

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

Thursday, October 3, 2024  
2:00 p.m. ET

**States in attendance:** IA, NH, VA, VT

**Additional attendees:** CDC, NACDD

**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**

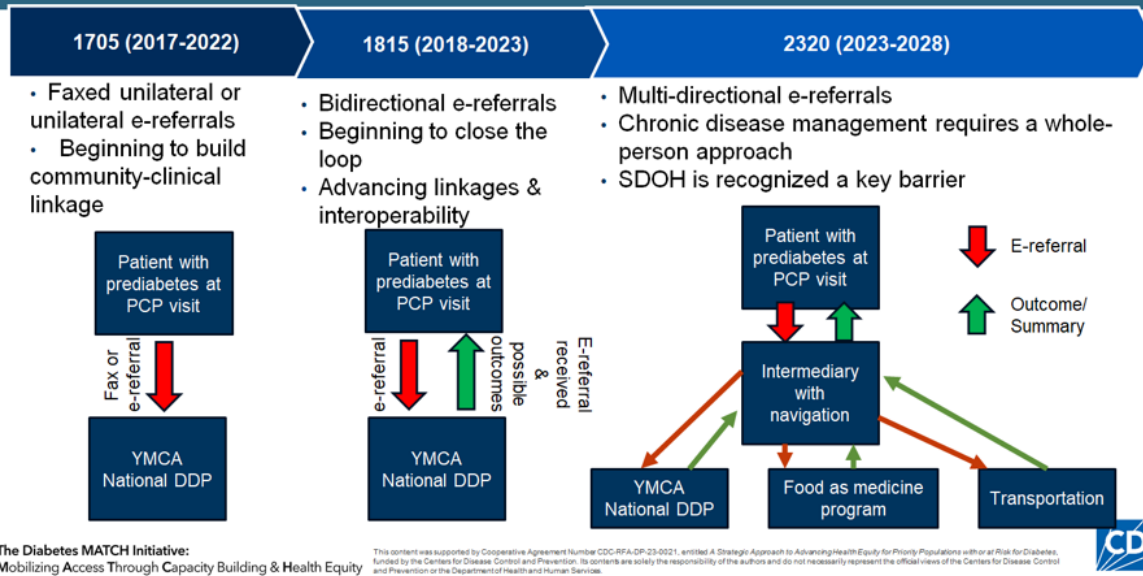
Conversation and collaboration around strategy 2 efforts is encouraged through the Action on Arthritis Engage platform. Start [here](#) and see what your colleagues are saying. Questions and responses are encouraged. Reach out to [arthritis@chronicdisease.org](mailto:arthritis@chronicdisease.org) for questions about the Engage platform.

### **Referral Process**

- Ideal future scenario - bi-directional seamless referral
  - A bidirectional referral system is a two-way communication and referral process between a health care provider and a community program or resource. It involves information flowing in both directions, from the healthcare provider to the program and back again.
  - Referral embedded into EHR with notification(s) that referral was received and processed. Additional information provided based on and enrollment in AAEBI and participation in AAEBI.
  - Some EHRs and providers are not comfortable receiving raw data from outside data source due to HIPAA business agreements.
- Current reality and lower barrier to entry
  - Unilateral (one-way) referral
    - Digital secure fax and e-fax and/or secure email from healthcare provider to CBO and/or program.
  - Physical Media Referral
    - This includes prescription pads and print materials. In this scenario the patient brings the referral to the CBO. This is one-way referral.

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## Timeline of E-referral Evolution with DDT Funding



### Future topics of interest

- New Hampshire:
  - Know what types of systems (e.g., UniteUS, EPIC etc.) states are working with. Know what bi-directional systems states are using, examples of forms, SHARPS, and what is working well.
  - EHRs – Can we get a list of what is currently embedded into which system (e.g., is PAVS in EPIC) and the tools that are part of each system.
- Iowa:
  - Best Practice Alert ([BPA](#)) – are they worth it?
    - Alert fatigue- is this a thing and if so, how can we reduce this?
  - Referral orders
    - Does the receiving entity have to meet certain criteria (i.e. HIPAA status)?
- Virginia:
  - Billing – understanding of who can bill for sending referrals and to which AAEBIs
- National Partners:
  - Tracking brief advice
    - How can we track brief advice?
    - What are the barriers to tracking brief advice?



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- Questions you should ask vendors, questions you should think about when contacting with EHRs, contracting lessons learned session(s).
- How do you raise awareness and get these types of referrals on the radar of clinicians in a primary care setting?

### **Next steps**

Please come prepared to answer the following questions on our November call.

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?

**Next meeting is 11/7/24 at 2:00 p.m. ET [Registration](#)**