



## **Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup Call**

Thursday, April 7, 2022  
2:00 p.m. ET

**States in attendance:** Caitlin Gurney (NY), Nadia Mazza (NC), Kimberly Mosley (NC), Amyia Hardy (NC), Jasmine Franco (RI), Karen Day (VA), Margaret Chaykin (WA), Theresa Kreiser (WA)

**Additional attendees:** Serena Weisner (OAAA), Nick Turkas (Arthritis Foundation), Margaret Kaniewski (CDC), Christie Zunker (CDC)

**Facilitator/Moderator:** Dr. Adam Burch, New Hampshire

### **Workgroup Overview:**

This Arthritis Council workgroup is open to states and national partners who want to discuss the screening/counseling/referral of individuals with arthritis and the efforts to increase healthcare providers counseling on physical activity as a way to reduce arthritis pain, and referrals by those providers to evidence-based interventions. Participants are encouraged to share successes, challenges, barriers and invited to discuss opportunities to facilitate success towards strategy 2.

### **Opportunities for Collaboration and State Sharing**

Prior to the call, participants were asked to think about the following questions:

1. Names of any healthcare organizations that you have partnered with for strategy 2, even ones that have since pulled back
2. Specific approach you are taking to screening, counseling, and referral
3. Progress to date
4. Thoughts on what an ideal outcome for strategy 2 would look like in 10 years

### **State Sharing**

- New Hampshire
  1. partnered with FQHCs
  2. integration of [PAVS](#) into FQHCs
  3. found that healthcare partners don't have the ability to make referrals electronically from one system to another so best solution is to print and fax – which has been done successfully for years
  4. ideal would be where main hospital networks and FQHCs have some version of the same type of screening, diagnosis in place. Doesn't think an electronic referral of AAEBIs is a viable solution so working towards integration of faxing into the system
- North Carolina



1. working with AHECs and lifestyle residency programs
  2. educating about counseling and referrals; e-newsletter ads to the Academy of Family Practitioners, Healthcare Association, and others; will soon be working with health coaching programs
  3. currently communicating with all of these organizations but finding that they aren't interested in complicated referral systems; if they don't have a patient ready to refer then interest may be lost
  4. ideal would be serving as network lead for counseling network and reimbursement and referral pathways
- Washington
    1. lots of poking and prodding with a variety of organizations
    2. working with Comagine to develop a CE webinar to promote intervention, and then want to pilot with healthcare organization to launch an EHR change (looking at Providence Health in Walla Walla as there is a WWE champion there and they have been implementing WWE for their own employees)
    3. conversation is larger than arthritis and referral conversation is overlapping with other chronic diseases
    4. not sure at this point if this will be tech based (currently doing a landscape analysis)
    5. ideal would be to embed counseling and referral into a community health worker network and invest in CBOs to increase capacity to deliver AAEBIs
  - New York
    1. working with YMCAs to promote WWE
    2. focusing more on knowledge and raising awareness and importance of PA and counseling and less on referral
    3. created a healthcare provider toolkit  
[https://www.health.ny.gov/diseases/conditions/arthritis/provider\\_toolkit/](https://www.health.ny.gov/diseases/conditions/arthritis/provider_toolkit/)
    4. worked with HealthConnections in the past but switching gears to work more closely with YMCAs
    5. ideal would be to create a centralized hub for EBIs to make it easy for participants and providers to know where programs are and happenings/mechanisms for coupling and bi-directional referrals. Additionally, it would be ideal to see the data/impact on implementation, participation, BRFSS and other data sources.
  - Rhode Island
    1. working with 7 FQHCs
    2. have a central referral system in place
    3. Jasmine created a provider toolkit to help assess PA levels and referral to community health network; there are patient resources in the toolkit that providers can share or post (currently doing a survey with providers to assess status)



<https://actiononarthritis.chronicdisease.org/rhode-island-department-of-health-healthcare-provider-toolkit/>

4. Ideal would be to see a steady flow of referrals into AAEBIs
- Virginia
    1. started with one community health center that has connections to FQHCs and now working with AAAs through the Dept of Aging and Rehab Services
    2. ideal would be to create a robust referral system and use medical schools to get medical students comfortable with the idea of screening, counseling and referrals

### **Additional Discussion**

- Identify technical referral process – Suggestion to consider setting up self-directed option (e.g., OAAA portal) as entry level action. This allows patients to self-refer to AAEBI.
- Understand readiness for physician change
- Consider landscape for service aggregation system/integrated social health access referral platform. If your state doesn't have a relationship with a SHARP look to neighboring states that you have relationships with
- Suggestion to use physical activity as the discussion point as it is cross cutting; potentially drop 'arthritis' from the conversation since the umbrella of 'arthritis' under the grant scope is much larger than ICD10 definition of 'arthritis'.
- Start with screening when tackling an EHR change rather than the combined screening/counseling/referral.
  - Look at PA questions and determine if these can be updated, then move into looking at counseling. Note: This group is already screening for PA for patients under 19 and over 64.
  - Consider the opportunity of promoting self-directed options (e.g., self-directed WWE). "Ask your doctor if "X" AAABI is right for you."

### **Additional Resource/Discussion Items:**

- Participants were asked to share feedback on today's call
  - interested in future calls on the first Thursday of the month at 2pm ET; next call will be May 5
  - would like to learn what is working in other states and appreciate hearing from others
- For the next call participants were asked to be ready to share one Strategy 2 success and the steps to achieving that success