National Association of Chronic Disease Directors
CDC Arthritis Advisory Panel Design Session #6 – Refining the care pathway, change package and evaluation framework
July 25, 2023 @ 10:00 a.m. ET

Notes and Summary Document

- Meeting recording
- Additional information: Please visit the private Advisory web page for a link to the recording from today, summary documents and additional information
- Pre-read article: Making the case for change Health Affairs article "Improving Health and Well-being Through Community Care Hubs"

Participants:

32 Total Participants (including presenters and facilitators)

Project Overview:

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

Design Session #6 Objectives:

- Solicit feedback on outstanding design decisions for the care pathway
- Review the change package components and provide input
- Solicit input on core measures of the draft implementation plan
- Assess implications to arthritis care model pathway
- Engage in peer-to-peer sharing, learning, and networking

I. Presenters

Welcome

- Lisa Erck, NACDD

Design session recap and change package components

- Lisa Erck, NACDD
- Heather Murphy, NACDD
- Shalu Garcha, NACDD

Evaluation Framework

- Karen Schifferdecker, The Dartmouth Institute for Health Policy and Clinical Practice
- Kathy Carluzzo, The Dartmouth Institute for Health Policy and Clinical Practice

II. Discussion Summary

Change package components

- Making the business case for change for all
  - Arthritis Care model and change package should include key elements such as infographics, handouts, CME opportunities, and video clips. Video clips

should be short (2-3 minutes), interactive, and focused on a specific topic. There is an opportunity to include lived experience modules and to ensure that change package and CME/CEU are available for a wide variety of healthcare professionals including PAs and NPs. Team should consider opportunities to split large multifaceted topics into a brief sequential series of learning offerings and explore options to allow content to be fully downloadable for later review by healthcare provider or care team member.
    - Modules should include key topics such as clinical management for primary care physicians and should be focused on increasing knowledge base of providers and focused on helping providers understand how to interact with patients with arthritis. Focus should be on healthcare provider screening, counseling and referral to AAEBIs but should also include information about steps/interventions that can happen before AAEBIs for those that aren't quite ready for an AAEBI.
        - Note- ACSM and/or EIM might be able to help educate health professionals about ways to engage with patients with arthritis.
    - Content should be customized for each audience (e.g., payor perspective, patient perspective, primary care physician perspective, allied health professional perspective, rheumatology perspective). The patient cares about feeling better, the provider cares about measurable patient outcomes (less medication, better medication efficacy, etc.), the facility administrator cares about effects to bottom lines and the payors care about decrease in per member per month costs.
    - A readiness for change chart is important for healthcare providers and exercise professionals.
    - Implementation guide should include section about PA benefits that are available for patients. This information would be used by care coordinator to triage patient to appropriate interventions.

Evaluation Framework

- Discussion around who is doing the brief advice. Arthritis care model should recommend that provider do the initial brief advice and then refer patient to community-based organization, community care hub, health coach, or care coordinator for more in-depth conversation. Participation rates are often directly linked to provider providing recommendation.
- A sub-aim of the evaluation is to increase referrals to AAEBIs and/or PT for eligible patients. Advisory group discussed need to include all patients (e.g., those who receive brief advice and those that don't) in evaluation.
- Another sub-aim is that patients participate in AAEBIs. There is a need to keep the denominator whole and group discussed interest in including benchmark measurements in addition to program completion. Group discussed the benefits of also including those who don't complete AAEBIs in the benchmark.

Resources

- EIM Osteoarthritis and low back pain module
- Medscape Clinical Practice Assessment "Lifestyle Management Programs for Arthritis: Test Your Knowledge on Evidence-Based Interventions"
- Creaky joints collects various PROMIS measures
    - Note- Ben Nowell might be a great resource to connect with
- Move Your Way campaign provides materials for providers, patients, and other key audiences. Please note that materials can be customized and include language for patients at various stages of change.
- HHS Releases Physical Activity Guidelines for Americans Midcourse Report: Implementation Strategies for Older Adults

Key take-aways

- There is an opportunity to educate clinicians about AAEBIs and evidence-based interventions for patients with arthritis. Additionally, there is a case that needs to be built that these interventions make a difference. This is the story that needs to be told from various vantage points (e.g., patient, provider).
    - Note that pilot demonstration will be tasked with making this business case
- There is an opportunity to ensure that CEU/CME opportunity is taken by all members of the multidisciplinary care team to help improve communications between care team members and to ensure that everyone is hearing the same message.
- Pre/contemplative patients would benefit from referral to the hub because staff like CHWs can be helpful in building relationships/trust, connecting to other needed community resources, and building confidence in moving to contemplation to action. These patients can receive information about the value of regular PA and options for safe PA. Additionally, there is an opportunity for the arthritis care model to refer patients to Hub and allow Hub to determine appropriate next steps with bi-directional feedback shared back with referring healthcare provider. Arthritis care model should include brief advice for all that is consistent with their stage of change.
- Health systems have an easier time referring to an intervention that is internal to health system as opposed to a referral to an external organization offering an intervention. This is due to challenges with interoperability. Arthritis care model should continue to explore criteria for evidence-based interventions and interoperability requirements.
- Evaluation framework and implementation guide should use language such as brief advice (instead of shared decision making) to ensure consistency across care team members. Additionally, evaluation framework should consider additional benchmarks beyond enrollment in AAEBI such if patient participated in AAEBI and additional incremental benchmarks.

Future considerations:

- Arthritis care model should explore incentives linked to maintaining certification for physicians.
- Arthritis care model needs to continue to explore need for accurate diagnosis for patients with arthritis.
- Demonstration pilot should explore contracting with a community care hub to assist with screening, counseling, and referral model. Model should explore how to handle states with multiple hubs.
- The Arthritis Advisory Panel has an opportunity to provide recommendations on new data elements for the US Core Data for Interoperability (USCDI) v5. With the publication of USCDI v4, the Office of the National Coordinator for Health Information Technology (ONC) is accepting submissions for new data elements. The deadline for USCDI v5 submissions and comments is September 20, 2023. (http://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi). As a reminder, PVS is being adopted by USCDI version 4 which means it will be in all EHR systems in a consistent format in the not too distant future.
    - Opportunity to propose including PROMIS measures to address physical function and pain interference
    - Should Advisory group consider providing comment on adding light physical activity to the suggested measures?