

Convening States and National Organizations to Address Arthritis Public Health Priorities

Day 3: May 20, 2021, Engaging Healthcare providers, Addressing Reimbursement, Program Sustainability

Summary of Chat Question and Answer and Discussions

Who are state partners that are helping with strategy 2 efforts?

- Massachusetts: QIO partnership
- Extension programs
- Utah and Washington: Comagine Health
- Virginia: FQHCs

How should we engage healthcare providers? What talking points and data should we use to market and promote counseling and referral to AAEBIs?

- New Hampshire: The first step in sales is identifying the pain points of your target audience and presenting them with a solution.
- Utah: Present data and use patient examples
- Use the CDC 1.2.3 Approach to provider outreach
<https://www.cdc.gov/arthritis/marketing-support/1-2-3-approach/index.html>
- Massachusetts: Here's the video and compendium that NCOA developed to help make the case/use the right language with healthcare providers:
<https://ncoa.org/article/video-improving-quality-of-life-and-health-care-outcomes-through-chronic-disease-self-management-education-programs>
- For assistance in pitching your program here is a slide for consideration - see slide 8 for adaptation for arthritis related work in your jurisdiction
<https://www.cdc.gov/sixeighteen/resources/index.htm>
- Groups may want to consider looking at impact of musculoskeletal injuries/claims and the cost of averting the medical claims - highlighting how walk with ease and other arthritis prevention programs can help avert claims - source: IBI (https://www.ibiweb.org/resource/osteoarthritis-in-the-workforce/#gf_1)
- Check your workers compensation expenditures. Typically, #1 cost is related to musculoskeletal injury and chronic pain as a result.
- It's worth spending a little time as a CBO finding a non-profit clinical partner to work through for billing because they already have the software and experience. It's not easy but many people on a board of directors are on multiple ones and they know each of the movers and shakers in your town.

You may already know someone personally that can get your foot through the door.

Is there an opportunity to present at clinic conferences or groups, i.e., American Academy of Orthopedic Surgeons?

- New Hampshire: For orthopedic surgeons you will be competing for time and attention with all the vendors offering continuing education on how to use their very expensive equipment. They have much deeper pockets.
- Kansas: We did engage Physical Therapists here in Kansas. Right before COVID shut things down we were able to be a part of Kansas Physical Therapist Association's Spring Conference and provide a 90-minute session on counseling and referral to available AAEBIs including information on programs, motivational interviewing, CDC's 123 approach, and information on how to get involved with offering the programs etc. CEUs were offered for this session. We had around 50 participants I believe so it was a great way to start the conversation and get quite a few PTs in "one room."
- PTs, OTs, nurses and physician assistants will be much more accessible than primary care physicians or specialists.
- EnhanceFitness has a PT REFER toolkit specifically focused on community clinical linkages. Happy to share with anyone, EF affiliate or not, via request to projectenhance@soundgenerations.org

Can you share the physical activity assessment questions? Are these embedded in the EHR for the pilot practice?

- New Hampshire: Every EHR will be different in what questions they use. There is a nationally recognized physical activity screening tool - Physical Activity Vital Sign
https://www.exerciseismedicine.org/assets/page_documents/EIM%20Physical%20Activity%20Vital%20Sign.pdf
- Comagine Health: We were not able to add any arthritis screening questions to the EMR but they do use the questionnaire from the wellness visit which addresses the pain and mobility kind of questions that are required for screening. Those are standard questions for any kind of wellness visit. The tool Samaritan Health System uses is copyrighted but there are some publicly available tools, though I can't speak to their quality.
 - I am also including a couple pain assessments our research team who does a lot of work on opioid harm reduction have shared though this may be out of scope of the need:
 - Brief Pain inventory short form: http://www.npcrc.org/files/news/briefpain_short.pdf
 - BPI, long form: http://www.npcrc.org/files/news/briefpain_long.pdf
 - There may also be some useful resources here. We have a very strong pain management commission in Oregon: <https://www.oregon.gov/oha/hpa/dsi-pmc/pages/index.aspx>

What is included in Ambulatory Care?

- Ambulatory care encompasses medical care that is provided on an outpatient basis, more details on where this status came from are available from CDC here with links to the studies:

https://www.cdc.gov/arthritis/data_statistics/cost.htm