETAIN [COOR more difficult to do, or has it had no effect?	DINATOR TITLE] make your over	all job easier or
		CODE ONE ON	LY
	EASIER		
	MORE DIFFICULT	2	
	NO EFFECT	3	
	DON'T KNOW	d	GO TO C6
	REFUSED	r	GO TO C6
PRO	OVIDER HAS OPIONION ON IMPACT OF SERVICE (COORDINATOR ON HIS/HER JOB	(C4=1, 2, 3)
[CO	ORDINATOR TITLE]		
C5.	Why does working with a [COORDINATOR TITL do, or why has it had no effect on your job? [NE		r more difficult to
	(STRING 250)		
	NO RESPONSE	M	
CATI	VERSION		
C5.	Why does working with a [COORDINATOR TITL	F1 make your overall job easier o	r more difficult to
.	do, or why has it had no effect on your job?	Ej make your overall job casier o	i more unitedit to
		(STRING 250)	
	DON'T KNOW	d	
	REFUSED	r	

PRC	OVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=1)			
[CO	ORDINATOR 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 of [COORDINATOR TITLE], and/or attending meetings. [HCIA C			
	O Take up too much time	1		
	O Are reasonable	2		
	O 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 of [COORDINATOR TITLE], and/or attending meetings.	locumentation, working with RETAIN		
		CODE ONE ONLY		
	TAKE UP TOO MUCH TIME	1		
	ARE REASONABLE	2		
	I DO NOT HAVE ADMINISTRATIVE REQUIREMENTS FOR RET	ГАIN3		
	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]

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.

YES1	
NO	GO TO C12
DON'T KNOW d	GO TO C12
REFUSEDr	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.

ATT	ENDED FORMAL TRAINING FOR RETAIN (C7=1)	
C8.	In the past year, did the formal training you attend topics? [HCIA Clinician Rd. 2, B1c, rev]	ed for RETAIN include <u>any</u> of the following
		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 (STF	ING 100)
	NO RESPONSE	
C8.	In the past year, did the formal training you attend topics?	ed for RETAIN include <u>any</u> of the following
		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	G 100)
	DON'T KNOW	
	REFUSED	r

ATTENDED	FORMAL	TRAINING FOR	RFTAIN	(C.7=1)
				(OI - I)

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]

O	Strongly disagree	1
O	Somewhat disagree	2
O	Neither agree nor disagree	3
O	Somewhat agree	4
O	Strongly agree	5
NO	RESPONSE	М

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

ATTE	NDED 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" a has the training you have received for RETAIN chapatients with a recent injury or illness that may inf [NEW]	inged the way you interact with all of your			
	No change at all 1 O 2 O 3 O 4 O 5 O	The most change possible			
	NO RESPONSE	M			
CATI \	/ERSION				
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" a has the training you have received for RETAIN chapatients with a recent injury or illness that may interest that may be a second tha	inged the way you interact with all of your			
		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 O	2 Q	3 O	4 O	

b. Ineffective com	munication with [C	OORDINATOR TITL	.E]
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 O	2 Q	3 O	4 O

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

d. Patient attitudes			
Major barrier	Minor barrier	Not a barrier	Not applicable to my job
1 O	2 O	з 🔾	4 O

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
	nsufficient provider time for amount of work	1	2	3	4	D	R
	neffective communication with service coordinator	1	2	3	4	D	R
с. Е	Employer attitudes	1	2	3	4	D	R
d. F	Patient attitudes	1	2	3	4	D	R

PROVIDER KNOWS PRACTICE IS PART OF RETAIN (C1=	PROVIDER	KNOWS PI	RACTICE IS	S 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 <u>discourage</u> clinical practices from participating in RETAIN? [HCIA Clinician Rd. 2, E3, rev]

VICES.

PROGRAMMER: FORMAT WEB USING BANKED	FORMAT BEOW TO OPTIMIZE FOR MOBILE DE
a. Too many requirements. For example, a program documentation, more work at	
Would discourage participation	Would <u>not</u> discourage participation
1 O	C 0
b. Current model of care is working, didn't	t want to make a change
Would discourage participation	Would <u>not</u> discourage participation
1 O	O 0
c. Not a good financial decision for practic	ce or organization
Would discourage participation	Would <u>not</u> discourage participation
1 Q	O 0
d. Promoting work is not an appropriate fo	ocus for clinical practices
Would discourage participation	Would <u>not</u> discourage participation
1 Q	O 0
e. Other barrier not listed above (SPECIFY	′): (150 CHAR)
Would discourage participation	Would <u>not</u> discourage participation
90 ()	0.0

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 <u>NOT</u> 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
е.	Other barrier not listed above (SPECIFY)	99	0	D	R
	(STRING 150)				

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

C13.	Resed on your o	xperience with RETAIN	chould this proc	aram model he set i	in in other clinical
O 13.	Daseu on your e	Spenence with IZE I will	, siloulu tilis piot	gram moder be set i	ap ili otilei cililicai

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]

O	Yes	1
\mathbf{O}	No	0
	NO RESDONSE	N/I

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	
NO	C
DON'T KNOW	c
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.

0	CONFIRMED AS ALL CORRECT	1	GO TO D3
O	UPDATES ARE NEEDED	0	GO TO D2
NO	RESPONSE	М	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?

YES1	GO TO D3
NO – UPDATES ARE NEEDED0	GO TO D2
DON'T KNOWd	GO TO D3
REFUSEDr	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.

MAIL	LING ADDRESS	S NEEDS UPDATE (D1=0)	
D2.	What is you	r mailing address? [Million l	Hearts, Provider R1-Q22, rev]
	Street addres	ss / PO Box:	(STRING 150)
	City:	<u></u>	STRING 100)
	State:		USE DROP DOWN MENU
	Zip code:		(STRING 5)
	NO RES	3PONSE	M
This	information h	02=NO RESPONSE ALL CELL elps us reach out if we have your \$45 check.	_S; e any questions about the information provided. It is also
CATI	VERSION: What is you	r mailing address?	
	STREET 1	OR P.O. BOX NUMBER	
	STREET 2	,	
	CITY		
	STATE		USE DROP DOWN MENU
	ZIP		
	DON'T KNO	W	d
	REFUSED		r
This			any questions about the information provided. It is also

ALL	CONSENTING (A2=1)				
[PR	OVIDER 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 infe	ormation. [NEW]			
	O This is correct	1 GO TO D5			
	O 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 re	ecords 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			
550					
BES	ST PHONE NEEDS UPDATE (D3=0)				
D4.	What is the best telephone number to reach you at? [NEW]	1			
	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]

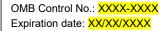




CATI VERSION

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





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]

Public reporting burden for this collection of information is estimated to average 17 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: xxxxx. Do not return the completed form to this address.

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 (\checkmark) 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-XXXX or email the survey team at XXXX@mathematica-mpr.com.

PROVISION OF HEALTH CARE SERVICES

	- Review of 1127	
BE Q1.	Are you currently providing patient care a cover?	t the practice organization listed on the
Q2.	- ☐ Yes ☐ No → RETURN THIS QUESTIONNN What is your <u>primary</u> role at the practice of	NAIRE IN THE ENVELOPE PROVIDED. organization listed on the cover?
	If you have more than one role, please sele	ct the role that takes up most of your time.
	MARK ONE ONLY	
	☐ Primary Care Physician	☐ Chiropractor
	Occupational Medicine Physician	☐ Registered Nurse
	Physical Medicine and Rehabilitation Specialist	Nurse Practitioner
	Orthopedic Surgeon	☐ Physician Assistant
	☐ Neurosurgeon	☐ Other released shows
	☐ Physical Therapist	☐ Other role, not listed above
Q3.	How many years have you been in practic	
αυ.	MARK ONE ONLY	
	☐ 0-5 years	
	☐ 6-10 years	
	☐ 11-15 years	
	☐ 16-25 years	
	☐ More than 25 years	

	MARK ONE ONLY					
	☐ Less than 15%					
	☐ 15–25%					
	26-50%					
	☐ More than 50%					
	☐ I don't work with workers' compensa	ation patie	nts			
	☐ 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.	when appropriate? Assess barriers to return to work, when					
b. c.	when appropriate? Assess barriers to return to work, when appropriate? Develop a plan to overcome barriers to					
b. c. d.	when appropriate? Assess barriers to return to work, when appropriate? Develop a plan to overcome barriers to work, when appropriate? Develop an activity plan which communicates the worker's ability to participate in work activities, activity restrictions, and the provider's					

M. Wito	ograms, when appropriate? Do not include referral for medical services or supports ARK ONE ONLY Yes No → GO TO Q8 hat kinds of outside public or private programs do you typically refer these patients?
∵. Wi to	Yes No → GO TO Q8 nat kinds of outside public or private programs do you typically refer these patients
v 7. Wi toʻ	\square No $ o$ GO TO Q8 nat kinds of outside public or private programs do you typically refer these patients
v 7. Wi toʻ	nat kinds of outside public or private programs do you typically refer these patients
toʻ	
	nen you are treating a patient with a recent injury or illness that may inhibit or event continued employment, how do you typically communicate with their
en	nployers, if at all?
M	ARK 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
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% 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
Ves □ 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
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.
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
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

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
\square No \rightarrow 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 yo past year. On a scale of 1 to 5, where 1 is "no change at all how much has the training you have received for interact with all of your patients with a recent in prevent their continued employment?	II" and 5 is	s "the mo I changed	st change I the way	e possible, you
MARK ONE ONLY				
☐ 1 – No change at all				
□ 2				
□ 3				
\Box 4				
☐ 5 – The most change possible				
goals?		MARK ONI	E PER ROV	V
	Maian	MARK ONI	E PER ROV	Not applicable
	Major	IVIIIIIOI	เพอเล	
	barrier	barrier	barrier	to my job
a. Insufficient provider time for amount of work	barrier	barrier	barrier	
a. Insufficient provider time for amount of workb. Ineffective communication with [COORDINATOR TITLE]				to my job
b. Ineffective communication with				to my job
b. Ineffective communication with [COORDINATOR TITLE]				to my job
b. Ineffective communication with [COORDINATOR TITLE] c. Employer attitudes				to my job
b. Ineffective communication with [COORDINATOR TITLE] c. Employer attitudes				to my job
b. Ineffective communication with [COORDINATOR TITLE] c. Employer attitudes				to my job
b. Ineffective communication with [COORDINATOR TITLE] c. Employer attitudes				to my job

Q22	. Not all clinical practices that were asked to collaborate with this program agreed to d so. Based on your experience, would any of the following issues <u>discourage</u> clinical practices from participating in RETAIN?				
		Would discourage	PER ROW Would not discourage participation		
a.	Too many requirements. For example, additional meetings with care team, program documentation, more work at home	participation	participation		
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 the clinical settings or workplaces like yours?	nis program model	be set up in other		
	□ Yes □ No				
	PLACEHOLDER FOR STATE-SPECIFIC ITEMS (2)				



	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 an questions about the information you provide. This is also where will mail your \$45 check.

STATE

ZIP CODE

CITY



STREET

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.