Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup Call
Thursday, May 4, 2023
2:00 p.m. ET

States in attendance: NM, NH, NH, IA, NC, WA, UT, OR, MN, AR, VA, RI

Additional attendees: OAAA, NACDD, Comagine, 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

In lieu of the April call, participants were asked to share resources, or links to resources, that have or could help healthcare providers engage and counseling patients with arthritis on the NACDD Engage Arthritis Community platform. Participants were also asked to comment/provide peer feedback on resources posted. Participants were encouraged to provide resources that are in different languages as well.

Participants were asked to come prepared to share what methods of outreach to providers they have used and any challenges they experienced using those methods.

State Sharing

NH – Had to postpone a healthcare provider in person meeting that was aimed at cross chronic disease collaboration to improve overall patient care; this delay was due to COVID. A virtual event was attempted but it wasn't as well attended (which was expected due to COVID). They have gone through QI partners to identify clinical champions for referral and have been successful in working with at least one partner.

NY – Produced a healthcare provider toolkit in 2021 and a Public Health Live event with Dr. Elizabeth Joy and Dr. Pablo Lopez, but don't have a mechanism other than clicks to find out who is using. Shea and Caitlin attended a conference for FQHCs in NY state, but didn't have the opportunity to interact as much with providers. In the future they will participate/engage through doing a presentation at the conference rather than just having a table.

OR - Developed tools for healthcare providers that are posted on their website (e.g., PA and arthritis one pager) and promoted through the OR Medical Association. They don't have the ability to track usage for these tools but are working to make providers aware of these tools, as well as the Medicaid coverage.

- **Lizzie will address Medicaid coverage on the June 1 call.**

Also partner with Oregon State Extension to advertise WWE along with SNAP and food access work; this has been a successful pairing and the hope is to continue more broadly in the coming year(s).

UT – Shared that they have a provider toolkit and rack cards, prescription pads and a living well webpage (which formerly had a bidirectional link for healthcare providers), all on the healthyaging.utah.gov website. There is also a burden report which has a call to action for providers. UT contracts directly with healthcare systems for promotion of materials and tools.

NM – Lynnzy (WorkshopWizard) shared the Paths to Health NM website as a marketing/promotion/referral site. The site is for both participants and providers. Three Sisters Kitchen is one of the organizations offering classes; they are getting a number of referrals around food scarcity/access (e.g., how to get food, cook food, etc.) and decided to connecting food/nutrition efforts with WWE to help people move more. Lynnzy shared that Three Sisters is seeing a lot of success with participants especially when they pair NDPP and WWE.

NC – Has a health coaching project where health coaches are onboarded to a platform so data can be collected. Partnered with AAA to provide CE units to educate HCPs on this. They are listed on NCCare360 (UniteUS platform) and provide education to health systems that have access to this platform (6 health systems that have access through a launch point in Epic) – this helps with engagement. They have tried to train HCP as AAEBI leaders (e.g., 6 PT students in WWE). They partnered with falls prevention to get HCP to embed referral to AAEBIs in their EHR. NC has also posted ads in HCP-focused newsletters (ex: Western NC Health Network, NC Academy of Family Physicians, and the NC Medical Society) but it's hard to measure the outcomes of those efforts.
Question: do you find there are any shared qualities of physicians who are engaged with AAEBI referrals. In other words: do you have a sense of what creates the spark for engagement?
Answer: The only thing I can think of that seems to spark particular interest is the connection to falls prevention so we don't use AAEBI language specifically but rather focus on engaging HCPs in referrals to evidence-based programs more broadly.
**In case this is news to anyone else in the group, all of the physical activity AAEBIs are also approved falls prevention strategies.*
Nadia shared in regards to cost of UniteUS that they are not charged to use the UniteUs platform in NC as community providers, but HCPs/health systems are charged to embed it in their EHRs (not sure of the cost for that).

VA – Shared that they are working with a local health district in a high burden area and have trained CHWs in WWE and CDSMP. They work with FQHCs and provide prescription cards to the HCP to give to patients. These cards provide guidelines for referral and counseling. CDC marketing materials are used and they are in the process of developing a CHW toolkit. VA is engaging heart disease and Alzheimer's programs to bring the info into the CHW toolkit and hope to expand the toolkit pilot into other health districts. VA utilizes the WWE portal for patients that want an enhanced self-directed program rather than group; the CHW can engage once a week with these individuals and let them know about other workshops in the area. In addition, VA utilizes the Medical Association to provide info on the WWE portal and UniteUs VA to list programs for ease of referral.

WA – Has a CEU for providers and care team members on S/C/R for chronic conditions; still need to work on marketing and promotion to increase attendance. Hoping to record a webinar and make accessible for later use.
Shared that they have an evidence-based symposium and included information on arthritis during this event. And the DOH and DHS have shared funds to purchase Compass to serve as a tool to help with referral; this will be launched in the next couple of months.

MN – Shared that direct, face to face communication with HCPs has been helpful. Staff went to the MN PT Conference and this was helpful to share information about the evidence-based programs.

IA – Shared that through the Community HUB they are helping to screen individuals and connect the individual with a healthcare provider if needed.

AR – Working with UAMS and PTs and have about 23 PTs trained as WWE leaders. They are piloting a program in Epic to flag those that need physical actvity; use PAVS and EIM tools. Once the assessment is done, the patient is identified as inactive or active. If inactive, next step is to provide a list of resources. Hope to do a CME course for HCPs in the future. AR also shared that they work with the Dept of Aging to engage in falls prevention programs.

OA Care Tools – working to get the tools out on a national level; have partnerships with national associations (e.g., APTA, PAs, etc.). They created a media kit which includes blurbs and graphics and asks contacts for Associations to put out to their networks using these premade tools. Also use paid ads on social media. Of three audiences (patients, HCPs and employers), the HCPs were the most expensive to reach; twitter and linked in were most effective with HCP. Also shared that it can be difficult to track efforts.

Key Themes from Discussion

Buckets of strategies for HCP outreach

- Active – if you have a toolkit in place and partners with contracts, consider adding a requirement in the contract that partners use these toolkits.
    - A project sponsor can present on tools, or include tools into a training that they are already doing.
    - Project Echo and a learning collaborative; this helps to work together to improve the standard of care within a specialty.
        - https://hsc.unm.edu/echo/
        - https://www.umassmed.edu/echo/what-is-project-echo/
    - If you have a state university medical school reach out to primary care and family medicine and get PAVS into the curriculum of programs.
    - Consider rewards for hitting clinical metrics (i.e., physical activity levels).
    - Measuring effectiveness – be creative on where you look for data; health care system, AAEBI provider (e.g., Grantie YMCA and Well-d). If using the OAAA portal you can do a follow up survey to find out how patients found out about the program; the registration portal helps to add to evaluation data.
- Passive – developing and promoting the toolkit through social media, email, provider associations. This is good for the HCP in a pre-contemplative and contemplative state. Measuring success can be challenging; you can think about counting clicks, etc. but also need to think about engagement and follow through (e.g., for each 100 that see the message 10 will react and one will follow through; but that 1 person may not implement).

In addition, Adam shared that Exercise Vital Sign (EVS) is in USCDIv4. Reminder with HL7/FHIR – new version standardizes how to send physical activity information between EHRs and health systems.

Next Call

- June 1, 2023 @ 2:00 p.m. ET