

Community Clinical Linkages Project
Peer to Peer Sharing Webinar
Tuesday, October 6, 2020 @ 2:00 p.m. ET

Webinar Notes and Resources

Materials available on the NACDD website: <http://chronicdisease.org/page/ArthritisResourcesTo/>

I. State Sharing

- Oregon Health Authority
 - Focus Area 4: State consultation with SMEs with community/clinical linkage experience, particularly experts in integrating bi-directional referral systems.
 - Forming an advisory committee and conducting an environmental scan to identify needs and opportunities for better integrating counseling or screening prompts and referrals for AAEBIs into EHRs.
 - Presenter: Hilde Hinkel, MPH, Health Systems Policy Specialist in the Health Promotion and Chronic Disease Prevention section of the Oregon Health Authority – Public Health Division.
 - Questions & Answers
 - Are there any plans to pilot the Physical Activity Vital Sign (PAVS) questions that Exercise is Medicine developed within a health system that uses Epic? Oregon is still looking for a partner to help with the pilot; once a partner is found a scan for tools and resources will be conducted.
 - How did you identify partners? And from where were they from? Oregon Health's Initial project partners were first identified by the Oregon Health Authority Arthritis Program. A contractor with CCL experience was recruited. The Arthritis Foundation, WWE delivery partners and other AAEBI delivery partners were invited to the table. Having a diverse set of providers at the table was key. The provider make up included PTs, primary care providers, and a surgeon. The team brainstormed all of the different stakeholders they worked with over time to develop community-clinical linkages, and ranked these partners according to importance for the project.
 - Was there any specific niche you wanted at the table that you weren't able to get? Oregon wanted persons with lived experience, those that have arthritis. They were able to bring the Arthritis Foundation in as a partner but didn't have an identified person with "lived experience".
 - Are you looking to help improve primary care providers' abilities to accurately diagnose various forms of arthritis? Hilde responded that she is not sure that this is something they can solve. The bigger issue is how chronic diseases are diagnosed. In terms of efficiency they want to get as many people as possible into the programs and help providers see value in programs, so they are looking for alternative measures like pain and screening tools. Adam Burch NH posted that visual and verbal analogue pain scores have poor reliability and specificity as proxies for arthritis, suggested looking at things like the fear avoidance beliefs questionnaire and physical capacity tests like timed sit to stand.

- Were there any surprising or unanticipated findings or recommendations? Hilde shared that the team was able to get a view into how EHRs work in a practical way and for specific providers. Until she was in the room talking to providers on what works and what doesn't work, Hilde didn't realize what needed to occur (e.g., dot phrases, smart sets).
- Washington State Department of Health
 - Focus Area 3: Engaging/incentivizing providers to counsel and refer to AAEBIs in low cost ways
 - Partnering with the Washington State Parks and Recreation Commission (WA Parks) to engage health care providers currently participating in Park Rx to counsel and refer people with arthritis to AAEBIs.
 - Presenter: Chris Zipperer, Physical Activity Coordinator, Washington State Department of Health.
 - Questions and Answers
 - What types of healthcare providers participated in your project? Chris shared that providers included OTs, PTs, community health centers, family and general practitioners to name a few.
 - What providers would you like to get in the future that you didn't get this time? WA will know more once they receive the healthcare provider survey responses.
 - There was a suggestion to add a question that for healthcare providers on the survey that collects information on patients that were non-responsive to the counseling/prescription for physical activity (e.g., why weren't patients interested); a question such as this might provide insight on overcoming barriers in the future.
 - Were the park passes provided at no cost? Passes were purchased from state parks at a discounted price and provided at no cost to healthcare providers. Each provider received 20 passes.
 - How did you market the program to these providers?
In addition to the Washington State Park Rx listserv, the announcement was sent to a few DOH provider newsletters, for example the Washington Medical Commission and the Board of the Osteopathic Medicine and Surgery.
 - Is there a way to track how many passes were used? State Parks does not track usage of each individual pass. There was no way to realistically ask the providers to track usage, so unfortunately we are unable to do that.

II. Facilitated Discussion

Why was this project needed in your state?

- Washington. The arthritis program is new in WA; this was an opportunity to introduce the program to a broader group. In addition, the project timeline was quick so Washington went with partners at the table that were able to initiate quickly. There was a desire to find providers that were ready to counsel/refer and this project helped achieve that.
- Oregon. The Oregon Health Authority has worked on community clinical linkages with other projects but hadn't had the opportunity to dig into details with the arthritis project. In addition, Oregon wanted to build on previous work done with electronic health records specifically focusing on arthritis.

What incentives for providers to counsel and refer for physical activity were identified as currently available to you?

- Oregon is looking more at electronic health record referrals. The incentive was really a part of the care process for clients/patients.

Is there a specific way to document physical activity and counseling in the electronic health record?

- Oregon responded that there is an opportunity to do this in the notes section. The smart sets will auto populate for the provider and provide consistency with recommendations. Dot phrases might also be helpful.

Has anyone developed a referral toolkit to share with health professionals?

- Kansas responded that they have used the [OAAA](#) and the [EIM](#) toolkit.
- Oregon developed a campaign – [Steering toward health](#) – through the work of another chronic disease program and has leveraged this campaign to develop materials specific to arthritis.
- Rhode Island developed a Healthcare Provider Toolkit that was recently tested and will be disseminated shortly in community health clinics. The Toolkit will provide linkages to the WWE Portal.
- The NYS AP developed a toolkit for providers in Central NY and some of those materials are included in NACDD's Healthcare Provider [Toolkit](#). This year they are working to enhance the toolkit and convert it to an electronic tool we can disseminate to providers statewide.

Lisa asked for others to share info on using health coaches.

- UNC at Asheville recently received a grant and will be working with partners to certify health coaches. A Health Coaches Wellness Counseling Guide was developed. Currently, Health Coaches have approved CPT Codes for reimbursement. It is the profession's hope that eventually the healthcare system will use the CPT codes for reimbursement. Health coaches serve as a link between the patient and physician for motivation and follow up.

II. Closing

- The poll for January and February 2021 webinar dates failed to generate so providing another opportunity to vote on dates. This poll will be open through October 23, 2020: <https://forms.office.com/Pages/ResponsePage.aspx?id=1ELNBB12Wk-XDKFwz--vtj3l1QbKDdZJk6VYWS80xjlUMFZYQzIGUU5YWEZQNk1NTVU5QUxENDFQNC4u>
- Link to webinar recording, transcript and chat (passcode - 6s.!*HXt): <https://chronicdisease.zoom.us/rec/share/0jWa3Ajt3ihitdsThkPcpyIXO51L0d21ASUsitcRGPpYaS-pSY7jPONBCZC9B7p .DowMIFE0Wxqsukwn>