

Arthritis Committee Minutes 1/9/2018

Phone call

1-2pm

Present by phone and Google Hangout Meet: Margaret Gwaltney, Rachel Pigott, Sadie Peters

Only one copy of the doc in the folder Working Documents. Clicking on that will open the doc. Clicking on Editing doesn't show the changes as obvious. "Suggesting," as the editing mode, gives each user their own color and shows changes made.

Add comments by placing the cursor somewhere in the document and clicking on the + at the top and you get a comment box.

Rachel: Maybe put one person in charge of resolving the comments or suggestions.

All changes are saved in Google Drive. Don't save by clicking SAVE, because Google Docs will make a new copy and you end up with many.

Worked on Action Plan:

Reviewed Goals

Meg asked if we know if the DOA programs are also supporting people who are not older adults? Does the CDSMP program in Cecil County have young people? Meg finds it hard to believe that Montgomery County has only one evidence-based arthritis program.

Rachel: Finding a comprehensive list is a task.

Meg:

What if our timeline is not 5 years, but 10 years?

Can we make a projection about how many people who will have arthritis? This will help to make a judgement for what increase we could expect. Looking at the table from DOA from FY16 to FY18, where there was a 5-8% increase, we could continue that growth and choose something like 5-10% growth by 2022. [Changes made in the Google Doc Action Plan]

Goal two: Practitioner referrals may be hard as we don't have a baseline and may not be able to establish a baseline.

Discussion about the questions asked: BRFSS includes question about ever been referred to an educational program. Baseline was 12% in 2007, but that was a long time ago. Discussion about what questions are there available in BRFSS that do yield current data and if our goals should reflect these.

Sadie to look up which are included in the current surveys.

First Priority: Put in goal of 2 stake holder meetings for 2019

Priority 2: Strategy to establish EBOs on the Eastern Shore and Western Regions to address health disparities. Linda has collected lots of info and added to the Doc. Meg noted that we should be thinking about other people who are younger and may be left out of the discussion.

Meg: Any one from the Arthritis Foundation invited to come? Sadie: Yes, as the Wellness Council was being formed, we made attempts to reach out. There was (I think) a slot for someone from the Arthritis Foundation. Will find out if that is true and if there is still an open slot to add that person to the Cttee.

Meg: Can we get a copy of a letter to the Arthritis Foundation so I could reach out.

Sadie: These are open meetings, so we can invite other interested people to come to any of our meetings.

Changed establishing the timeline to

Priority 3 increase practitioner referrals to EBIs: Consider collaborating with a couple health systems to get a baseline and track numbers of referrals.

We agreed that we got to review and discuss quite a bit with the screen sharing. Will need to schedule phone meetings more regularly in the future so we can get work done. May also help to have the scheduled phone meetings done well ahead of time, so members can book their calendars well in advance.