

National Association of Chronic Disease Directors
Arthritis Expert Panel II

June 13, 2024 @ 10:00 p.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:

35 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 and pilot 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:

- Foster a collaborative and open-sharing environment that highlights panel members specific areas of expertise enabling members to identify strategies and potential challenges in implementing the Public Health Framework for Collaborative Arthritis Management and Wellbeing.
- Analyze the pilot project's implementation process to date, identify strengths, weaknesses, and any encountered challenges.
- Identify and evaluate opportunities and challenges for funding and reimbursement of community care hub activities within the Framework, with the goal of developing recommendations for sustainable financing models.

Pre-meeting materials:

- [Improving Health and Well-Being Through Community Care Hubs](#)
- [Project implementation pdf](#) which includes clinic workflow and a data flow diagram.

Audience Engagement Activity:

When thinking about health prevention, what would you wish your health insurance, Medicare, or Medicaid would cover?

- Gym membership, digitally enabled and supported monitoring for blood pressure, music therapy, evidence-based programs, food prescription, home gardening supplies, health coaching, exercise equipment, recreational supplies, stress management training, gun violence prevention, mental health evaluations, and dental prophylaxis.

What would you do to get health insurance to pay for these things?

- Show the value of the data, conduct pilot, document return on investment, document value on investment, seek progressive plans/providers, data, testimonials, get large employers on board, form coalition and document improvements in stress, well-being, pain and physical function.

Discussion summary:

Reflections on the Pilot milestones and flow documents

Assessing Pain in the clinic workflow:

- Promis 10a vs Promis 4a – we are using only Promis physical function measure and using the 10a because that is available in the PHC Epic build. Promis pain interference measure was not available in the PHC Epic build. Be sure that we are repeating the Promis scores and any patient reported outcome measures at the end of the intervention.
- Can we add a pain question to help infer the relationships between pain and physical health? Consider using a pain visual analog scale, numeric pain rating scale, BRFSS/NHIS question, or another measure. Note that this might already be a part of the patient visit at the clinic and could simply be added to the data/information captured.

Considering frailty measures:

- Consider a frailty measure, some of it will be captured through STEADI but possibly look at NIH definition of frailty or the CMS frailty adjustment model that is tied to ICD10 codes (multimorbidity measure)

LMS modules

- Make sure there is some content for the adjacent team/support staff because their interactions can make or break the project.

Documenting Value on Investment

- Commercial payers are not incentivized to pay for prevention because they may not reap the benefit of the downstream health care cost savings. That's because subscribers move from plan to plan over time for various reasons (job change, geography change, employer plan change, etc.). That trickles out to Medicare beneficiaries who chose Medicare Advantage plans.
- Focus on member retention and member satisfaction and consider the Hub as an extension of the health plan. Work to document the return on investment and value on investment of prevention, participation in AAEBIs, and physical activity for patients with arthritis.
- Note the [white paper on fall prevention](#) that is from Juniper's work. Need to figure out how much money is available once you factor in all the costs (e.g., course, home modifications, food, etc).

Follow up tools/resources:

- Center of Excellence to Align Health and Social Care shared this [announcement](#) that awarded funding to 20 CCHs
- ACL falls prevention grant [awardees](#) and chronic disease self-management education grant awardees (Kansas, Puerto Rico, California, Kentucky)
- CDC Healthy Days Questionnaire to measure quality of life - CDC HRQOL-4: How Does CDC Measure Population Health-Related Quality of Life
 - Would you say that in general your health is excellent, very good, good, fair or poor?
 - Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?

- Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?
- During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Next steps and future considerations:

- Ensure that clinician training modules are available to the entire health care team (e.g., intake, front office). Consider linking CEs or CMEs to completion of the training modules.
- Explore feasibility of pilot project to provide technical assistance and training on billing codes and billing procedures. Pilot should focus on collaboration between providers, health systems, payors, and Hubs.
- Consider how we are thinking about attribution questions (e.g., controlling for medication changes, influence of other conditions or health episodes, other activation strategies).
 - Potentially track changes in medication prescriptions as an outcome measure. If prescriptions ordered reduces but screening results stay level that indicates a global improvement in pain control. Other conditions could be the addition of new diagnosis codes during the observation period.
- Explore progressive plans/providers in Iowa and additional funders to support pilot work.
 - The Anthem Foundation and/or other payer grant making organizations.
 - [Mid Iowa Health Foundation](#)
- Identify opportunities to link the Public Health Framework for Collaborative Arthritis Management and Wellbeing with additional efforts to streamline and align healthcare and supportive services (e.g., [Strategic Framework for National Plan on Aging](#)) and billing and reimbursement mechanisms.