



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

Thursday, August 4, 2022  
2:00 p.m. ET

**States in attendance:** Caitlin Gurney (NY), Cherylee Sherry (MN), Nadia Mazza (NC), Kimberly Mosley (NC), Karen Day (VA), Theresa Kreiser (WA), Shea Kelly (NY)

**Additional attendees:** Serena Weisner (OAAA), Nick Turkas (Arthritis Foundation), Margaret Kaniewski (CDC), Cheryl Schott (ASRT/CDC Contractor), Shalu Garcha (NACDD), Lisa Erck (NACDD), Heather Murphy (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 as a way 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**

Prior to the call, participants were asked to come prepared to share one missed opportunity from your current five-year cooperative agreement (DP 18-1803). When preparing your response please consider ideas that you couldn't act on that you now think could have helped advance your strategy 2 efforts.

#### **State Sharing**

- New Hampshire
  - At the start of the arthritis grant NH was completely unaware of the Bureau of Alcohol and Substance Abuse's use of UniteUs. Arthritis program tried to join contract in Yr. 2 but there wasn't enough time to leverage contract before it ended. Contract with Unite Us hasn't been renewed since.
  - Opportunity: Leverage arthritis funding and add to alcohol and substance abuse contract.
  - Lesson Learned: There is an opportunity to do a full landscape assessment for bi-directional referrals across the state. This could help to identify opportunities to leverage existing relationships.
- Washington



- Prior to COVID, programs (e.g., diabetes) were functioning independently but doing their programs well! This caused little opportunity for collaboration and integration.
- Since COVID Washington is working to leverage program locator tool for universal referral to multiple evidence-based interventions.
- Washington is also working on a coordinated care network to align work and leverage opportunities for collaboration.
- North Carolina
  - NC could have signed up to use statewide Unite Us platform earlier than they did.
  - If NC signed on to Unite Us earlier in the grant cycle they could have perhaps moved faster and farther with screening, counseling, and referral and connecting with health systems; additionally, earlier sign on would have helped to streamline statewide virtual programming.
  - Shared that they works with the UniteUs Senior Community Engagement Manager and will also be working with the State Director of NC/AR.
- New York
  - NY didn't anticipate that it would be hard to evaluate and count counseling.
  - Solution: Anyone who received a referral is also considered as being counseled.
  - Working on developing a statewide program locator for all screening, counseling and referral. Multiple SMRC licenses within state is also a challenge.
- Virginia
  - Arthritis used to be under a "Chronic Disease Manager" who managed all chronic diseases and was included in the weekly chronic disease meetings providing opportunities for collaboration. Chronic disease manager left the organization prior to COVID which created a void as arthritis lost the opportunity to be at the table during conversations around screening, counseling, and referral for other chronic diseases.
  - During COVID the arthritis team lost contact with the chronic disease group and were not included in meetings. Additionally, everyone was working remotely.
  - Arthritis is now playing catch up to identify opportunities for collaboration and integration (e.g., Medical Society).
- Minnesota
  - There are units within the health department that work with clinics and they regularly come together to discuss opportunities to collaborate (e.g., provide warm handoffs to other program areas).
  - Opportunity to have worked on collaboration across chronic diseases to promote physical activity earlier in the arthritis grant.



- Opportunity to have worked more intentionally with Physical Therapists for WWE/AAEBI referrals earlier in the grant cycle; this applies to other healthcare professionals and primary care too.

### **National Partners:**

- Osteoarthritis Action Alliance
  - OAAA started to work with healthcare providers but wished that they were a bit more intentional in the selection process to ensure that healthcare providers had necessary supports and tools (e.g., local resource from State Health Department) to sustain referrals.
- Arthritis Foundation
  - AF wants to be a partner with Strategy 2 work and Nick is here to work with states to build relationships and tools and supports for trainers

### **Key Themes from Discussion**

#### Technology

- Technology is a difficult and complex issue especially with over 900 EMRs. If your state has made headway in making strides to overcome technology issues, we should be proud.

#### What happens when you lose a great connector?

- Internal connectors: people within state who can make connections b/w partners with similar goals. Internal connectors are super important. If you have an internal connector within your state, please try to join the conversation and be a key player at the table during meetings, conversations, and brainstorm sessions. Internal connectors will eventually connect you to external connections.
- Interstate connections: Perhaps we have an opportunity to work across state lines to pool resources, join forces, collaborate, and work together with community partners that work in multiple states?

### **Homework**

Please come prepared to discuss 1. Which EMR/EHR you are working with, 2. How easy or hard it was to make the changes that you wanted to that platform (e.g., EHR), and 3. How big is the health system(s) you are partnering with? Additionally, please share if your state is working with a Social Health Access Referral Platform (SHARP). And if so, which one.

### **Additional Resources**

- Video about integrating a PA screening tool into an EMR - <https://www.youtube.com/watch?v=rD5KG2YZeAY>
- Next call, September 1, 2022 @ 2:00 p.m. ET