Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup Call
Thursday, October 6, 2022
2:00 p.m. ET

States in attendance: Caitlin Gurney, Shea Kelly and Sherri Rohenaz (NY), Cherylee Sherry and Lindsay Nelson (MN), Nadia Mazza and Amyia Hardy (NC), Mona Burwell and Karen Day (VA), Jasmine Franco (RI), Renee Allard (IA/CHPcommunity), Margaret Chaykin (WA), Theresa Kreiser (WA/Comagine), Lynnzy McIntosh (NM/Workshop Wizard)

Additional attendees: Katie Huffman (OAAA), Audrey Williams and Michele Mercier (CDC), Cheryl Schott (ASTR/CDC Contractor), Lisa Erck, Shalu Garcha and Heather Murphy (NACDD)

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 come prepared to discuss barriers to connecting community-based organizations to SHARP platforms and to getting usable data from SHARP system. Participants were also asked to come prepared to address innovative and creative solutions to working with SHARPs.

State Sharing

- New Hampshire
    - NH had a contract with UniteUS that is ending and a new RFP is going out for bid that will solicit a SHARP vendor for the state; no official statewide SHARP for NH at this time
        - NH originally rolled out UniteUs purely for mental health and substance use disorder referrals with opioid response funding
        - All chronic disease programs will be represented with the new statewide contract this time around
        - Have had some success in getting Granite YMCA involved/connected to UniteUs

    - Barrier – connecting UniteUs and Welld platform; have to manually enter data into Welld from UniteUs as there is not a data transfer option
        - UniteUs can't collect things like blood pressure or course attendance
        - Getting usable data (other than connected partners) from UniteUs is very challenging; NH is having to rely on partners like Granite YMCA to collect and provide data
        - UniteUs isn't integrated into FQHC so it is hard to get clinicians use the platform
    - Creative solution – emailing partners individually (lots of emailing) asking for data; also using this opportunity to see what type of data can be obtained from Welld
- Virginia
    - Working with several SHARP platforms (UniteUs, findhelp, Senior Navigator)
    - UniteUs – VA brought UniteUs on during the pandemic; within last two weeks the UniteUs contract has been renewed with an additional focus on chronic disease programs (e.g., AAEBIs)
        - Working to get partners conducting programs (e.g., CDSMP) updated in the system
        - Working to make sure providers know they can use the UniteUs platform to refer patients
    - Findhelp – partners are also on this platform and with recent updates providers and individuals can find programs more readily
    - VA developed a rack card that highlights the three SHARPS and is using to educate providers
    - Barriers – awareness of SHARPS among providers needed; use of SHARP for more than COVID; fatigue among partners/providers with multiple platforms and with multiple programs; fear among partners that they will be overwhelmed with referrals;
    - Solution - working with Medical Society of VA and partners to bring awareness of platforms opportunity to refer to evidence-based programs
- New York
    - They don't currently work with a SHARP but do have an HIE
    - Barriers that might happen if they did work with a SHARP – knowledge of how to use the platform; training and staff turnover; unavailability of programs and services on platform; expense for additional services that might be needed; understanding of costs and benefits among CBOs
- North Carolina
    - Working NC Care 360 which is part of the UniteUs platform, and integrated with NC211
    - The 16 AAAs are providing AAEBIs in NC
    - NC focused on starting with these partners and getting them on UniteUs
    - Barrier – getting AAAs to see the value of being listed on the platform and how they can manage referrals to get reimbursed through the platform

    - Solutions – Nadia has listed UNC-Asheville HWC as a referral option and then will coordinate referrals to other partners when needed
    - Next challenge is educating providers on how to use the platform and refer to AAEBIs
- Minnesota
    - Lindsay Nelson is a new team member in MN
    - UniteUs has been in MN for about a year and has been in conversations with larger health systems but uncertain of contracts that have materialized as a result of the conversations
    - MN Department of Health has had a meeting with the regional UniteUs coordinator and hopes that a partnership will develop in the near future; similar to NH there will need to be an RFP for statewide coordination
    - Trellis / YourJuniper host EBIs and are setting up contracts with health plans to test a reimbursement model
        - Uptake by clinics isn't as fast as they would like
        - Working cohesively to get programs listed as referral options
        - Beginning to talk about barriers to referral
- Washington State
    - Upcoming conversation with Unite Us to explore their platform (no statewide SHARP)
    - WA has a couple players ready to get going on integrated work r/t referrals - particularly with other teams and agencies working with CDSME/P aims
    - Currently running/ramping up pilot with WA regional hubs to demonstrate this can be streamlined into community health worker and provider workflows - and plug this all in to a SHARP
        - Need investment and braiding to support
        - Most promising is with the ACL grant living with DSHS and leveraging those efforts
        - Having conversations to point out common goals
- Rhode Island
    - Uses UniteUS which is part of RIPIN (Rhode Island Parent Information Network)
        - Has over 330 providers/organizations in state using UniteUs
        - There are 260 types of services/filters in UniteUs for RI
    - Barriers – batch referrals are not available in UniteUs yet but they are in CHN platform; working to see how can UniteUs and CHN can work together
    - Question – are people on the call charged with getting partners on the platform (boots to the ground) or is this something that falls within another department/area? NC is connecting with AAAs only at this point; they do have access to self-referrals through both NC360 and through their website (which goes through UniteUs)
- Iowa
    - Not utilizing a SHARP yet but planning to do so in the future

    - Uses Workshop Wizard to manage enrollment and outcomes data for participants
    - Barriers – getting in front of providers to talk about sending a referral through platforms and educating them on the ability to do these referrals electronically
- New Mexico
    - Haven't yet started working with SHARPS yet but hoping to in the near future

Key Themes from Discussion

- SHARPs came about from a failed promise among EHR providers – integrated referrals
- Today, most referrals are faxed and then have to be manually entered into EHR
- SHARPs came along to help; they are software vendors; they can do whatever you want them to do, for a price

- The NH RFP/contract for a statewide SHARP is a five-year, $4million commitment
    - By getting a seat at the table Adam has been able to mobilize chronic disease and other health programs which will help to leverage buying power with the SHARP
    - Most of the NH SHARP implementation and maintenance funding is coming from Medicaid (specifically opioids); this is how the last SHARP contract was implemented – a need to address opioid abuse; look for opportunities to work with Medicaid and leverage funding
    - New SHARP contract will require platform to integrate with EHR/EMR

- UniteUs has made it easy to onboard partners in NH like the Ys and Cooperative Extensions, and they are willing to do the retraining when there is staff turnover; for systemwide changes (e.g., EHR/EMR integration) a contract is needed
- Consider opportunities to set policies/practices that require CBOs to use SHARP platform if they are receiving funding from State Health Department
- Consider that there might be opportunities to work with bordering states and align platforms; this might make it easier to maximize buying power

Homework
What does an ideal bi-directional referral system look like for your partners? Partners includes CBOs and clinicians. What does the referral system look like for the individual that needs services?

Additional Resources

- Next call, November 3, 2022 @ 2:00 p.m. ET

- Link to Action on Arthritis webpage with SHARP webinars and resources