



Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup (Strategy 2) Call Summary

Thursday, November 7, 2024

2:00 p.m. ET

States in attendance: IA, MN, MT, NC, NH, VA, VT, WV

Additional attendees: CDC, NACDD, OAAA

Facilitator/Moderator: Dr. Adam Burch, New Hampshire and Dr. Joy Doll, Iowa

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.

Technology

- Intermediaries – partnering with an intermediary is one strategy to gain access to key players
 - [Health Information Exchange](#) (HIE/O)
 - Systems that enable secure electronic sharing of medical information to improve care quality and care
 - HIEs allow doctors, nurses, pharmacists, and other healthcare providers and patients to appropriately access and share securely patient vital medical information electronically.
 - Community Information Exchange ([CIE](#))
 - Community-governed infrastructure that enables information to be effectively and responsibly shared among many organizations, using interoperable technologies, in support of holistic coordination of care and equitable systems change.
 - Community Care Hub (CCH)
 - Community-focused, regional, statewide, or multi-state umbrella organizations that organize and support a network of

organizations addressing health-related social needs, centralizing administrative functions like contracting payments, referral, compliance, technology, and data management. ([Partnership to Align Social Care](#))

- Platforms
 - Social Referral Technology Platforms
 - Electronic Health Record Systems (EHR)
- Technical Standards
 - Fast Healthcare Interoperability Resources (FHIR)
 - Consolidated Clinical Document Architecture (C-CDA)
 - Application Programming Interfaces (APIs)
 - Health Level Seven International (HL7)
 - Data Privacy and Security
- Terminology Standards
 - Vocabularies
 - Taxonomies
- Infrastructure
 - Sustainability
 - Social Determinants of Health Referrals
 - Case Management
 - Care Coordination Platforms – Digital tools facilitating collaboration and data sharing between providers to improve patient care management, which may use FHIR standards.

Resources:

Meeting [slides](#)

[ASTP](#)

[Civitas Networks for Health](#)

[211 CIE San Diego](#)

[Partnership to Align Social Care](#)

[ASTP SDOH Toolkit](#)

Components of Success of States and People Working with Technology

- Partners with an intermediary – don't let technology drive who you partner with
- Building trust and managing relationships to build accountability
- Cross-sector and co-designed – helps partners see themselves in the work
- Places partner needs over technology

Discussion:

- **North Carolina:** NC is a funded Component B state and they are excited to dig into provided resources on how to connect with these different technology platforms. Additionally, NC appreciates the idea of not letting technology stop you from making connections and relationships.

- **Montana:** Montana is a funded Component A state that is currently focused on capacity building efforts. This presentation helps to identify what questions to ask and where to go in the future. For example, what EHR are you using and are there plans to make changes to this EHR and workflow? If so, when will changes take place.
 - Who are the people that you need in the room to have these conversations regarding technology and intermediaries?
- **Iowa:** Iowa is a Component A state that is also participating in the NACDD arthritis care model pilot. Trina mentioned that she's observed that the concept of technology and interoperability is evolving, and a lot has changed in the last few years. Having these conversations now is good because technology advances quickly and we need to stay up to date on how to partner with this tool.
- **New Hampshire:** NH is a Component B state that is hearing that healthcare providers don't want to refer patients to a program that isn't paid for or free of charge for patients. This prompted NH to lean in on issues such as social isolation and muscle loss/strength training/GLP-1s.
 - Did you know the obesity rates dropped last year for the 1st time in 40 years due to GLP-1s? Changing behavior is HARD and we are trying to change it for so many levels.
 - Sustainability and lack of coverage for programs is a barrier to partnership building. Looking at existing infrastructure (e.g., HIEs and new requirements) can help with sustainability and this is where trust really comes into play.
 - Some FQHCs are not using PA screening questions if they don't believe they have solutions to address patient needs. It's not availability of AAEBIs in NH, its more about health-related social need barriers.
- **Minnesota:** MN is a Component B state that is focused on statewide coverage and reimbursement. They also have a lot of classes that are ad hoc and limited (e.g., one course every six months). Healthcare providers are hesitant to refer if program isn't always available and available across the state.
 - MN asked for recommendations around managing interoperability for multiple EHR systems and different versions of the same EHR.
 - Start first with how people can refer (e.g., direct exchange via secure email through patient portal).
 - A community referral to a CBO should be handled just the same as a referral to specialist with different systems/EHR. Ask health system how they send referrals to different places for x condition.
 - Think about patient consent and right of patient to share data with other if consent is given. BAA agreements can help address this. This also links to need for more education around community care hubs!
 - An opening question for any new clinical partner is "How do you make referrals to providers outside of your system right now?"
 - If WWE self-directed is not available across the state, its ok to promote PA and promote walking.

OAAA Walk With Ease Portal Update

- Participant/leader can register patients into portal
 - Someone can register information on behalf of someone else. This could be done by health navigator and/or community health worker. Navigators can help individuals. Navigators have helped individuals login and get them connected.

Statewide Sharing Around Intermediary Systems:

1. Are there referral intermediary systems/SHARPs (e.g., FindHelp, UniteUS, HIE) in your state.
2. If they do exist in your state, are you partnering with this entity?
3. How are you trying to use them?

NH: NH has UniteUS statewide contact for care coordination. NH arthritis is in the early stages of partnership with UniteUS.

Iowa: Iowa is partnering with FindHelp, UniteUS, and 211. Iowa is parenting with all three intermediary systems and is also using Vega (formerly Workshop Wizard) platform. Iowa CCH is also receiving referrals from UniteUS and FindHelp. They are also in the early stages of sharing a patient navigator position with 211.

Minnesota: MN is working with Health Partners (also insurance provider). MN is working with the orthopedics division of a major health system in the Twin Cities Metro (Minneapolis/St. Paul). They are partnering with a community care hub (Trellis) to start integrating AAEBIs into their workflow. Not using the EHR currently but they're hoping to use data from the pilot to make the case/get funding to build into EPIC.

North Carolina: NC is partnering with UniteUS (NCCARE360). This has existed for a while but historically hasn't been utilized that much. It is built into the EPIC EHR which most of the major healthcare partners are a part of. North Carolina Center for Health and Wellness does receive referrals from NCCARE360/UniteUs. NCCHW is focused on provider education and establishing the workflow for how to successfully enroll patients in classes and making information accessible. NC tried to work with HIE but hasn't had a lot of success.

Homework

- Come with examples of clinical workflows that you are using. If you don't have a clinical workflow, please come prepared to share that you don't have one and the team will help brainstorm elements.
- Note that workflow doesn't need to be specific to arthritis. Workflow can focus on physical activity and can be for multiple chronic conditions.

Next meeting is 12/5/24 at 2:00 p.m. ET [Registration](#)