

Peer to Peer Sharing Webinar #3
Tuesday, August 25, 2020, 1:30 P.M. ET

Evidence-based registries: Tools and resources to identify local evidence-based practices, providers, and resources in communities

Webinar Notes and Resources

Panelists:

- West Virginia Health Connection: a triad of partners coming together for a common goal of health promotion and disease prevention.
 - [West Virginia Health Connection](#) is a system/tool for patients to learn about community-based wellness programs.
- West Virginia University Office of Health Services Research
 - Dr. Adam Baus
 - Dr. Samantha Shawley-Brzoska
 - Audrey Semel
- Active Southern West Virginia
 - Melanie Seiler
- West Virginia Bureau of Public Health
 - James Vance

Roles and Responsibilities:

- West Virginia University - provides backbone infrastructure to implement quality of care improvement efforts with the WV Bureau for Public Health- Division of Health Promotion and Chronic Disease
- Active Southern West Virginia – example of a community-based organization implementing evidence-based interventions in the community. Active Southern West Virginia is trained to use the WV Health Connection to market and promote classes and events in the communities that they serve.

Key Takeaways:

- Encourage Cross Organizational Collaboration: Engage a diverse group of stakeholders, with a common goal, to improve health outcomes. Consider thinking through the following themes during the process: stakeholder identification, stakeholder recruitment, managing collaboration, and sustaining collaboration. Self-Reflection: What, if anything, is the difference between the easiest group to partner with and the most satisfying partnerships?
- Be Flexible: Select a software that allows you the ability to customize your interface, change directions as needed, manage courses and content in real time, track referrals, monitor program outcomes and participation rates, and provide meaningful data back to partners and stakeholders.

- Stay Current: A program locator tool and/or resource guide is only as effective as the information captured in that database. Be sure to develop a protocol to keep classes and content current. In addition, remember the power of local resources to bridge the gap between provider and the community at large.

Follow-Up Question and Answer with the Panelists:

1. **If you had the opportunity to build WV Health Connection again what would you change and why?**
 - "It's a process, not a project." WV Health Connection isn't static. It's always evolving and growing, and we course-correct as needed along the way.
 - Engage partners in a participatory collaborative learning approach – learn from one another and embrace critical factors of collaboration including 1) practice-driven redesign; 2) shared expertise; and 3) allowance for change.
2. **During the COVID-19 pandemic, what adjustments have you made to the WV Health Connection to triage people to evidence-based programs and providers?**
 - During COVID-19, we have remained connected, supportive, and patient with our partners. We also conducted a series of semi-structured interviews in late Spring / early Summer to get a better sense of how their organizations and programming was going and what more we could do to help out. At this point now, we're seeing that delays and cancellations are starting to ease up and more groups are moving forward with program offerings. We hope that trend continues.
 - We have continued to provide guidelines and changes to partners as well as make sure that there are opportunities for partners to receive the trainings that they need in order to make lifestyle change programs available (and sustainable) in their communities. Examples of this include shifting training to online and providing TA to partners on new reporting requirements (e.g., delivered in person vs. delivered via distance learning).
 - We worked with Workshop Wizard to make systems changes to accommodate some of the new reporting requirements. In addition, we provided TA and support to partners as they adapt to new ways of data collection and reporting in the time of COVID.
3. **Can you please share a list of the additional software that you use in addition to Workshop Wizard to support your work?**
 - West Virginia Health Connection uses a variety of software to support their work. Workshop Wizard is used for primary data collection across programming with community & clinic partners, but that's only one tool they use.
 - REDCap is used for supplemental HIPAA-compliant data collection, in cases where Workshop Wizard might not be the best fit. REDCap allows the team to build in-depth, custom tracking tools, surveys, etc. that give some me added flexibility.
 - Tableau is used for data visualizations and mapping. WV Health Connection connects Tableau to data from sources such as REDCap and Workshop Wizard and other sources to get a better picture of what the data are showing.
 - SAS is used for statistical analyses -- going beyond descriptive and summary statistics that come from other software. The team uses SAS to combine data sets for more comprehensive analyses -- which could also include data extracts from electronic health records.
 - The focus is on helping partners collect and use data as best as possible -- regardless of software.

4. **Can you speak to how WV Health Connection goes beyond Workshop Wizard to foster a "system/approach" to community-clinical linkages?**
 - WV Health Connection provides a platform for different partners with a shared goal to communicate, track and share data appropriately, and measure effectiveness of their efforts. That systems approach goes well beyond software. The software is just a tool supporting the relationships and collaboration needed to make a positive impact.
5. **Will you be able to maintain recurring costs without external funding in future years?**
 - The intention is that there is minimal overhead when it comes to software. The cost for Workshop Wizard is minimal, and the other software we use is not isolated only to one funding stream. So, the short answer to your question is Yes, we can maintain those recurring costs. However, we're also working towards better reimbursement for community-based programming and outcomes so that, longer-term, those savings could help to offset the funds needed.
6. **Are you responsible for onsite data management or do you pay for cloud-based hosting?**
 - All data are stored in the cloud. However, when it comes to secondary data analyses, we have secure server space through our Health Sciences Center allowing us to store and analyze data as needed.
7. **How many different Electronic Health Record (EHR) systems is your software capable of interfacing with?**
 - While we are not currently interfacing with EHRs in a live sense, we are able to push information to EHRs and pull data from EHRs. West Virginia still has a large number of EHRs in place, and our health systems partners at times switch from one system to another. We have been keeping the focus on building up the self-efficacy of our clinic and community partners to have reliable, real time data to work with and the ability to act on those data. Relying on EHR vendors to build interfaces with other software can be very time consuming and costly. That is something we can hopefully do longer-term, but for now we are having good success in pushing community-level data back to the health care provider using Workshop Wizard and pulling data from the EHRs for activities such as identifying patients in need of screening/care and monitoring outcomes over time. That takes considerable rapport and trust with our health systems partners, along with Business Associates Agreements, to outline data safeguards, to make that happen.
8. **What patient metrics is your system able to push back to the healthcare provider EHR system?**
 - We're able to push back reports of any data that's being collected. To date, those pieces of information center on basic things such as attendance information, and outcomes. That type of data is helpful for the providers to see, given that their EHRs don't track those outside data. Going forward, we're doing more work on survey data and other data to better capture social determinants of health.

Examples of State Evidence-Based Program Locators:

***Please note that the locators listed below may not all include arthritis programs**

- Utah: <https://compass.gtacny.org/> and https://livingwell.utah.gov/ws_find.php#/
- North Carolina: <https://healthyagingnc.com/> and <https://healthyagingnc.com/all-workshops-future-in-progress/>
- Elder Services of Merrimack Valley: <https://healthyliving4me.org/>

- Evidence-Based Leadership Council: <http://www.eblcprograms.org/evidence-based/map-of-programs/>
- Kansas: <https://selfmanageks.org>
- New Hampshire: <https://nhhealthylives.org/new-hampshire-arthritis/>
- West Virginia: <https://www.wvhealthconnection.com/>
- Maryland: <BeHealthymaryland.org>
- New Mexico: <https://www.pathstohealthnm.org/>
- California: <https://www.cahealthierliving.org>
- Illinois: <https://www.ilpathwaystohealth.org/find-a-workshop>
- Maine: <https://www.healthylivingforme.org/>
- Minnesota: www.yourjuniper.org and <http://www.wellconnectsemn.org/>
- Missouri: https://compass.gtacny.org/find-a-workshop?search_workshop_form%5BzipCode%5D=&search_workshop_form%5Bdistance%5D=&search_workshop_form%5BownerId%5D=7&search_workshop_form%5BprogramId%5D=&rname=MOArthritis.org&rurl=http://www.moarthritis.org
- Virginia: <http://virgininavigator.org/>
- Washington: <http://livingwell.doh.wa.gov>