Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup (Strategy 2) Call Summary
Thursday, May 1, 2025
2:00 p.m. ET

Number of total participants in attendance: 17

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

Additional attendees: NACDD, Arthritis Foundation

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

Resources: May slide deck

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. The May workgroup call focused on e-referrals and interoperability.

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.

Topics of discussion:
1. Referrals
2. Information Technology (IT) systems and tools used to support e-referrals
3. Intermediaries
4. Data collected, exchanged, and used

1. What is a referral?
- A referral is the process of directing or sending someone – typically a patient or client – from one service, provider, or organization to another for additional care, support, or expertise.
- In medicine, the act of sending a patient from one health care provider to another for additional health care services. For example, a primary care doctor may refer a patient to a specialist for further diagnosis and treatment.

Examples of referral processes:
- Secure fax

- Encrypted email
- Direct messaging
- Health Information Exchange (HIE) direct email
- Alert within Electronic Health Record (EHR)
- Button option (i.e., link added to EHR)
- Integrations between Social Health Access Referral Platforms (SHARPS) and other platforms (e.g., HIE)

Types of e-Referrals

- Unidirectional - A unidirectional e-referral is an electronic referral system where information flows one way only—from the referring provider to the receiving provider or service—without the ability to track outcomes or receive feedback.
- Bidirectional - A bidirectional e-referral is an electronic referral system that allows information to flow both ways—from the referring provider to the receiving organization and back—enabling communication, tracking, and follow-up.
- Multi-directional - A multi-directional e-referral system extends beyond just two parties—it allows multiple organizations, providers, or systems to share referral information and updates with one another in a networked, collaborative way.

2. **What are the Information Technology (IT) systems and tools used to support e-referrals?**
   - Program Enrollment/Tracking Systems (e.g., Compass, Juniper, Vega)
   - Electronic Health Records (e.g., EPIC, Oracle, Athena, e-EClinicalWorks)
   - Clinical, SHARPS, and Social Care Platforms (e.g., Unite Us, Findhelp)
   - Intermediaries (e.g., HIE, Community Care Hubs, 211)
   - Claims and Billing Systems (e.g., Welld)

   Link to the November workgroup notes on IT technology solutions.

Stop and Reflect: How do you send referrals? How do you receive referrals? How do your partners send referrals? How do your partners receive referrals?

- North Carolina: North Carolina Center for Health and Wellness receives referrals from our social needs referral platform (NCCARE360). The NC Center for Health and Wellness also has a referral form that is linked on their website.
- New Hampshire: New Hampshire shared that they use a referral form via HIPAA secured Fax/Email, through EHR to WELLD (YMCA), and soon to be Unite Us/ NH Care Connections.
- West Virginia: West Virginia shared that they are using a trial-and-error approach to referral pathways, as they have found that what works for one partner may not work for another. For example, Findhelp wasn't particularly effective, but they have had better success using REDCap, thanks to an in-

house data scientist. It's HIPAA-compliant and integrates easily with EHR systems.
- Virginia: Virginia is receiving referrals through Unite Us. The AAEBIs are listed so the provider can find the ones available/applicable.
- Minnesota: Minnesota's AAEBI partners, mainly AAAs or community non-profits, usually do a variety of phone calls, emails, or online forms.
- Iowa: Iowa is Receive referrals through website form, direct messaging, Findhelp, Unite Us, 211, secure fax, and EHR referral order. The Iowa Community Hub is also working on an interoperability build.

Questions to ask a healthcare partner:

1. What is your electronic health record?
    a. If you do not know, who can we ask?
2. How do you send patient referrals now?
    a. If they do not know, who can we ask?
3. Who on your team manages/support EHR functions
    a. If they do not know, let's ask.
4. What are common diagnoses on your patient panels or for your patient population?
5. What metrics does your organization prioritize for your patient populations?

3. What are intermediaries?

- Intermediaries are entities that collect, combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, and quality improvement.

<u>Exploring intermediaries as partners</u>
Below is a list of common intermediaries. Some regions may have multiple intermediaries, and their services vary based on region.

- **Health Information Exchange (HIE)** is the mobilization of health care information electronically across organizations within a region, community or hospital system. HIE provides the capability to electronically move clinical information among different health care information systems.
- **Health Data Utility (HDU)** is a regional or statewide entities that combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, quality improvement, health equity, and public and community health purposes
- **Community Information Exchanges (CIE)** is a network of collaborative partners using multi-directional technology a platform to connect people to the services and supports they need

- **Community Care Hub (CCH)** is a community-focused entity that organizes and supports a network of CBOs providing evidence-based chronic disease prevention and management programs and services to address health-related social needs (HRSN). A CCH supports their network through centralizing administrative functions and operational infrastructure. There are multiple models of a CCH including the Pathways HUB Model.
- **Umbrella Hub Organization (UHO)** is a sponsoring hub for a group of organizations (subsidiaries) that have CDC pending, preliminary, or full recognition. The UHO holds the recognition status for the entire arrangement. Provides administrative and business support to subsidiary organizations to support billing/reimbursement for evidence-based programs, often diabetes related.

General landscape questions to explore intermediaries in your state

What types of intermediaries do we have in our state? How are these entities funded? Who manages these intermediaries?

Intermediary	Y/N	#	Region Covered
Health Information Exchange			
Health Data Utility			
Community Care Hub			
Community Information Exchange			
Umbrella Hub Organization			
Other:			

If you are unsure of the intermediaries in your area, here are some resources to help you explore:

- Number of health information exchanges by state
- Master List of HIEs
- Civitas Networks for Health
- Pathways Community HUB Institute Action Network
- Community Care Hubs National Learning Community List

Health Information Exchange (HIE)

- What HIE(s) operate in your jurisdiction?
- What type of data do they exchange?
- How does the HIE support public health?
- What challenges do healthcare providers face in contributing or accessing HIE data?
- How does the HIE integrate with social service providers or non-clinical organizations?
- What are the data governance and consent policies that guide HIE operations?
- What technology platforms are used for HIE data exchange?

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Health Data Utility (HDU)

- Does your state or region have an HDU?
- What stakeholders contribute data to it?
- How does the HDU support care coordination, quality improvement, and health equity?
- What are the data governance and consent policies that guide HDU operations?
- How does the HDU support public health departments in monitoring population health trends?
- What technology platforms are used for HDU data exchange?

Community Information Exchange (CIE)

- Are there any existing CIEs in your region?
- Who are the key partners?
- What social determinants of health (SDOH) data does the CIE collect and share?
- How does the CIE ensure bidirectional data exchange between healthcare and community-based organizations?
- What technology platforms are used for CIE data exchange?
- How interoperable are they with existing systems?

Community Care Hub (CCH)

- What area does the CCH serve?
- What community-based organizations (CBOs) are currently part of a CCH?
- How does the CCH coordinate chronic disease prevention and management programs with healthcare providers?
- What are the funding sources that support the CCH model in your area?
- How does the CCH handle data-sharing consent and confidentiality for clients accessing services?
- What technology platforms are used for CCH data exchange?

Umbrella Hub Organization (UHO)

- What subsidiaries are currently part of the UHO?
- How does the CCH coordinate chronic disease prevention and management programs with healthcare providers?
- What are the funding sources that support the CCH model in your area?
- How does the CCH handle data-sharing consent and confidentiality for clients accessing services?
- What technology platforms are used for UHO data exchange?

Cross-Sector Collaboration and Future Planning

- What gaps exist in the ability to share information across healthcare, public health, and social service sectors?
- How can public health departments support the alignment and integration of HIEs, HDUs, CIEs, and CCHs?
- What best practices or models from other regions could inform local or state-level initiatives?

- What metrics or outcomes would indicate successful community-clinical linkages in your region?
- What resources or policy changes are needed to strengthen data-driven approaches to whole-person care?

1. Data collected, exchanged, and used

- Data points are collected
  - Health data
    - diagnosis (ICD-10 codes)
    - CPT procedural codes
    - HCPCS codes
    - LOINC lab codes
  - Social care data
    - Z codes for social needs
    - Gravity project – project to build out these data points in healthcare
  - Financial data
    - Claims data
  - Utilization data
    - ED visits
    - Hospitalizations
    - Primary care visits
- You can't exchange data between system unless the two systems are able to "talk" together.

Opportunities for states:

- Find out if you have an HIE and begin to make connections with this group.
- Understand what data you need, where the data lives, where data needs to flow, what directions it needs to flow, and begin to make this into a workflow. Refer to notes from the December workgroup call on workflows and process map redesign.
- Look at existing clinical quality measures as a starting point.

How can we make the case to clinical partners to consider referral processes outside of their own EHR?

- Hyperlink to referral provider.
- Tie to incentive, quality measure that they aren't meeting
- Patients are often turned off if the provider is typing on a computer and/or looking at a tablet throughout the appointment. AI might help with some of this patient and clinical interactions.

Questions for Vendors:

If you ask about data standards make sure that you get version number as well. As an example, USCDI is called the United States Core Data for Interoperability and it's currently on Version 5 with a draft of Version 6. Some entities will adopt 6 as soon as it's accepted, and others will stick for 5 for a while.

- Interoperability standards: United States Core Data for Interoperability (USCDI) | Interoperability Standards Platform (ISP)

Next meeting is 6/5/25 at 2:00 p.m. ET Registration

- Topic - Conversation starters that can serve as effective entry points into engaging healthcare providers.