



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

Thursday, October 5, 2023

2:00 p.m. ET

States in attendance: IA, MI, MN, MT, NC, NH, OK, OR, UT, VA, VT, WV

Additional attendees: CDC, 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 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

Conversation and collaboration around strategy 2 efforts is encouraged through the Action on Arthritis Engage platform. Start [here](#) and see what your colleagues are saying. Questions and responses are encouraged. Reach out to arthritis@chronicdisease.org for questions about the Engage platform.

State Sharing

Participants were asked to come prepared to share information about the largest clinical care provider of primary care services in their state/area and the health system this provider is affiliated with. Additionally, participants were asked to share which EHR provider that clinical care provider uses.

NH shared that Dartmouth Health is the largest health system in the state and is affiliated with several hospitals including Dartmouth-Hitchcock Medical Center. The patient portal used is MyDH and allows two-way communication with providers. The EHR being used is Epic.

NC has six large healthcare systems (e.g., Atrium Health, Duke, UNC, Mission) and all but one-use Epic and all have a patient portal (e.g., MyAtriumHealth).

WV shared that West Virginia University Medicine has 20 hospitals and five institutes (e.g., cancer). All use Epic and MyChart for the patient portal, allow for direct feedback with the provider and include telehealth appointments. The MyChart app serves 350,000 patients and 4,900 providers. It was shared that this health system also extends into a few other states (e.g., PA).



MT has small, siloed hospitals/health systems and the two that they have worked with are the Billings Clinic, an independent health care system serving MT, WY and parts of the Dakotas, and Sisters Charity (SCL Health) which is now part of Intermountain Health. Billings Clinic uses Epic and MyChart and SCL Health uses Cerner.

IA shared that Mercy One is the largest health system in the state but that they just transitioned to Trinity Health and are moving from Cerner to Epic. The Federally Qualified Health Centers (FQHCs) are another health partner in Iowa. There are 13 FQHCs and they recently transitioned to Epic. CPHcommunity will be working with the FQHCs to build data standards into Epic to create data interoperability. Unity Point is another health system that is helping with the IA arthritis project.

MI shared that their largest health system just went through a merger and was rebranded as Corewell Health. They use the Epic EHR and MyChart. There are 22 hospitals that are part of this health system.

VA has several large health systems including VCU Health. Epic is used throughout VCU hospitals. FQHCs are also partners in the arthritis work and they use eClinicalWorks for their EHR. UniteUs (Unite Virginia) is being connected to health systems in the state through the Virginia Department of Health.

VT shared that the largest health system in the state is University of Vermont Medical Center, and they use Epic EHR and MyChart for their patient portal.

OR shared that Oregon Health and Sciences University (OHSU) uses Epic EHR (and MyChart). There was a recent merger and Legacy, Adventist Health, and Tuality are now part of OHSU.

UT has Intermountain Health as the largest health system, and they are moving from Cerner to Epic EHR by the end of 2025.

An additional attendee shared that most large health systems in Florida use Epic EHR, but that Tampa General uses Cerner for research.

Discussion

- Epic and Cerner are the two largest EHRs. Cerner is currently used by the Department of Defense, and the VA on a path to move to Cerner over the next several unless problems arise.
- Physical Activity screening standards were recently adopted at a national level through the HL7 work, but are not yet being enforced so not EHRs have these in place <https://confluence.hl7.org/display/GRAV/The+Gravity+Project>
- Epic is customized for each installation so will be different within each health system. However, there are core standards in Epic that stay the same – this is where the PA screening will be located.

Arthritis Council

- Back in 2008/2009 Kaiser Permanente piloted Epic PA screening as a component of a patient rooming feature. This feature is still available for a fee through a subscription with Epic (e.g., a yearly optional module fee).
- Physical activity and equity is being addressed through the [Move Your Way campaign](#). Additionally, the [PAVS questions](#) are formatted to address some equity issues too.
- If you work with a state university system reach out to the primary care chair (and others) to share effective tools to help educate the next generation of providers.
- Every EHR will offer some sort of customization, but it is important to focus on university standards like PAVS which will provide a baseline for providers. Start the conversation with providers here and offer to help them engage with software vendors to make changes to the EHR if there is something they need to customize.

Homework

Prior to the next call on November 2nd, participants were asked to continue seeking out information on health systems in their state/region that could be potential partners and make a list of individuals in those health systems or partner organizations that would be helpful to get to know.

- Find out who the top decision makers are in the health system(s) (e.g., CEO, COO, CIO, CMO, CQO, CNO, etc.).
- Who are the mid-level decision makers (e.g., HIPPA compliance officer, billing staff, physicians, etc.) that could be advocates for your work?
- Go to places like LinkedIn and look at employees for the health system and connect with individuals that you might know.
- Get to know your potential partners (e.g., medical association, PT association, health system groups, etc.). If you have a good relationship with one partner group, who do they know that you can also reach out to?
- Reach out to other chronic disease programs in the state health department and use their connections as a starting point.

Next Call

- November 2, 2023 @ 2:00 p.m. ET
- Please [register](#) in advance of the meeting