



**ADVANCING ARTHRITIS PUBLIC HEALTH PRIORITIES
THROUGH NATIONAL ORGANIZATIONS (CDC-RFA-DP21-2106)**

**Arthritis Expert Panel Design Session #3
Tuesday, June 13, 2023 – 10:00-11:30 A.M. ET**



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health. Preventing Disease.

Funding Attribution

This effort is part of the “Advancing Arthritis Public Health Priorities Through National Partners, Component 2” project supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$500,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.



Design Sessions

- 1 May 9 **Screening Arthritis Pt's for QoL**
- 2 May 23 **Brief Advice / Counseling**
- 3 June 13 **Referral**
- 4 June 27 **Care Coordination**
- 5 July 11 **Reimbursement and Beyond**
- 6 July 25 **Evaluation**



Agenda

- Welcome and Agenda Review
- Power of 1 Exercise Discussion
- Intermountain Case Study: Putting Brief Advice into Action
- Risk Stratification Pathways
- Strategic Discussion & Workflow
- Iowa HUB Model Framework Discussion
- Outstanding Items
 - Screening (Age, PROMIS, SDOH Screening)
- Closing/Next Steps



Power of 1 Exercise



Intermountain Case Study: Putting Brief Advice into Action

Liz Joy, MD, MPH, FACSM, FAMSSM

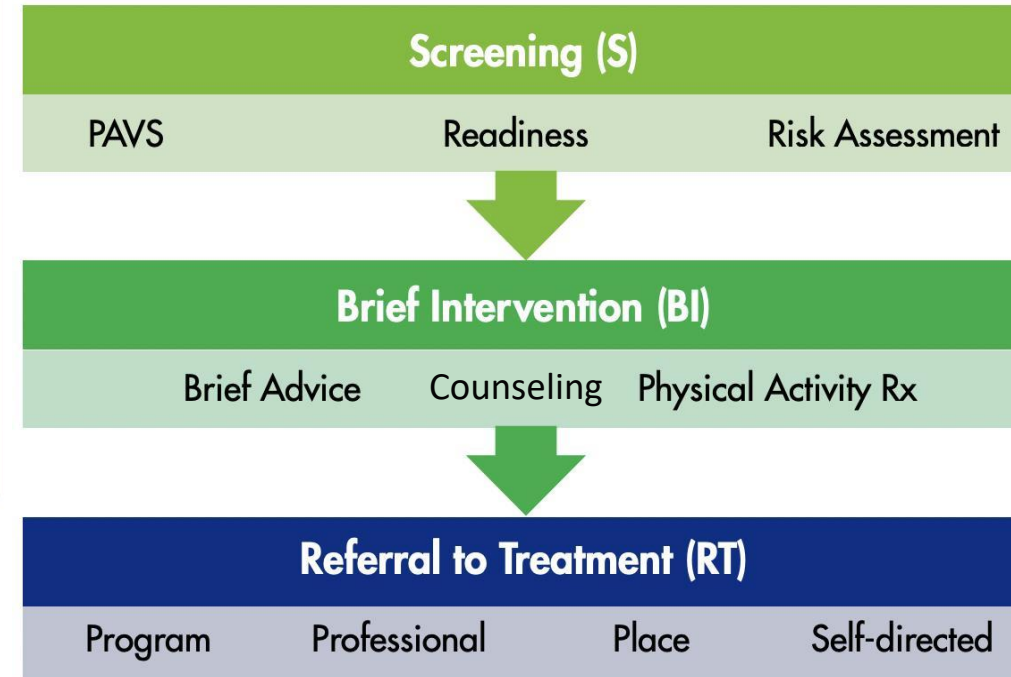
SBIRT

EIM and SBIRT (Screening, Brief Intervention and Referral to Treatment)

You likely have only a brief window of time for physical activity counseling (at times no more than 20-30 seconds) during a normal office or telehealth visit. You can utilize your staff, create tools within the electronic health record (EHR), and use the attached resources to:

1. Assess the patient's level of physical activity and apply the American College of Sports Medicine (ACSM) exercise pre-participation screening algorithm;
2. Provide brief advice or counseling regarding the importance of regular physical activity, specifically relevant to that patient's medical history and situation. Write a prescription for physical activity.
3. Refer the patient to physical activity resources (programs, facilities, certified exercise professionals or self-directed/online resources)

Brief Advice



Exercise
is Medicine®

AMERICAN COLLEGE
of SPORTS MEDICINE®

Assessing Readiness

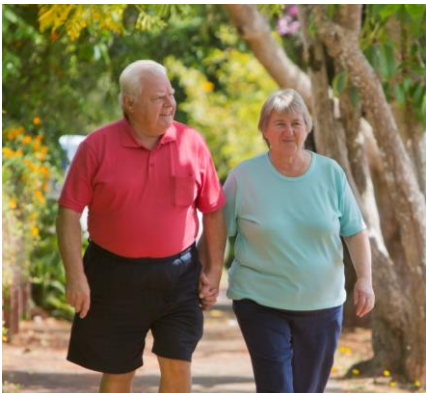
Stage of Change Action Step					
<p>Precontemplation (Patient has no intention to be physically active)</p>	<ul style="list-style-type: none"> Discuss the health benefits of physical activity particularly related to that patient's condition and needs. The individual is not ready to consider a physical activity prescription at this point. <p>BENEFITS</p>				
<p>Contemplation (Patient knows they should exercise and is thinking about becoming physically active)</p>	<table border="1"> <thead> <tr> <th>Independent</th> <th>Supervision Necessary</th> </tr> </thead> <tbody> <tr> <td>Provide information. Write prescription. Refer to exercise.</td> <td>Refer to clinical exercise rehab or appropriate.</td> </tr> </tbody> </table> <p>PERSONALIZED ADVICE</p> <p>Using a patient's interests and concerns to become more active and choose how they'd like to begin. Provide basic guidance if the patient is receptive.</p>	Independent	Supervision Necessary	Provide information. Write prescription. Refer to exercise.	Refer to clinical exercise rehab or appropriate.
Independent	Supervision Necessary				
Provide information. Write prescription. Refer to exercise.	Refer to clinical exercise rehab or appropriate.				
<p>Preparation (Patient is planning to become physically active in the near future)</p>	<p>Write prescription. Refer to clinical exercise rehab or appropriate.</p> <p>PRESCRIPTION</p>				
<p>Action (Patient is meeting the physical activity guidelines but for less than 6 months)</p>	<table border="1"> <thead> <tr> <th>Independent</th> <th>Supervision Necessary</th> </tr> </thead> <tbody> <tr> <td>Applaud efforts. Encourage continued activity.</td> <td>Encourage continued activity.</td> </tr> </tbody> </table> <p>REINFORCEMENT</p> <p>Discuss relapse prevention strategies: planning ahead for challenges, getting back to activity after a lapse.</p>	Independent	Supervision Necessary	Applaud efforts. Encourage continued activity.	Encourage continued activity.
Independent	Supervision Necessary				
Applaud efforts. Encourage continued activity.	Encourage continued activity.				
<p>Maintenance (Patient is meeting the physical activity guidelines for the last 6 months or more)</p>	<table border="1"> <thead> <tr> <th>Independent</th> <th>Supervision Necessary</th> </tr> </thead> <tbody> <tr> <td>Applaud efforts. Encourage continued activity.</td> <td>Encourage continued activity.</td> </tr> </tbody> </table> <p>CHECK-IN</p> <p>Encourage healthy behaviors; continue to engage in healthy activities to cope with stress.</p>	Independent	Supervision Necessary	Applaud efforts. Encourage continued activity.	Encourage continued activity.
Independent	Supervision Necessary				
Applaud efforts. Encourage continued activity.	Encourage continued activity.				

Brief Advice: Physical Activity Spectrum



Activities of Daily Living

- Walking/rolling
- Taking stairs
- Parking farther



Active Transportation

- Walk/bike to work or errands



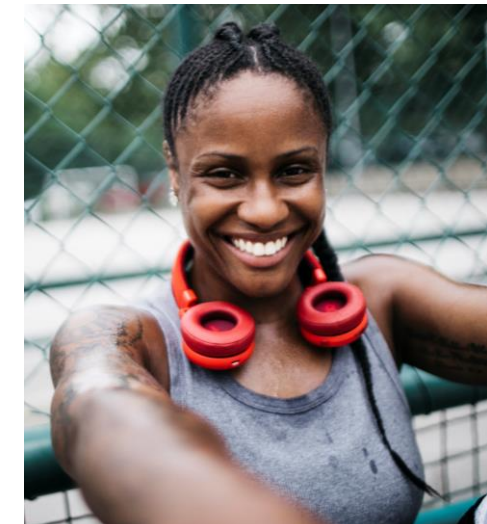
Lifestyle Activities

- Walk the dog
- Rake leaves
- Go dancing

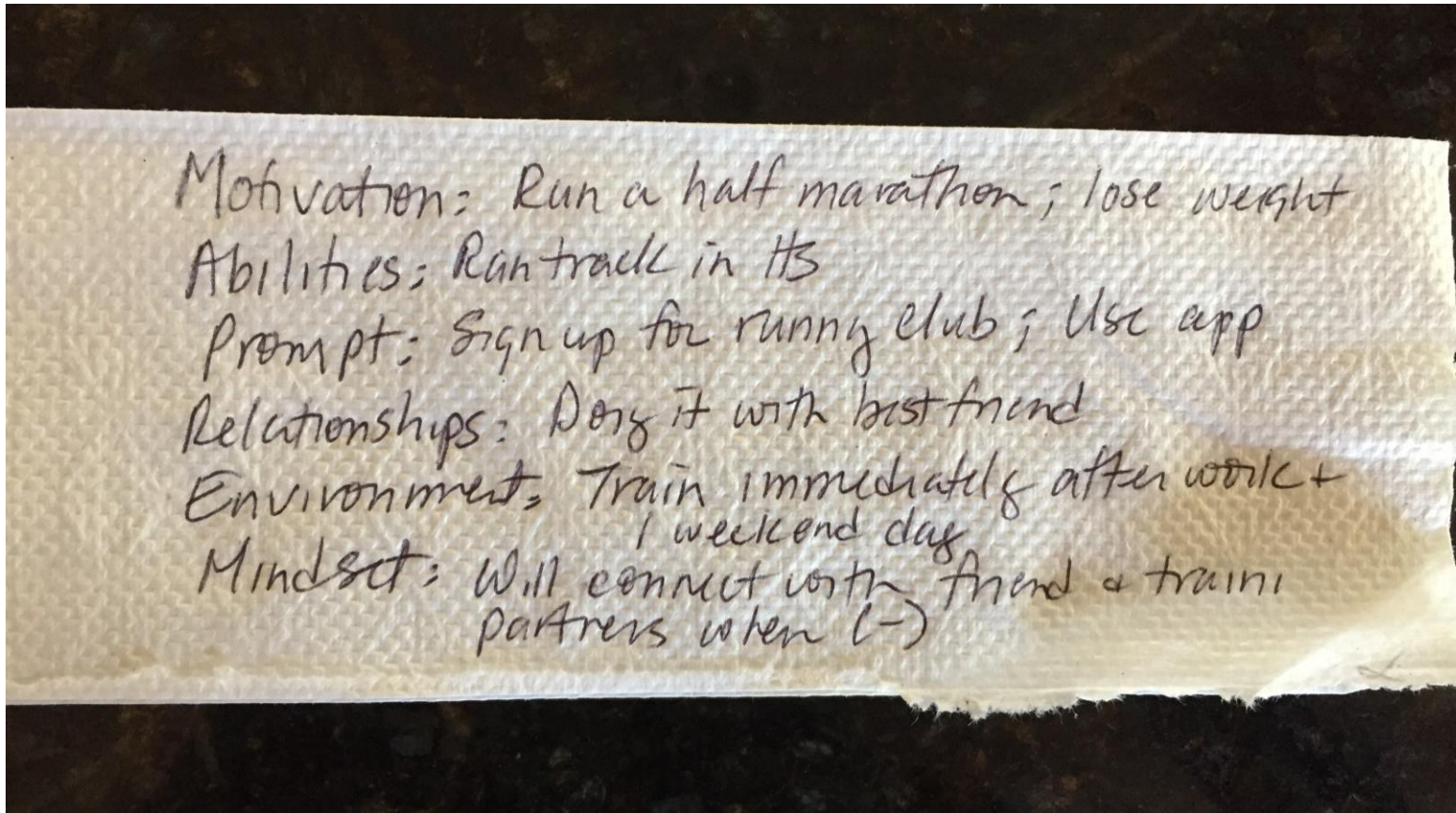


Exercise (planned)

- Aerobic activity
- Strengthening
- Combo or sports



Brief Advice 30 secs - 2 mins?



Rx Prescriptions for Physical Activity + OA Modifications

Name: _____ Date: _____

2018 Physical Activity Guidelines for Adults:

- 150-300 minutes/week of moderate-intensity activity or 75-150 minutes/week of vigorous activity (somewhat hard to very hard) or a combination of both
- Muscle strength training 2 or more times a week



Aerobic Activity (check)

Frequency (days/week): 1 2 3 4 5 6 7

Intensity: Light (casual walk) Moderate (brisk walk) Vigorous (like jogging)

Time (minutes/day): 10 20 30 40 50 60 or more

Type: Walk Run Bike Swim/Water Exercise Other _____

Steps/day: 2,500 5,000 7,000 9,000 or more Other _____

What about aerobic activity?

- Moderate activity is at a pace where you can talk but cannot “sing.” Examples: *brisk walking, light biking, water exercise and dancing.*
- Vigorous activity is done at a pace where you can't say more than a few words without pausing for a breath. Examples: *jogging, swimming, tennis and fast bicycling.*
- You can exercise for any length of time. For example, you might walk:
 - 30 minutes 5 days/week or
 - 20 minutes daily
 - 5 minutes here, 10 minutes there. Just work your way up to 150 total minutes/week.
- Your ultimate goal is to gradually build up to 7,000-9,000 steps/day.



Muscle Strength Training (check)

Frequency (days/week): 1 2 3 4 5 6 7

What about strength training?

- You don't have to go to a gym. Try elastic bands, do body weight exercises (chair sit-to-stands; floor, wall or kitchen counter push-ups; planks or bridges) or lift dumbbells. Heavy work around your home or yard also builds strength.
- Strengthen your legs, back, chest and arms. To start, try 10-15 repetitions using light effort. Build up to medium or hard effort for 8-12 repetitions. Repeat 2-4 times, 2-3 days/week.
- Give yourself a rest day between each strength training session.

Prescriber's Signature: _____

Being Active When You Have Osteoarthritis

Being active will help you feel better, move better and sleep better. Experts now say that any physical activity counts toward better health — even just a few minutes!

If you are one of the millions of people who have osteoarthritis (OA), being active is an important way to decrease the pain and stiffness that are hallmarks of arthritis. If you avoid physical activity, you'll get weaker and stiffer, making your joint pain and disability worse. Regular exercise has been shown to reduce pain, improve your ability to do daily activities and lower your risk of other health problems.

Start where you are. **Use what you have. Do what you can.**

Getting Started

Keep It Simple

Sit less and move around more! Sitting still for too long will cause your joints to feel stiff. Walk to the mailbox. Walk the dog. Dance in the kitchen. Take the stairs. Find opportunities to move throughout your day.



Talk with Your Doctor

If you have other health problems or have been inactive for a long time, check with your health care provider. How about physical therapy? Physical therapists can teach you exercises to strengthen and support your joints and manage pain.



Build A Plan

There is no one best way to be active with OA. Use your “likes” to guide your active lifestyle. What will help you make a change and get moving? Schedule activity as a high priority.



Be Active with A Friend

Find a friend and set up walking schedules or find out about programs in the community. Those who are active with a buddy tend to stick with it longer than those who go it alone.



Brief Advice

Lifestyle Rx

Pillars of Lifestyle Medicine

Lifestyle First, Lifestyle Always



Rx to Live Well

MY NAME: _____ MY DOCTOR: _____ TODAY'S DATE: _____
 WHERE I'M STARTING: Activity level: _____ minutes/week Weight: _____ pounds Sleep: _____ hours/day

MY KEY RISK AREAS AND POSSIBLE GOALS



Physical Activity

- Moderate to vigorous aerobic physical activity:
 Brisk walking or _____
 Days/week _____ x Minutes/day _____
 = Total minutes per week: _____ (build up to at least 150)
- Strength training 2 or more days per week:
 What: _____
- Reduce total sitting time
 from _____ hours a day to _____ hours a day
- Reduce screen time (TV, video games, Internet)
 from _____ hours a day to _____ hours a day
- Other: _____



Nutrition

- Eat a healthy breakfast _____ times per week
- Eat or drink MORE of these:
 fruits: _____ servings/day vegetables: _____ servings/day
 other: _____
- Eat or drink LESS of these:
 sweetened drinks - less than _____ 12-oz servings/week
 other: _____
- Eat meals together as a family _____ times per week
- Keep a food journal for _____ days
- Reduce portion sizes by using a smaller plate or: _____
- Other: _____



Other Important Lifestyle Factors

- Sleep _____ hours per night _____ nights per week
(aim for 7 to 9 hours every night)
- Manage stress by: _____
- Find a friend or family member to support my commitment:
 Who: _____
- Reduce alcohol intake to less than _____ drinks per week
- Quit tobacco: Method: _____ Quit date: _____
- Reward myself for small changes and successes
 How: _____
- Other: _____



Weight Management

- Lose _____ % of body weight or _____ pounds
 by _____ (date)
- Record weight at least once per week for _____ weeks
- Record food intake every day for _____ days
 Target calories/day: _____ Target carb gms/day: _____
- Record daily physical activity for _____ weeks
 Target minutes/week: 250 300 Other: _____
- Other: _____

MAIN GOAL and PRESCRIPTION

Main goal my doctor and I agree on: _____
Patient education resources: Handouts given: _____
Referrals: Nutrition counseling: Dietitian _____ Phone _____
 Weigh to Health program: Location _____ Phone _____
 Other: _____
Tracking method: _____ **Report or follow up:** In _____ weeks / months with _____
Signed: _____ (patient) _____ (provider) _____ (date)



Give the patient a copy of this Rx, and keep a copy in the patient's chart.

Pt Inst 50280

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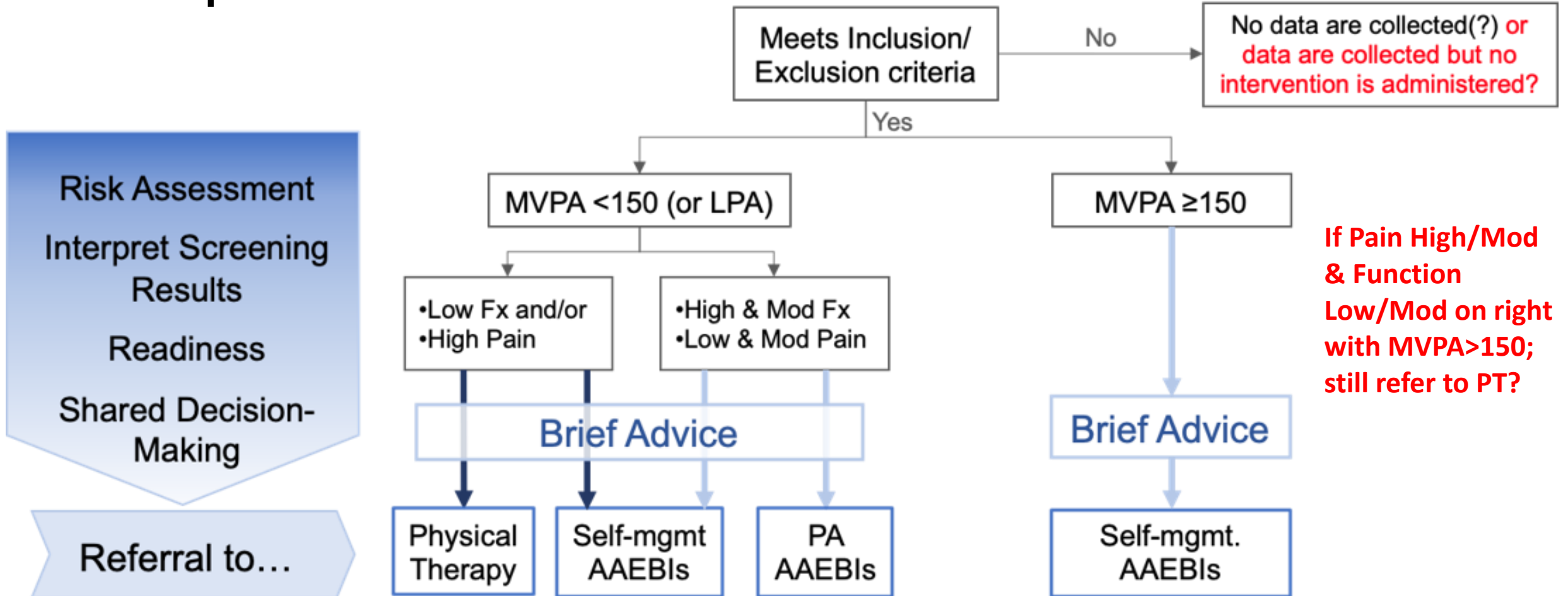


Risk Stratification Pathways

Dartmouth Institute for Health Policy and
Clinical Practice



Proposed Risk Stratification



***Measures:** PAVS (“MVPA”) PROMIS Physical Function (“Fx”) and Pain Interference (“Pain”)



Considerations for Medical Risk Factors

Allen, K., Vu, M.B., Callahan, L.F. *et al.* Osteoarthritis physical activity care pathway (OA-PCP): results of a feasibility trial. *BMC Musculoskelet Disord* **21**, 308 (2020).

Medical Risk Factors

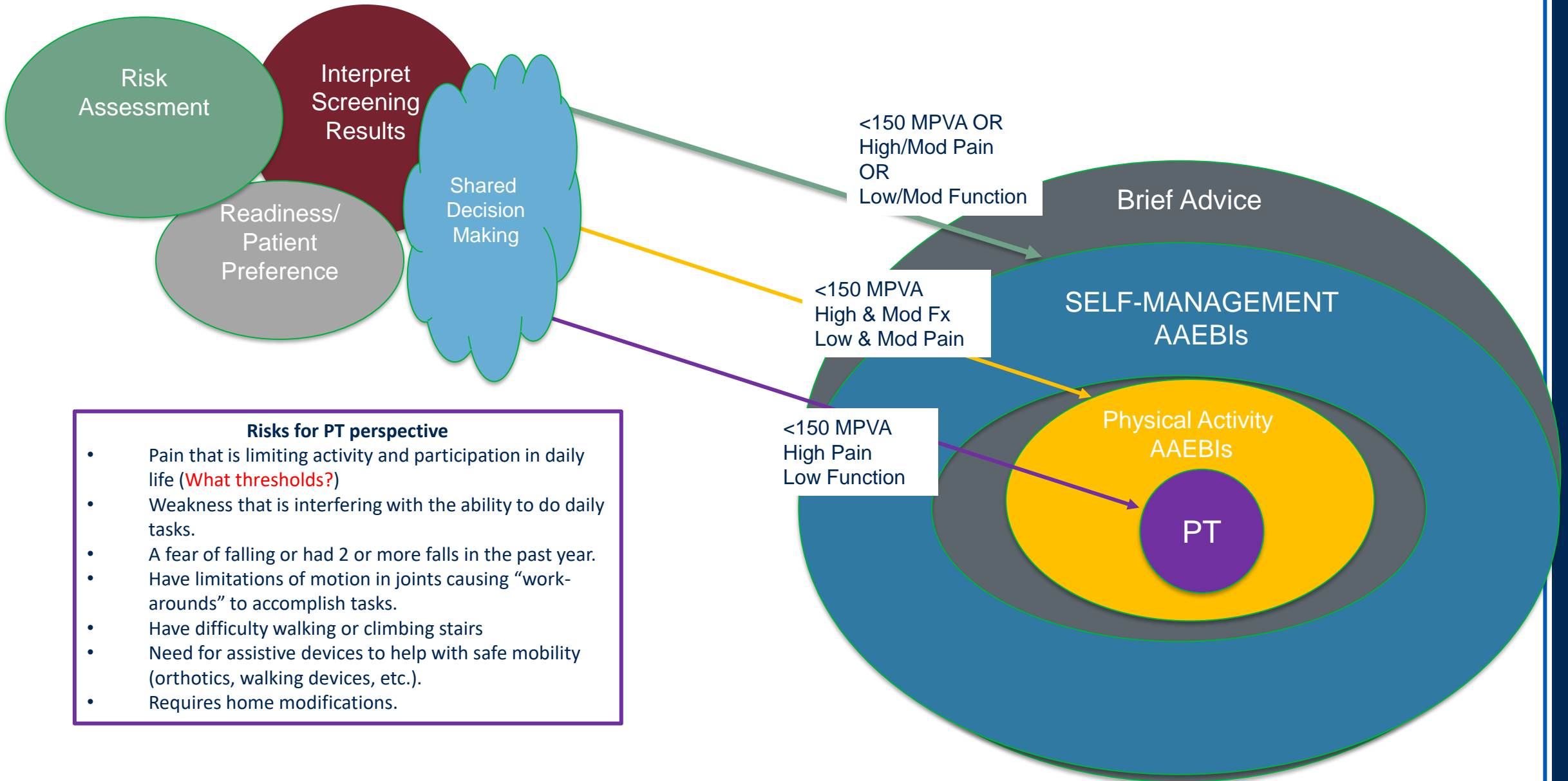
Chest pain (with physical activity or at rest)
Loss of balance because of dizziness or loss of consciousness
Unstable angina
Hospitalization for cardiovascular event in last 6 months
History of ventricular tachycardia
Stroke with moderate to severe aphasia
Unstable chronic obstructive pulmonary disease (2 hospitalizations within the previous 6 months and/or on oxygen)

Medical Risk Factors (cont'd)

Dementia
Psychosis
Active substance abuse disorder
Total knee or hip replacement surgery, meniscus tear, ligament tear, or other significant lower extremity injury or surgery in the last 6 months
Planning total joint replacement in next 6 months
Three or more falls in last 6 months
Severe hearing or visual impairment
Serious/terminal illness as indicated by referral to hospice or palliative care
Recommendation from doctor to only perform physical activity under medical supervision
Other health problem that would prohibit safe physical activity participation

Is this type of list helpful to providers for medical risk decision support??

Proposed Risk Stratification



Risks for PT perspective

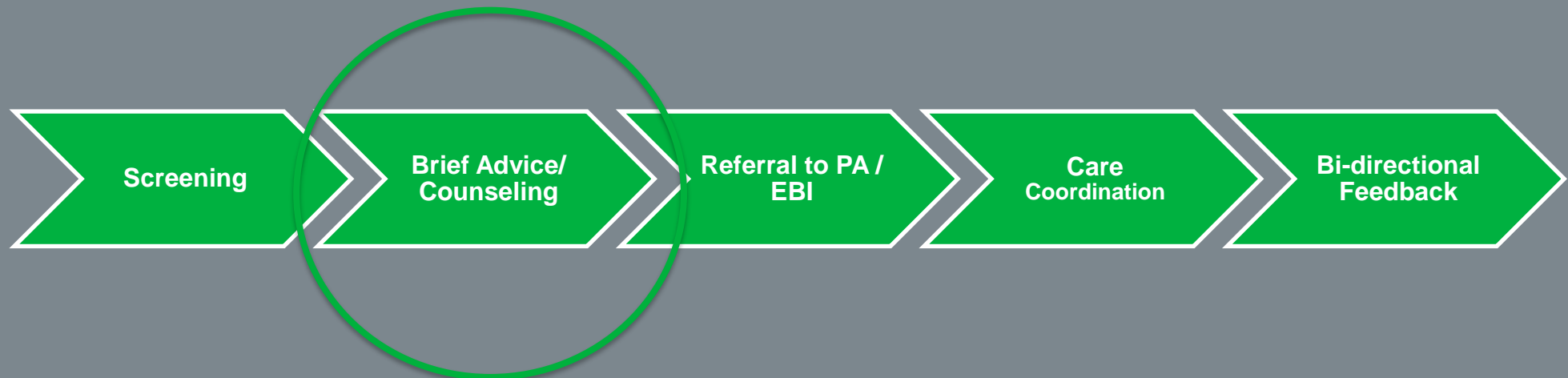
- Pain that is limiting activity and participation in daily life (**What thresholds?**)
- Weakness that is interfering with the ability to do daily tasks.
- A fear of falling or had 2 or more falls in the past year.
- Have limitations of motion in joints causing “work-arounds” to accomplish tasks.
- Have difficulty walking or climbing stairs
- Need for assistive devices to help with safe mobility (orthotics, walking devices, etc.).
- Requires home modifications.



Strategic Discussion and Workflow

Interactive Brief Advice/Counseling Discussion

Determining key steps in the patient counseling process





What does successful counseling look like?

- PCP brief advice is SHORT (~30 sec - 2 mins)
 - More in-depth health coaching about PA/SM/AAEBI may occur with extended care team (social worker in clinic, health system care coordination team, Community HUB)
- Results in:
 - Increased patient understanding of the condition and the proposed intervention
 - Prescription for physical activity or self-management based on patient's history and situation
 - SMART goal for patient
 - Referral to AAEBI for PA or SM, or other intervention

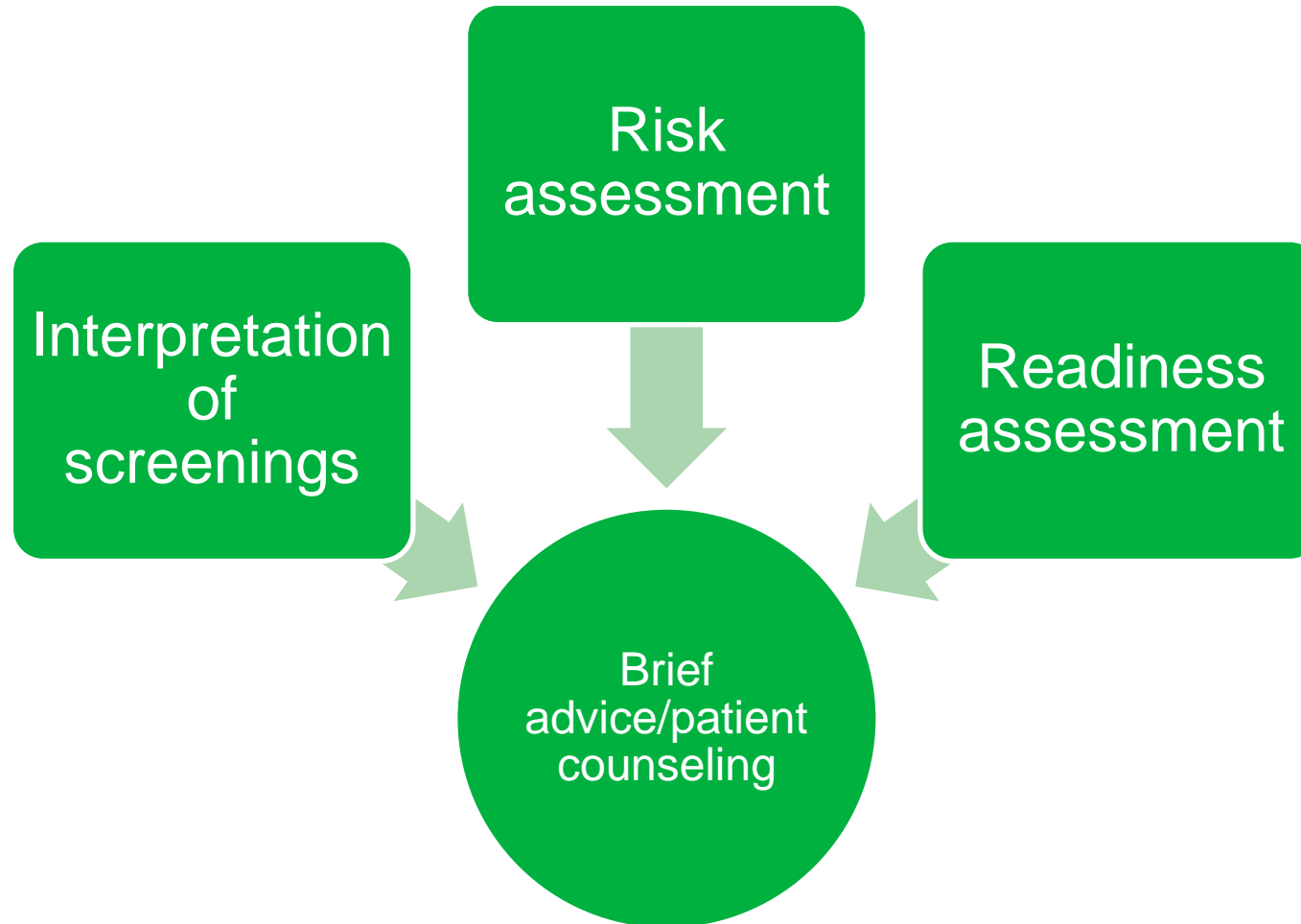
- Patient perspective

- PCP perspective



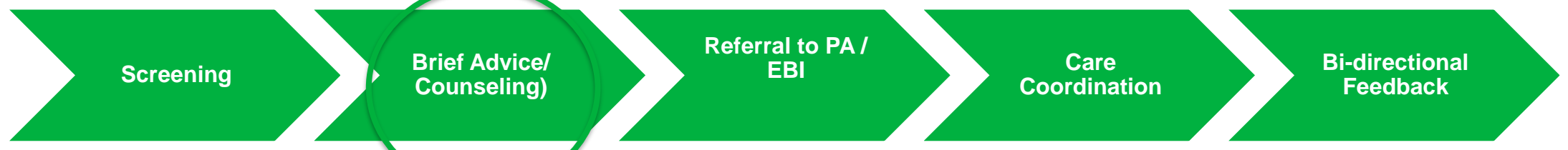


Considerations when providing brief advice





Existing tools and strategies for brief advice



Interpret screening

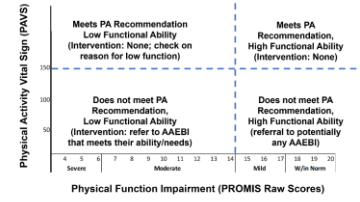
Risk Assessment

Readiness Assessment

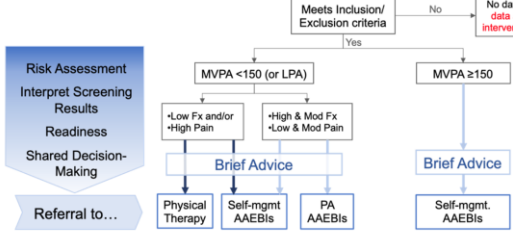
Patient Preference

Brief Advice

Activity level x physical function



Proposed Risk Stratification



*Measures: PAVS ("MVPA") PROMIS Physical Function ("Fx") and Pain Interference ("Pain")

Stage of Change Action Step	Independent	Supervision Necessary
Precontemplation Patient has no intention to be physically active.	Provide info. Write prescription. Refer to exercise professional.	Refer to direct exercise (physiologic, contact, or physical therapy) as appropriate.
Contemplation Patient knows they should exercise and is thinking about becoming physically active.	Using a patient-centered approach, explore the patient's interests and concerns to help them identify meaningful reasons to become more active and choose how they'd like to begin. Provide basic guidance for the patient to succeed.	Refer to direct exercise (physiologic, contact, or physical therapy) as appropriate.
Preparation Patient is planning to become physically active in the near future.	Write prescriptions. Refer to non-direct exercise professionals.	Refer to direct exercise (physiologic, contact, or physical therapy) as appropriate.
Action Patient is meeting the physical activity guidelines but for less than 5 months.	Applied advice. Encourage continued exercise.	Encourage continued supervised exercise training.
Maintenance Patient is meeting the physical activity guidelines for the last 6 months or more.	Applied advice. Encourage continued exercise. Encourage them to spend time with people with similar healthy behavior, continue to engage in healthy activities to cope with stress.	Encourage continued supervised exercise.

Dealing with Osteoarthritis or Joint Pain? There are things you can do that may help you feel better.

Physical Activity	<ul style="list-style-type: none"> Participate in arthritis-friendly programs* <ul style="list-style-type: none"> American Living Better Day Arthritis Foundation Exercise Program Arthritis Self-Efficacy Program FA & Strong Walk With Ease - Group & Self-directed Move your body. Some examples of joint-friendly activities include walking, biking, and swimming. Look for employer-sponsored benefits such as walking paths, yoga classes, stretch breaks, and/or fitness center discounts.
Extra weight increases joint pain and damages cartilage of the joints, especially in the hips and knees. One small amount of weight loss may help relieve joint pain. Every 1 pound of weight loss gives you 4 pounds of relief on your knees.*	<ul style="list-style-type: none"> Make small changes, one at a time! Limit sugary drinks such as sodas and juices and replace them with water! Add a vegetable and/or fruit to your meals.* Track your own health each day! Get more and better sleep! Sit less! Move more!
Pain is common for those living with arthritis. Pain management can include non-medication strategies and medications.	<ul style="list-style-type: none"> Try some of these recommended non-medication strategies for managing pain* <ul style="list-style-type: none"> Aerobic, strengthening, balance, and flexibility exercises Weight loss Tail chi Heat & cold therapies (such as paraffin treatments or ice packs) Acupuncture Braces (such as knee or hand braces)

Getting Started with Physical Activity for Arthritis

Physical activity is one strategy for managing pain from osteoarthritis (OA).¹ It helps increase strength, range of motion, and stability in joints.² It may also help improve your function and your ability to manage your weight and other health conditions like heart disease and diabetes.³

OK, physical activity may help reduce OA pain, but what type of movement is best? Where do you start? Talk to your doctor about an exercise program that may be right for you. Then get started with these 2 basic steps:

- Learn what counts as physical activity.
- Get SMART goals to add more activity in your day safely and effectively.

2018 Physical Activity Guidelines for Adults:
 • 150-300 minutes/week of moderate-intensity activity or 75-150 (somewhat hard to very hard) or a combination of both.
 • Muscle strength training 2 or more times a week.

Aerobic Activity (check)

Frequency (days/week): 1 2 3 4 5 6 7

Intensity: Light (casual walk) Moderate (brisk walk)

Time (minutes/day): 10 20 30

Steps/day: 2,500 5,000 7,000 9,000 or more

Type: Walk Run Bike Swim/Water Exercise

What about aerobic activity?

- Moderate activity is at a pace where you can talk but can't sing. Examples: jogging, swimming, tennis.
- Vigorous activity is done at a pace where you can't say in passing for a breath. Examples: jogging, swimming, tennis.
- You can exercise for any length of time. For example, you can:
 - Walk
 - Jog
 - Swim

Be Active When You Have Osteoarthritis

Being active will help you feel better, move better and sleep better. Experts now say that any physical activity counts toward better health – even just a few minutes.

If you are one of the millions of people who have osteoarthritis (OA), being active is an important way to decrease the pain and stiffness that are hallmarks of arthritis. If you avoid physical activity, you'll get weaker and stiffer, making your joint pain and disability worse. Regular exercise has been shown to reduce pain, improve your ability to do daily activities and lower your risk of other health problems.

Start where you are. Use what you have. Do what you can.

Getting Started

Keep It Simple
Start small and move around often! Start with 5-10 minutes a day. Don't worry about how long you can do it. Just get started. Find opportunities to move throughout your day.

Talk with Your Doctor
If you have other health conditions, talk to your doctor about how to safely get started. They can help you find the right type of activity for you.

Build A Plan
Think about how you can fit activity into your day. Start with 5-10 minutes a day. Find ways to make it a habit. Find someone to go with you. Find ways to make it fun.

Be Active with a Friend
Find a friend to go with you. It's easier to stay motivated when you have someone to go with. Find ways to make it fun. Find ways to make it a habit.



- What tools/resources used for other chronic conditions are relevant or helpful for arthritis counseling?
- What would build providers' confidence in providing brief advice on PA to patients with OA or chief complaint of joint pain?
- What else does a member of care team need to provide brief counseling/advise on physical activity for patients with OA or chief complaint of joint pain?
 - Are the existing tools enough?

Bike rack

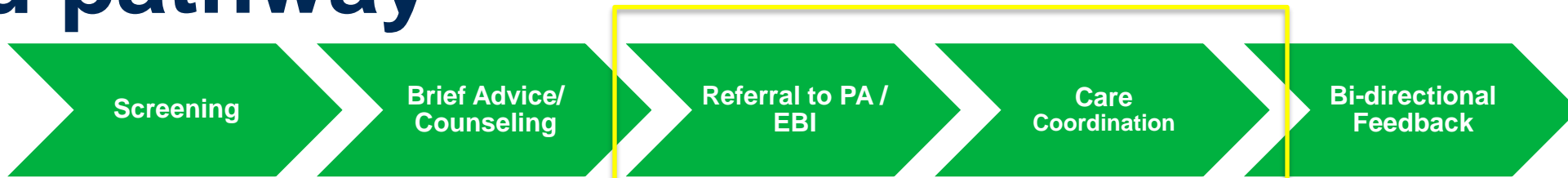
- Who is or will be providing patient counseling? How would clinic reach this decision
- Are providers aware of the existing EIM counseling tools?
- What are barriers to pt counseling? Ex: Time, staff, can't bill for it, don't feel confident
- What other factors influence the counseling content or delivery method?



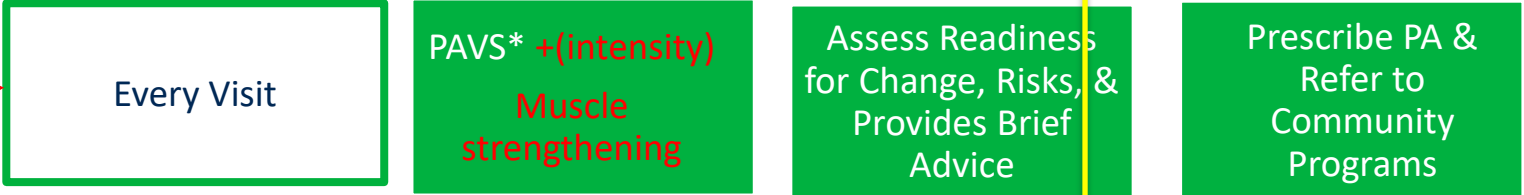


Proposed pathway

For patients age ≥18...



All patients (Universal Prevention for Patient Vital Signs)



>Annual Physical & Medicare Annual Wellness



Patients w/ Diagnosis of OA Knee /Hip



Chief Complaint of Knees/Hips Pain & Function Limitation (no diagnosis)



* Ensure alignment with SDOH Screeners

No, OA Diagnosis

Yes, OA Diagnosis



Iowa HUB Model Framework Discussion

Greg Welk, PhD and Trina Radske-Suchan, PT, CSCS

Clinical / Community Integration: The Iowa Community HUB

(06/13/23)

Greg Welk, Ph.D. - Iowa State University / U-TuRN
Trina Radske-Suchan - Iowa Community HUB



Walk With Ease

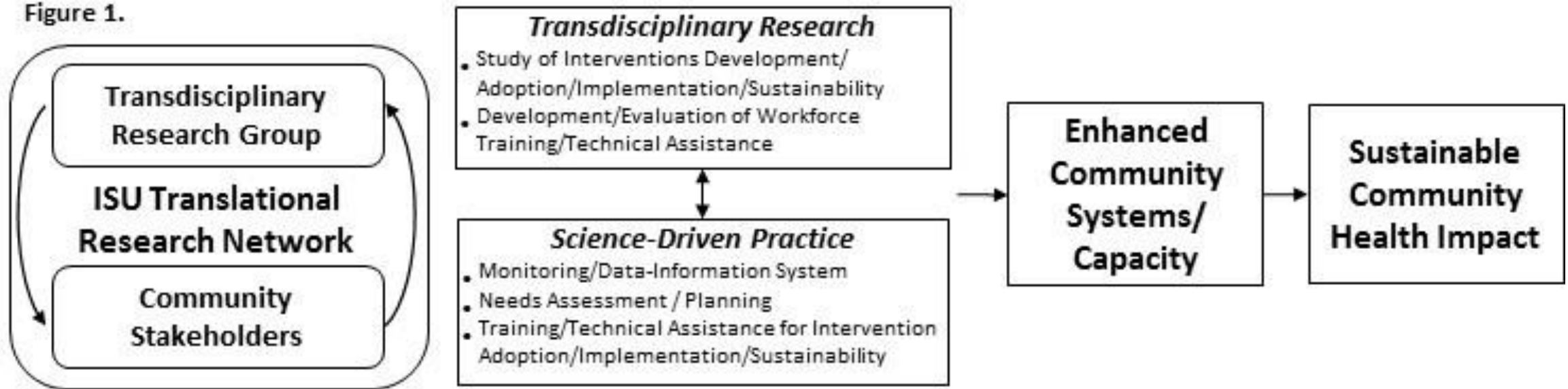


**Arthritis
Foundation®**



Advantages of Implementation Science and Translational Research Methods

Figure 1.



IOWA STATE UNIVERSITY
Translational Research Network

Background on Walk with Ease



- The Arthritis Foundations' Walk with Ease program has been shown to have utility for addressing symptoms of arthritis
- Walk with Ease is promoted nationally as an approved AAEBI
- U-TuRN Research Team leads the statewide dissemination of Walk with Ease in Iowa through the Iowa Community HUB



INTERVENTION DEVELOPMENT, TESTING, AND TRAINING

HEALTH SYSTEMS MONITORING AND EVALUATION

COMMUNITY OUTREACH AND ENGAGEMENT

UNIVERSITY OF IOWA

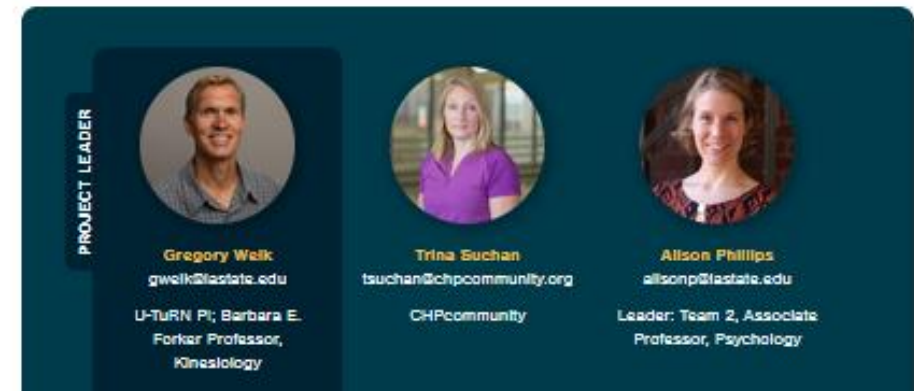
WALK WITH EASE

This project is a collaborative partnership with CHPcommunity to facilitate the effective dissemination and evaluation of an evidence-based program called Walk With Ease. The virtual (online) version of the 8 week program is available state-wide. An in-person version of the group program is available locally in Story County in collaboration with Ames Park and Recreation and Mary Greeley Medical Center with locations at the Ames Community Center and the Lifetime Fitness Center in Story City. For more information on the Walk with Ease program and ongoing research efforts, visit walkwithease@SU.org.

The project aims to help develop training capacity to both broaden dissemination efforts, as well as evaluate and support improved participant outcomes. The other major goal is to understand what factors act as barriers or facilitators to successful large-scale program implementation.

If you have any questions or would like more information, please contact WalkwithEase@iastate.edu, and a member of our team will get back to you ASAP.

Individuals interested in participating in the project can contact WalkwithEase@iastate.edu, or complete our short online interest form by [CLICKING HERE](#), or copying this link into your web browser: <https://app.smartsheet.com/b/form/de035e5226ae44038bccde7fd94e8cc0>



Overview of the Funded CDC Trial

Process and Outcome Evaluation of the Walk with Ease program for Fall Prevention (U01CE003490)



Primary Goals:

- Evaluate potential of Walk with Ease for fall prevention programming
 - Aim 1: Process Evaluation
 - Aim 2: Outcome Evaluation
 - Aim 3: Feasibility Study of Dissemination
- Build sustainable and mutually-beneficial partnerships
- **Pilot clinical / community integration model**

A screenshot of a news article from the Iowa State University News Service. The article is titled "CDC grant spurs research for fall prevention" and was posted on October 4, 2022, at 7:00 am. It features a video player showing a man, James Peterson, speaking. The article text describes a \$1 million grant from the CDC for research on fall prevention in older adults. It mentions that the project will build on an evidence-based program called "Walk with Ease" and will involve a six-week program for participants. The article also includes quotes from Greg Welk and Tricia Colman. The right sidebar contains contact information for Greg Welk, Steve Sullivan, and Rachel Cramer, as well as a "Quick look" section and a "More news" section.

IOWA STATE UNIVERSITY
News Service

NEWS RELEASES VIDEO RESOURCES MORE NEWS CONTACT US

CDC grant spurs research for fall prevention

Posted Oct 4, 2022 7:00 am

Walk With Ease Participants

Watch later Share

James Peterson
Watch on YouTube

Walk with Ease participants attend group walking sessions led by ISU student health coaches at the Ames Parks and Recreation Community Center in March 2021. Video and photos by Laurel Feakes/Iowa State University.

AMES, IA — Fueled by a recently awarded \$1 million grant from the U.S. Centers for Disease Control and Prevention, Iowa State University researchers and community partners will study new strategies to help reduce risks of falls in older adults.

The project will build on an evidence-based program called Walk with Ease, which was developed by the Arthritis Foundation and broadly endorsed by the CDC; participants are guided through the six-week program (using either in-person or online formats) to learn how to safely add physical activity into their day. Previous research has found older adults in the program experience modest to moderate improvements in pain, fatigue, stiffness, strength and balance.

Contacts

Greg Welk, Kinesiology, gwelk@iastate.edu, 515-294-3583
Steve Sullivan, Mary Greeley Medical Center, sullivans@mghmc.com, 515-239-2129
Rachel Cramer, News Service, rcramer@iastate.edu, 515-294-6136

Quick look

With a \$1 million grant from the CDC, ISU researchers and community partners will be the first to directly evaluate a walking program's potential for reducing the risk and incidence of falling, which is the leading cause of injuries among people ages 65 and older in the U.S.

Quotes

"We're trying to determine the most effective approach prior to broader dissemination of the group-based Walk with Ease program."
Greg Welk, Kinesiology

"Falls are the number one trauma here in the emergency room. That is why we felt it so important to join forces with Greg Welk's team to help out the Ames community and work to decrease the number of falls we are seeing."
Tricia Colman, Mary Greeley Medical Center

More news

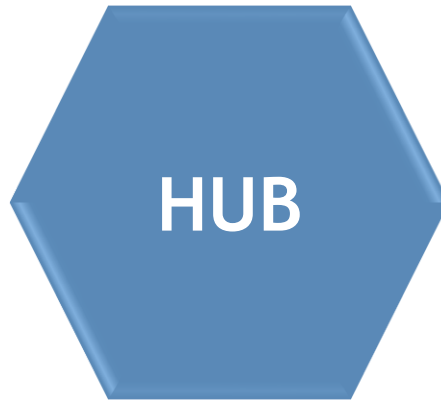
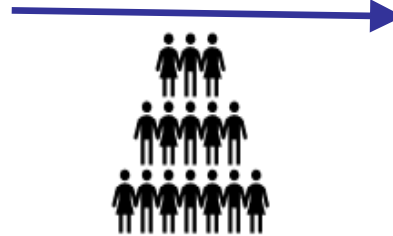
Find more Iowa State University news and research stories at news.iastate.edu.

Concepts for Clinical Referrals into Walk with Ease

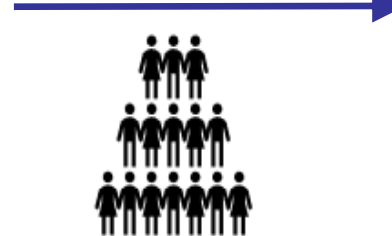
Clinician



Clinical Referrals



Community Referrals

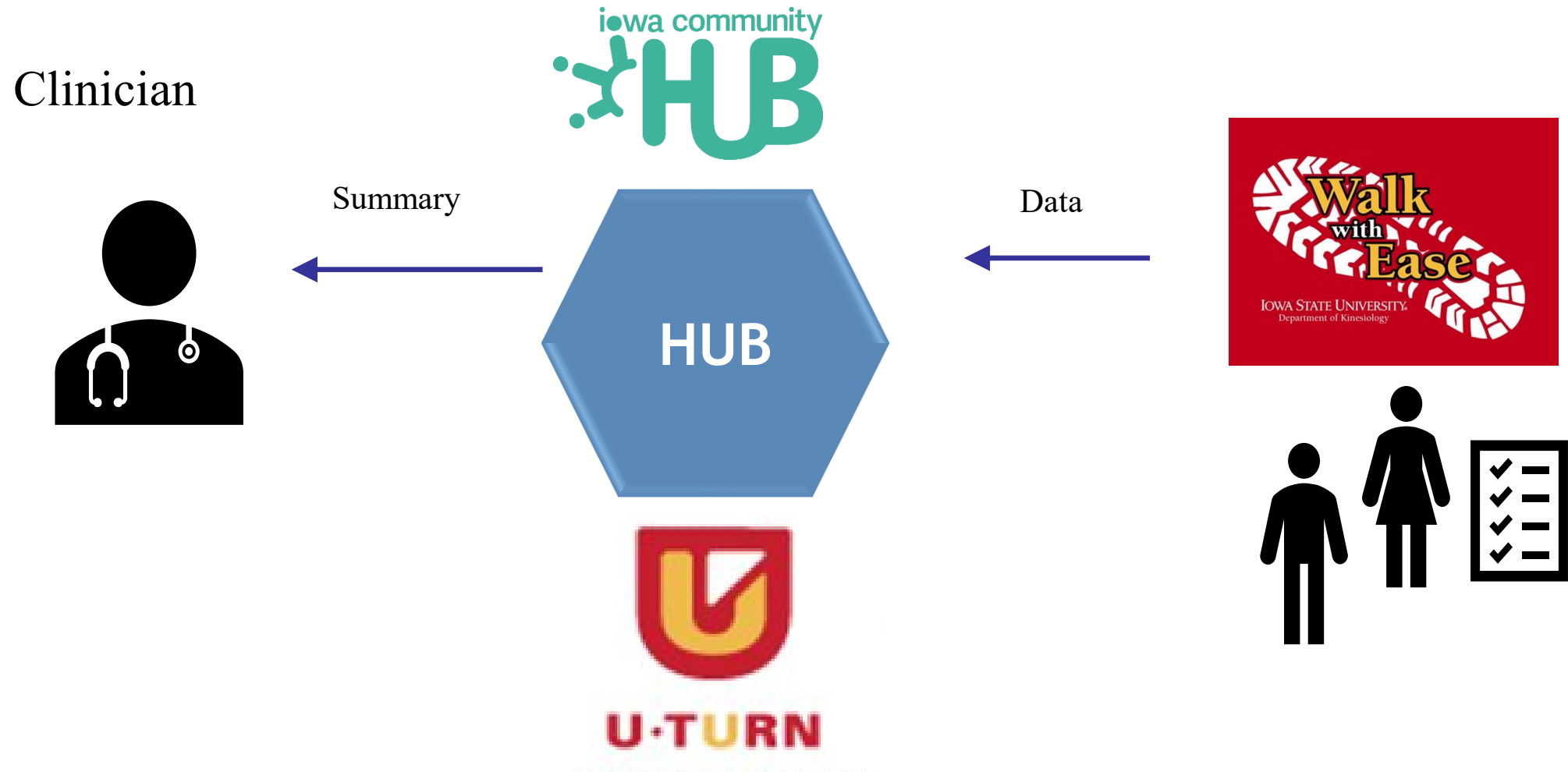


Community-Based Organization (CBO)



U-TURN

Concepts for Bi-Directional Feedback to Clinicians



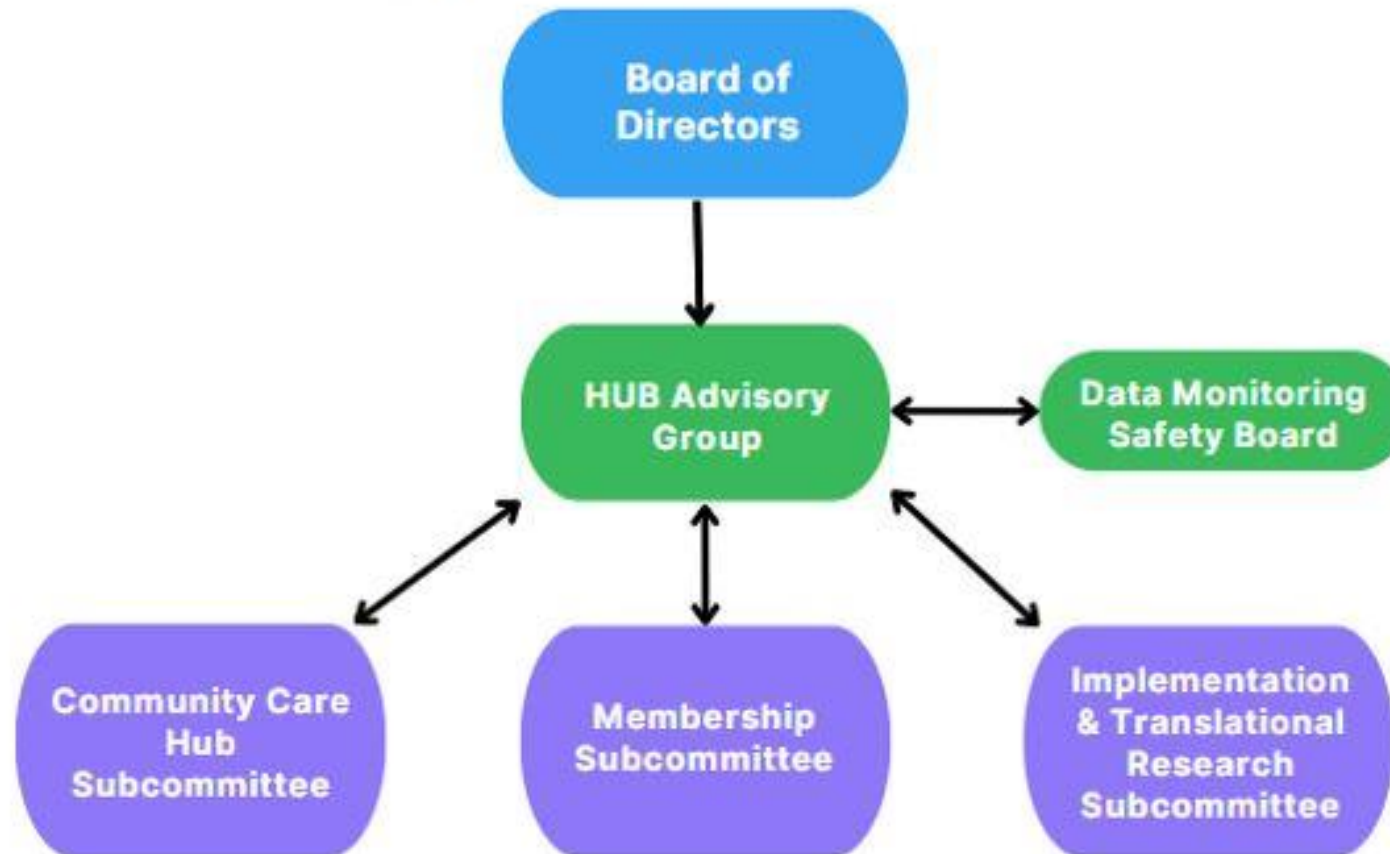
Overview of the Iowa Community HUB



Structure of the HUB



Iowa Community HUB Organizational Chart



Partnership to Align Social Care

A National Learning
& Action Network

Community Care Hub

The Partnership's Community Care Hub Workgroup has developed the following definition for a **Community Care Hub**. This definition may continue to be updated:

A community-focused entity that organizes and supports a network of community-based organizations providing services to address health-related social needs. A Community Care Hub centralizes administrative functions and operational infrastructure, including but not limited to, contracting with health care organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting.

*A Community Care Hub has **trusted relationships** with and **understands** the capacities of local community-based and healthcare organizations and fosters **cross-sector collaborations** that practice **community governance** with authentic local voices.*

2022-23 Umbrella Hub with CDC Recognition



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health. Preventing Disease.

Umbrella hub arrangements connect community-based organizations (CBOs) with health care payment systems to pursue sustainable reimbursement for the National DPP lifestyle change program.

Umbrella hub arrangements can ease administrative burden for CDC-recognized organizations and allow these delivery organizations to focus on providing the program.

Benefits:

Aggregate Diabetes Prevention Recognition Program (DPRP) data

Share CDC recognition status

Operate as one MDPP supplier

Streamline business and administrative support

Pursue sustainability and achieve scale - because umbrella hub arrangements can demonstrate network adequacy and greater collective impact, makes the network more attractive to payers



[Make a Referral](#)

Iowa Community HUB



For Individuals & Families

Find health information, programs and services



For Program Providers

Offer programs and services



For Clinicians

Refer to programs and services

Statewide resource for programs and services that improve health, prevent injury, and enhance quality of life.

What we do

Connect Individuals

We help individuals connect to health promotion programs and services within Iowa communities.

Support Organizations

We help build an organization's capacity to provide programs and services that address important health issues.

Facilitate Referrals

We make it easy for clinicians to refer to evidence-based interventions and social care services.



Make a Referral

Do you know someone who could benefit from participating in a health and wellness program to improve their quality of life? Whether you are referring yourself or you are a friend, caregiver, or a health professional referring an individual, it's easy to make a referral. Just fill out the form below and submit.

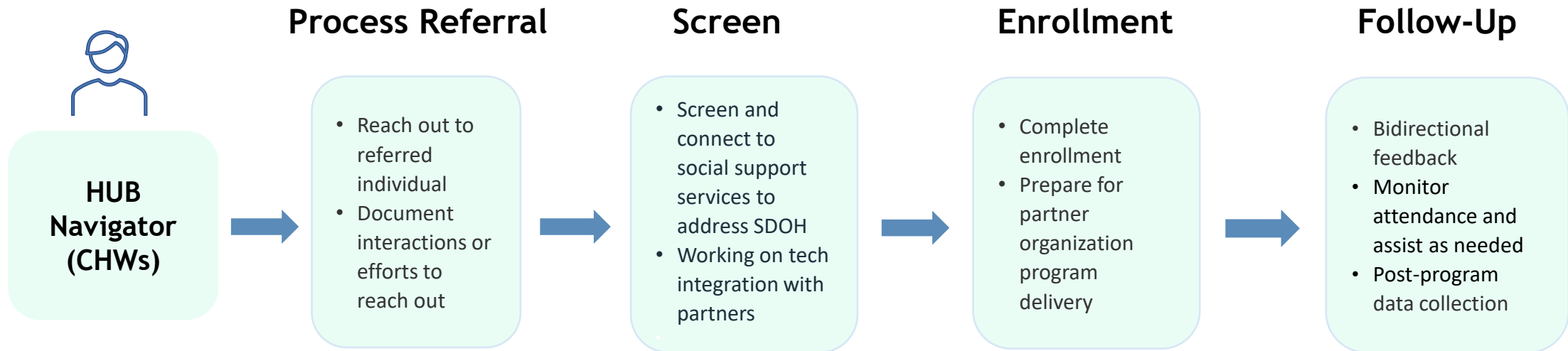
When you make a referral, a HUB Navigator will contact the individual and help them get connected with a program and/or service that best fits their needs.

Clicking button below will take you to a secure referral form. Please fill out the form completely.

For a list of programs, check out the Program Library for more information.

HUB Navigation

The HUB uses advanced navigation processes for the timely referral, increased enrollment, and enhanced retention in evidence-based health promotion programs and services for a meaningful impact on those with greatest need.





Clinician Resources

Clinical-community linkages help to connect health care providers, community organizations, and public health agencies so they can improve patients' access to preventive and chronic care services.

[CONTACT US](#)

What do effective clinical-community linkages offer?



#1

Patients get more help in changing unhealthy behaviors.



#2

Clinicians get help in offering services to patients that they cannot provide themselves.



#3

Community Programs get help in connecting with clients for whom their services were designed.

[Link to Dr. Jennifer Groos Video](#)



Plans for Integration and Dissemination of Walk with Ease

Standardized Procedures

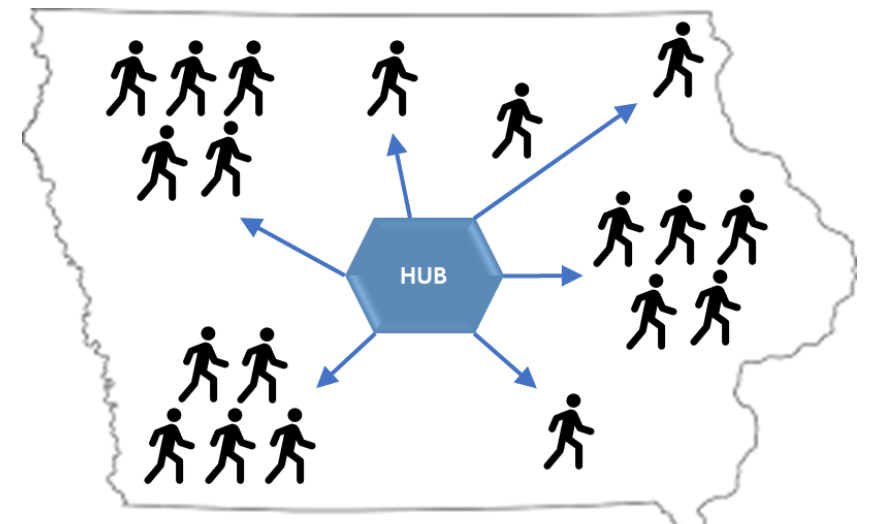
- Training and Standardized Procedures

Centralized Coordination

- Integration with HUB for Referrals

Expanded Partnerships

- Building Capacity in Community Settings





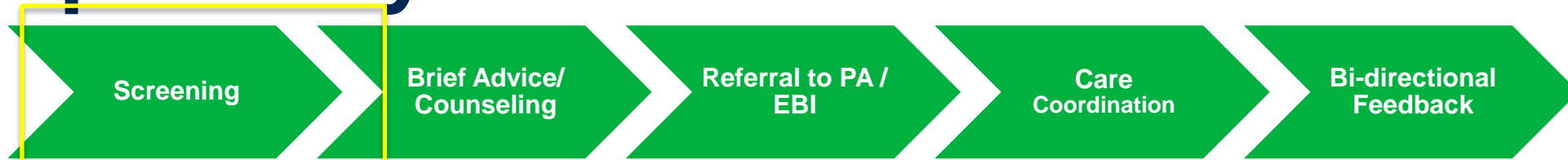
Engagement and Discussion

Shalu Garcha, MHA



Proposed pathway

For patients age ≥18...



All patients (Universal Prevention for Patient Vital Signs)



>Annual Physical & Medicare Annual Wellness



Patients w/ Diagnosis of OA Knee /Hip



Chief Complaint of Knees/Hips Pain & Function Limitation (no diagnosis)



No, OA Diagnosis

Yes, OA Diagnosis

* Ensure alignment with SDOH Screeners



Medicare AWW

“Review of the individual's functional ability and level of safety, based on direct observation or the use of appropriate screening questions or a screening questionnaire”

Review of the individual's functional ability and level of safety means, at minimum, assessment of the following topics:

- (i) Hearing impairment.
- (ii) Ability to successfully perform activities of daily living.
- (iii) Fall risk.
- (iv) Home safety.

“Furnishing of personalized health advice to the individual and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self management, or community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition”

Medicare Recipients

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.15>

Samaritan Heath, OHA, NRPA pilot leveraged AWW questions to refer patients to AAEBI programs:

During the past four weeks, how much bodily pain have you generally had?

- No pain
- Very mild pain
- Mild pain
- Moderate pain
- Severe pain

Have you fallen in the last 12 months?

- Yes
- Unsure
- iNo

Do you feel unsteady when you stand, walk, or have concerns that you may fall at times?

- Yes
- No



Health Risk Assessment

First Visit

- *Health risk assessment* means, for the purposes of this section, an evaluation tool that meets the following criteria:
- (i) Collects self-reported information about the beneficiary.
- (ii) Can be administered independently by the beneficiary or administered by a health professional prior to or as part of the AWV encounter.
- (iii) Is appropriately tailored to and takes into account the communication needs of underserved populations, persons with limited English proficiency, and persons with health literacy needs.
- (iv) Takes no more than 20 minutes to complete.
- (v) Addresses, at a minimum, the following topics:
 - (A) Demographic data, including but not limited to age, gender, race, and ethnicity.
 - **(B) Self assessment of health status, frailty, and physical functioning.**
 - (C) Psychosocial risks, including but not limited to, depression/life satisfaction, stress, anger, loneliness/social isolation, pain, and fatigue.
 - (D) Behavioral risks, including but not limited to, tobacco use, physical activity, nutrition and oral health, alcohol consumption, sexual health, motor vehicle safety (seat belt use), and home safety.
 - **(E) Activities of daily living (ADLs), including but not limited to, dressing, feeding, toileting, grooming, physical ambulation (including balance/risk of falls), and bathing.**

(F) Instrumental activities of daily living (IADLs), including but not limited to, shopping, food preparation, using the telephone, housekeeping, laundry, mode of transportation, responsibility for own medications, and ability to handle finances.

2nd Visit

(i) Review (and administration, if needed) of an updated health risk assessment (as defined in this section)

- <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.15>

Health professional means

- (i) A physician who is a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act); or
- (ii) A physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa)(5) of the Act); or
- (iii) A medical professional (including a health educator, a registered dietitian, or nutrition professional, or other licensed practitioner) or a team of such medical professionals, working under the direct supervision (as defined in [§ 410.32\(b\)\(3\)\(ii\)](#)) of a physician as defined in paragraph (i) of this definition.

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.15>

SDOH Alignment

- CMS is asking hospitals participating in the IQR program to submit two measures – SDOH-1 and SDOH-2.
- Participation is voluntary in 2023 and mandatory in 2024.
- SDOH-1 is the number of screens completed and SDOH-2 is the number of positive screens.
- This is a great opportunity to get ahead of the curve.
- The Accountable Health Communities Health-Related Social Needs Screen includes questions on Physical Activity



Accountable Health Communities (ACH) Health-Related Social Needs (HRSN) Screening Tool

Core Questions

- Living Situation
- Food
- Transportation
- Utilities
- Safety

Supplemental Questions

- Financial Strain
- Employment
- Family & Community Support
- Education
- Substance Use
- Mental Health
- Disabilities
- **Physical Activity**



ACH Physical Activity Screen

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 exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?

0 1 2 3 4 5 6 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



USING Z CODES:

The **Social Determinants of Health (SDOH)** Data Journey to Better Outcomes

What are

Z
codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship and age.



Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.¹

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented by any member of the care team if their documentation is included in the official medical record.²

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A **Disparities Impact Statement** can be used to identify opportunities for advancing health equity.

USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives



Health Care Administrators

Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.



Health Care Team

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.



Coding Professionals

Follow the ICD-10-CM coding guidelines.³

- Use the CDC National Center for Health Statistics [ICD-10-CM Browser](#) tool to search for ICD-10-CM codes and information on code usage.⁴
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

Z code Categories

- Z55** – Problems related to education and literacy
- Z56** – Problems related to employment and unemployment
- Z57** – Occupational exposure to risk factors
- Z58** – Problems related to physical environment
- Z59** – Problems related to housing and economic circumstances

- Z60** – Problems related to social environment
- Z62** – Problems related to upbringing
- Z63** – Other problems related to primary support group, including family circumstances
- Z64** – Problems related to certain psychosocial circumstances
- Z65** – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.



Next Steps

Design Session #3

- June 27, 2023, 10-11:30am ET
- Continue with concept of referral

Homework

- Continue to share clinical guidelines
- Continue with Power 1 Exercise
- Explore if your organization is leveraging new [Chronic Pain Codes from CMS](#) . Share findings on July 11th Design sessions

Thank you!

