

## **Advancing Arthritis Public Health Priorities through National Organizations TA/Peer Sharing Webinar Series**

June 6, 2022 @ 2:00 p.m. ET

### **Sustaining Strategy 1 and 2 Efforts**

#### **Webinar Notes and Resources**

- Materials available on the Action on Arthritis website: <https://actiononarthritis.chronicdisease.org/monthly-webinars/>
- Meeting Recording: <https://vimeo.com/833805948>

#### **Panelists**

- Nicole Shepard – Utah Department of Health and Human Services
- Lizzie Moore – Oregon Health Authority
- Katrina Seipp – Comagine Health
- Dr. Jennifer Trilk – Exercise is Medicine Greenville
- Stephanie Eskuri – Exercise is Medicine Greenville
- Sam Franklin – YMCA of Greenville
- Brandon Smith and Christine Brown – New Mexico Department of Health
- Lisa Chen – Three Sisters Kitchen

#### **Participants**

- 39 total participants
  - 13 states (IA, MN, NC, NH, NJ, NM, NY, OR, SC, UT, WA, WI, and WV)
  - 6 national organizations (CDC, Sound Generations, NACDD, OAAA, Comagine Health and AF)

#### **Resources:**

- Utah Department of Health and Human Services
  - Utah Health Collaborative <https://www.uthealthcollaborative.org/> and a link to the Living Well Coalition <https://healthyaging.utah.gov/living-well-coalition/>
  - Unite Us Utah <https://uniteus.com/networks/utah/>
- Exercise is Medicine Greenville
  - Exercise is Medicine Greenville offers a 12-week program for adults who are looking to make a positive impact on their health. The program includes 60-minute exercise and health education sessions that meet twice a week. This effort is targeted at patients who do not engage in 150 minutes/week in physical activity, patients diagnosed with, or at risk for, chronic health condition, patients with abnormal BMI, or patients with musculoskeletal weakness and/or pain.
  - Exercise is Medicine Greenville <https://eimgreenville.org/> and <https://www.ymcagreenville.org/programs/wellness/exercise-medicine-greenviller>
  - Exercise is Medicine Greenville partners <https://eimgreenville.org/newsroom/>

- Exercise is Medicine solution <https://www.exerciseismedicine.org/eim-in-action/eim-solution/>
- Exercise is Medicine Program Report - <https://pubmed.ncbi.nlm.nih.gov/35111567/>
- Exercise is Medicine Healthcare Provider Action Guide - <https://www.exerciseismedicine.org/wp-content/uploads/2021/02/EIM-Health-Care-Providers-Action-Guide-clickable-links.pdf>
- Please contact Dr. Jennifer Trilk at [trilk@greenvillemed.sc.edu](mailto:trilk@greenvillemed.sc.edu) if you are interested in receiving the Exercise is Medicine Greenville toolkit. This toolkit is being made available for all as part of the White House Conference on Hunger, Nutrition, and Health. Sam Franklin can be reached at [sam.franklin@ymcagreenville.org](mailto:sam.franklin@ymcagreenville.org) to speak with YMCA's that are interested replicating the Exercise is Medicine Greenville referral process.
- Oregon Health Authority
  - Link to a recorded presentation highlighting the process that Oregon Health Authority took to get AAEBIs to be approved by Medicaid. <https://vimeo.com/832400817>
  - Link to the [NACDD Higher Logic Engagement Platform](#) where documents used to help support the case for Medicaid reimbursement in Oregon where shared. If you are not a member of NACDD and are interested in joining for free and accessing the Engage platform, please contact [arthritis@chronicdisease.org](mailto:arthritis@chronicdisease.org).
- New Mexico
  - Paths to Health NM, Tools for Healthier Living is an initiative that includes prevention and self-management programs - <https://www.pathstohealthnm.org/>
  - The Healthy Here Wellness Referral Center, operated by Adelante, engages and trains clinics to make referrals using the system - <https://goadelante.org/community-resources/wellness-referral-center/>
  - Three Sisters Kitchen at <https://threesisterskitchen.org/>

## Questions:

Q: With YMCAs playing such a central role as a delivery partner, is Y-USA exploring a centralized AAEBI billing solution for all YMCA locations?

- The Y network is federated and at this time Ys delivering programs requiring billing need to work with third party vendors. Ys are working with Welld, HabitnNu, OCHI, etc. for billing of chronic disease program delivery. Ys using third party systems still share deidentified participant data with Y-USA so national scale can be measured, but there is not a single data platform.
- Some centralization of contracting and back-office supports is happening via the YMCA Enterprise Shared Services arm, but participation will remain optional.
- Y-USA currently has an objective in the strategic plan to create new pathways to drive revenue across the Y network. This is primarily happening through business development and partnership/grant work. The goal is to open opportunities for Ys to pursue and build relationships locally with health plans, corporations, foundations, government agencies and others. Examples include working with MCOs who are paying Ys for their Medicaid plan member utilization. When these opportunities are pursued, Ys have to ask themselves if they have the ability to meet all of the necessary requirements when working

with health plans, even in the non-clinical services space. If they do, they may contract and work with the plan directly (like Y's do for the National DPP). If they do not, then there are options through the shared services capability, via regional shared services capacity being built in the network (Umbrella hubs, etc.), or through other third parties.

- A challenge that continues to prevail is the need to find a single system to facilitate bi-directional referrals/feedback, enable participant engagement, allow for outcome tracking, and manage billing (both claims and invoice).

### **Evaluation:**

- **Poll Question:** I gained skills related to my organization's ability to sustain strategy 1 and 2 efforts
  - 38% Strongly Agree
  - 62% Agree
- **Poll Question:** Please provide additional information on the specific skills that you gained because of attending today's webinar. (Select multiple options)
  - 69% - New ideas/ways of thinking about my programs current approach to increase arthritis public health strategies
  - 54% - New partners to engage with to address arthritis
  - 46% - Strategies to sustain arthritis efforts
  - 38% - Knowledge about tools that can be used to advance our work