

**Community Clinical Linkages Project
Peer-to-Peer Sharing Webinar
Wednesday, February 24, 2021 @ 1:30 p.m. ET**

Webinar Notes and Resources

- Materials available on the NACDD website:
<https://chronicdisease.org/page/autoimmune/nacdd-action-on-arthritis/>
- Meeting Recording:
<https://chronicdisease.zoom.us/rec/play/hcibwB05fmocnXSuorfKQxxFFwbHr2kx2a7JBqZk mzBROhM4wbMmpPrkNIM-QfOarQ3aamWwyauvLyd6.s7BeRPyiWV3jLYJt>

1. State Sharing

New York State Department of Health: Katie Potestio

- Focus Area 3: Engaging/incentivizing providers to counsel and refer to AAEBIs in low-cost ways
- Developing a web-based health care provider toolkit for physical activity counseling and implementing a communication plan to disseminate the toolkit through statewide partners and a digital media campaign.

Arkansas Department of Health: Ashley King

- Focus Area 3: Engaging/incentivizing providers to counsel and refer to AAEBIs in low-cost ways
- Training health care professionals to provide physical activity counseling and referral to Walk With Ease and other AAEBIs.

Minnesota Department of Public Health: Cherylee Sherry

- Focus Area 2: Demonstration projects for technologies that facilitate automated or integrated PA counseling prompts into EHRs
- Creating new e-learning modules for healthcare providers and community health workers.

Virginia Department of Health: Mona Burwell

- Focus Area 2: Demonstration projects for technologies that facilitate automated or integrated PA counseling prompts into EHRs
- Increasing counseling and referral to opportunities for physical activity in local park and recreation centers.

II. Facilitated Discussion

1. What advice do you have for other states that are interested in engaging and incentivizing providers to counsel and refer to AAEBIs in low-cost ways?

New York:

- When engaging providers, include messages and resources about the benefits of physical activity for prevention and management of many chronic diseases, not just arthritis. This opens opportunity to partner with other chronic disease programs on engaging providers on physical activity counseling. By bundling arthritis resources/tools with others geared toward chronic diseases that might be more pressing for providers, such as diabetes and heart disease, providers might be more likely to use the resources.
- For referrals, offering AAEBIs at no-cost to participants is an important incentive for providers to refer patients to programs.
- We heard from HealthConnections' practice facilitator that providers wanted to see the evidence (journal article references) supporting the effectiveness of the programs we were recommending. To address that, we've expanded on the evidence table in the NACDD toolkit to include in ours. We recommend always having evidence ready to share when engaging providers on counseling and referral activities.

Arkansas:

- Begin early in-case the project has to change, such as with the Arkansas Arthritis Program (AAP). Consider establishing an alternative method of delivering the project (early on) in case an unexpected change needs to be made.
- If wanting to provide CEUs/CMEs for participants/healthcare professionals, get with an organization that already plans and hosts conferences that provide education credits/units and inquire about their process for getting approved. Also, local agencies/universities may send out announcements marketing their event and recruiting participants for registration. Check with local college and university departments (planning committees are usually required for applying for education credits/units-department specific) as there should be a contact to provide information about the process. The department may also be a good partner for your project.
- Partner with other organizations and agencies with similar goals and outcomes that you are seeking to accomplish with focus area 3. This will help with the planning, logistics, assigning of tasks, marketing and participant recruitment of the project.

2. What advice do you have for other states that are interested in using technology to facilitate automated or integrated PA counseling prompts into EHRs?

Minnesota - Steps to consider when working with health care systems:

- 1) Obtain buy-in from health system/clinic leadership to implement project
- 2) Kick off meeting for project.
 - Include clinician champion, **chief information officer**, director of nursing and/or clinic manager, **EHR/applications analyst**, medical assistant, care coordinator, health coach (whoever may have that role), physical therapist, others
- 3) Communicate rationale for promoting physical activity counseling into clinic workflow
- 4) Clinic team works to incorporate prompts into workflow and EHR. Prompts may include:
 - Exercise is a Vital Sign – it involves asking 2 questions, documenting, and EHR calculates the minutes of exercise/week average.

- Clinician to then advise on health risks of physical inactivity, benefits of change, appropriate “dose” of physical activity for patient
 - Referral to care team (Warm hand-off) for goal planning and potentially referrals to evidence-based programs, physical therapy, etc.
- 5) **Assess health system/clinic electronic health record (EHR) – helpful for state project person to know**
- What type of EHR? Gives you a sense of EHR capabilities.
 - Does health system/clinic use a 3rd party for EHR use and reports or does health system/clinic have control to make changes themselves and do their own reporting?
 - If the health system/clinic uses a 3rd party vendor for EHR and prompts are added, you may lose these prompts when there is an upgrade, so clinic team needs to discuss with vendor prior to EHR updates. Generally, there will be additional costs for this as well as for any data reports needed for project.
 - If the health system/clinic has control to make changes by adding prompts and/or documentation section, clinic should make sure that the documentation section is created as a structured data field so that you can pull the data for reporting. Beware that any requests may go into a queue and may take a while for the changes to happen so “work arounds” will be needed until then
 - Clinicians are getting fatigued by all practice alerts and are generally against “hard stops” (can’t continue until you fill out the information).
- 6) Bi-directional referrals with community interventions can be difficult. Clinic work group may want to figure out how to better use patient portal for communicating with patient about referral and if attending and reporting on progress.
- Does the current version of the EHR have patient portal that allows for interaction directly with the provider staff?
- Examples:
- | <u>EHR Name</u> | <u>Patient Portal Trade Name</u> |
|-----------------|----------------------------------|
| Athenahealth | athenaCommunicator |
| Cerner | Cerner Patient Portal |
| eClinicalWorks | My eClinicalWorks |
| Epic | MyChart |
| NextGen | Patient Portal |
- 7) Clinic team to assess how to optimize Patient Portal Communication
- 8) Conduct a QI PDSA cycle or more on either work arounds or new work flows to test.
- 9) Training for clinic staff on prompts, documentation, and new or revised workflows.

Virginia

- I suggest that states have a conversation with providers' office managers and with the office EMR Administrator to discuss if their EHR system can integrate a prompt at no cost.
3. Ashley from Arkansas: How do you plan to scale up your program over the course of your CDC five-year cooperative agreement?
- Continue with physician education by hosting a yearly webinar that focuses on strategy 2 of the CDC five-year cooperative agreement. Strategy 2 has been the most challenging with making progress as partners are still trying to understand and plan how they can develop and implement a process to increase physical

activity counseling and referral to Walk With Ease (WWE) and other arthritis appropriate programs within their health systems. The arthritis program has noticed providers may not be familiar with the arthritis codes used to identify patients with arthritis, and or that patient care for other chronic diseases tend to overshadow arthritis services and counseling, making the counseling and referral process for strategy 2 challenging. Hosting a webinar that explains and demonstrates how to use modules in EPIC/in practice may be helpful for providers. This would hopefully increase the use of CPT codes for patients with arthritis and improve referrals to WWE.

- A program under our ADH branch works with a local Healthcare IT company to build electronic health records (EHR) registries for arthritis along with other chronic disease registries. The arthritis program is hoping/working to develop a similar process to encourage providers to counsel on PA and/or refer patients with arthritis to physical activity programs, such as WWE.
- The Arkansas Arthritis Program will also focus some of our efforts on geriatric clinics, which care for more arthritis patients vs primary care clinics that may not have a large number of arthritis patients.
- Lastly, we will plan to target and recruit additional participants/providers across the state, specifically in rural areas.

III. Resources

New York

- HealtheConnections: <https://www.healtheconnections.org/>
- Community Healthcare Association of New York: <https://www.chcanys.org/>
- New York Arthritis Website: <https://health.ny.gov/diseases/conditions/arthritis/>

Arkansas

- Arkansas Arthritis Website: <https://www.healthy.arkansas.gov/programs-services/topics/arthritis>

Minnesota:

- Minnesota Arthritis Website: <https://www.health.state.mn.us/diseases/arthritis/index.html>
- Health Care Homes Learning Center: <https://www.health.state.mn.us/facilities/hchomes/collaborative/lms.html>
- Juniper: <https://yourjuniper.org/>

Virginia:

- Virginia Arthritis Website: <https://www.vdh.virginia.gov/arthritis/>