# INCREASING REFERRALS TO COMMUNITY-BASED PROGRAMS AND SERVICES:

## AN ELECTRONIC HEALTH RECORD REFERRAL PROCESS

### A GUIDE TO PLANNING AND IMPLEMENTATION

**NRPA** National Recreation and Park Association

*Because everyone deserves a great park*

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***Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process***, is a product of the National Recreation and Park Association (NRPA) and is based on a pilot implementation of an electronic health record (EHR) referral process to identify and refer individuals with arthritis from healthcare providers (HCPs) to evidence-based programs offered through local parks and recreation (P&R). It provides an overview of the importance and use of partnerships between healthcare entities and community-based organizations (CBOs) as well as a step-by-step guide on how to replicate the EHR referral process. It also includes sample communication materials, tips and lessons learned from the piloting organizations, a pilot site case study, resources for developing and maintaining healthcare partnerships and a glossary of relevant terms.

This guide is intended to be used by HCPs and CBOs in the identification and referral of individuals with any type of chronic disease to a variety of community-based programs and services. Note that the referral process described in this guide assumes no sharing of patient information between the CBOs and HCPs.

## ACKNOWLEDGMENTS

# INTRODUCTION

Healthcare and community-based organizations (CBOs), such as park and recreation (P&R) agencies, share the common goal of improving the health of the communities they serve. As a result of this alignment, these organizations increasingly are working together to better address the root causes of poor health among populations across the country where people live, work, learn, play and worship, particularly for low-income and vulnerable populations. The types of linkages that are formed as a result of these partnerships collectively are known as **Community Integrated Health Strategies.**

## THE ROLE OF COMMUNITY INTEGRATED HEALTH STRATEGIES

Community Integrated Health Strategies refer to efforts to strengthen coordination and alignment between traditional healthcare (for example, hospitals, health systems and independent medical practices) and CBOs to enhance access to programs and services that help individuals improve their health and quality of life. These strategies are valuable because health begins in homes, schools, workplaces and communities. They build on complementary skills and expertise within the community to fill gaps in needed services as well as coordinate and improve access to community-based preventive and chronic care services. Furthermore, they can be used to establish effective and sustainable linkages such as the development of referral pathways. Strategies fall into two main categories:

### Coordination of services at a centralized location.[1]

When a single organization or multiple organizations collaborate to host programs and services, ensuring these offerings are conveniently located in a central location is critical. Ensuring a location is accessible is important when addressing many factors that affect health, particularly for a community's most vulnerable populations. This can include establishing an interdisciplinary and cross-sector health and wellness center that houses healthcare services such as dental and mental health services, exercise programs, nutrition services, housing and employment services, as well as other resources. Hosting "pop-up services" during various times can ensure that programs and services needed by the community can be accessed at one or more convenient locations.

### Coordination of services between organizations.[1]

Different organizations can also coordinate services, either to complement or as an alternative to hosting services in a central location. This can include formal or informal referrals to necessary community programs and services. This ensures that community members are being directed to a variety of programs and services that will help them improve and maintain their health. For example, individuals with prediabetes may be informally referred by their healthcare provider via a program flyer or brochure to participate in the National Diabetes Prevention Program at a local P&R center, or formally referred via the use of an electronic-referral (e-referral) pathway.

**Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process**
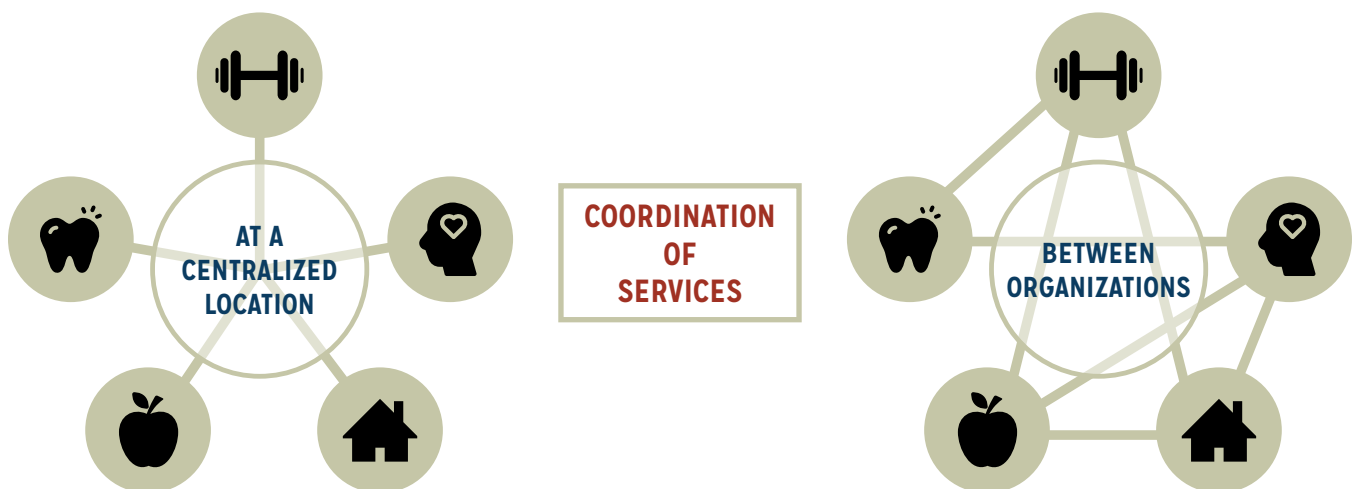
## USING A COMMUNITY INTEGRATED HEALTH STRATEGY TO ADDRESS A CHRONIC DISEASE: ARTHRITIS

According to the Centers for Disease Control and Prevention (CDC), 60 percent of adults in the United States have a chronic condition, and 42 percent have two or more chronic conditions. Among the leading causes of death and disability are heart disease, cancer, chronic lung disease, diabetes and arthritis, all of which are among the most expensive chronic diseases for healthcare payers.[2]

Arthritis is a leading cause of disability that affects nearly 22.7 percent (54.4 million) of the United States adult population. Of the 100 different forms of arthritis, the most common are osteoarthritis, gout, rheumatoid arthritis and fibromyalgia. The majority of the people affected by arthritis are 45 years and older. Of adults ages 45 to 64 years, 29.3 percent have reported a doctor-diagnosed form of arthritis; as adults age past 65, this number increases to nearly 50 percent. It is estimated that the number of arthritis-diagnosed adults will increase to 26 percent (78 million) in approximately 20 years.[3]

Arthritis is a costly chronic disease. In 2013 alone, arthritis-attributable medical costs were $140 billion and lost wages attributed to arthritis were $164 billion, totaling $304 billion or 1 percent of the United States Gross Domestic Product (GDP).[3]

CDC recommends that individuals with arthritis engage in various forms of joint-friendly physical activity such as walking, biking and swimming, as well as evidence-based physical activity and self-management education programs referred to as arthritis-appropriate evidence-based interventions (AAEBIs). While these programs have been shown to reduce arthritis pain and improve physical function, one in three individuals affected by arthritis are still inactive.[4]

Currently, CDC provides funding to national- and state-level organizations to

- raise awareness about the burden of arthritis,
- expand the reach and availability of AAEBIs and other supportive services to help individuals manage their condition, and
- engage HCPs to increase physical activity counseling and referrals to AAEBIs.

## EXHIBIT 1: ARTHRITIS-APPROPRIATE EVIDENCE-BASED INTERVENTIONS (AAEBIS)

### ACTIVE LIVING EVERY DAY (ALED)
A 12-week behavior-change program tailored for sedentary people that teaches the skills needed to become physically active. Groups meet 1-hour per week to discuss topics including identifying and overcoming barriers to physical activity and enlisting social support.

### FIT & STRONG! (F&S!)
Group exercise and behavior-change program designed for people with osteoarthritis and lower-extremity stiffness, pain and mobility challenges. Each class consists of 60 minutes of physical activity and 30 minutes of group discussion. Participants attend three 90-minute classes for 8 weeks or two 90-minute classes for 12 weeks.

### WALK WITH EASE (WWE)
A 6-week, low impact walking program that teaches participants how to safely and comfortably engage in physical activity. Groups meet three times per week for 1-hour. Typical classes include a pre-walk discussion, stretching and strengthening exercises and walking (10 to 40 minutes).

**ALED:** For sedentary adults wanting to become physically active

**F&S!:** For moderately active adults with lower-extremity pain and mobility challenges

**WWE:** For moderately active adults able to walk or stand for at least 10 minutes
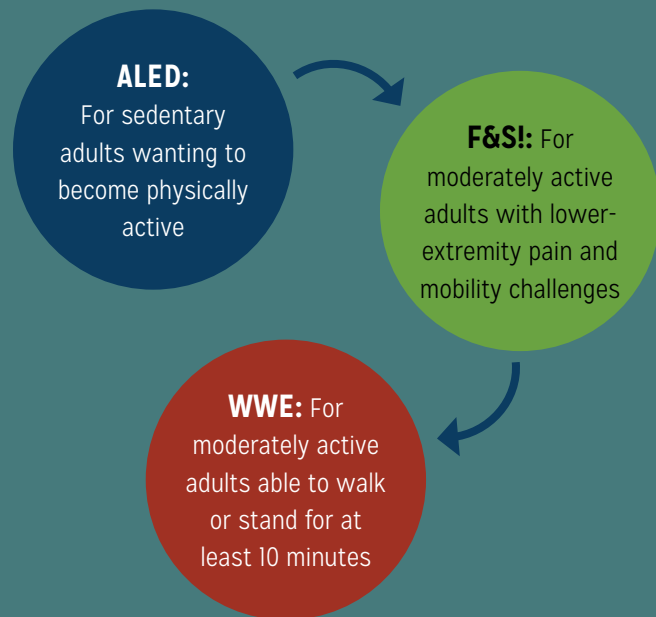
Since 2013, NRPA, with support from CDC, has been collaborating with local P&R agencies to expand the availability and reach of three AAEBIs: Active Living Every Day (ALED), Fit and Strong! (F&S!) and Walk With Ease (WWE). See exhibit 1 for an overview of these AAEBIs. As of February 2019, more than 280 local P&R agencies across 48 states and American Samoa have offered these programs to more than 20,000 participants.

In 2018, to further expand the reach and sustainability of AAEBIs in communities across the country, NRPA began coordinating the development of a community integrated health strategy — implementation of a referral process pilot — in Westminster, Colorado and Shreveport, Louisiana. NRPA worked with P&Rs and their HCP partners in both cities on a referral process that was two-fold:

1. ### Retrospective
   HCPs identify patients with an arthritis diagnosis seen in the past based on stored data that reside within as well as interface with the electronic health record (EHR), and refer them to AAEBIs offered by P&R.

2. ### Point of Care
   HCPs utilize the EHR via the same protocol to identify patients with an arthritis diagnosis and refer the patient to AAEBIs offered by P&R during the office visit.

During the course of nine months, the two P&R agencies and four HCPs, in compliance with Privacy and the Health Information Portability and Accountability Act (HIPAA) rules and regulations, implemented a four-step referral process consisting of (1) HCP and P&R collaborative referral process planning; (2) EHR query development and patient identification for referral; (3) patient communication; and (4) P&R AAEBI program enrollment, participation and feedback. At the conclusion, site visits were conducted at each of the two pilot sites. The visits included interviews with key stakeholders including HCP and P&R staff involved in the planning and implementation of the referral process, as well as focus groups with referred patients who had enrolled and completed one or more of the AAEBIs.

Overall, the pilot was a success. The HCPs and P&R agencies involved were able to partner and work collaboratively to develop and implement a referral process to the AAEBIs offered by P&R. At the conclusion, 2,635 individuals were referred, 696 (26 percent) of which enrolled and participated in an AAEBI. These outcomes are of particular significance given that prior to the implementation of this referral process the participating P&R agencies were not receiving referrals from the HCPs for AAEBI offerings.

## Figure 1: Referral Pilot Outcome



Two pilot sites: Shreveport, LA and Westminster, CO
— 2 P&R Agencies
— 4 Healthcare Partners

→ 2,635 individuals with a particular arthritis diagnosis referred to an AAEBI at a P&R location

→ **696** referred individuals engaged in one or more AAEBIs: a referral engagement rate of **26%**
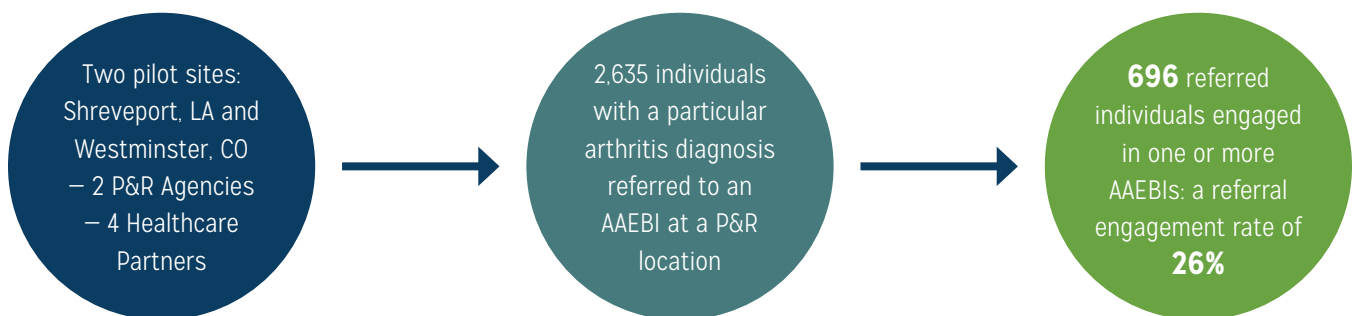
DEVELOPING AND IMPLEMENTING THE REFERRAL PROCESS
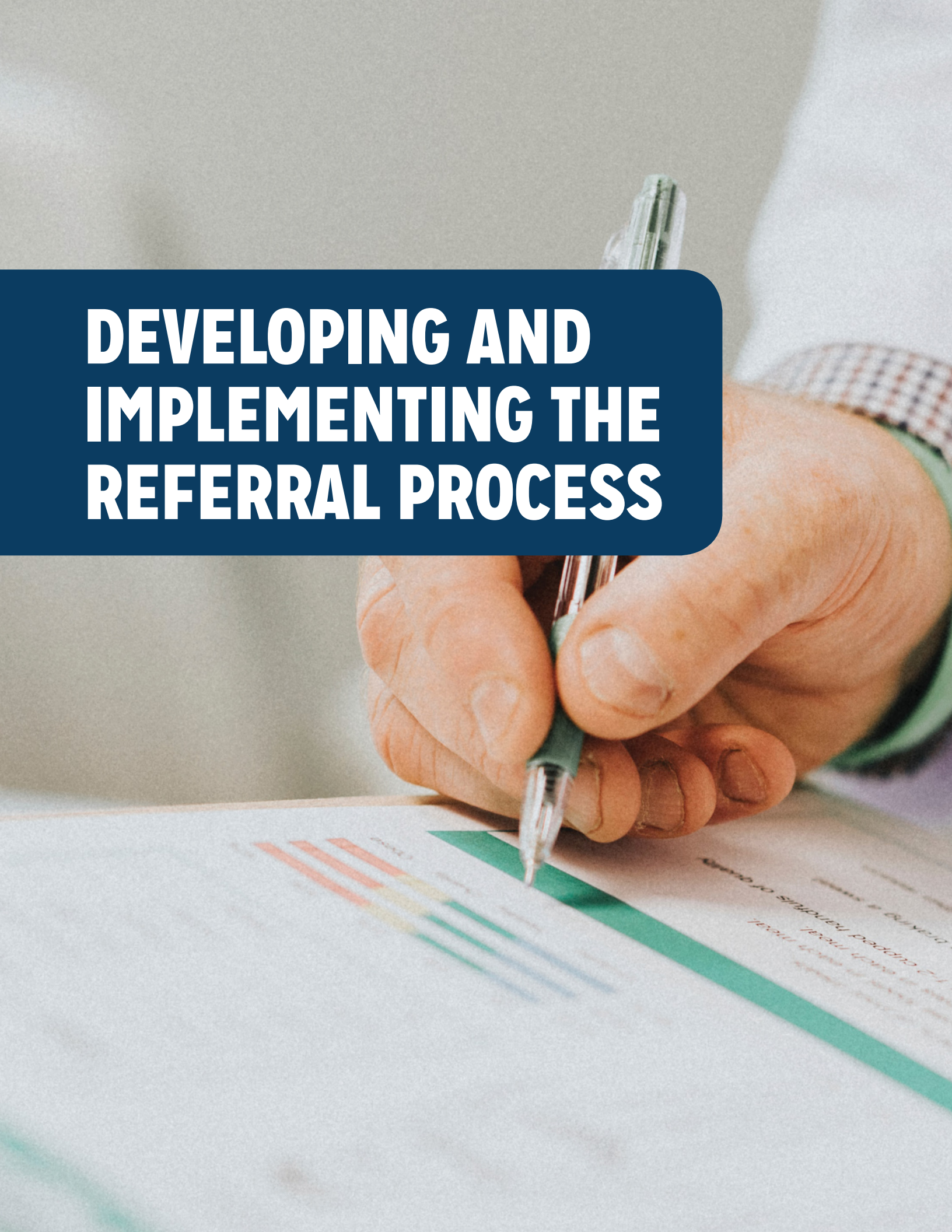
The referral process consists of four main steps as described in figure 2. This includes

- **Step 1:** CBO and HCP referral process planning;

- **Step 2:** HCP EHR query development and patient identification;

- **Step 3:** Patient communication and follow-up by HCP or in-clinic referral;

- **Step 4:** AAEBI program enrollment and participation with feedback to the referring HCP.

Figure 2: Overview of Referral Process

**REFERRAL PROCESS PLANNING**
- Determine referral process/workflow, key roles and evaluation activities
- Determine program location and dates
- Develop communication materials
- Educate HCP staff and increase P&R staff capacity

**QUERY DEVELOPMENT AND PATIENT IDENTIFICATION**
- (A) Develop Retrospective query (RQ) based on age, diagnosis, zip code and tiemframe last seen with diagnosis
- (B) Develop Point Of Care query (POC) based on age, diagnosis and zip code of patients to be seen during office visit

**PATIENT COMMUNICATION AND FOLLOW-UP**
- (A) RQ —(1) Send communication packages to the identified patients detailing the availability of AAEBIs in their community, (2) Follow-up via phone call within 1–2 weeks of mailings
- (B) POC — Educate patients about AAEBIs during office visit and provide them with an AAEBI prescription card

**PROGRAM ENROLLMENT, PARTICIPATION AND FEEDBACK**
- Referred patient initiates contact with P&R agency and completes AAEBI
- P&R agency sends aggregate participation data to referring HCP post program completion

## STEP 1: REFERRAL PROCESS PLANNING

During the planning of the referral process, staff (including leadership and others directly involved in the implementation of the referral pathway) representing the CBO and HCP should collaborate to develop a joint strategy for the four-step referral process. The planning process will be based on the extent of the partnership, size of the organizations, resources available and the level of experience implementing referral processes, but should at a minimum include:

- Outline of the referral process to include the development of HCP and CBO workflows. See exhibit 11 in appendix A for an example of a HCP workflow.

- Identification of key staff and roles.

- Development of a referral process budget that includes printing, mailing, staff time, etc. See exhibit 12 in appendix A for a list of potential HCP and CBO expenses.

- Outline of a plan for internal and external communication.

- Outline of location, dates and times program is to be offered.

- Development of marketing strategy and communication materials.

- Education of HCP staff to be involved in the referral pilot as well as increase in CBO staff capacity to engage referred participants.

- Outline evaluation activities that include participant tracking and providing feedback to HCP.

> **TIP**
>
> If programs are to be marketed to the general public, consider a protocol for enrolling the referred patients. Will they be asked to call or email a specific CBO staff member or use a code for online registrations?
>
> Also consider how your CBO will deal with individuals who want to enroll in a program that has reached capacity. Will they be placed on a waitlist? How will the waitlist be handled? Is there flexibility and capacity to offer an impromptu program to fulfill this need?

Agreements such as a memorandum of understanding or Business Associate Agreement (BAA) also should be discussed during planning of the referral process. An agreement will set the standard and conditions of the partnership, and the type of agreement primarily will depend on any information that needs to be shared among the partners involved. For example, sharing information that can be used to identify a particular individual, referred to as protected health information (PHI), requires the development of a BAA to safeguard PHI; all partners involved would need to understand limitations to the permissible uses and disclosures of PHI. See table 1 for descriptions of additional considerations for both HCP and CBO, and exhibit 2 for planning process tips.

## TABLE 1: REFERRAL PROCESS PLANNING CONSIDERATIONS

| REFERRAL PROCESS PLANNING CONSIDERATIONS | HEALTHCARE PROVIDER | COMMUNITY-BASED ORGANIZATION |
|---|---|---|
| **Workflow:** When determining workflow, consider a process that closely aligns with your current practice to reduce any additional burden to the staff involved. The process likely will be sustained if the referral tasks assigned to key staff remain within the scope of their existing responsibilities. | Plan to utilize, if available, health coaches, care navigators, community health workers and other staff who typically support and engage patients in discussions about lifestyle changes and community resources in the patient communication and follow-up step. If implementing the point-of-care referral, determine how staff including providers (physicians, nurse practitioners, physician assistants), medical assistants, nurses and HCP nonclinical staff (front desk and volunteers) will be utilized. | Consider how you want to best engage and track referred individuals. Should the referred individuals contact a specific staff member or location? Should they register online? How will staff document a referral or send information back to the referring HCP? Train additional staff as needed to lead the programs and consider additional dates and times if a large volume of referrals is received. Timely referral engagement is critical to the success of a referral pathway. |
| **Staff Education:** All staff should be educated or informed about the referral process to ensure that referred individuals receive accurate and timely information from all points of contact. | Provide an overview of the CBO programs and services individuals are being referred to, where they are located, and how to contact the CBO. Utilize CBO staff to further build referral process rapport. Recommended venues include staff meetings and/or educational sessions "grand rounds"/in-service. Additionally, a staff memo or Frequently Asked Questions (FAQs) document could be developed. | Provide all CBO locations, including non-participating locations, with information about the referral process. This is important if referred individuals walk into or call a non-participating location with an interest to register for a program. This could be accomplished with a general staff memo, FAQs document or flyer distribution. |
| **Partner Communication Plan:** Communication is a key ingredient to a successful and effective partnership. | Establish a primary point of contact to serve as a liaison for both HCP and CBO. Ongoing communication is necessary to discuss progress and challenges, program and referral timelines, any changes to key staff and responsibilities as well as relevant organizational changes that might affect the continuity of the referral process. | |

## STEP 2: QUERY DEVELOPMENT AND PATIENT IDENTIFICATION

HCPs routinely use their EHR systems to identify patients to be referred to various health programs and services. These include preventive care services such as mammograms, immunizations, colonoscopy and wellness examinations as well as chronic disease services such as cardiac rehabilitation or diabetes programs.

EHRs contain standard coded data allowing for them to be queried with a list of specified criteria to identify patients to be referred to various programs and services. The criteria used should depend on the purpose of the query as well as data needed to identify the most appropriate patients to be referred. A few questions to be answered when finalizing the criteria include::

- What program or service will the patient be referred to?

- What is the chronic condition(s) of interest and the corresponding International Classification of Diseases, 10th Revision (ICD-10) code(s)?

- Is an age range appropriate? If yes, what is the preferred/targeted age range?

- Should the referral be limited to patients that live in the CBO service area to ensure the program is accessible? If yes, what are the corresponding zip codes?

- Is there a desire to identify everyone with the condition or only those for whom the condition is a primary diagnosis?

- Should the time last seen with condition be considered? If yes, what timeframe would be most appropriate? Seen within the last year? Two years?

- What other data elements could be considered to ensure maximum impact?

Exhibit 3 provides example queries from the implementation of the referral pilot to AAEBIs at P&R agencies. To maximize engagement from those referred, this query considered: (1) the most common types of arthritis including osteoarthritis, gout and rheumatoid arthritis and included those as the ICD-10 codes of interest; (2) age range for individuals with a doctor-diagnosed form of arthritis, which in this case, reflects the majority of the people affected by arthritis; (3) zip codes of the P&R department service area to increase the probability that a referred patient could readily access the program location; and (4) a timeframe for when the patient was either last seen with the condition (retrospective), or scheduled for an upcoming clinic visit (point-of-care). The point of care referral process began approximately 3 months after the initiation of the retrospective referral to ensure that the AABEIs being implemented by the P&R agencies had completed a full session (6-, 8- or 12-week program session).

As previously noted, there are two ways to approach the query process. The retrospective query is intended to be used to refer patients who are not being referred at the time of an office visit, but via another form of communication such as a secure portal message or mailed package. This process is particularly effective in high-need areas where patient compliance with HCP visits is low. Alternatively, the point-of-care query is intended to help identify those patients with a scheduled appointment for an office visit in the coming week. In doing so, HCPs ensure that patients who would benefit most from participating in the referred programs and services are not overlooked by having their EHR charts flagged for attention.

The query development process is an iterative process that can be modified to increase or decrease the number of patients identified or to identify subsets of patients with different age ranges or specific conditions, regardless of the chronic disease of interest or the nature of the query (retrospective versus point-of-care). Possible modifications of the query criteria include, but are not limited to

- younger adults (for example, less than 45 years old),

- upper age limits (for example, 80 years old),

- one or more chronic conditions (for example, osteoarthritis as well as diabetes),

- number of times seen with diagnosis within a specified time frame,

- imaging studies (for example, recent X-ray), and

- use of prescription medication for chronic condition.

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**EXHIBIT 3: EXAMPLE QUERY**
**Criteria Used to Develop Retrospective and Point-of-Care Queries to Identify and Refer Patients for P&R AAEBI Program Participation**

**(A) RETROSPECTIVE QUERY**
- Patients 45 years and older based on age of individuals primarily affected by arthritis
- CBO service area zip codes
- Patients seen within the last 18 months
- ICD-10 codes*

ICD-10 codes*:
M06.9 rheumatoid arthritis, unspecified
M10.079 gout, unspecified ankle/foot
M10.9 gout, unspecified
M15.9 polyosteoarthritis, unspecified
M16.0 bilateral osteoarthritis of hip
M16.9 osteoarthritis of hip, unspecified
M16.10 unilateral primary osteoarthritis, unspecified hip
M17.0 bilateral osteoarthritis of knee
M17.9 osteoarthritis of knee, unspecified
M17.10 unilateral primary osteoarthritis, unspecified knee

**(B) POINT-OF-CARE QUERY**
- Patients 45 years and older based on age of individuals primarily affected by arthritis
- CBO service area zip codes
- Patients with a clinic visit scheduled for the upcoming week
- ICD-10 codes*

M18.0 bilateral osteoarthritis of first carpometacarpal joint, unspecified
M18.9 osteoarthritis of first carpometacarpal joint, unspecified
M18.10 unilateral primary osteoarthritis of first carpometacarpal joint, unspecified
M19.079 primary osteoarthritis, unspecified ankle/foot
M19.90 unspecified osteoarthritis, unspecified site
M47.9 spondylosis, unspecified (osteoarthritis of spine)

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## STEP 3: PATIENT COMMUNICATION AND FOLLOW-UP

After the query is developed and entered, a patient-list report is generated. Ideally, this list is shared with the HCPs, or their designees, such as health coaches or medical assistants, who can add patients deemed appropriate for referral but not captured by the query, or to remove patients deemed not able to participate. For example, patients known to be home-bound, those deceased since the generation of the list, those who have expressed desires to not receive marketing communications from their HCP, or those with moderate to severe mobility or cognitive issues could be removed from the list. The HCPs then send the identified patients communication packages informing them of the referral, and follow-up with a phone call 1 to 2 weeks after mailing the packages.

**Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process**

## STEP 3A: RETROSPECTIVE QUERY: COMMUNICATION AND FOLLOW-UP

While the communication materials should be developed collaboratively by HCP and CBO, they should be sent by HCP staff via mail or through a patient portal. Each communication package should include a letter addressed to the patient identified in the retrospective query report as well as a flyer that contains information about the program benefits and CBO contact. Consider personalizing the letter with the HCP name/logo, which then could be signed by a staff member known to the patient, such as an individual provider, a medical director or a group of providers sharing a practice. See exhibits 4 and 5 for examples of referral letters.

> **TIP**
>
> Mail merge software can assist with addressing envelopes. If this software interface is available with the EHR system, it can minimize staff time in preparing the mailings.

Flyers and brochures are great vehicles for communicating the program information. These materials should be developed collaboratively and contain details about the referenced programs. They should include the program benefits; locations, dates and times; CBO contact information for questions and registrations; and any program costs. Organization logos are also great additions. See exhibits 6 and 7 for examples.

Patient follow-up can begin 1 to 2 weeks after mailing the communication packages. Ideally, this is conducted by HCP support staff such as care navigators, health coaches, community health workers, receptionists or volunteers. Consider using the EHR portal system, if available, to send secure, follow-up messages to the referred patients. Make follow-up phone calls to those not registered for the portal or to all referred patients if you do not have the EHR portal. HCP also should consider developing a script for follow-up phone calls to ensure that patients are provided with adequate information, especially if a patient is unavailable, and a voice message must be left. Without a script, it is possible different callers will provide different or inadequate information about the referral to the patient. This increases the likelihood that the patient will not return the call or inquire about their recommended referral programs.

## STEP 3B: POINT-OF-CARE QUERY: PATIENT COMMUNICATION

In the point-of-care EHR query process, a list of patients scheduled to be in the office for appointments in the upcoming week is generated. For each patient that is identified, a note regarding the patient's eligibility for the CBO program is attached to the patient's record, which alerts the HCP staff to consider counseling and referring the patient before, during or immediately after the appointment. During patient counseling and referral, provide the patient with a program flyer/brochure (see exhibits 6 and 7) or a prescription card (see exhibit 8). If the counseling and referral will be before or after the visit, consider use of medical assistants, nurses or health coaches. For additional touch points during the office visit, place program flyers in the examination and waiting rooms and make the information available on waiting room televisions. Additional tips for identifying and communicating to patients are provided in exhibit 9.

> **TIP**
>
> A script should instruct the callers to:
>
> - Introduce themselves and the purpose of the call
> - Ask the patient if they received the communication package
> - Succinctly review the contents of the communication package
> - Ask if the patient has any questions about the programs or the referral process
> - Ask about and document interest and any challenges to participating
> - Provide next steps to enrollment, if there is interest

**EXHIBIT 4: LETTER TEMPLATE #1**

HCP LOGO

Date _____

Dear Valued Patient:

At [HCP], our goal is to support you in preventing and managing illness and improving your health. I am writing to make you aware of a community program that could possibly benefit you, since you have been identified as someone who suffers from arthritis.

Having arthritis means you may be suffering from joint pain, stiffness, swelling and limited range of motion. Research has shown participation in programs like Walk With Ease, Fit & Strong! and Active Living Every Day can help you manage your arthritis symptoms and improve your physical function.

[CBO] will be offering these programs beginning _____. The programs last 6 to 12 weeks and are taught by trained instructors who can provide information and tools you can use to help manage your arthritis symptoms and improve your quality of life. You will learn the benefits of how small increases in physical activity can result in big benefits to your health.

Contact [CBO] today to find out more information about the programs and how you can enroll in one of the programs, free of cost.

We look forward to continuing to serve as your trusted healthcare provider and helping you have a healthier future.

Sincerely,

[Chief Medical Officer/Medical Director [or signature by provider(s) or known staff member such as health coach or medical assistant]]

## EXHIBIT 5: LETTER TEMPLATE #2

Date _____

Dear [Name of Patient]:

We are excited to tell you about new health and wellness programs available in our community. Because our goal at [HCP] is to help you meet your goals in health and wellbeing, we thought you might be intersted in some new programs.

The following programs are offered through our partnership with [CBO]. [CBO] is offering the programs at [# sites] different recreation centers including

1.      [Location 1], and

2.      [Location 2]

Research shows that participating in these types of programs can help improve your day-to-day motionand function signifcantly. All programs are taught by trained instructors. Additional details about the programs and dates are outlined below.

Fit & Strong! This 8- or 12-week program combines flexibility, strength training and aerobic walking with health education for sustained behavior change among older adults with lower extremity challenges.

•      [Start date–End date], [D, D, D], from [time slot], at the [Location/address]

•      [Start date–End date], [D, D, D], from [time slot], at the [Location/address]

The cost for these programs is [dollar amount], but if you are a SilverSneakers member, the program is FREE! Scholarships are also available.

To learn more about the programs and/or enroll, please contact [CBO contact staff name] at [contact #] or [contact email].

Let us know if you enroll. We would be happy to send someone from the clinic to meet you there for a class! We look forward to continuing to serve you as your trusted ealthcare provider and helping you have a healthier future.

In Health and Happiness,

[HCP Provider 1]    [HCP Provider 2]    [HCP Provider 3]

**EXHIBIT 6: EXAMPLE OF A PROGRAM FLYER/BROCHURE THAT INCLUDES THE ESSENTIAL ELEMENTS OF A WELL-DESIGNED FLYER: PROGRAM(S), DATES AND TIMES, LOCATION OF THE P&R CENTERS AND DETAILS FOR WHO TO CONTACT TO GET MORE INFORMATION.**



## FIT & STRONG
### Mon., Wed. & Fri.
**FREE**

**City Park Fitness Center**
1–2:30 p.m.

**The MAC**
11:30 a.m.–1 p.m.

90 Minute classes held 60 minutes of physical activity and 30 minutes of group discussion

Stretching, low-impact aerobics, and strength/resistance training

Classes designed for those suffering from arthritis.

## WALK with EASE
**FREE**

**Monday, Wednesday, Friday**
**2-3 p.m.**

**Tuesday, Thursday**
**9–10 a.m.**

*West View Recreation Center*

60 Minute classes 2×/week for 9 weeks, or 3×/week for 6 weeks

Pre-walk informational lectures

Warm up, stretch, walking, cool down, stretch

## ACTIVE LIVING *Every Day!*
**FREE**

**Tuesdays, 12–1 p.m.**
*City Park Fitness Center*

**Sundays, 9:30–10:30 a.m.**
*West View Recreation Center*

**60 Minute classes held 1×/week for 12 weeks**
A behavior change education program that is:
Realistic
Personalized
Behavior-based
Research-based

**Contact the City of Westminster, call 303-706-3505 or visit any Recreation center to register!**

**BE ACTIVE.
LIVE HEALTHY.**

## Adults, ages 45 and older with arthritis!

Get involved with **free** fitness programs and nutrition education that can reduce arthritis pain, improve flexibility, strength and overall quality of life.

**Space is limited, sign up today!**

Call SPAR Recreation at

**318-213-0430**

— or visit —

**www.myspar.org**

## Learn more about these free programs:

- **Walk With Ease**
- **Active Living Everyday**
- **Fit & Strong**

**Program Dates:**

**June 25th – December 14th, 2018**

**Program Sites:**

- **Airport Park Community Center**
  (6500 Kennedy Dr.)
- **David Raines Community Center**
  (2920 Round Grove Ln.)
- **Hattie Perry Community Center**
  (4300 Ledbetter St.)
- **Mamie Hicks Community Center**
  (200 Mayfair Dr.)

**SPAR** CITY OF SHREVEPORT

**NRPA** National Recreation and Park Association

**University Health™** A division of **BRF**

**EXHIBIT 8: EXAMPLE PRESCRIPTION CARD**



**A Prescription For Better Health**

Get involved with **free** fitness programs and nutrition education that can reduce arthritis pain, improve flexibility, strength and overall quality of life

Learn more about these free programs:

Walk With Ease
Active Living Everyday
Fit & Strong

For More Information
Call SPAR Recreation at
**318-213-0430**
—— or visit ——
**www.myspar.org**

_____
Healthcare Provider's Signature

**EXHIBIT 9: PATIENT IDENTIFICATION AND COMMUNICATION TIPS**

- Review the query report of identified patients to ensure the list is accurate and a good fit.
- During follow-up phone calls or point-of-care referrals, make notes about patient barriers and refer them to community resources that could potentially address the documented barrier.
- If programs are not being offered for free, include information for how participants still may be able to participate. For example, does your CBO participate in any health-plan associated fitness membership program such as RenewActive or SilverSneakers?
- Make follow-up call from a HCP facility phone number that caller ID will recognize.
- Timeframes can be shortened, and the mailing of the communication packages can be spread throughout the year.
- Invite other affiliate clinic locations to participate.
- Use technology to improve the referral process when available. For example, customizations can be made to the referral drop-down list in the EHR to add community program referrals such as "CBO program referral," for the provider to select at the time of the patient visit.

## STEP 4: PROGRAM ENROLLMENT, PARTICIPATION AND FEEDBACK

The program enrollment, participation and feedback phase is defined by the nature of the relationship between HCP and CBO; it depends on whether or not an agreement is in place to allow the transmission of PHI. If the transmission of PHI is not permissible, once the HCP mails the referral communication packages and follows-up or refers the patient to the CBO at the point-of-care, it becomes the patient's responsibility to initiate contact with CBO to inquire and enroll in a program. When the referred patient initiates contact, CBO should engage the patient by answering any questions, assisting in identifying a suitable program based on patient needs and abilities, and enrolling the patient into one or more programs.

It also is useful for your CBO to gather relevant information from the enrolled participant for the evaluation of the referral process. For example, ask how they learned about the program. Determine if it was by a mailed letter and flyer, during an office visit; or from another source. Consider asking this question as part of the in-person or over-the-phone intake process or during the online registration process. This information can be used for tracking the success of the process, process improvement or performance management.

As part of the general evaluation activities, it is important to track the number of patients that participated in the program to which they were referred as well as the number of referred patients attending other CBO programs and services. An aggregate account of this information can be sent to the referring HCP, informing them of the level of engagement among those they referred. If your CBO typically administers a pre- and post-program assessment, this information, with patient consent, can also be sent to the referring provider. See exhibit 10 for additional tips on program enrollment, participation and feedback.

## ADDRESSING PRIVACY AND HIPAA

As mentioned previously, CBOs involved in implementing the referral process described above did not have BAAs with HCPs. It was not permissible for these CBOs to receive patient information post referral by the HCPs. However, the referral process described would be considered Health Insurance Portability and Accountability Act (HIPAA) compliant based on the following procedures:

- HCP refers their patient to the CBO program and no PHI is shared by the HCP with the CBO.

- The patient initiates contact with the CBO in both the retrospective and point-of-care referrals.

- Only aggregate information (for example, number of referred patients engaging in CBO programs) is communicated to the referring HCP.

### EXHIBIT 10: PROGRAM ENROLLMENT, PARTICIPATION AND FEEDBACK TIPS
- Discuss and execute strategies that would allow CBOs to initiate contact with referred patients via a BAA or other agreement such as patient consent forms.
- Educate all CBO staff in a position to receive inquiries about the programs.
- Offer incentives and market those in the communication packages.
- Offer a "class zero" to potential participants to encourage them to join an introductory class to experience what a regular class would be like and to learn how they may benefit.
- Schedule the programs for different days and times in convenient locations.
- If program cost is a barrier, offer the programs for free if possible.
- If you CBO participates in a health plan-associated fitness membership program, screen the interested individuals for this membership. For example, screen for SIlverSneakers eligibility, if your CBO is a participating location.
- Offer transportation or connect potential participants to any known transportation resources.
- Share success stories or testimonials from past program participants who have experienced health improvements.

## CHANGING THE NARRATIVE AND ENSURING HEALTHY OUTCOMES FOR ADULTS LIVING WITH ARTHRITIS IN SHREVEPORT, LOUISIANA

### ARTHRITIS AMONG LOUISIANANS

Within the state of Louisiana, 26.4 percent of the adult population (individuals ages 18 years and older) has been diagnosed with arthritis.[5] Among these individuals, 40.2 percent experience fair or poor health, 50.5 percent are limited in their everyday activities such as walking and bending, and 40.5 percent report work limitations due to activity restrictions and severe joint pain.[5] CDC recommends that individuals with arthritis engage in various forms of physical activity and evidence-based programs which have been shown to reduce arthritis pain and improve function by 40 percent. Unfortunately, 35.9 percent of Louisianans with arthritis ages 45 to 64 years, and 34.3 percent of Louisianans with arthritis ages 65 and older remain physically inactive.[6]

### ENSURING HEALTHY OUTCOMES FOR LOUISIANANS LIVING IN SHREVEPORT

For decades, Shreveport Public Assembly & Recreation (SPAR) has been providing residents and visitors with cultural opportunities and leisure services by creating a vital parks and recreation system that offers quality of life services, promotes natural space, enhances the local economy and improves community health. This includes offering AAEBIs such as Walk With Ease, Active Living Every Day, and Fit & Strong! that began 4 years ago in efforts to help Shreveport residents with arthritis reduce their aches and pain as well as improve their mood, physical function and overall quality of life. While these offerings have engaged more than 1,000 residents living with arthritis and other chronic conditions, SPAR wanted to make an even greater impact and reach those residents who were most in need of their programs and services.

**PROGRAM AT-A-GLANCE**
**PARTNERS**

Parks and Recreation — Shreveport Public Assembly and Recreation; Health System — Ochsner LSU Health Shreveport (previously known as University Health Shreveport).

**GOAL**

To develop a sustainable referral pathway and to increase consistent physical activity among adults (primarily adults 45 years and older) who have arthritis and other chronic conditions.

**PARTNERSHIP MODEL**

Health system used their EHR to identify and refer patients with arthritis to evidence-based physical activity programs designed to improve health outcomes using letters and prescription cards.

**IMPACT**

Referred 2,005 individuals with arthritis from June 2018 to February 2019. A total 692 referred individuals enrolled and completed at least one arthritis-appropriate physical activity program, a referral engagement rate of 35 percent.



A partnership with Ochsner LSU Health Shreveport, a large health system serving communities in northern Louisiana, seemed like the natural course. Although SPAR had not formally collaborated with the health system on any specific community health improvement project, Ochsner LSU Health Shreveport frequently engaged with community organizations to determine how best to improve the health of the community and advance its mission to improve the health and wellbeing of the Shreveport community, particularly the city's most vulnerable populations. In April 2018, with grant funding from NRPA, staff from SPAR and Ochsner LSU Health Shreveport collaborated to establish a referral pathway for Ochsner LSU Health Shreveport patients with an arthritis diagnosis to engage in AAEBIs offered in SPAR community centers.

As part of this process, Ochsner LSU Health Shreveport utilized its EHR to identify and refer patients using both the retrospective and point of care referral pathways. The retrospective process involved patient identification based on age (patients 45 years and older), timeframe (patients seen within the last 18 months), zip code (patients living in an area serviced by SPAR), and an arthritis diagnosis (patients with various arthritis conditions including osteoarthritis, gout and rheumatoid arthritis, also noted in exhibit 4). Through the retrospective query process, 1,605 patients were identified, all of whom were sent communication packages including a personalized letter and program flyer, prepared and mailed by Ochsner-affiliated community health workers. These community health workers then followed up with the referred patients within a week of the mailings. Prior to the follow-up phone calls, at least 200 referred participants already had called SPAR to enroll in one or more programs. In addition to the retrospective referral, an additional 400 patients were referred just 3 months later during the implementation of the point-of-care referral process.

Throughout the course of the referral process implementation, a total of 2,005 referrals were made from Ochsner to SPAR. This resulted in 692 program enrollments, a referral engagement rate of 35 percent. During this period, an additional 223 non-referred participants also engaged in the AAEBIs being offered as a result of the various marketing strategies employed, including word-of-mouth.

| **2,005** referrals | **692** program enrollments | **35%** referral engagement rate | **223** non-referred participants |
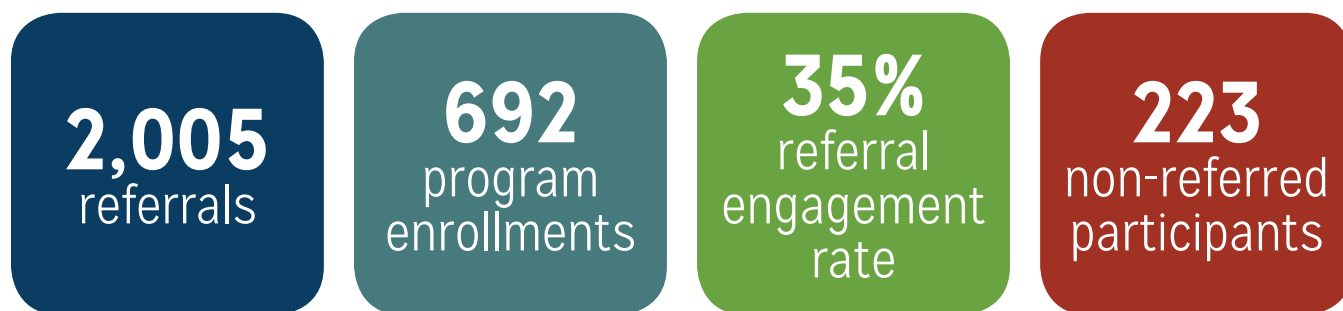
According to one P&R instructor,

> **"I think it has taken the Walk With Ease and all the programs to another level. It opened up an opportunity to reach out to more patients that we previously did not have. It's overwhelming in a good way. The people are responding. They're calling. They're participating. They're excited. It's just been unbelievable to see how it just kind of played out."**
> **— Kenneth Cornelius, superintendent of recreation, SPAR**

The referral process has received a great response and continues to be sustained by SPAR and Ochsner LSU Health Shreveport. Program locations and offerings currently are being expanded to further increase the availability and reach of the AAEBIs.

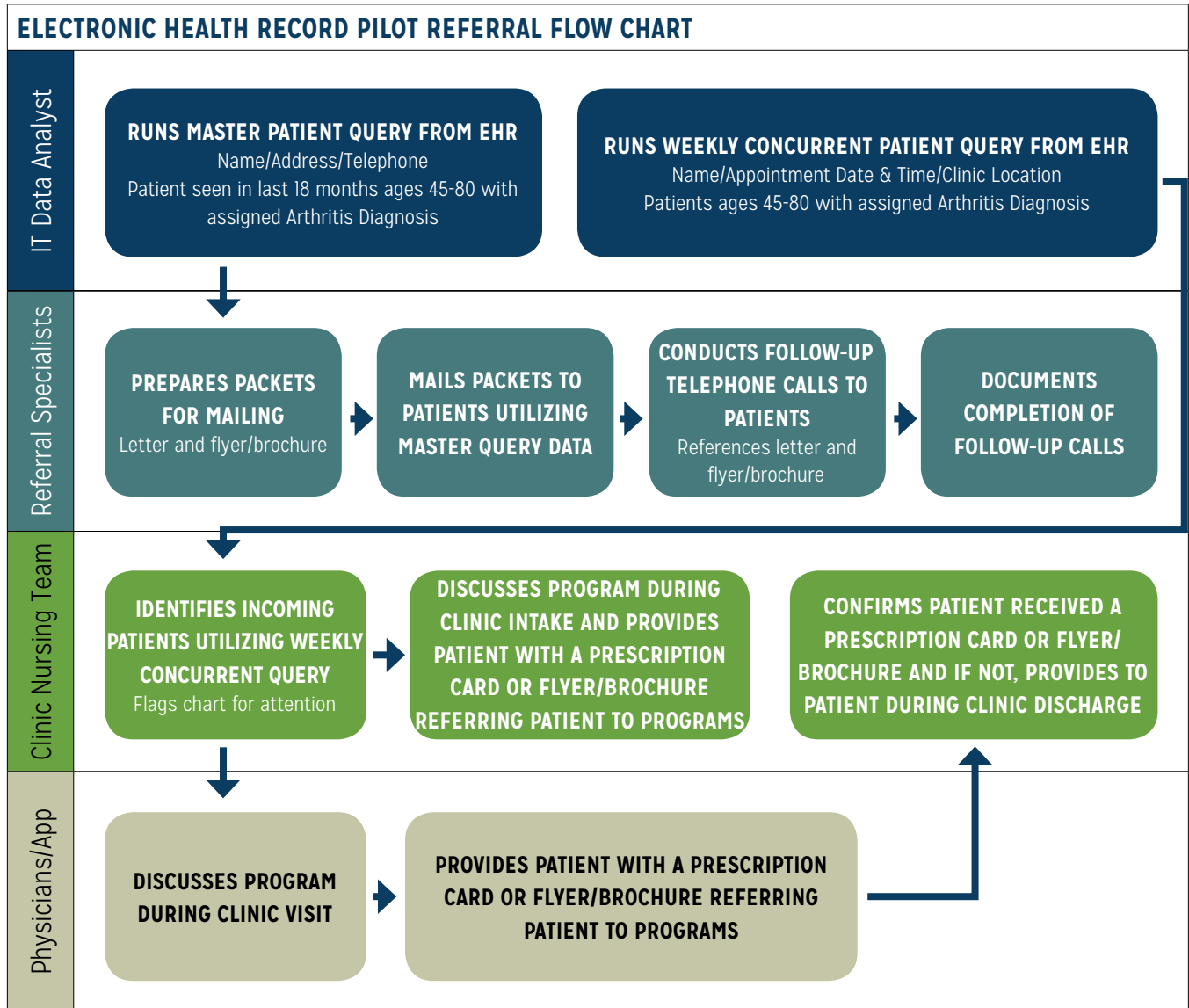# APPENDIX A

## EXHIBIT 11: SAMPLE HCP WORKFLOW

**ELECTRONIC HEALTH RECORD PILOT REFERRAL FLOW CHART**

**IT Data Analyst**

**RUNS MASTER PATIENT QUERY FROM EHR**
Name/Address/Telephone
Patient seen in last 18 months ages 45-80 with assigned Arthritis Diagnosis

**RUNS WEEKLY CONCURRENT PATIENT QUERY FROM EHR**
Name/Appointment Date & Time/Clinic Location
Patients ages 45-80 with assigned Arthritis Diagnosis

**Referral Specialists**

**PREPARES PACKETS FOR MAILING**
Letter and flyer/brochure

→ **MAILS PACKETS TO PATIENTS UTILIZING MASTER QUERY DATA**

→ **CONDUCTS FOLLOW-UP TELEPHONE CALLS TO PATIENTS**
References letter and flyer/brochure

→ **DOCUMENTS COMPLETION OF FOLLOW-UP CALLS**

**Clinic Nursing Team**

**IDENTIFIES INCOMING PATIENTS UTILIZING WEEKLY CONCURRENT QUERY**
Flags chart for attention

→ **DISCUSSES PROGRAM DURING CLINIC INTAKE AND PROVIDES PATIENT WITH A PRESCRIPTION CARD OR FLYER/BROCHURE REFERRING PATIENT TO PROGRAMS**

**CONFIRMS PATIENT RECEIVED A PRESCRIPTION CARD OR FLYER/BROCHURE AND IF NOT, PROVIDES TO PATIENT DURING CLINIC DISCHARGE**

**Physicians/App**

**DISCUSSES PROGRAM DURING CLINIC VISIT**

→ **PROVIDES PATIENT WITH A PRESCRIPTION CARD OR FLYER/BROCHURE REFERRING PATIENT TO PROGRAMS**

## EXHIBIT 12: LIST OF POTENTIAL EXPENSES ASSOCIATED WITH IMPLEMENTATION OF THE REFERRAL PROCESS

| CBO | HCP |
|---|---|
| • Marketing and promotions (for example, flyers and banners) | • Marketing and promotions (for example, flyers and prescription cards) |
| • Staff certification trainings | • Staff time (for example, health coach/volunteer) |
| • Program equipment (for example, participant manuals and weights) | • Administrative costs (for example, information technology and data management, patient follow-up and data collection) |
| • Incentives (for example, gift cards, water bottles and t-shirts) | • Postage/mailing |
| • Administrative costs | • Staff training |
| • Staff time, particularly for non-salaried staff | |

# APPENDIX B

## GETTING STARTED: TOOLS AND RESOURCES TO ESTABLISH AND MAINTAIN HEALTHCARE PARTNERSHIPS

Creating and Maintaining Partnerships Toolkit

Toolkit for Partnership, Collaboration and Action

Partnerships: Frameworks for Working Together

Creating Effective Hospital-Community Partnerships

Key Steps in Creating a Partnership or Collaboration

10 Rules of Great Partnership Meetings

Partnership Meeting Tips and Sample Agenda

Partnerships Between Community-Based Organization and Health Care Providers

Making Community Partnerships Toolkit

Community Health Partnerships

Rural Care Coordination Toolkit

Do's and Don'ts of Community Partnerships

**Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process**

# APPENDIX C

## LIST OF ACRONYMS

**AAEBI** – Arthritis-Appropriate Evidence-Based Intervention

**ALED** – Active Living Every Day

**BAA** – Business Associate Agreement

**CBO** – Community-Based Organization

**CDC** – Centers for Disease Control and Prevention

**e-referral** – Electronic Referral

**EHR** – Electronic Health Record

**FAQs** – Frequently Asked Questions

**F&S!** – Fit & Strong!

**GDP** – Gross Domestic Product

**HCP** – Healthcare Provider

**HIPAA** – Health Insurance Portability and Accountability Act

**ICD-10** – International Classification of Diseases, 10th Revision

**NRPA** – National Recreation and Park Association

**PHI** – Protected Health Information

**P&R** – Parks and Recreation

**POC** – Point-of-care

**RQ** – Retrospective Query

**SPAR** – Shreveport Public Assembly and Recreation

**WWE** – Walk With Ease

## GLOSSARY

**Business Associate Agreement:** A "business associate" is a person or entity, other than a member of the workforce of a covered entity, who provides certain services to, or performs functions or activities on behalf of a covered entity that involves access by the business associate to protected health information. A business associate also is a subcontractor that creates, receives, maintains or transmits protected health information on behalf of another business associate. Visit https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html for more information and a sample BAA contract.

**Community Integrated Health Strategy:** Efforts to strengthen coordination and alignment between traditional healthcare and community-based organizations to improve access to programs and services that help individuals improve their health and quality of life.

Community-based organization: Organizations that work at the local/community level to improve the lives of community residents.

Electronic Health Record: An electronic or digital version of a patient's health information/medical record also known as electronic medical record (EMR). It allows sharing of this information across health-care settings with storage of relevant retrievable (coded) data such as demographics, medical history, medication, allergies, laboratory and radiology results, age, weight and billing information.

Electronic Health Record Query: A request for information stored in the EHR database.

Electronic-referral: A software platform that allows for electronic transfer of a patient's information to facilitate a referral.

Health Insurance Portability and Accountability Act: A Federal law enacted in 1996 to assist in protecting patient health information maintained by health care and healthcare insurance organizations. It prevents this information from being disclosed without the patient's consent or knowledge. (Public Law 104–191). Visit https://www.cdc.gov/phlp/publications/topic/hipaa.html#one for more information.

Parks and Recreation: Local community resources (public spaces and facilities that include parks, nature preserves, open space, greenways, trails and built structures such as community centers) and services (environmental education, recreation and health improvement).

Point-of-care Referral: A referral from the patient's provider at the time and place of patient care to see a specialist or to take part in a CBO program.

Patient/EHR Portal: A secure online website that gives patients access to their personal health information (e.g., office visit information, medications, allergies and lab results), with an EHR interface and HCP messaging.

Protected Health Information: Any piece of information in an individual's medical record that was created, used or disclosed during the course of diagnosis or treatment that can be used to personally identify the individual. This includes name, email address, phone number and social security number.

Retrospective EHR Query: An request for information that includes a criterion for a timeframe in the past. For example, submitting an EHR query for a patient that had an appointment in the past 18 months. (See "Electronic health record query")

[1] Agency for Healthcare Research and Quality. (2016, December). Clinical-Community-Linkages. Retrieved from https://www.ahrq.gov/professionals/prevention-chronic-care/improve/community/index.html

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## ABOUT NRPA

The National Recreation and Park Association (NRPA) is a national nonprofit organization dedicated to advancing parks, recreation and conservation efforts that enhance quality of life for all people. Through its network of 60,000 recreation and park professionals and advocates, NRPA supports healthy and active lifestyles, conservation initiatives and equitable access to parks and public space. NRPA brings strength to our message by partnering with like-minded organizations including those in the federal government, nonprofit organizations and commercial enterprises. Funded through dues, grants, registration fees and charitable contributions, NRPA produces research, education and policy initiatives that ultimately enrich the communities that our members serve. For more information, visit www.nrpa.org.