



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

Thursday, November 2, 2023
2:00 p.m. ET

States in attendance: NH, MT, MN, VA, NC, UT, IA, OR

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 health systems in their state/region that could be potential partners. Participants were asked to make a list of key decision makers and were to come prepared to discuss strategies to make introductions to those key players.

New Hampshire: NH shared that Dartmouth Hitchcock is their largest health system. The arthritis team is currently working with mid-level managers from diabetes management, diabetes care coordinators and education specialists, AAEBI leaders, and physical therapists. The team performed a google search to identify key members of the leadership circle and key players based on title and job function. They are in the process of performing a case study analysis to match “boots on the ground contacts” with key decision makers based on role and function. The team is looking to Dawna Pidgeon (NH contact) to make warm introductions to key players.

North Carolina: NC researched connections via Falls prevention coalition. Additionally, they identified key prospects (e.g., clinical practice manager, Director of Community Health and Prevention and prevention coordinator) based on job

function, skills, and title. They are pleased with a recent connection to the clinics IT/informatics team.

Virginia: Virginia is actively working to link arthritis work to other CDC funded grants that are working with health systems (e.g., diabetes and CVH). Mona Burwell is looking to embed arthritis and PA by focusing on these key relationships that have overlap. CDC shared that linking to innovations grants (e.g., engaging pharmacists to help with hypertension activities) is a great idea. Note that OAAA has developed a toolkit that has tools for pharmacists and their patients.

<https://oaaction.unc.edu/resource-library/for-health-professionals/pharmacists-2/>

Utah: Utah is actively working with community health connections within Intermountain Healthcare and is looking to identify other areas within Intermountain where AAEBI implementation and PA overlap. They plan to use existing relationships to make new connections. Additionally, they attend coalition meetings to meet partners in person (e.g., diabetes coalition meetings) where healthcare providers attend.

Minnesota: MN shared that partners are struggling with their own internal processes and MN is having trouble making connections with the right folks who are within leadership roles. They found MN their current health care partner through an existing AAEBI provider who had heard the health system was interested in doing arthritis physical activity assessment and referral to programs. This warm hand-out turned out to be a great connection.

Iowa:

- Unity Point Health- Iowa worked with Tai Chi coordinator within wellness department who introduced Trina to community health project manager. This community health project manager connected them to Judy (director of innovation) and additional connections. Additionally, Iowa HUB developed implementation and translational research subgroup to make connections b/w research and translational research partners. This subgroup brings together program leaders, researchers, and others to work together to identify grants and to use data to make change. This sub-group has connected the arthritis team with many new partners.

Montana: Montana is tapping into Montana family physicians publication and using this avenue to gain interest and to share a call to action for physicians. They hope that this approach will help to make new connections with partners interested in this work.

Oregon:

- Relying on overlap approach to identify partners that work across functions and looking to use lessons learned from past work to get future AAEBIs

covered! Note, coverage doesn't mean billing is easy. Some day Oregon will have financial eval results, but for now they are in the trenches with transitioning from the win of coverage to actual claim submission and reimbursements. Additionally, they are focusing on provider outreach to ensure that billing and statewide referral technologies are in place.

Discussion:

- Engage patient advocacy organizations and connect to development personnel and other connections with physicians (e.g., PTs)
- Cyberstalking – Performing a landscape analysis of key roles/responsibilities/decision makers and using this information to determine who you want to speak with and get connected to.
- “Riding on other people’s coattails” = leveraging resources and making the most out of small budget. Leverage funding streams within your state to help make dollars go further. Additionally, capitalize on innovation grants to engage Hubs, health systems and others.

Common Themes:

- Take the next logical step – look at existing relationships to identify next round of potential partners. We need to build a partner profile (who you want to talk to, what matters most to them, how they like to get information and other key items).
- Draw diagram/note taking method: Build a profile for the partners you are engaged with and those you want to engage with. Next, look to understand what decision makers really care about most. The ideal state is to use arthritis and PA solutions to fill in gaps and address needs and pain points. =

Homework:

Step 1: Pick one partner (current partner or future partner)

Step 2: Identify a non-arthritis top priority for that individual.

Step 3: Brainstorm how you can use an arthritis solution to fill in the gaps.

Next Call

- December 7, 2023 @ 2:00 p.m. ET
- Please [register](#) in advance of the meeting