



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

Thursday, March 7, 2024
2:00 p.m. ET

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

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 develop an elevator pitch/outreach for a category C or D prospect and were asked to post this to [Action on Arthritis ENGAGE](#). Participants came prepared to review all elevator pitches and to identify common themes that resonate to provide a platform for idea generation and peer-to-peer sharing.

New Hampshire: Reflection: Nadia and NC proposed focusing on multiple chronic conditions in addition to arthritis. The broad array of options that Nadia presented really resonated with Adam. Additionally, Adam appreciated that Utah focused on social determinants of health. Emily appreciated the NC website and the fact that the NC website serves as a one-stop-shop for all things arthritis. This is an easy resource to link in elevator pitch's! Emily also appreciated the idea of being prescriptive and asking for a meeting next week.

Utah: Reflection: Stephanie appreciates how Colleen called out a specific doctor and mentioned that providers in their network are already interested in the products/services being proposed.

North Carolina: Reflection: Nadia appreciates that VA spoke to many of the key drivers and motivations that are of interest to clinicians. This helps to bring the heart into the work.

Iowa: Reflection: Colleen appreciates NH's approach and the idea of using informal language. Additionally, she appreciated trying to move the audience along the process of making a change!

West Virginia: Reflection: Lakin appreciates taking an informal approach for strategy 1 and a formal approach for strategy 2. Taking a formal approach felt necessary based on the target audience for strategy 2. Adam noted that it's ok to have a mix of informal and formal based on the targeted audience.

Minnesota: Erin shared that she loves the approach of trying to find out a personal connection with each prospect. Erin tries to see if someone personally knows someone to do a warm and soft handoff. Erin also reminded the group that its ok to be a persistent nuisance and suggests keeping an unfinished folder.

Common Themes:

1. Website: Having a website for all things arthritis is a great tool to help provide additional information about statewide AAEBIs and arthritis efforts. Consider printing a QR code linking to website in case you want to handoff business card to someone in real time.
2. Time sensitivity: Adding a call to action with a deadline is a best practice that recipient will appreciate.
3. Who you are reaching out to: Clinicians often have email first thing in the morning, maybe at lunch, and maybe at the end of the day. Email might not get you to certain groups of people b/c they might not have access during the day. This might not be the case with other roles.

Homework:

Next step - make a request to meet with organization and determine what you will do when you get there.

- Who is biggest PA advocate on team/organization? This person should be passionate about exercise, PA, sports and are in line with the subject that we are proposing and the interventions we are proposing. Ideally you want to aim for 3-5 providers/contacts within organization. You will want to connect with these prospects for a meeting to talk about next steps.
- What will you ask clinician's about when you get face to face time with them?
 - Do they know of any AAEBIs in their state?
 - What are they doing around PA? What is your practice doing around PA?
 - Do you currently refer patients to PA or PA programming?

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- What's the most important to you and your practice?
- What do you want to improve about their PA referrals and assessments?
- How do you talk to your patients about PA?
- What is your clinic's goal(s) to support patient care?
- Lean into the fact that AAEBIs help with other chronic disease issues as well (e.g., arthritis, falls prevention, opioid usage, diabetes, heart disease)
- What are common themes and barriers that come up with your patients?
- How do you feel about referrals to PA?

1. What matters to them? 2. How do your solutions help them meet their needs? 3. Connect the dots and start working with prospect.

Homework: April homework – We have several elevator pitches and ideas about ways that the elevator pitches can be modified. We also have suggestions for next steps. See how many different modes of communication you can come up with. Select one organization from group A (warm handoffs to decision maker) and group D (cold calling/organization you want to work with that has no idea who you are and what you do) and try to take the same message/elevator pitch and modify for group A and group D prospect.

Next Call

- April 4, 2024 @ 2:00 p.m. ET
- Please [register](#) in advance of the meeting