

NACDD Convening State and National Partners TA Webinar

Working With Healthcare Providers to Help Influence Others

Wednesday, May 26, 2021 @ 1:30 p.m. ET

Webinar Notes and Resources

- Materials available on the Action on Arthritis website:
<https://actiononarthritis.chronicdisease.org/monthly-webinars/>
- Meeting Recording: https://chronicdisease.zoom.us/rec/share/G-unCkbRVHgDle506_JoX4VaZb99vLLfi4ASPmlVxxzoU2Od-tpQf_MMhl14SUBT.fxA6oNDHzykIskZH?startTime=1622050298000

Discussion with Q&A

Laura “LJ” James, Resource Strategy Director, provided an overview of NC211 which is an information and referral resource for North Carolina that is part of the United Way. LJ works closely with Nadia and the UNC-Asheville Arthritis Program. LJ and her team document and index organizations (e.g., Community based organizations) throughout the state working with NC Care 360. Data and the database of resources is shared to help create a closed loop referral model for providers and is powered by UniteUs. (Training guide for call center staff – LJ will follow up with additional information)

LJ was joined by Dr. Adam Burch and Jennifer Raymond to serve as the panelists for the webinar.

Jennifer started the conversation sharing a lesson learned in MA around framing the value proposition. Framing the value proposition around programmatic information creates meaningful value around the service and not necessarily around the organization/partners delivering service. Jennifer suggested moving away from creating a value proposition based solely on the intervention and think instead about framing/sharing the information in a way that shows how your organization can deliver the intervention differently/uniquely (e.g., motivational interviewing, engagement strategies, knowing about resources in the community and being able to connect participants to those resources like housing). This creates meaningful value around the partners/organizations delivering the service.

How are social determinants of health (SDOH) and self-management program referrals intertwined?

They are dependent upon each other; incremental behavior change that has to happen can be inhibited by SDOH. Think about barriers that prevent individuals from walking more and managing pain, how can individuals be connected to potential aids that help overcome that challenge or barrier.

Improving health and well-being comes from the knowledge that barriers exist (e.g., housing, transportation) and having programs that can address immediate needs while also addressing disease self-management.

When it comes to social determinants of health and the multitudes of evidence-based interventions keep the pareto principle and Maslow's hierarchy of needs in mind. 80% of the health improvements in a person's life will come from 20% of the interventions and you can't move up to the next level in the hierarchy until the lower level is met adequately.

Given your experience, what is the most effective way to reach out to health care systems to engage?

Adam shared that to get to decision makers in health care systems, you will have to get to know people and use social capital. Start with your own social circle and who you know (e.g., a healthcare provider). For example, identify someone that is involved with a Board of Trustees, and this could even be a non-healthcare Board but someone who also has connections with other organizations like a health system. Be sure you know how to "spend" that social capital.

When you get in the door with healthcare providers, ask questions, keep records and create your own personal reference library.

Jennifer added that some of your AAEBI participants can become champions with their own healthcare providers in health systems so be sure to include opportunities for engagement at different intersections.

Consider adding a data element to the program evaluation form that asks participants to provide information on their healthcare provider. Compile positive outcome data and share with listed providers as a way to make the value proposition.

LJ shared that resource directories exist and can help form connections. Start with 211 organizations.

Are there specific tools that can help bring allied health partners on board?

Allied healthcare professionals can be significantly easier to reach with opportunities like CEUs. Consider Community Health Workers (CHWs) too as they have the knowledge about their communities.

Does 211 make an effort to employ CHWs in the call centers?

The call center staff tend to either have or quickly gain social services experience. In North Carolina CHWs did use the NC360 platform for COVID resources and to connect people to services.

Are there other states that are partnering with 211 initiatives?

WA has reached out to 211 in the past but with limited engagement/success. LJ shared this could have been a capacity issue but encouraged another attempt. Consider reaching out to the resource director/specialist or database manager as an alternate entry point.

Adam suggested asking 211 what information in specific they need about the program in order to be listed in the resource directory, then organize that into a spreadsheet if they didn't send you one already. Spreadsheet data can often be manipulated and imported into a database much easier than asking them to type it in from a word document.

All the platforms (UniteUS, Aunt Bertha, EHRs) are beginning to work together. Once your programs/resources are in the main platform for your state, you have the benefit of being accessible in all as platforms.

SHARPs (Social Health Access Referral Platforms) bring value in providing a bidirectional referral mechanism. Majority of the conversations to date have been between the health systems and the referral platforms (e.g., Aunt Bertha). The referrals may end up on the desk of a CBO and some may be able to fulfill and some may not. The CBOs (United Way, Aging Networks, etc.) need to be a part of the conversation to talk through solutions and sustainability of the referral and payment mechanism.

What is the incentive for a CBO to accept higher volumes of referrals?

There may not be an incentive. The reality is there has to be another type of incentive, like sharing of data on the impact of the program or bidirectional referral.

Can you expand on how to identify provider champions for arthritis via state professional associations?

You might want to start by not mentioning arthritis specifically because it'll get lost on many providers even though it is applicable. Find providers that oppose overprescribing of opioids, poor pain management practices for chronic pain, and those that are personally physically active. You need to meet them on ground they're already comfortable with and expand from there.

Share with the provider information on how you can improve the life of their patient. Share three things with the provider, 1) what type of patient should attend your program, 2) how does the patient get there, and 3) what should the healthcare provider expect in terms of patient improvement as a result of participation.

Consider talking with state licensing boards for different healthcare providers. These boards are often involved with state medical societies and can help with connections.

Resource

- Google doc "Resources for Strategy 2 Efforts". Please feel free to open and update this shared document with additional resources that have been helpful to you as you work to achieve your objectives related to Strategy 2. <https://drive.google.com/file/d/1GWqfeeO0Tp1UIbNBNQNGhwNA7xNpwH1i/view?usp=sharing>

Post Survey Results

1. What actions do you plan to take based on knowledge learned today? (select all that apply)

Talk with colleague and/or supervisor about how we can increase our use of health care providers to help influence others	75%
Develop a plan for using healthcare providers to influence others.	50%
Reach out to a peer for support, mentoring or advice as it relates to expanding my knowledge about using health care providers to help influence others.	50%
Review materials provided by NACDD or presenters in relation to this webinar.	50%

2. What do you believe was the most valuable piece of information that you learned today?

- The unfortunate truth that providers aren't interested in specifically focusing on arthritis.
- Leveraging existing databases of services like 211 as a single point of referral instead of having too many referral sources each requiring their own maintenance.
- Collect and use data about EBI program participants' providers and health plans to engage HCPs