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

Arthritis Advisory Panel Design Session #6
Tuesday, July 25, 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.

Arthritis Care Model Design Partners

Hospital for Special Surgery/ USBJI	Johns Hopkins Arthritis Center	Intermountain Healthcare	Torrance Memorial Medical Center & Harbor-UCLA Medical Center	Vigeo Orthopedics, LLC.	Orcinus Health Solutions	UT Southwestern Medical Center
Iowa State University	AgeSpan	New Hampshire Department of Health and Human Services	American Physical Therapy Association	Arthritis Foundation	Osteoarthritis Action Alliance	Exercise is Medicine®
Massachusetts Department of Public Health	American College of Rheumatology	National Recreation and Park Association	Administration for Community Living	YMCA of the USA	Freedmen's Health	Humana
	Centers for Disease Control and Prevention	National Association of Chronic Disease Directors	Dartmouth College, Center for Program Design and Evaluation at Dartmouth (CPDE)	Comagine Health	Leavitt Partners	

Alejandro’s Story

Thank you to Jennifer Raymond at AgeSpan for sharing this story

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 Design Recap/ **Evaluation**

Expert Panel on 8/9

- Health System Selection Criteria
  - Reimbursement & Incentive Debrief
- State Criteria to host pilot
- Draft Implementation Guide/Change Package Framework

Expert Panel on 9/12

- Final Evaluation Framework (Dartmouth)
- Elevator Speech Creation
- Implementation Guide/Change Package for Health System Pilot
- Celebrate & Wrap-up

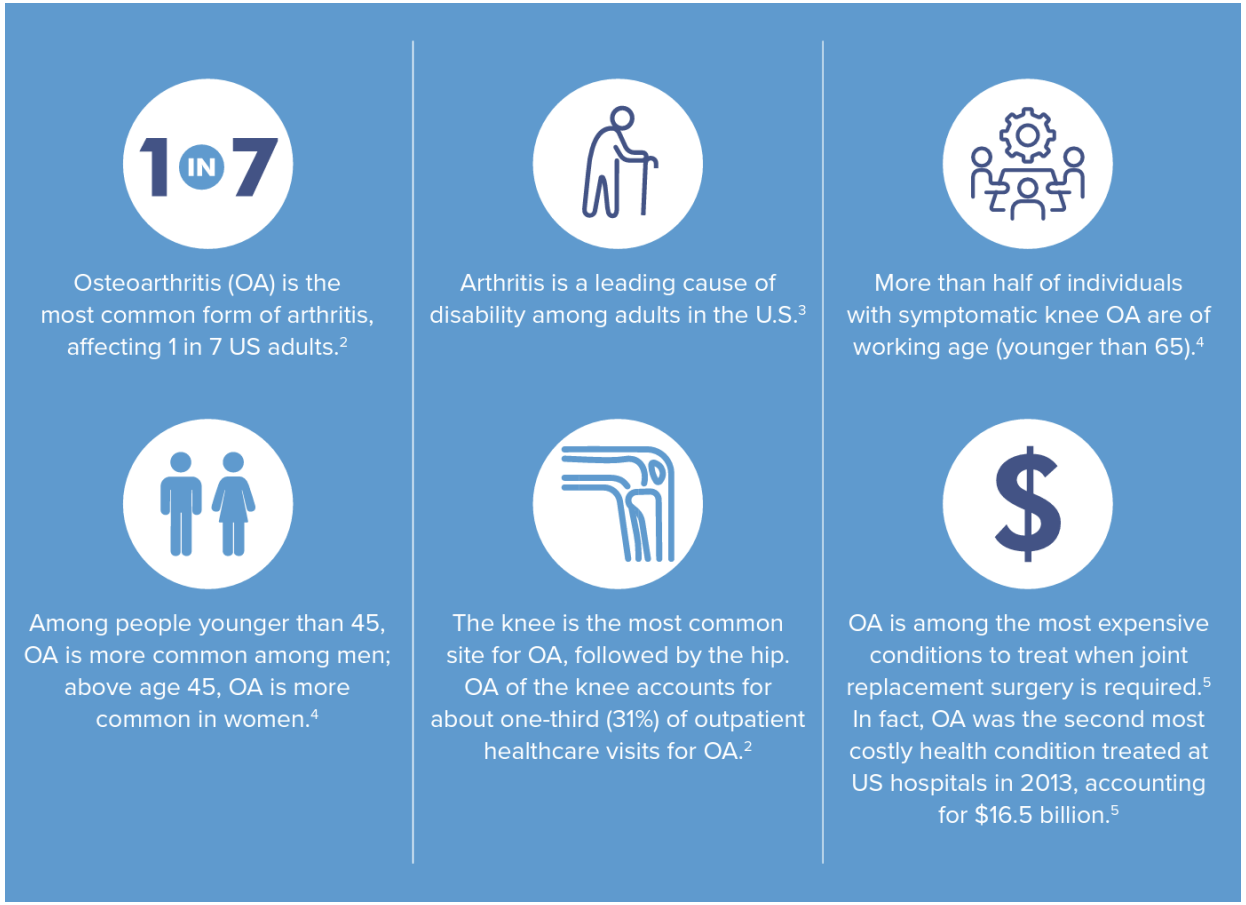
Agenda

I. Welcome and Agenda Review
II. Design Session Recap/ Change Package Components
    A. Making the Case for Change for All
        - Burning Platform
        - What's In It For Me (WIFM)
        - Building the Knowledge Base
    B. Screening, Counseling, Referrals
        - Approaches, Processes, Documentation, Tools
    C. Care Coordination/ SDOH
        - Mechanisms, Processes, Roles, Documentation, Data Exchange, Universal Care Plan, Bidirectional
    D. Reimbursement
III. Draft Evaluation Plan
IV. Closing/Next Steps

Making the Case for Change for All

- Burning Platform
- What's In It For Me (WIFM)
- Building the Knowledge Base

Osteoarthritis is Serious



A vicious cycle of OA, pain, disability, obesity, and comorbidities can significantly impact OA disease progression and management as well as the treatment of other conditions.

oaaction.unc.edu/oacaretools/

Osteoarthritis is Costly

- Indirect costs = $17 billion
- Direct costs = $65 billion
- Average direct cost $11,000 person/year
- 3rd most rapidly rising condition associated with disability

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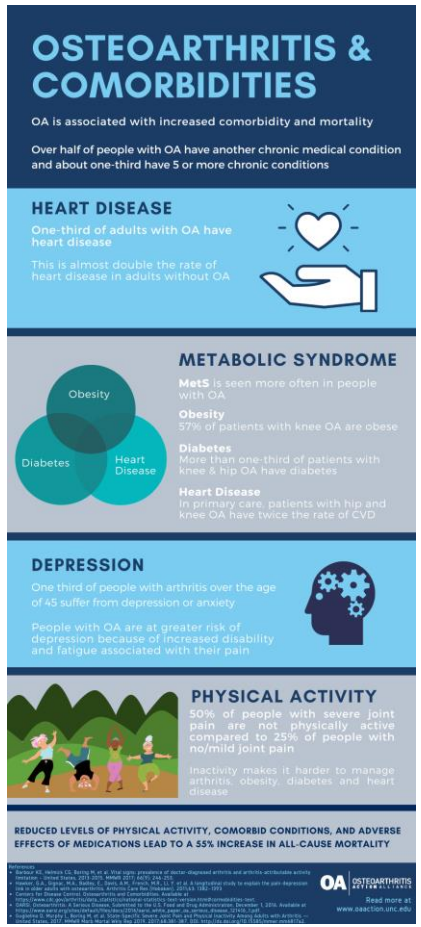
Growing Problem Impacting Many



- A third of people with osteoarthritis have 5 or more chronic conditions
- By 2040, 11.4% of all adults will experience arthritis-attributable activity limitations

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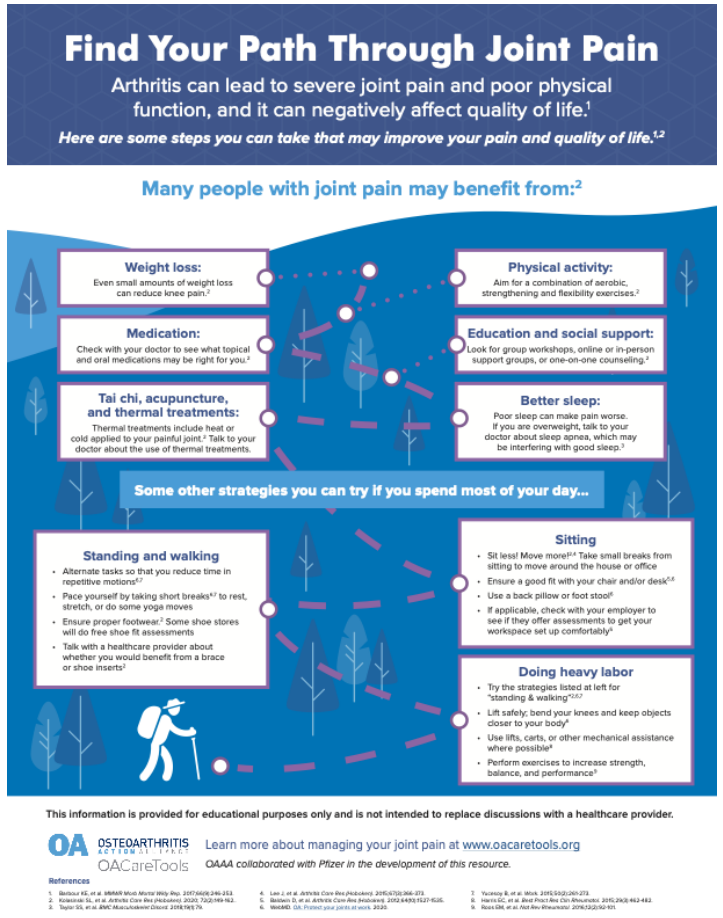
OA Management Strategies are Underused



Find Your Path Through Joint Pain

Arthritis can lead to severe joint pain and poor physical function, and it can negatively affect quality of life.[1]

Here are some steps you can take that may improve your pain and quality of life.[1,2]

Many people with joint pain may benefit from:[2]

Weight loss: Even small amounts of weight loss can reduce knee pain.[2]

Physical activity: Aim for a combination of aerobic, strengthening and flexibility exercises.[2]

Medication: Check with your doctor to see what topical and oral medications may be right for you.[2]

Education and social support: Look for group workshops, online or in-person support groups, or one-on-one counseling.[2]

Tai chi, acupuncture, and thermal treatments: Thermal treatments include heat or cold applied to your painful joint.[2] Talk to your doctor about the use of thermal treatments.

Better sleep: Poor sleep can make pain worse. If you are overweight, talk to your doctor about sleep apnea, which may be interfering with good sleep.[3]

Some other strategies you can try if you spend most of your day...

Standing and walking
- Alternate tasks so that you reduce time in repetitive motions[4,7]
- Pace yourself by taking short breaks[4,7] to rest, stretch, or do some yoga moves
- Ensure proper footwear.[2] Some shoe stores will do free shoe fit assessments
- Talk with a healthcare provider about whether you would benefit from a brace or shoe inserts[2]

Sitting
- Sit less! Move more[5,6] Take small breaks from sitting to move around the house or office
- Ensure a good fit with your chair and/or desk[5,6]
- Use a back pillow or foot stool[8]
- If applicable, check with your employer to see if they offer assessments to get your workspace set up comfortably[4]

Doing heavy labor
- Try the strategies listed at left for "standing & walking"[4,6,7]
- Lift safely; bend your knees and keep objects closer to your body[9]
- Use lifts, carts, or other mechanical assistance where possible[9]
- Perform exercises to increase strength, balance, and performance[9]

This information is provided for educational purposes only and is not intended to replace discussions with a healthcare provider.

OA OSTEOARTHRITIS ACTION ALLIANCE OACareTools

Learn more about managing your joint pain at www.oacaretools.org

OAAA collaborated with Pfizer in the development of this resource.

References

1. Barbour KE, et al. MMWR Morb Mortal Wkly Rep. 2017;66(9):246-253.
2. Kolasinski SL, et al. Arthritis Care Res (Hoboken). 2020; 72(2):149-162.
3. Taylor SS, et al. BMC Musculoskelet Disord. 2018;19(1):79.
4. Lee J, et al. Arthritis Care Res (Hoboken). 2015;67(3):366-373.
5. Baldwin D, et al. Arthritis Care Res (Hoboken). 2012;64(9):1327-1335.
6. WebMD. OA. Protect your joints at work. 2020.
7. Yazicioy B, et al. Work. 2015;50(2):265-273.
8. Harris EC, et al. Best Pract Res Clin Rheumatol. 2015;29(3):462-482.
9. Roos EM, et al. Nat Rev Rheumatol. 2016;12(2):92-101.

- Over 50% of people with knee OA will have a total knee replacement done during their lifetime.

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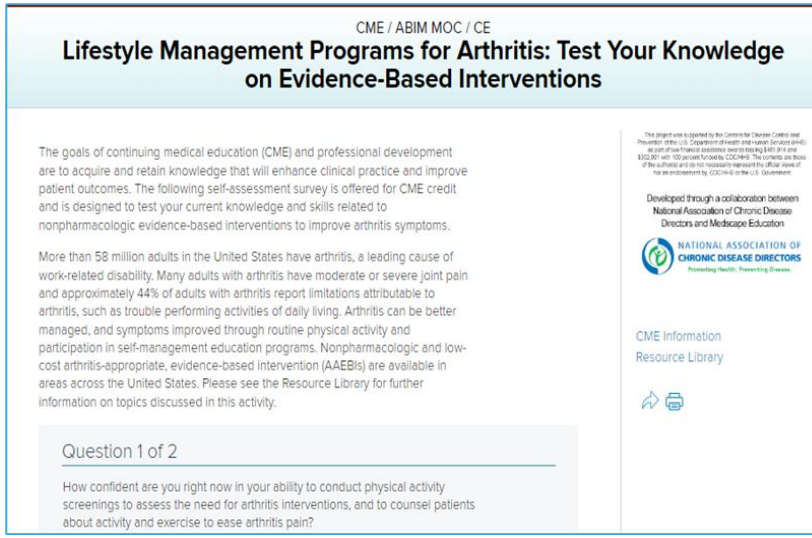
Medscape Education – Clinical Practice Assessment

Lifestyle Management Programs for Arthritis: Test Your Knowledge on Evidence-Based Interventions

This activity is intended for primary care physicians, physical therapists, occupational therapists, community health workers, rheumatologists, orthopedic surgeons, sports medicine physicians, nurses, nurse practitioners (NPs), physician assistants (PAs) and other healthcare practitioners (HCPs) who provide care to patients with arthritis.

- **The goal of this activity is for learners to be better able to self assess their learning needs related to non-pharmacologic interventions for patients with arthritis and be better able to incorporate arthritis appropriate evidence-based interventions (AAEBIs) into their patients' treatment programs.**


CME / ABIM MOC / CE

Lifestyle Management Programs for Arthritis: Test Your Knowledge on Evidence-Based Interventions

The goals of continuing medical education (CME) and professional development are to acquire and retain knowledge that will enhance clinical practice and improve patient outcomes. The following self-assessment survey is offered for CME credit and is designed to test your current knowledge and skills related to nonpharmacologic evidence-based interventions to improve arthritis symptoms.

More than 58 million adults in the United States have arthritis, a leading cause of work-related disability. Many adults with arthritis have moderate or severe joint pain and approximately 44% of adults with arthritis report limitations attributable to arthritis, such as trouble performing activities of daily living. Arthritis can be better managed, and symptoms improved through routine physical activity and participation in self-management education programs. Nonpharmacologic and low-cost arthritis-appropriate, evidence-based intervention (AAEBIs) are available in areas across the United States. Please see the Resource Library for further information on topics discussed in this activity.

Developed through a collaboration between National Association of Chronic Disease Directors and Medscape Education

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

CME Information

Resource Library

Question 1 of 2

How confident are you right now in your ability to conduct physical activity screenings to assess the need for arthritis interventions, and to counsel patients about activity and exercise to ease arthritis pain?

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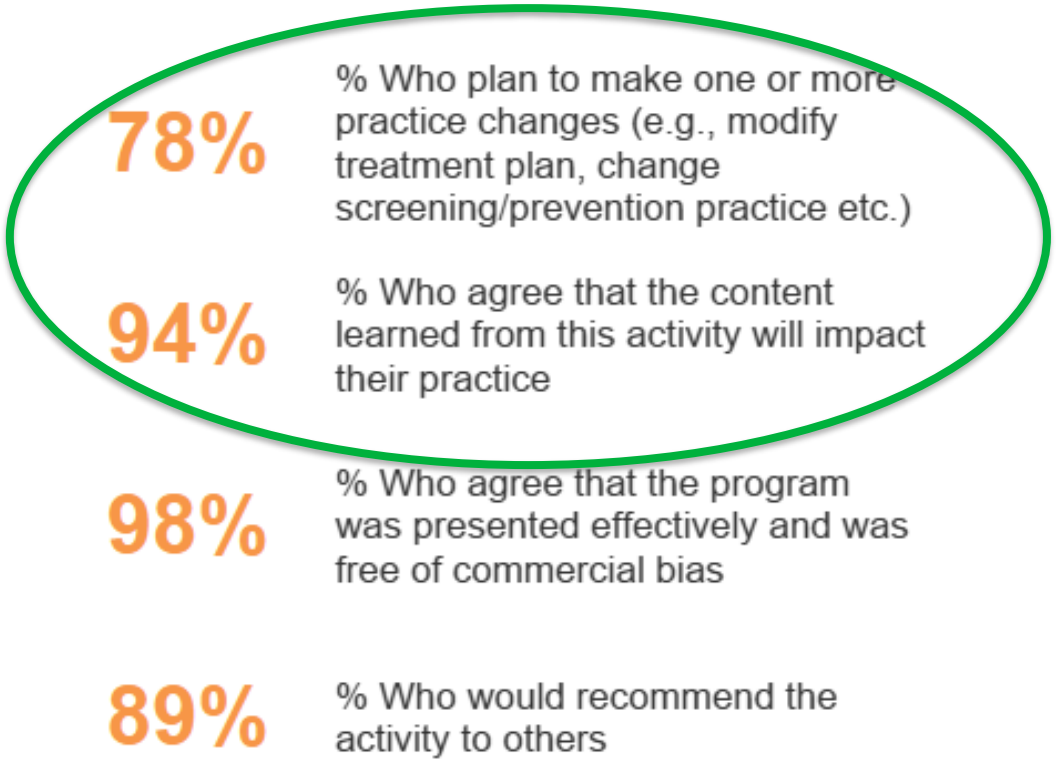
Author: Elizabeth A. Joy, MD, MPH

CME / ABIM MOC / CE Released: 11/28/2022; Valid for credit through: 11/28/2023
Faculty: Elizabeth A. Joy, MD, MPH https://www.medscape.org/viewarticle/983780

Medscape CPA June 2023 Data

3,590 Total Test Takers:

- 1,611 Physicians*
- 1,979 Nurses



* Primary Care, Orthopedists'/Ortho Surgeons, Rheumatologists and Other

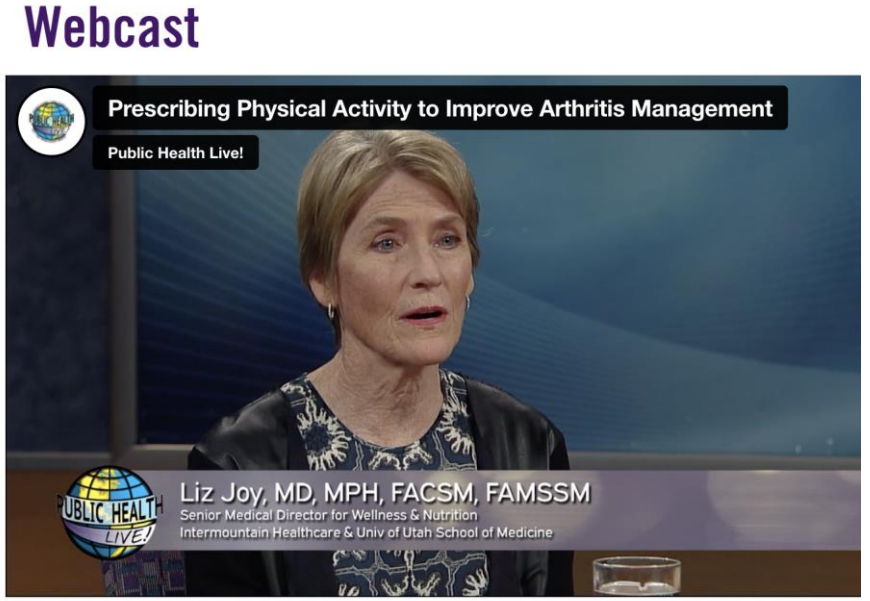
My awareness of AAEBIs and the benefits of arthritis management for patients has improved because of my participation in this CPA.

Answer Choices		Primary Care Physicians (n = 332) % (n)	Rheumatologists (n = 31) % (n)	Other Physicians (n = 434) % (n)	Total Clinicians (n = 797) % (n)
A	Strongly Agree	27% (91)	13% (4)	23% (100)	24% (195)
B	Agree	59% (196)	61% (19)	59% (256)	59% (471)
C	Neutral	11% (38)	26% (8)	14% (59)	13% (105)
D	Disagree	1% (2)	0% (0)	3% (11)	2% (13)
E	Strongly Disagree	2% (5)	0% (0)	2% (8)	2% (13)

An arthritis care model should continue to educate health care providers/allied health care professionals about community-based programs that they can use to refer their patients to.

Building the Case for Physical Activity & OA Disease Progression

- University at Albany, Public Health Live!
  - Link & CME Info https://www.albany.edu/cphce/prescribing-physical-activity-improve-arthritis-management



Building the Case for Change/ WIFM

- 2-3 min videos from **Expert Panel Members Sharing Certain Vantage Points to Build Case for Change**
- **Audience – Health System Pilot-** (e.g., Healthcare Executives; Champions Implementing Models
- Provider/Care Team of all Specialties)
- **How can they be used –** Support Awareness & Training of Champion; Highlight topics in Pilot Kickoff; Grand Rounds; QI Huddles; Training during phases of implementation; e-Newsletters; Other Ideas

Health System Experts/Clinicians:

- Dr. Joy – How Primary Care can support with frontline prevention & value brief advice from Providers (remove barrier of fear of pain & PA)*
- Dr. Woods - Value of Shared Decision-Making Primary Care for Osteoarthritis Care
- Dr. Andrawis – Value of Prevention OA to Orthopedic Surgeon
- Dr. Kirschner – OA Link to Co-morbidities & Whole Person (Nutrition; Physical Activity; Mental Health) - can we leverage kickoff presentation
- Dr. Bing – Value of Patient Reported Outcomes in Proactive Clinical Care & ow to streamline processes to reduce the burden
- Dr. Huff – Importance of Addressing Health Equity in the Arthritis Care Model

National Partner/Experts

- AF - How It Hurts Statistics & how Arthritis impacts lives of Patient (ADL; pain; mental health)
- OAAA – Approved AAEBIs
- Jennifer Raymond - Value of Community Hubs as connector to SDOH Resources & AAEBIs/EBIs; Value of CHWs /Motivational Interviewing
- Tim McNeil – Reimbursement Models to Support Team based Care, Care Coordination (Hubs), AAEBIs
- Heather Hodge - Y of USA – How to Partner as AAEBIs delivery mechanism / Footprint
- NRPA – How to Partner as AAEBIs delivery mechanism / Footprint
- CDC – Why arthritis care model is important to US Public Health?

Does this resonate? What audiences and messages are we missing?

OA Modules

- These modules developed by OAAA are available online.
- How can we make these into useful CMEs?
- What is an effective CME for health care providers?
- OA Care Modules - https://oaaction.unc.edu/resource-library/modules/

How do we build credibility & knowledge of Arthritis Appropriate Evidence Based Interventions (AAEBIs) with provider/care team/healthcare exec?

Updated List of Recognized AAEBIs

Physical Activity Programs

- AEA Arthritis Foundation Exercise Program
- Active Living Everyday
- Arthritis Foundation Aquatic Program
- Camine Con Gusto
- Enhance®Fitness
- Fit & Strong!
- Fit & Strong! Plus
- Tai Chi for Arthritis
- Tai Ji Quan: Moving for Better Balance
- Walk With Ease – Self-Directed & Group

Newly Recognized Programs

- Otago Exercise Program
- Stay Active and Independent for Life

Self-Management Programs

- Better Choices, Better Health®
- Chronic Disease Self-Management Program
- Chronic Pain Self-Management Program
- Enhance®Wellness
- Program to Encourage Active, Rewarding Lives (PEARLS)
- Tomando Control de su Salud
- Workplace Chronic Disease Self-Management Program

Newly Recognized Programs

- Toolkit for Active Living with Chronic Pain
- Toolkit for Active Living with Chronic Conditions

More information available at https://oaaction.unc.edu/aaebi/

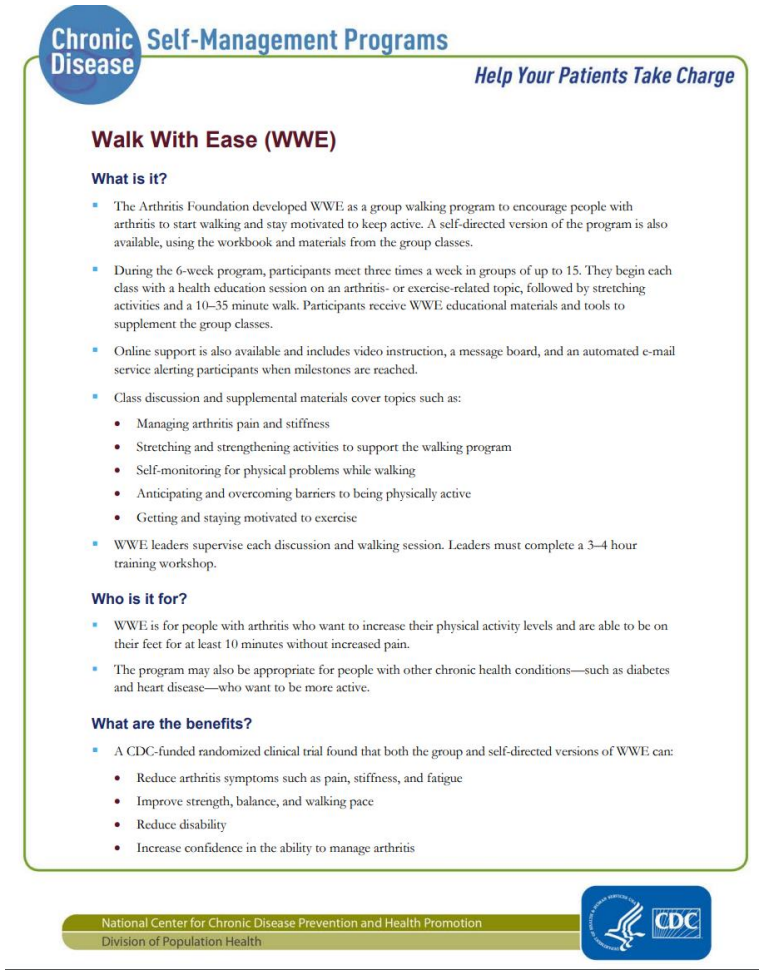
Refer to Resource Library #2

OA OSTEOARTHRITIS ACTION ALLIANCE	Walk With Ease + Camine Con Gusto	Active Living Every Day	AEA Arthritis Foundation Exercise Program	AEA Arthritis Aquatic Program	Enhance Fitness *	Fit & Strong!*	Tai Chi for arthritis	Tai Ji Quan: Moving for Better Balance	Otago Exercise Program
Priority Audience	People with arthritis and people who seek to improve physical activity levels	Adults of all ages are referred by a variety of organizations such as worksites, hospitals, community health programs, colleges, fitness centers, older adult programs and residences, and grant-funded initiatives.	Adults suffering from arthritis and similar conditions, seniors, active and sedentary adults	Adults with arthritis, related rheumatic diseases or musculoskeletal conditions, ranging from people who are older, sedentary and very limited by impaired joint mobility to those who are relatively active with only mild joint involvement	Older adults from frail to fit and people aging with disability	Older adults with osteoarthritis in lower extremities	Almost anyone can use this program with appropriate adaptation for individual conditions, especially people with arthritis or other chronic conditions, who are sedentary, and would like to improve their activities levels, physical function and wellness of body and mind.	Older adults with leg muscles weakness, abnormal gait, walking difficulty, or at risk of falling. Also people with movement or balance disorders	Almost anyone can use this program with appropriate adaptations, from frail to fit and people aging with disability.
Program Content	• Health education • Stretching and strengthening • Warm-up and cool-down exercises • 10-35 minute walk	• Active Living Every Day is an evidence-based behavior change program. The approach is unique because it addresses the root causes of inactivity rather than simply prescribing exercise. • Using facilitated group-based problem-solving methods to integrate physical activity into everyday living, participants learn the skills they need to become and stay physically active.	• Exercise planning • Low impact exercises • Stretching • Balance exercises • Strengthening exercises • Sitting, staning, or lying exercises • Daily living skills	• A recreational group exercise program conducted in warm water that consists of two levels, Basic and Plus. Exercises in the Basic level: • Improve range of motion • Increase Muscle strength and endurance • Reduce pain and stiffness • Maintain or improve mobility, muscle strength and functional ability. Also includes Endurance-building routines, relaxation exercises and health education topics.	• Fitness Assessment • Cardiovascular Exercise • Dynamic/Static Balance Work • Strength Training with Weights as Appropriate • Flexibility exercises • Socialization	• Stretching • Balance exercises • Range of motion exercises • Resistance exercises • Exercises that mimic daily activities • Problem-solving and self-management skill building • Plan ongoing personal exercise programs	• Gentle tai chi exercises that can be adapted by almost anyone to improve control of: • Arthritis symptoms • Balance • Reduce falls • Improve flexibility, strength, and cardiovascular fitness. • Improve immunity • Reduce stress to gain more tranquility	An evidence-based fall prevention program derived from a contemporary routine known as Simplified 24-Form Tai Ji Quan (pronounced tye gee chuwan). • TJQMBB consists of an 8-form core with built-in Tai Ji Quan - Mini Therapeutic Movements®.	17 exercises in total: • 5 strengthening • 12 balance

	Walk With Ease + Camine Con Gusto	Active Living Every Day	AEA Arthritis Foundation Exercise Program	AEA Arthritis Aquatic Program	Enhance Fitness *	Fit & Strong!*	Tai Chi for arthritis	Tai Ji Quan: Moving for Better Balance	Otago Exercise Program
Program Benefits/ Goals/ Outcomes	The overall goals of the Walk With Ease Program are: • To promote education about successful physical activity for people with arthritis • To promote education about arthritis self-management and walking safely and comfortably • To encourage participants to continue their walking program and explore other exercise and self-management programs that deliver proven benefits for people with arthritis.	This program allows participants to: • Identify and address barriers to physical activity • Increase self-confidence about becoming physically active • Create realistic goals and rewards for physical activity • Develop Social Support • Recover from lapses in physical activity	• Improved range of motion • Improved stability • Better health • Increased motor skills	• Overall sense of well-being • Better quality of life • Reduce pain/inflammation • Increase social interaction • Fun, safe and effective way to promote better health • Improved joint function • Increased Muscular Strength	• Maintains or improves physical function • Protects against falls and fall injury • Decreases depression • Provides a social benefit • Promotes a physically active lifestyle • Reduces medical-care utilization costs (~$945/participant annually) • Saves healthcare costs for managed care plans • Decreases skilled nursing costs • Decreases unplanned hospitalizations	• Improve exercise frequency • Reduce arthritis-related joint pain and stiffness • Increase strength • Improve confidence in ability to exercise	• Relief of arthritis pain • Improve balance • Feel better with oneself • Improve self-efficacy • Reduce falls • Improve physical function and health in general	• Improving postural stability • Awareness and mindful control of body positioning in space • Functional walking • Movement symmetry and coordination • Range of motion around the ankle and hip joints • Lower-extremity muscle strength • Global cognitive function. • Improved balance • Improved physical performance • Preventing falls and injurious falls	The Otago program is a structured and progressive exercise program with the goal of improving: • Lower extremity strength • Balance • Mobility. These exercises can be progressed, and when ready, the participants is prescribed a walking program.
Program Format	• Self-Directed • Group format with Instructor	• In-person class/group • 1-on-1 in-person • Remote delivery by phone, email, or video conferencing	• In-person class/group • Virtual self-directed	• In-person group	• Instructor Led In-person class/group sessions • Virtual class/group sessions	• Instructor-led in-person group sessions	• In-person class/group sessions • At home/self directed with video	• In-person class/group • In-person at home • Online group	• In-person 1-on-1 • In-person class/group • Remote delivery by phone, email or video conference • Virtual class/group • At home/self-directed
Class Size	• N/A for Self-Directed • For Group ideal class size is 12 - 15 participants per leader.	• 8-15 participants (maximum of 20)	• 5-25 participants	• No greater than 20 participants	• 10-25 participants	• 20-25 participants	• 1 to 20 participants for in-person session		• N/A for self-directed • 1-on-1 • 10-20 for group session

Examples of Sharing materials that demonstrate the Value of Walk With Ease

- The 1.2.3 Approach to Provider Outreach
  - https://chronicdisease.org/wp-content/uploads/2023/07/The-1-2-3-Approach-to-Provider-Outreach_WWE.pdf



Chronic Disease Self-Management Programs

Help Your Patients Take Charge

Walk With Ease (WWE)

What is it?

- The Arthritis Foundation developed WWE as a group walking program to encourage people with arthritis to start walking and stay motivated to keep active. A self-directed version of the program is also available, using the workbook and materials from the group classes.
- During the 6-week program, participants meet three times a week in groups of up to 15. They begin each class with a health education session on an arthritis- or exercise-related topic, followed by stretching activities and a 10–35 minute walk. Participants receive WWE educational materials and tools to supplement the group classes.
- Online support is also available and includes video instruction, a message board, and an automated e-mail service alerting participants when milestones are reached.
- Class discussion and supplemental materials cover topics such as:
  - Managing arthritis pain and stiffness
  - Stretching and strengthening activities to support the walking program
  - Self-monitoring for physical problems while walking
  - Anticipating and overcoming barriers to being physically active
  - Getting and staying motivated to exercise
- WWE leaders supervise each discussion and walking session. Leaders must complete a 3–4 hour training workshop.

Who is it for?

- WWE is for people with arthritis who want to increase their physical activity levels and are able to be on their feet for at least 10 minutes without increased pain.
- The program may also be appropriate for people with other chronic health conditions—such as diabetes and heart disease—who want to be more active.

What are the benefits?

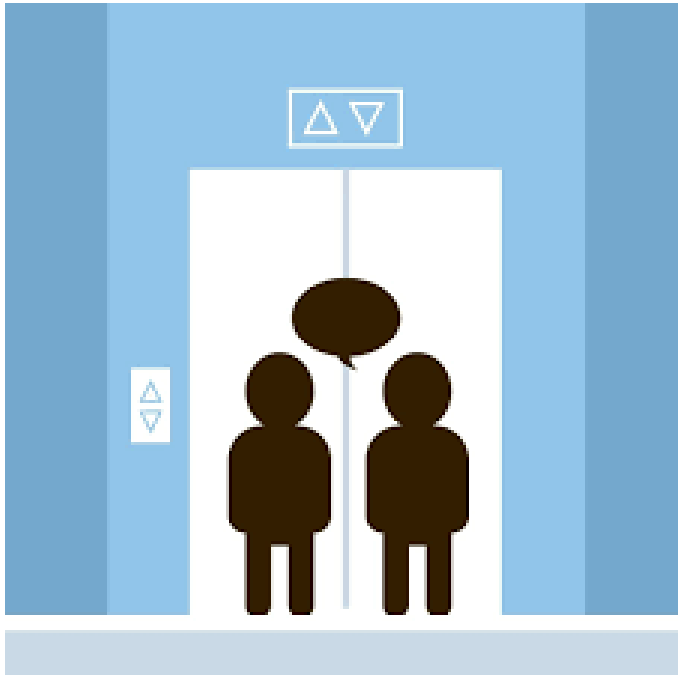
- A CDC-funded randomized clinical trial found that both the group and self-directed versions of WWE can:
  - Reduce arthritis symptoms such as pain, stiffness, and fatigue
  - Improve strength, balance, and walking pace
  - Reduce disability
  - Increase confidence in the ability to manage arthritis

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

- WWE Video (Storybook from YMCA NY Alliance)
  - https://www.youtube.com/watch?v=LY2hy4hW5j8

Will these types of communication pieces help make the case for change?

Elevator Speech



Readiness for Change –Interventions for Pt's that are in pre-/contemplation and would like to start small.

Is this type of grid helpful to help provide tangible example of PA for arthritis? How can we make it easy for the provider to prescribe the appropriate PA via the portal if patients are not ready for AAEBIs and want to start the journey?

What is your current activity level?

Your current activity level → / Types of exercise ↓	Level 1 – Sedentary[i] Being almost completely inactive throughout the week. Activities include: reading, TV watching, movies, using computers or doing other sedentary activities during leisure or work time.	Level 2 - Some physical activity[i] Non-vigorous activity during at least 4 hrs/week. Examples include walking, leisure gardening, fishing, bowling, etc.	Level 3 - Moderate Physical Activity[i] Regular physical activity and training 2-3 hrs/week of moderate activity such as heavy gardening, running, swimming, biking, tennis, etc.	Level 4 – Vigorous Activity[i] Regular hard physical training for competition sports several times per week. Examples: running, skiing, soccer, etc. several times per week.
Balance/flexibility exercises to improve range of motion, balance, and posture **(3 days a week)**[iii]	Arthritis Foundation's Walk With Ease stretching exercises Start with 2-3 days/week	Arthritis Foundation's Walk With Ease stretching exercises OR Yoga, pilates, tai chi[ii] 2-3 days/week	Creaky Joints 20 Gentle Stretches For Arthritis You Can Do Every Day at Home OR Yoga, pilates, tai chi[ii] 3 days/week	Arthritis Foundation's Stretches Lower Body Upper Body OR Yoga, pilates, tai chi[ii] 3 days/week
Strengthening exercises to strengthen your major muscle groups like legs, back, arms, and core **(2 days a week)**[iii]	Creaky Joints Weight Lifting Exercises to Help Manage Arthritis Symptoms Start with 1-2 days/week	Same as Level 1 OR Cleveland Clinic Resistance Bands Workout Aim for 2 days/week	Same as Level 1 OR Cleveland Clinic Resistance Bands Workout 2 days/week using hand weights or greater resistance	Same as Level 1 OR Cleveland Clinic Resistance Bands Workout 2 days/week using hand weights or greater resistance
Aerobic exercise to get your heart pumping and body sweating **(3-5 days a week)**[iii]	Select joint-friendly, low-impact activities like walking or water aerobics.[ii] 10-15 mins/day; 3-5 days/week	Same as Level 1, but aim for 20-30 mins/day; 3-5 days/week. OR Try an arthritis-appropriate physical activity program; 3 days/week	Same as Level 2, but aim for 30 mins/day; 5 days/week. OR Try an arthritis-appropriate physical activity program; 3 days/week + other activity	Select joint-friendly, low-impact activities like swimming and biking (less than 10 miles/hour).[ii] 30 minutes/day; 5-6 days/week

[i] https://onlinelibrary.wiley.com/doi/full/10.1111/sms.12611
[ii] https://www.cdc.gov/arthritis/basics/physical-activity-overview.html
[iii] https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf

OA OSTEOARTHRITIS ACTION ALLIANCE

Screening, Counseling, Referrals

- Approaches, Processes, Documentation, Tools

Proposed pathway

For patients age ≥18…

Screening → **Brief Advice/ Counseling** → **Referral to PA / EBI** → **Care Coordination** → **Bi-directional Feedback**

All patients (Universal Prevention for Patient Vital Signs)

Every Visit

PAVS* +(intensity)
Muscle strengthening

Assess Readiness for Change, Risks, & Provides Brief Advice

Prescribe PA & Refer to Community Programs

No, OA Diagnosis

>Annual Physical & Medicare Annual Wellness

1. Annual Physical
2. Medicare AWV

Health Risk Assessment

Risk Identification, Care Plan, Counseling

Refer to Community Programs (e.g., PA, fall prevention, nutrition)

Coaching to support patient

Update on Patient Progress

Patients w/ Diagnosis of OA Knee /Hip

Yes, OA Diagnosis

1. Annual Physical
2. Medicare AWV
3. Knee/hip joint pain visit

+PROMIS

+ Modifications for OA

+Triage based on OA severity

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

Knee/hip joint pain visit

+PROMIS
+Clinical Diagnosis

* Ensure alignment with SDOH Screeners

Screening

I. Evidence-Base Assessments

A. Universal Prevention Strategy (all visits & all patients >18)

- Physical Activity Vital Sign (PAVs) + (intensity)*

+

- Muscle strengthening*

B. PROMIS (Physical Function & Pain Interference) for OA*

- Ensure Alignment with Other Screeners (e.g., AWV, annual physicals, SDOH screeners) in Primary Care to ensure effective/efficient process for all

II. Purpose of Screening

A. Assessment of PA & Osteoarthritis disease progression

B. Patient-level Outcomes of interventions to help Motivate

C. Aggregated Clinical level data for Improvement

III. Ideal Process Flow & Care Team Roles

A. Initial &Additional Visits

1) Gather data in advance via portal, text, pre-visit planning outreach
2) Gather screening/assessments in waiting room via tablet
3) Gather during intake portion with other vitals

B. Post AAEBI intervention – PROMIS screening

IV. Documentation Standards/ & EHR Technology Support

A. PAVS (intensity) + muscle strengthening

1) EIMG – screenshots (EPIC)
2) Intermountain Screenshots (Cerner)
3) Leverage HL7 Standards Build?

B. PROMIS

1) Johns Hopkins – Arthritis Center has optimized utilization in Arthritis care for rheum patients. Need to Gather deeper processes/screenshots.
   a) Gather Screening Data in advance of visit for OA diagnosed patients/chief complaint:
      1.1 Portal
         – Gather data in advance through portal message (60%)
         – Gather data via tablet in the waiting room (40%)
      1.2 QR code
         – Exam Room for Patients that express pain during visit (e.g., after PAVs screen or evaluation)
   b) Utilizing within Clinical care for decision support & shared decision making
      2.1 Screenshot of longitudinal graphs
      2.2 How to interpret thresholds raw vs t-scores
   c) Patient level & aggregated outcomes (does EPIC have the ability to automatically send PROMIS post initial via portal/text? (e.g., every quarter)
2) Other places to highlight – NY, Dr. Kirschner?

Post AAEBI Outcomes (PROMIS) Data Collection Brainstorms

Physical Activity Guidelines

- Light-intensity activity is non-sedentary waking behavior (see sidebar) that requires less than 3.0 METs; examples include walking at a slow or leisurely pace (2 mph or less), cooking activities, or light household chores
- Moderate-intensity activity requires 3.0 to less than 6.0 METs; examples include walking briskly (2.5 to 4 mph), playing doubles tennis, or raking the yard.
- Vigorous-intensity activity requires 6.0 or more METs; examples include jogging, running, carrying heavy groceries or other loads upstairs, shoveling snow, or participating in a strenuous fitness class. Many adults do no vigorous-intensity physical activity.

https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

Recommendation: PAVS + intensity+ muscle strengthening

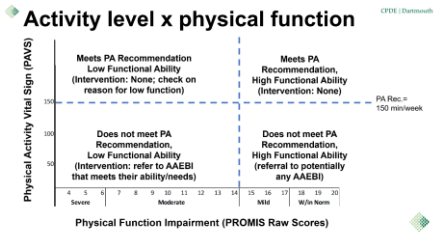
- **Use to screen <u>all patients</u> (age ≥18) at <u>all visits</u>; <30 sec to complete**
- **Physical Activity Vital Sign (PAVS)** – formerly, "Exercise Vital Sign"

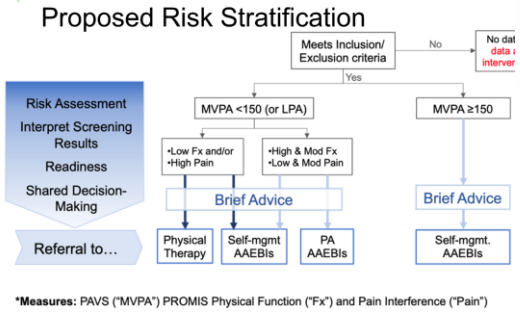
1. On average, how many days per week do you engage in physical activity ___?
2. On average, how many minutes do you engage in physical activity at this level? _____ minutes
3. Rate the intensity of your weekly physical activity light (casual walk); moderate(brisk walk), vigorous physical activity (like jogging)?
    - Calculate #1 x #2 = Minutes/week; (National guidelines = 150 min/week)
4. How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training?

Existing tools and strategies for brief advice

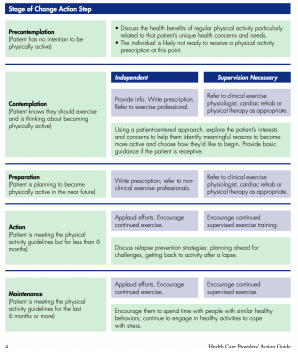
Screening → Brief Advice/ Counseling) → Referral to PA / EBI → Care Coordination → Bi-directional Feedback

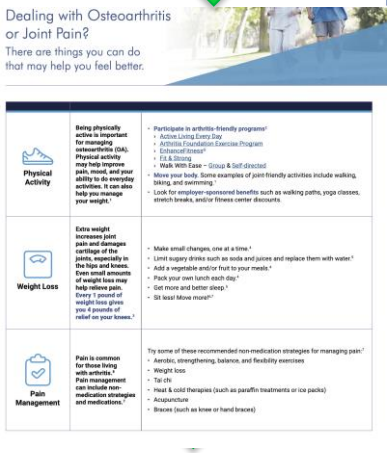
Interpret screening + Risk Assessment + Readiness Assessment + Patient Preference = Brief Advice

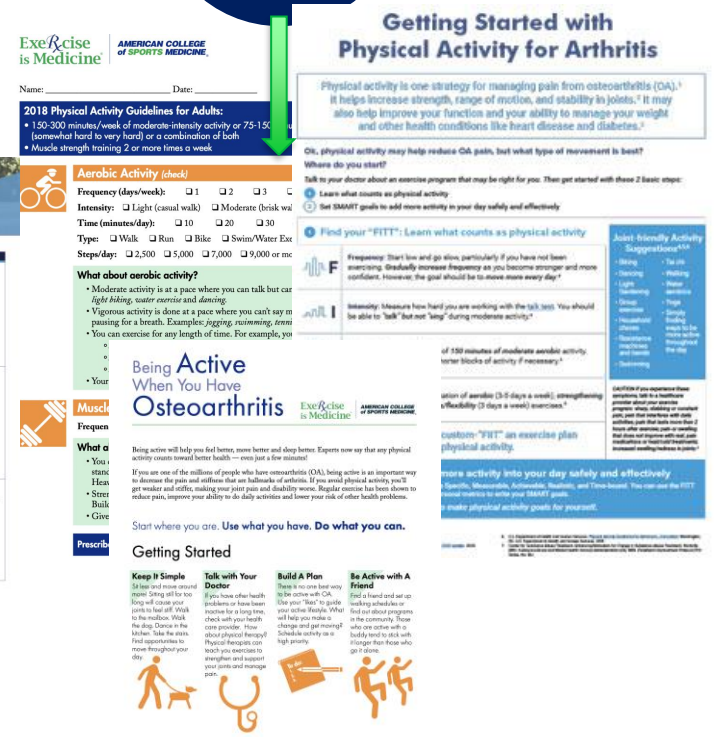




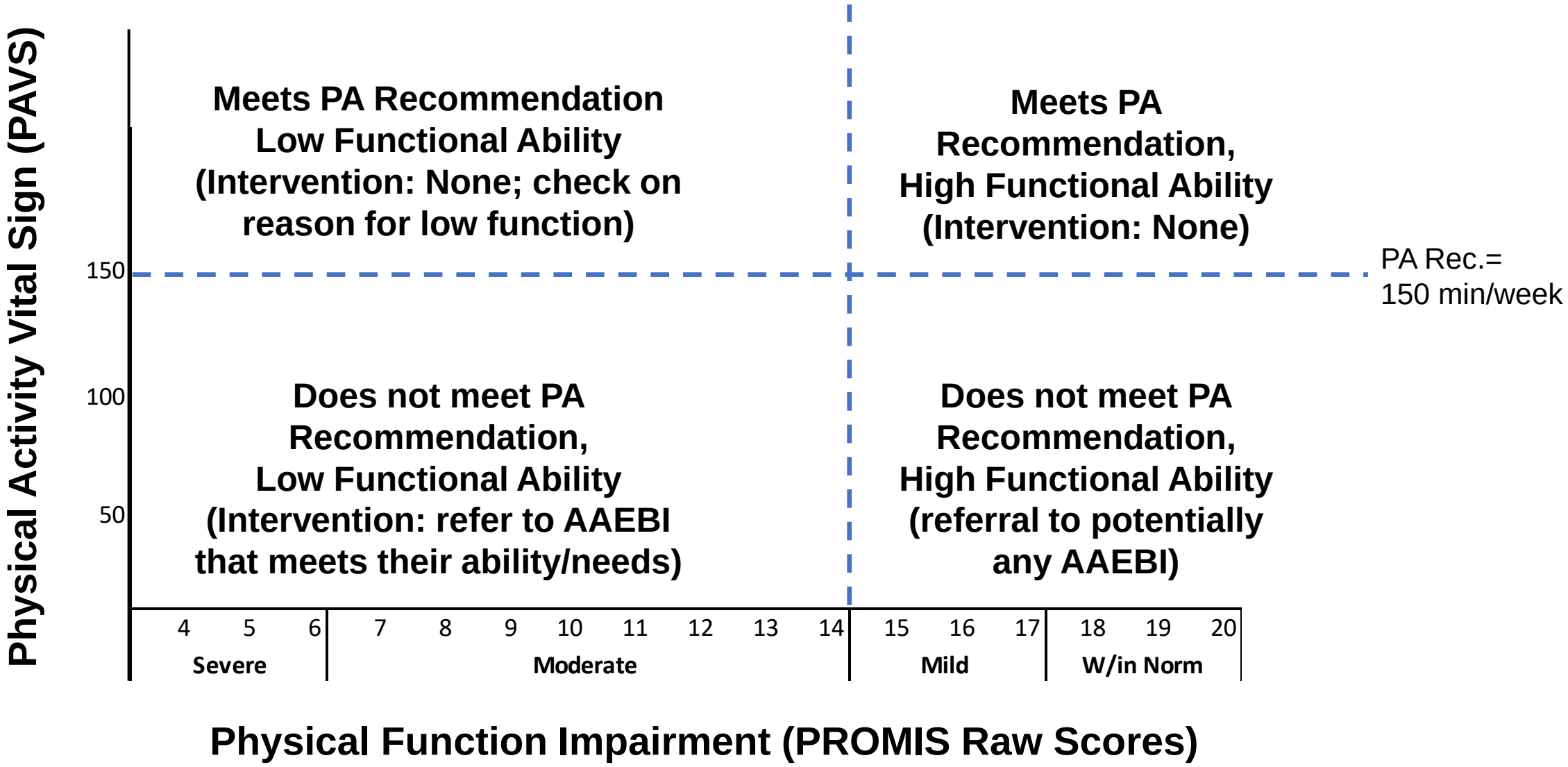
Measures: PAVS ("MVPA") PROMIS Physical Function ("Fx") and Pain Interference ("Pain")



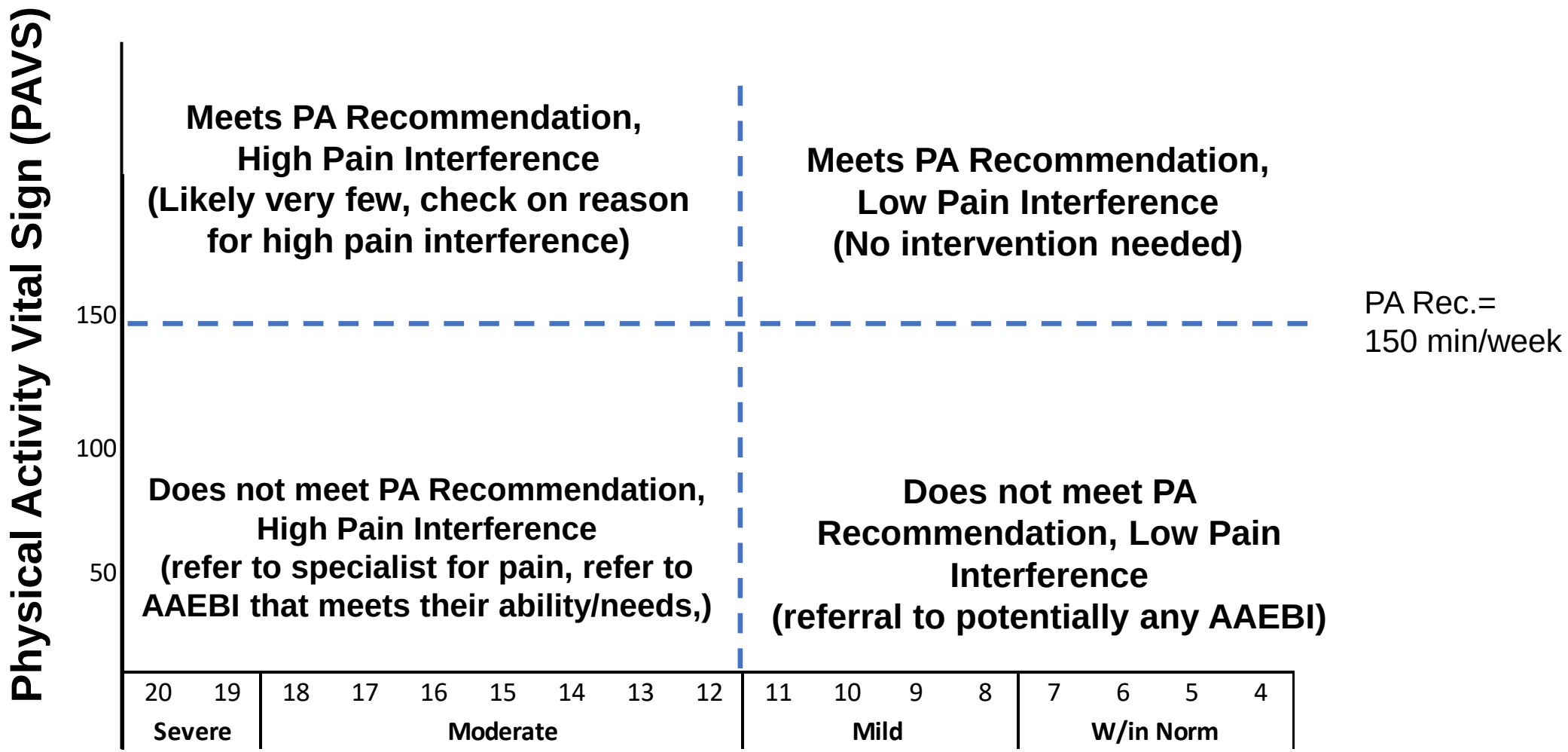




Activity level x physical function



Activity level x pain interference



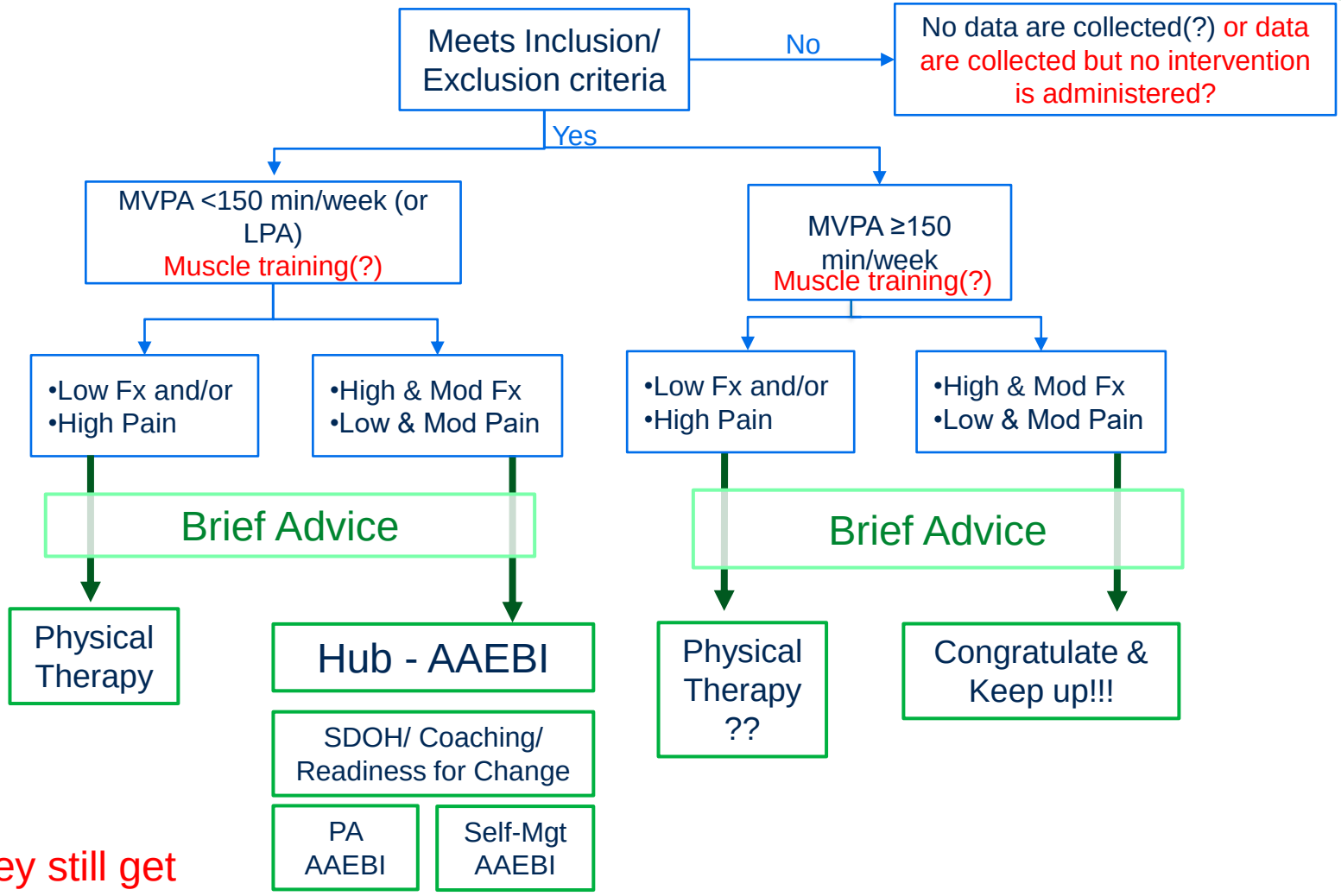
Risk Assessment
*Falls Risk
*Climb stairs
*DME

Interpret Screening Results

Patient Readiness

Shared Decision-Making

Referral to…



What if patient is in pre/contemplation do they still get referred to Hub?

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

Brief Advice/ Counseling

I. Evidence-Base Methodology & Approaches

- "SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders."[1]
- Readiness for Change (EIM) - Transtheoretical Model (TTM) of Behavioral Change, The TTM includes five stages of behavior change: precontemplation, contemplation, preparation, action, maintenance, and termination. It focuses on decision-making and intentional change.[1]
- 5 As 1) Ask, 2) Advise, 3) Assess, (4) Assist, and (5) Arrange
- Intermountain Behavior Change Methodology – Motivation, Ability, Prompt (e.g., Tiny Habits - BJ Fogg)

II. Ideal Process Flow & Care Team Roles

A. Brief Advice (Provider) 30 sec – 2 mins - Provides

- Interpret Results (PAVs +Muscle Training)
- Risk Assessment (e.g. Falls, Ability to Climb stairs, DME needs, others?; Medical Judgement)
- Readiness for Change
- Patient Preference (e.g. virtual, type of interventions)

B. Coaching –Motivational Interviewing/SDOH Screen --> shared decision making on AAEBI selection (CHW, Health Coach – Community Hub)

- Leverage COACH training from USBJI – Shorter clips with trainer guide?
- Standard Training for Motivational Interviewing Light - (Brief Action Plan – Vancouver???)

III. Documentation Standards/ eHR Technology Support

A. Intermountain Discrete Field Example
B. Leverage Templated Note with Distinct Note Name (Cerner Example)
C. Other Ideas? - EIMG?

How do we coach providers to be comfortable giving brief advice?

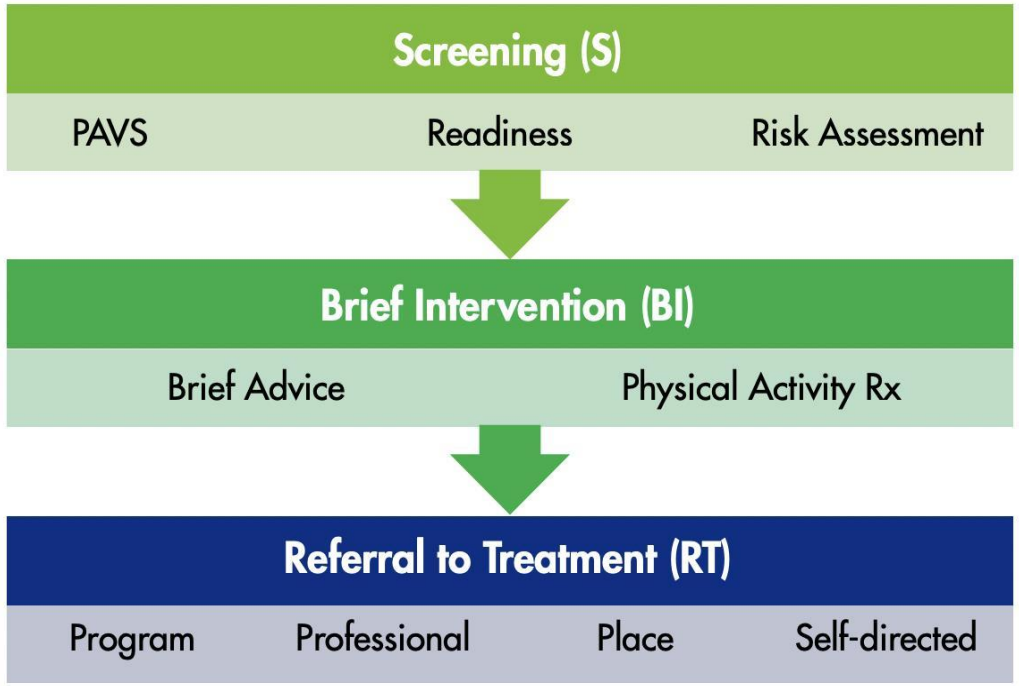
1) 2-3 Min Video explaining components of brief advice in the context of behavior change model & show mock patient encounter
2) Scripting?

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

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Assessing Readiness

Stage of Change Action Step		
Precontemplation (Patient has no intention to be physically active)	• Discuss the health benefits of regular physical activity particularly related to that patient's unique health concerns and needs. • The individual is likely not ready to receive a physical activity prescription at this point.	
Contemplation (Patient knows they should exercise and is thinking about becoming physically active)	***Independent***	***Supervision Necessary***
	Provide info. Write prescription. Refer to exercise professional.	Refer to clinical exercise physiologist, cardiac rehab or physical therapy as appropriate.
	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 if the patient is receptive.	
Preparation (Patient is planning to become physically active in the near future)	Write prescription; refer to non-clinical exercise professionals.	Refer to clinical exercise physiologist, cardiac rehab or physical therapy as appropriate.
Action (Patient is meeting the physical activity guidelines but for less than 6 months)	Applaud efforts. Encourage continued exercise.	Encourage continued supervised exercise training.
	Discuss relapse prevention strategies: planning ahead for challenges, getting back to activity after a lapse.	
Maintenance (Patient is meeting the physical activity guidelines for the last 6 months or more)	Applaud efforts. Encourage continued exercise.	Encourage continued supervised exercise.
	Encourage them to spend time with people with similar healthy behaviors; continue to engage in healthy activities to cope with stress.	

BENEFITS

PERSONALIZED ADVICE

PRESCRIPTION

REINFORCEMENT

CHECK-IN

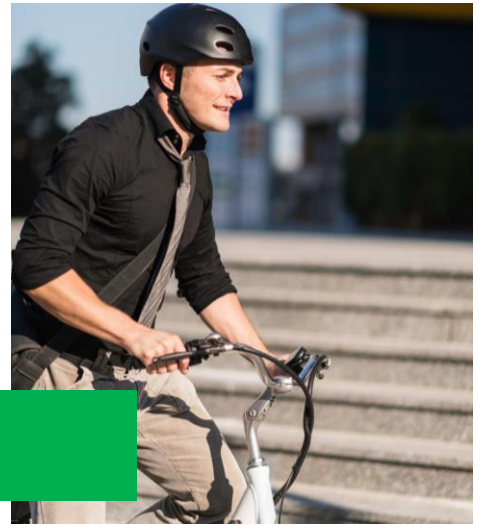
Brief Advice: Physical Activity Spectrum

Activities of Daily Living

- Walking/rolling

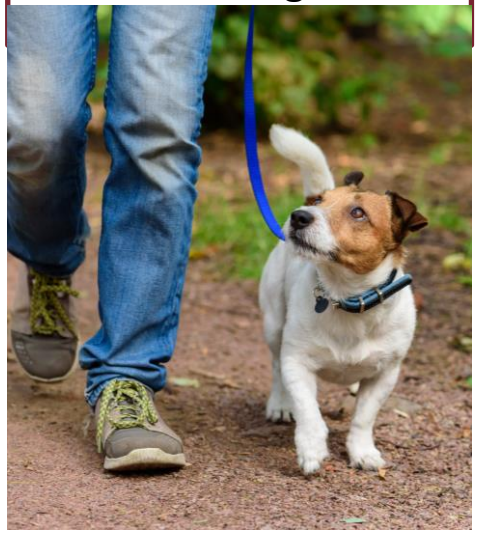
Active Transportation

- Walk/bike to work or errands



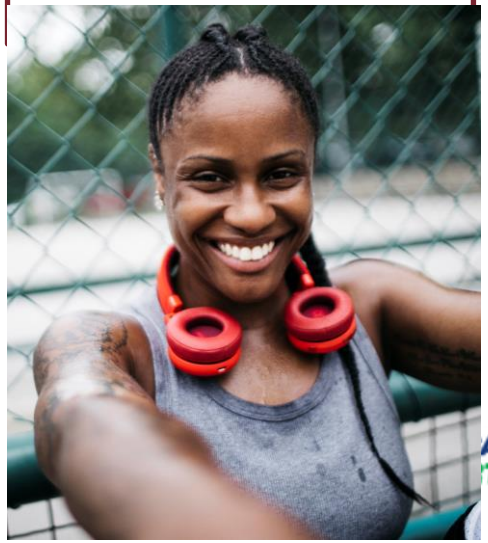
Lifestyle Activities

- Walk the dog
- Rake leaves
- Go dancing



Exercise (planned)

- Aerobic activity
- Strengthening
- Combo or sports



2. Brief Advice/Rx

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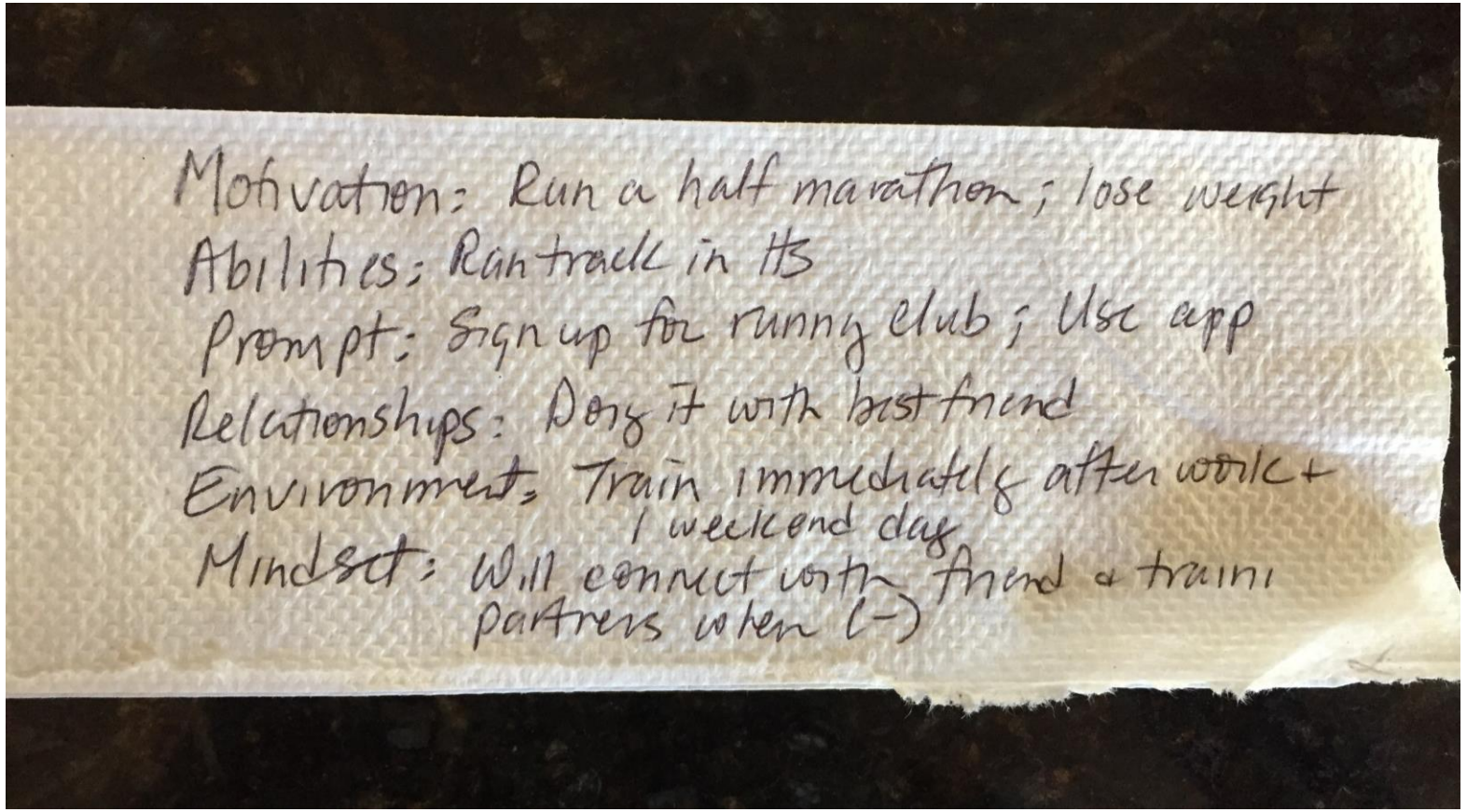
Brief Advice 30 secs - 2 mins?



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Rx Prescriptions for Physical Activity + OA Modifications

Brief Advice

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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

ExeRxcise is Medicine® | AMERICAN COLLEGE of SPORTS MEDICINE®

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.

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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)

Pt Inst 50280

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

Intermountain LiVe Well

Referral/Care Coordination/ SDOH

- Mechanisms, Processes, Roles, Documentation, Data Exchange, Universal Care Plan, Bidirectional

Referral/Care Coordination

I. Evidence-Base Methodology & Approaches

A. See AAEBI list from OAAA & RTC

II. Ideal Process Flow & Care Team Roles

A. Referral made by provider to "Community Health Interventions"

- Micro system- Social worker (in clinic)
- Meso System- Pop Health /Care Management team (health system)
- **Macro System – Community Hub (state)**

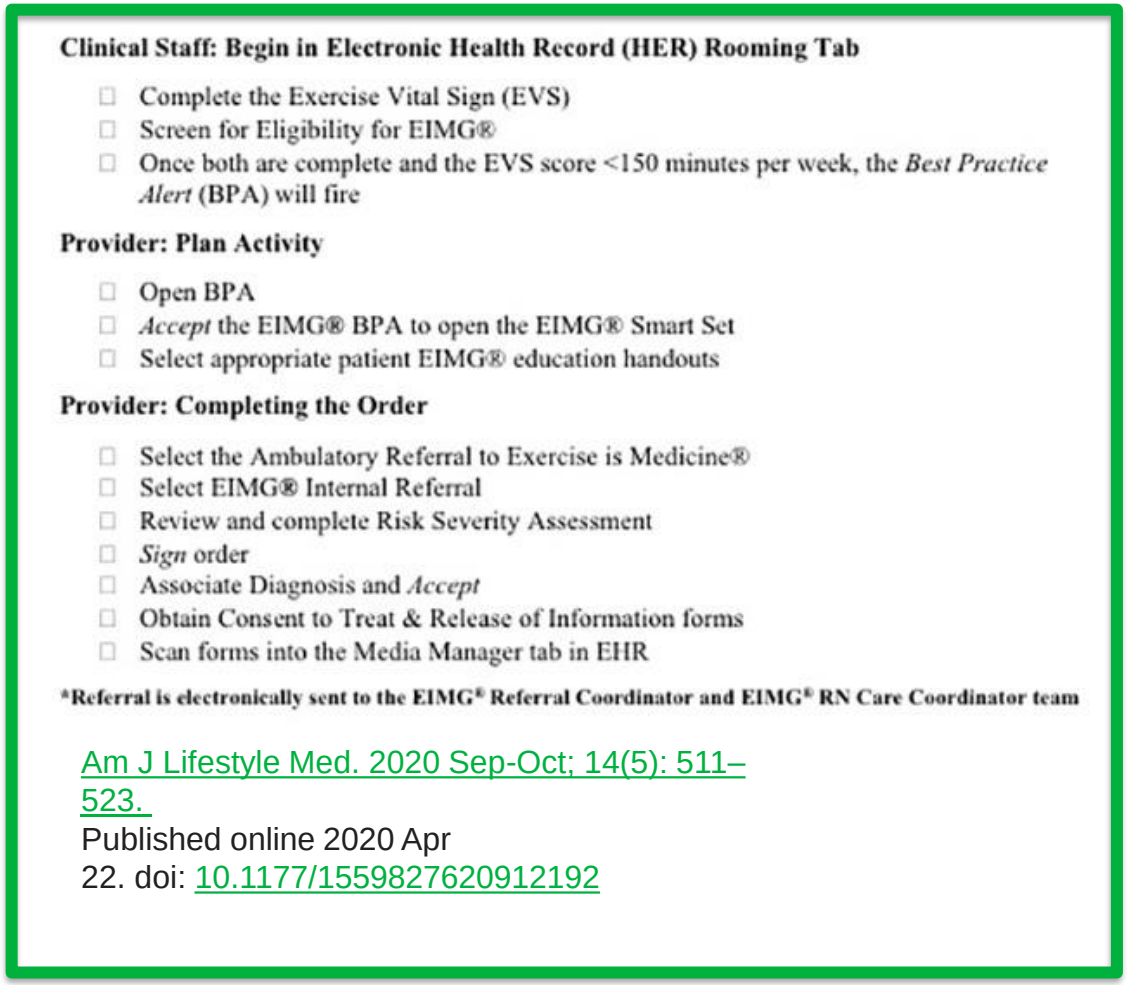
B. Bidirectional data sharing with entity providing AAEBI

Can care team members enter referrals in eHR on behalf of provider?

III. Documentation Standards/ & EHR Technology Support

A. Referral made by provider to "Community Health Interventions"

- Bidirectional data sharing with entity providing or coordinating AAEBI delivery (e.g., Community HUB)
- Appropriate demographics/history of patient is shared with the community hub to conduct SDOH Screen/ Coaching/Readiness for Change to Match with AAEBI



Clinical Staff: Begin in Electronic Health Record (HER) Rooming Tab

- ☐ Complete the Exercise Vital Sign (EVS)
- ☐ Screen for Eligibility for EIMG®
- ☐ Once both are complete and the EVS score <150 minutes per week, the *Best Practice Alert* (BPA) will fire

Provider: Plan Activity

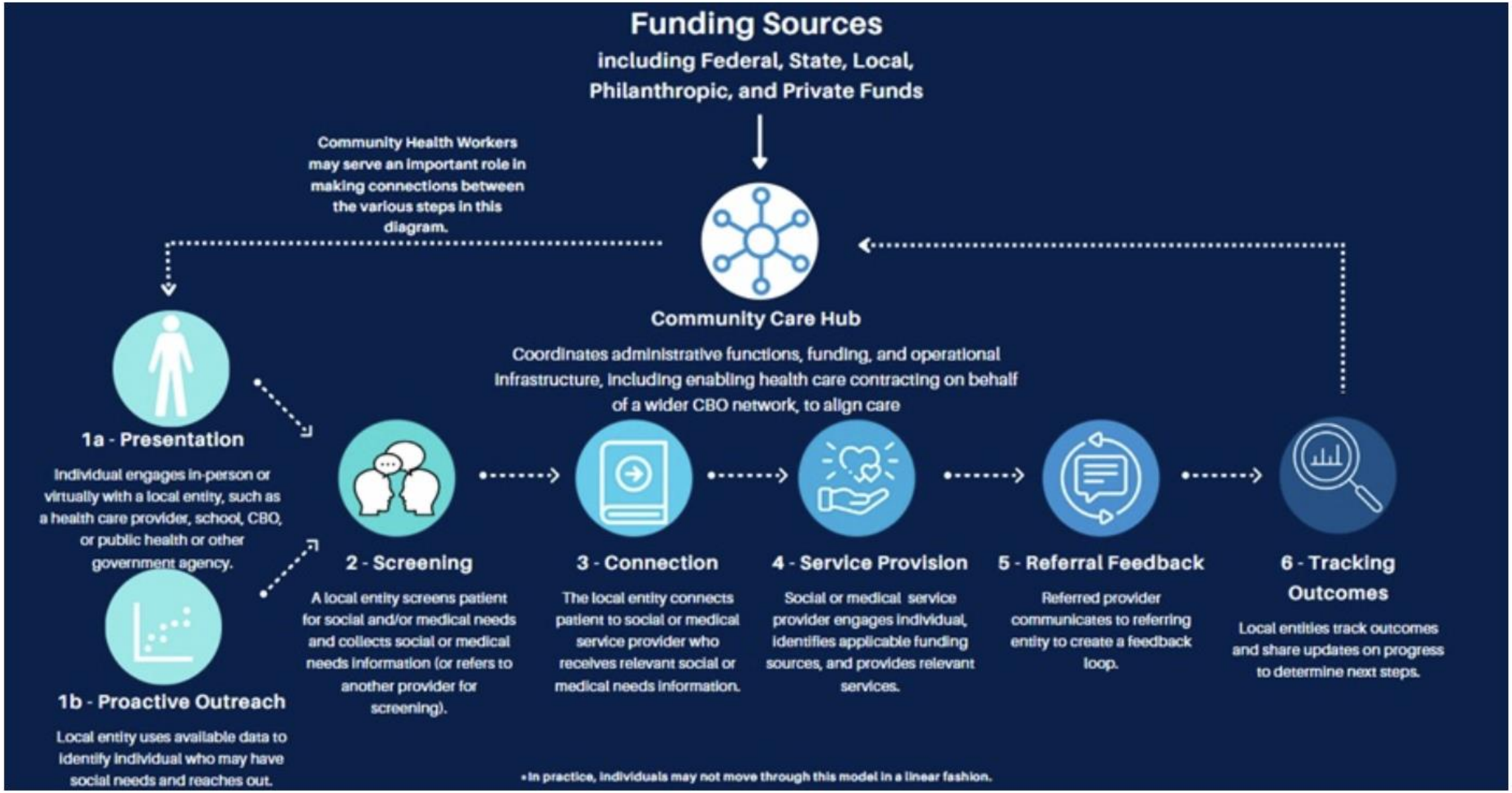
- ☐ Open BPA
- ☐ *Accept* the EIMG® BPA to open the EIMG® Smart Set
- ☐ Select appropriate patient EIMG® education handouts

Provider: Completing the Order

- ☐ Select the Ambulatory Referral to Exercise is Medicine®
- ☐ Select EIMG® Internal Referral
- ☐ Review and complete Risk Severity Assessment
- ☐ *Sign* order
- ☐ Associate Diagnosis and *Accept*
- ☐ Obtain Consent to Treat & Release of Information forms
- ☐ Scan forms into the Media Manager tab in EHR

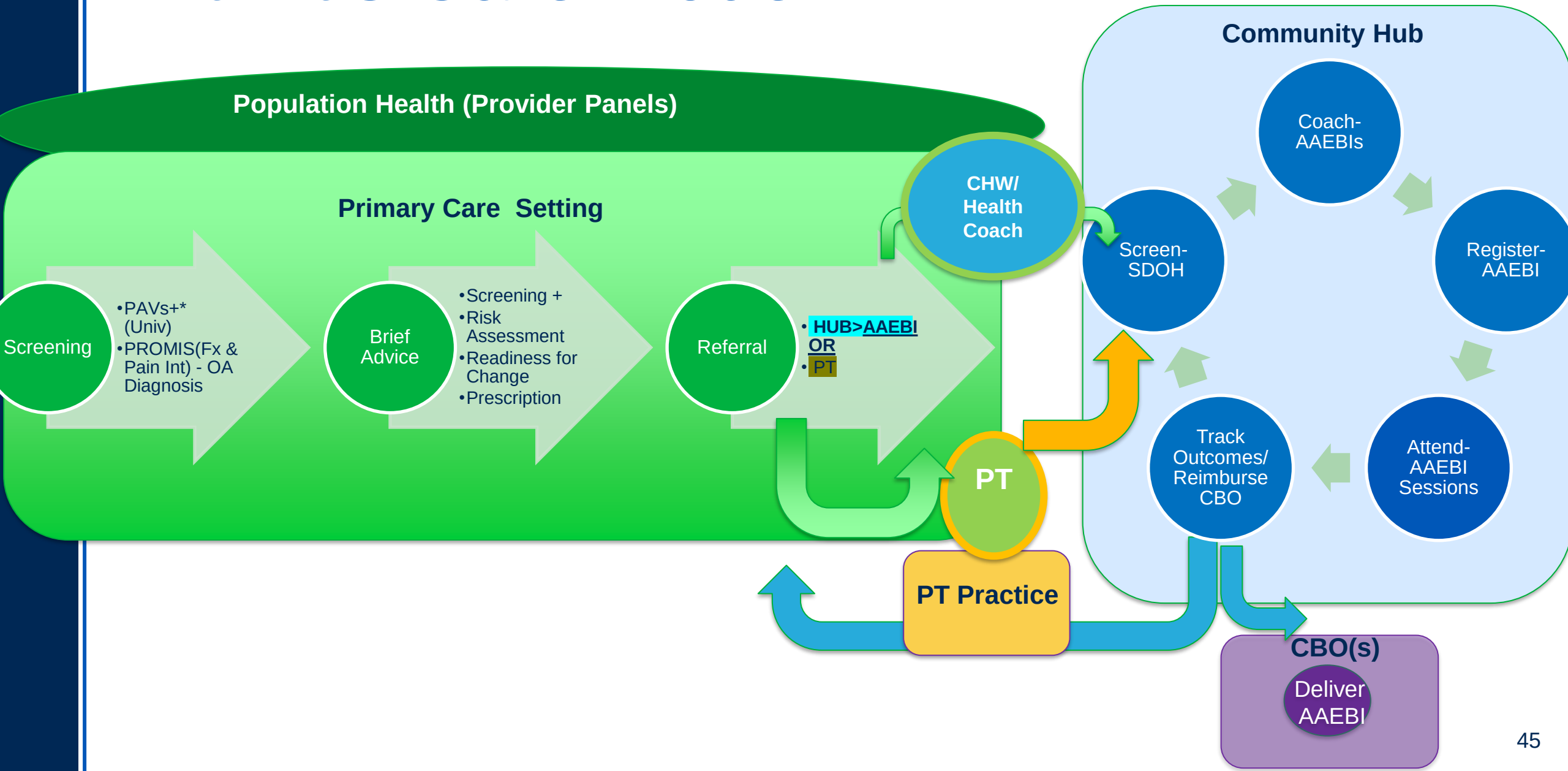
[a]Referral is electronically sent to the EIMG® Referral Coordinator and EIMG® RN Care Coordinator team

Am J Lifestyle Med. 2020 Sep-Oct; 14(5): 511–523.
Published online 2020 Apr
22. doi: 10.1177/1559827620912192



- Health Affairs article "Improving Health And Well-Being Through Community Care Hubs"

Arthritis Care Model



Reimbursement/ Incentives

Discuss on 8/9 Expert Advisory Panel

Center for Program Design & Evaluation
Dartmouth College

Karen Schifferdecker, PhD, MPH
Kathy Carluzzo, MS

Center for Program Design & Evaluation

CPDE | Dartmouth College

Evaluation Framework and key measures

July 25, 2023

Karen Schifferdecker, PhD, MPH
Kathleen Carluzzo, MS

Project Aims

1. Improve HRQOL of adults with OA-K/H	**Patients**
2. Patients who are screened, counseled, and who are referred to and participate in PT/AAEBIs are representative of the practice's eligible population	
3. Implementing the Arthritis Care Model is acceptable/ feasible/incentivized for the primary care team	**Providers/ Practices**
4. Referral to and implementation of the AAEBI is acceptable/feasible/incentivized for the community-based partner(s)	
5. Implementing screening, counseling, and AAEBI referrals provides revenue and total cost of care (TCOC) savings for practice(s)	**System**

Project Aims

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Data Sources – Mixed Methods

Data Source	Responsible for collection
Quantitative	
EHR (PROs, pt. demos, referrals)*	Clinic/IT staff
Patient/health care team surveys	Dartmouth
Training eval questionnaires	TBD
AAEBI enrollment / participation(?)*	Community-based partner
Billing code usage change(?)*	Clinic admin staff
Qualitative	
Patient interviews	Dartmouth
Provider/staff interviews or FGs	Dartmouth
Partner interviews (?)	Dartmouth

Abbreviations

- AAEBI is Arthritis-appropriate Evidence-based Intervention
- AWV is Annual Wellness Visit
- CBO is Community-Based Organization (or Community Hub)
- EHR is Electronic Health Record
- LPA is Light Physical Activity
- MVPA is Moderate to Vigorous Physical Activity
- PA is Physical Activity
- PAVS is Physical Activity Vital Sign
- PROMIS is the Patient Reported Outcome Measurement Information System
- SDM is Shared Decision-Making

Definitions

- Pilot evaluation period: 12-mo period that commences (e.g., upon day 1 of pilot implementation) – referred to here as “pilot period”
- Pilot site: eligible clinics/locations at the health system selected to test the pilot (if multiple, this will be defined upon selection)
- Eligible visit (baseline): Annual Physical, Medicare AWV, Knee/hip joint pain visit during the pilot period
- Eligible patient: Patients seen at an eligible visit at the pilot site who meet eligibility criteria during the pilot period
- Eligibility criteria: set of criteria (TBD)* that determine whether a patient is eligible for *each component* of the intervention (screening, counseling, referral)
- Numerator: Note, this is always a subset of the denominator
- Denominator: Note, for each measure, “eligibility” for evaluation will be based on eligibility for each component of the intervention
- Shared Decision-Making (SDM): conversation between patient and healthcare professional in which evidence is shared and patient's values and preferences are assessed and incorporated into the decision

Measures: Impairment / Symptoms

Physical Function (PROMIS, 4 items)

Response options (5): Without any difficulty (5) → Unable to do (1)

In the past 7 days, are you able to…

- Do chores such as vacuuming or yard work?
- Go up and down stairs at a normal pace?
- Go for a walk of at least 15 minutes?
- Run errands and shop?

Calculation: Raw score is the sum of all 4 items, can be converted to t-scores. Impairment is rated as: Within Normal Limits (18-20), Mild (15-17), Moderate (7-14), or Severe (4-6)

Pain Interference (PROMIS, 4 items)

Response options (5): Not at all (1) → Very much (5)

In the past 7 days… How much did pain interfere with

- Your day-to-day activities?
- Work around the home?
- Your ability to participate in social activities?
- Your household chores?

Calculation: Raw score is the sum of all 4 items, can be converted to t-scores. Symptoms are rated as: Within Normal Limits (4-7), Mild (8-11), Moderate (12-18), or Severe (19-20)

Measures: Physical Activity, etc.

PAVS + intensity + muscle strengthening

Use to screen <u>all patients</u> (age ≥18) at <u>all visits</u>; <30 sec to complete

Physical Activity Vital Sign (PAVS) – formerly, "Exercise Vital Sign"

1. On average, how many days per week do you engage in physical activity?
   ___ days
2. On average, how many minutes do you engage in physical activity at this level?
   ___ minutes
3. Rate the intensity of your weekly physical activity:
   light (casual walk); moderate (brisk walk), vigorous physical activity (a jog)?

Calculation #1 x #2 = Minutes/week light or mod/vig. (Nat'l guideline = 150 min/week MVPA)

4. How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training? ___ days

Orientation to the following slides

Measurement definitions, data sources, and access?

Consider: What metrics are most important to convince healthcare systems to encourage adoption?

Aim 1: Improve HRQOL of adults with OA-K/H

Subaim: 1a. Increase screening for physical activity in primary care for adults with OA K/H

PA Screening Measure

- **Numerator:** Total number of eligible patients screened with PAVS documented in EHR
- **Denominator:** Total number of eligible patients with OA-K/H with an eligible visit at site during pilot period

Data Source / Considerations

- Discrete field in EHR for PAVs(?)
- Comparator (target goal - TBD)
- Health system capability to pull these data routinely?

Timing: Ongoing data collection; Rates reviewed monthly for evaluation

Aim 1: Improve HRQOL of adults with OA-K/H

Subaim: 1b. Increase physical activity counseling/advice in primary care for adults with osteoarthritis / hip/knee concerns

PA Counseling/Advice Measure

- **Numerator:** Total number of eligible patients who received PA counseling/advice documented in EHR
- **Denominator:** Total number of eligible patients with OA / K/H concern who are screened with MVPA <150 min/week documented, and patient has indicated readiness in shared decision-making (SDM) conversation

Data Source / Considerations

- Discrete field in EHR for Shared Decision-Making(?) (or proxy measure?)
- Discrete field in EHR to document counseling/brief advice(?)
- Comparator (target goal)
- Health system capability to pull these data routinely?

Timing: Ongoing data collection; Rates reviewed monthly for evaluation

Aim 1: Improve HRQOL of adults with OA-K/H

Subaim: 1c. Increase referrals to AAEBIs and/or PT for eligible patients

AAEBI Referral Measure

- **Numerator:** Total number of eligible patients with referral to an AAEBI and/or PT documented in EHR
- **Denominator:** Total number of eligible patients who indicated readiness in SDM and received brief counseling

Data Source / Considerations

- Discrete fields in EHR for referral to PT and/or AAEBI?
- Comparator (target goal)
- Health system capability to pull these data routinely?

Timing: Ongoing data collection; Rates reviewed monthly for evaluation

Question: Can someone be referred without brief counseling? If so, should they be included/excluded from the evaluation?

Aim 1: Improve HRQOL of adults with OA-K/H

Subaim: 1d. Patients participate in AAEBIs (and/or PT?)

AAEBI Participation Measures

- **Numerator (enrollment):** Total number of eligible patients who enroll in an AAEBI
- **Numerator (completion):** Total number of eligible patients who complete an AAEBI (participate in XX sessions)
- **Denominator:** Total number of eligible patients who indicated readiness in SDM, received brief counseling, and were referred to an AAEBI (self-mgmt. or PA)

(If needed) PT Participation measures: Proportion of eligible patients referred to PT who complete at least 1 session? Proportion of those referred to PT who complete full set of prescribed sessions?

Data Source / Considerations

- For AAEBIs: CBO/Hub enrollment data (capacity to link to referral/pull routinely?)
- (For PT: Discrete field in EHR)
- Comparator (target goal)

Timing: Ongoing data collection; Rates reviewed monthly for evaluation

Aim 1: Improve HRQOL of adults with OA-K/H

Subaim: 1e. Physical Activity among patients increases (all patients screened? Just those who participated in AAEBIs (and/or PT)?)

PA Measure (using PAVS)

Increase in proportion who meet 150 min/week MVPA threshold

- **Numerator:** Total number of eligible patients who met MVPA threshold at follow-up (period TBD)
- **Denominator:** (Discuss)

And/Or: Increase in LPA or MVPA Minutes per patient (on average)

- Mean minutes per week of exercise (L/M/V) increases from baseline to follow-up

Data Source / Considerations

- CBO/Hub data (capacity to pull/share routinely?)
- Comparator (target goal)

Timing: re-assess PAVs at 2 months post-AAEBI completion *(concern about low response post)*

Aim 1: Improve HRQOL of adults with OA-K/H

Subaim: 1f. Overall improved pain/physical function

Pain/Physical Function Measure (using PROMIS pain and phys fx)
For eligible patients who have been screened, have <150 MVPA at baseline and received counseling (not just those who participate in AAEBI/PT)

- **Measure:** PROMIS Pain and Physical Function at T1 (baseline visit) and T2 (follow-up)
- **Target:** ___% of patients improved by 1SD from T1 to T2

Data Source / Considerations

- CBO/Hub and/or Clinic site?

Timing: re-assess PROMIS at 3-4 months post baseline screening

Note: Ideally, we'd capture data for all patients who received counseling, regardless of whether they completed an AAEBI; discuss feasibility

Aim 5: Implementing S/C/R provides revenue and total cost of care (TCOC) savings for practice(s)

Subaim: 5a. Practices identify and use appropriate billing codes to support increased screening, PA counseling, and use/referral of AAEBIs

Cost/Savings Measure

For OAK-H patients who have a qualifying visit during the performance period, intervention-related billing codes are used routinely

Data Source / Considerations

- Clinic site
- Comparator: Change in usage of intervention-related billing codes over the pilot period

Timing: review usage 1-2 times during pilot

Data Collection & Transfer Timeline

(Oct 2023 – Sept 2024)

Ongoing	Participation tracking PRO assessment (baseline, 3-4 mo post-baseline)
Monthly	Screening, Counseling, Referral, AAEBI counts
1-2 times	Interviews Focus Groups Billing code usage review (pre-post)

Questions

- General thoughts
- Suggestions to improve feasibility?
- Ideas on how to get data about billing code usage (and feasibility)
- Most compelling metrics for health systems / HCPs?

Wrap Up and Closing

Thank you!

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