National Association of Chronic Disease Directors
CDC Arthritis Advisory Panel
September 12, 2023 @ 10:00 a.m. ET

Notes and Summary Document

- Meeting recording
- Additional information: Please visit the private Advisory Panel web page for a link to the recording, slides, summary documents, and additional information

Participants:

29 Total Participants

Project Overview:

The National Association of Chronic Disease Directors (NACDD) Arthritis Portfolio is partnering with The Centers for Disease Control and Prevention (CDC) and other key partners 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.

Session Objectives:

- Share and solicit feedback on evaluation framework for the arthritis care model.
- Review arthritis care model diagram and solicit reactions from Advisory Panel
- Discuss implications of the arthritis care model and next steps
- Engage in peer-to-peer sharing, learning, and networking.

Presenters:

Lisa Erck, NACDD

- Welcome, closing, and next steps

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

- Final evaluation framework

Shalu Garcha, NACDD

- Arthritis model diagram
- Health system pilot

Discussion Summary:

Linking falls prevention with arthritis care model and capturing return on investment (ROI) for arthritis care model

- There is interest in linking falls prevention with arthritis care model to help make the business case and add value to model. Health systems are capturing this data for patients as part of Health Risk Assessments over 65 as part of annual wellness visit and in some cases for all patients.

- The impact of reducing falls and improving falls risk is not a short-term outcome but could add extra value to model.
- Screening could be performed by member of care team and used as way to gain patient involvement and interest.
- Arthritis care model evaluation could consider doing a nested analysis of the impact of AAEBIs or interventions on falls in patients with OA who are 65 and older.
- Active People Healthy Nation has materials and data on benefits for older adults to help reduce risk of falling.
- Obtaining claims data could help make the business case on impact of AAEBIs and other interventions on falls risk and other key measures of evaluation. Claims and utilization data could be used to show change over time. ED falls visits could be an additional measure to analyze and track over time. It might be advantageous to look at patient reported outcomes (PRO data) to help see change in 18-month time period.
    - Pilot site evaluation should consider capturing PRO data from provider and patient to capture referral pathway and impact on provider and patient. Examples could include was referral made at every visit, did this help to improve process over time and other items. https://pubmed.ncbi.nlm.nih.gov/31665477/
- Note: There is a falls prevention training designed for CHWs. The Massachusetts Prevention and Wellness Trust Fund chose falls prevention as one of the 4 areas of focus. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5337485/

Feedback to the evaluation framework for arthritis care model

- Evaluation framework could consider laying PRISM on top of RE-AIM and FRIR framework to help improve reach and effectiveness. This could help to operationalize strategies over time and build a procedure for feeding data (e.g., engagement data) back into the system.
- RE-AIM framework is familiar to CBOs. Arthritis care model and implementation guide should ensure that communication with CBOs happen before the referral starts. This will help define what constitutes a good referral and assist with referral pathway. The care coordinator and/or HUB model might help with this pathway.
- Arthritis care model should consider qualitative work with patients to get their perspectives about referral process (e.g., ease of scheduling, value of intervention). This could help to capture real time patient and provider data and other implementation data to influence scale and spread of model.
- Social health referrals are not integrated within EHR so this type of data is hard to collect and track.
- Billing codes are often difficult and more time consuming to capture and include in IRB process and beyond. Consider engaging pilot site in conversation around specific billing codes to capture and utilize. Billing codes are also evolving, and team needs to ensure that we have expertise in this area. Timothy McNeill is one expert who could potentially help with codes.
    - Presentation by Dr. Adam Burch (NH) focused on Billing and Reimbursement for Comprehensive Arthritis Care
    - Presentation by Timothy McNeill focused on Health Coaching and Chronic Care CPT Code Overview for Evidence-Based Program Delivery
- Note: Arthritis team will need to think about how to engage pilot to figure out what data would be helpful to them.

Feedback on arthritis care model diagram

- Role of CHW/Health Coach could exist within primary care setting or Hub setting. If the CHW is a part of the HUB, they are an extension of the CBO but also the care team. The CHW is a bridge to assist with communication and triage process.

- PT and Specialty care spokes take away from the community care coach. Maybe there is another way to depict this? Perhaps diagram shows PT and Specialty Care bars further apart from the CHW/Health Coach bar, and have a wider bar for CHW/Heath Coach? Or perhaps PT and specialty care are lighter blue circles off the referral component.
    - Consider bidirectional communication indicating that information flows to and from PT.
    - Specialty care would like to be part of referral process. Can and should this be bidirectional too?
- Diagram could consider having all "organizational/offices" imaged as circles.
- Diagram could consider ensuring the attend AAEBI session communicates that session could be virtual or in person.
- Diagram should spell out PT, CHW, and other abbreviations to remove acronyms.
- Diagram should consider adding numbers to indicate stepwise approach and/or make arrows larger to indicate that model begins with screening.

Next steps:

- NACDD will reach out to select members of the advisory group for feedback on implementation guide and to form a small advisory group to provide feedback on pilot demonstration project. Note that Dr. Bingham and Dr. Burch agreed to be part of that group.
- Advisory group members will reach out to NACDD to share informal feedback on arthritis care model and advisory group experience.