**National Association of Chronic Disease Directors**
**CDC Arthritis Expert Panel Design Session #3 – Brief Advice/Counseling**
June 13, 2023 @ 10:00 a.m. ET

**Notes and Summary Document**

- Meeting Recording: https://vimeo.com/835902109
- Additional information: Please visit the private Expert Panel web page for a link to the recording from today, summary documents and additional information

**Participants:**

29 Total Participants (including presenters and facilitators)

**Project Overview:**

The National Association of Chronic Disease Directors (NACDD) Arthritis Portfolio is working to develop an arthritis care model that supports innovative efforts that enhance healthcare provider awareness, knowledge, and skills in promoting physical activity as an effective, drug-free way to relieve arthritis pain, improve function, and limit arthritis progression.

**Design Session #3 Objectives:**

- Refine care pathway for the arthritis care model counseling component
- Examine methodology to support brief advice/counseling/ triage and associated counseling tools to recommend for health system pilot
- Assess how PROMIS+PAVs thresholds and other considerations (e.g. health status, risk assessment, patient preference) may drive care pathway
- Explore potential referral mechanisms
- Engage in peer-to-peer sharing, learning, and networking

**Pre-read/Pre-work:**

- Power of 1 Exercise – Use one of the tools in the resource library or another evidence-based brief/ counseling/coaching tool for the following exercise:
    - Practicing Providers and CBOs - Test 1 tool with 1 person with arthritis by the next meeting
        - What worked for you or care team member? What could be improved?
        - Any feedback on the tool from the person with arthritis on how they think it may support their self-management journey ?
    - Others may do the above the exercise with a family member/friend with arthritis OR watch 1 video in the Resource Library and provide feedback on how you think it may support the arthritis care model design
    - Power of 1 Exercise – Reflection Form
- Share any other brief advice/counseling tools for consideration in the arthritis care model change package with sgarcha@chronicdisease.org
- Clinical guidelines – share with sgarcha@chronicdisease.org

- What clinical guidelines do you rely on for accurate diagnosis that we may share with primary care providers/specialty as apart of the arthritis care model references & tools?
- Are there clinical guidelines/care pathways from your institution that may be reviewed by design team for components to consider?

**Presenters:**

Heather Murphy, NACDD

- Welcome

Shalu Garcha, NACDD

- Power of 1 Exercise and Discussion

Dr. Liz Joy, Intermountain Health

- Intermountain Case Study: Putting Brief Advice into Action

Shalu Garcha, NACDD and Kathy Carluzzo, The Dartmouth Institute for Health Policy, and Clinical Practice

- Risk Stratification Pathways

Theresa Kreiser, Comagine Health

- Strategic Discussion and Workflow

Dr. Greg Welk, Iowa State University and Trina Radske-Suchan, Iowa Community HUB

- Iowa HUB Model Framework Discussion

Shalu Garcha, NACDD and Carrie Harnish

- Social determinates of health screening and alignment with workflow

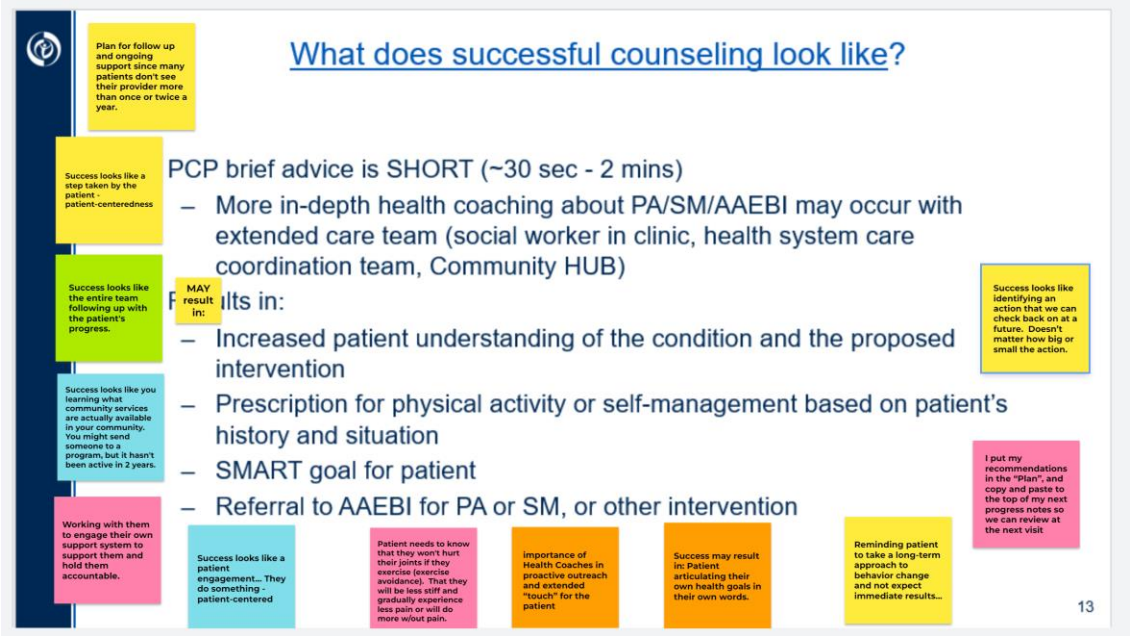
**Discussion Summary:**

- Brief Advice In Action
  - SBIRT – Screening, Brief Intervention and Referral to Treatment is used by primary care physicians to treat a variety of conditions
    - Screening bucket includes PAVS, assessing individuals readiness for change and risk assessment
      - EIM Readiness Worksheet (pg 4 of the EIM Health Care Providers Action Guide) highlights the TTM/Stages of Change
      - To simplify the TTM/Stages of Change, think about it this way:
        - Precontemplation – Share benefits of PA
        - Contemplation – Personalized Advice
        - Preparation – Ready for a prescription
        - Action – Reinforcement; how PA is helping them
        - Maintenance – Check-in
    - Brief Intervention bucket includes brief advice, counseling and a physical activity prescription
      - Brief Advice – physical activity spectrum includes activities of daily living all the way up to exercise; make sure patients don't think they need to start at planned exercise – they can start with active transportation or activities of daily living (e.g., parking further away; walking dog)
      - Brief advice – 30 secs to 2 mins; personalized advice (behavior change prescription; back of the napkin) that takes into account and helps identify pt motivation, abilities, prompt, and relationships/environment/mindset (supports efforts of change; can be positive or neg)
    - Referral to Treatment could include referral to a program, professional place or self-directed activity

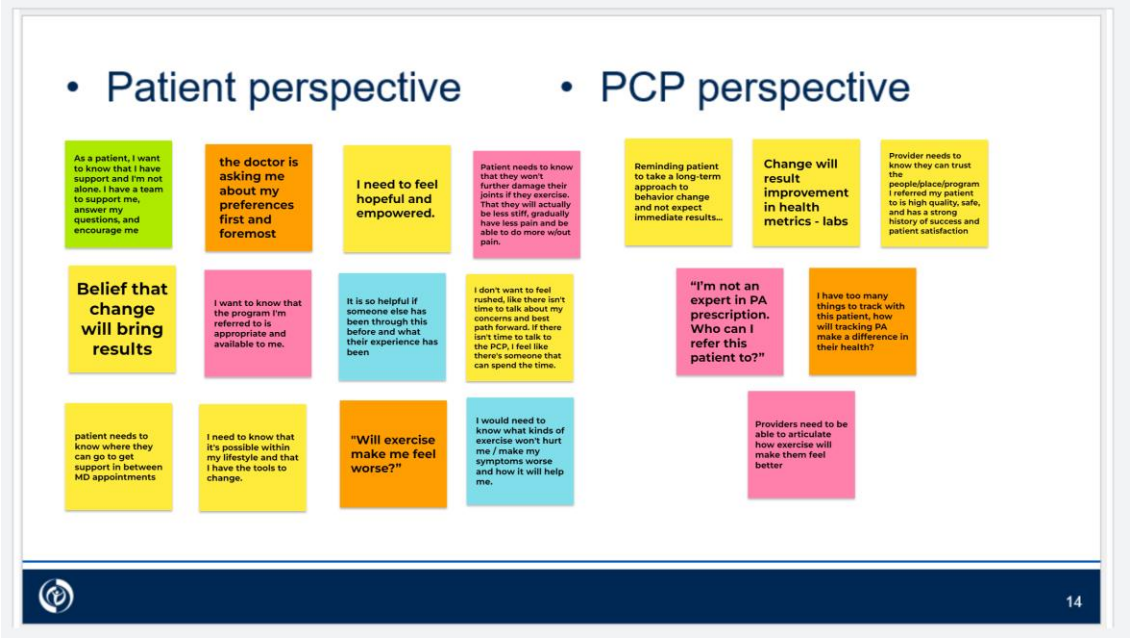
- EIM Tools from ACSM highlighted in the Resource Library
- Intermountain Health Lifestyle Rx (Rx to LiVe Well); PA is at the top of the prescription
    - Includes goal setting opportunities and a place for the pt to sign
    - Interrelated for all chronic diseases
    - Follow for next visit would be done by provider/team member that the pt sees
    - The bar code at the bottom is used to scan as a note into the chart as an image and providers can see a future visits and gauge progress; many of data components are tracked over time
        - Hope to use a program called Notable in the future to pull data into discrete fields and track in EHR
        - Cost for an EHR build can be high (e.g., $30,000 and $150,000) and there are also annual maintenance costs to factor in
    - For the workflow, clinical assistants are asking the PAVS when they collect vital signs and they are entered into chart for provider to see; then PA can be a part of the conversation and shared decision making

- Risk Stratification
    - A proposed pathway was shared which includes risk assessment, interpreting screening results, patient readiness and shared decision-making which all feeds into a referral
    - Part of the risk stratification is looking at the data/measures available (e.g., PAVS, PROMIS) and whether individual meets the inclusion/exclusion criteria
    - If they are meeting criteria then we would look at levels of function and pain, provider would engage in brief advice and determine referral pathway (e.g., PT, AAEBIs)
        - Think through potential barriers for patient (e.g., co-pays for PT)
        - If copays are an issue, 1-2 visits with a PT would still be very effective in addressing risks, prioritizing exercises, developing an independent exercise program and providing important cueing for safe exercise
        - Patients may benefit from a course of PT and then subsequent referral to an AAEBI
        - PTs are connected to community resources and can promote ongoing activity
        - Could payers consider a rebate for co-pays if the patient completes a series or PT or enrolls in an AAEBI?
        - Keep in mind that out of pocket maximum for PT appointments are placed on some patients by their insurance; if they are all used up early in the year and the patient suffered a serious injury that required a PT intervention for recovery they may not have the coverage they need
        - While difficult to operationalize, there is potential for encouraging the Medicare Maintenance Standard to cover costs for supplemental programming and/or involvement of PTs in the Walk with Ease program
    - Discussed medical risk factors and whether a list was needed? Or is this something clinicians go through in their head automatically?
        - Feedback was that the list is helpful but not necessary for MDs
        - Allied health professionals involved in coaching/navigating might still need this list

- Strategic Discussion and Workflow
    - What does successful counseling look like




    - What do you need to know from your PCP and what do you want the patient to know when leaving the appointment?




- Considerations when providing brief advice; what resources and learnings are needed by the healthcare provider? Best practices vs tips and tricks?


- Iowa HUB Model Framework Discussion
  - Incorporates translational research and implementation science strategies to measure how an intervention works and how to make it work better, and also incorporate sustainable impacts
  - HUB serves as the referral coordinator for clinicians/healthcare providers and for the community based organizations, accepting referrals, coordinating services and sharing data back with the clinician/healthcare provider
  - The HUB relies on CHWs that are linked to the HUB as navigators
  - Patients are asked if they want to share data with clinicians and also asked if they want to be referred to EBIs as a part of the consent process
  - Referrals can be made in a variety of ways (e.g., website, RingRx, HIE direct email, SHARPs, EHR, etc.); self-referrals are also accepted
  - HUB is receiving referrals for various chronic disease evidence-based programs, and beginning to work with health care providers to send patients if a need is detected for resources like housing, food, etc.
  - The HUB has a page that provides clinician resources and information
- Strategic Discussion
  - The Medicare Annual Wellness Visit provides an opportunity to imbed screening measures (e.g., PAVS, PROMIS) or use health system risk assessments for capturing patient data
  - A part of the AWV is activities of daily living and fall risk assessments
  - SDOH questions will be mandatory in 2024 for health systems
  - Accountable Health Communities Health-Related Social Needs Screen includes questions on Physical Activity in the supplemental questions
    - In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercises (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)? Range of 1-7
    - On average, how many minutes did you usually spend exercising at this level on one of those days? 0, 10, 20, 30, 40, 50, 60, 90, 120, 150 or greater
  - SDOH Z codes can enhance quality improvement activities

**Key take-aways**

- Brief Advice/Counseling should be personalized for each patient and can be done in under 2 minutes

- There are a  number of resources to assist healthcare professional with brief advice to patients; some have been compiled into a Resource Library
- Two risk stratification pathways were presented; these are pathways that take the interpretation of information from the screening (e.g., PAVS, PROMIS) and refer patient to AAEBI or PT; are these tools helpful and do they resonate with providers?
- Community HUBs can be a resource for care coordination at the macro level
- There is an opportunity to think about embedding our model within the AWV for Medicare patients
- SDOH and ACH Health-Related Social Needs screening providing an opportunity to capture physical activity related data
    - Intermountain integrated the SEEK (for kids) and components of PRAPARE into their EHR about 3-4 years ago. Also developed a SDOH Care Process Model. Here is link: https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529732182

**Future considerations:**

- Explore with USBJI, the possibility of creating supplemental materials (e.g., handouts with links to key materials, video bites, etc.) to support the video "Creating Opportunities for Arthritis Control @ Home (COACH)"
- Continue to address risk stratification framework to ensure patients are referred to appropriate care
- Continue to think through the documentation of brief advice and resources that might be needed by the healthcare provider, along with best practices including the Subjective, Objective, Assessment and Plan (SOAP) note in electronic medical records
- Dr. Jennifer Trilk at the University of South Carolina at Greenville has developed a great network of physical activity resources along with a referral process; potentially a great resource to the panel
- EIM is currently creating a SmartPhrases document to help providers document the physical activity encounter as well as provide advice in the AVS. There is not coding built in, but there is a separate billing and coding document which will include suggestions for dot phrases for various patient types (for both documentation and patient advice). Focus is on billing for time based on the complexity of the patient and their condition(s).
    - Note - CMS introduced a new time based code to specifically account for the added time providers need to take to address chronic pain patients in a more comprehensive manner.

**Evaluation:**

- **Poll Question**: In this design session, I had an opportunity to contribute my own knowledge and expertise to influence the arthritis care model brief advice/counseling methodology
    - 100% Strongly agree or agree

- **Poll Question**: In this design sessions, I had an opportunity to influence tools and resources to assist healthcare providers in providing a brief advice/counseling component to arthritis patients
    - 90% Strongly agree or agree