



SEPTEMBER 6, 2022, PEER-TO-PEER SHARING WEBINAR

Partnering with Healthcare Providers to Advance Arthritis Efforts: Examples, Tools, and Resources From the Field



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



Agenda

- Welcome
- Jennifer Raymond - Falls Prevention Awareness Week
- Katie Huffman - OACare Tools
- Shalu Garcha - NACDD Healthcare Provider Demonstration Project
- Adam Burch - Arthritis Council Strategy 2 Workgroup
- State Sharing and Q&A
- Wrap Up



Webinar Objectives

- Provide information about OACare Tools
- Increase capacity of states to partner with healthcare providers to counsel about the benefits of physical activity for reducing arthritis pain and limitations; and increase provider referrals of patients with arthritis to evidence-based lifestyle management programs
- Identify partners that CDC-funded grantees can leverage to advance arthritis public health strategies
- Illustrate how states and partners are working with healthcare providers to conduct function, pain and physical activity screening; counseling on the benefits of physical activity; and referrals to arthritis-appropriate evidence-based interventions and other treatments
- Provide a platform to share tools and resources and brainstorm opportunities for collaboration and sustainability



Housekeeping

- Rename yourself to include state or organization
- Use the chat box for questions during the presentation or present questions via speaking during Q&A
- Visit the Action on Arthritis website for recording, notes, and resources



Jennifer Raymond

Falls Prevention Awareness Week



Falls Prevention Awareness Week



September 18-24

Connections between arthritis and falls:

<https://www.arthritis.org/health-wellness/healthy-living/managing-pain/joint-protection/osteoarthritis-and-falls#:~:text=Research%20has%20linked%20joint%20pain,percent%20more%20likely%20to%20fall.>



NCOA tools

<https://www.ncoa.org/article/get-ready-for-falls-prevention-awareness-week-2022>

Falls Free Check up:

<https://www.ncoa.org/age-well-planner/assessment/falls-free-checkup>

NCOA Promotion Toolkit:

<https://www.ncoa.org/article/falls-prevention-awareness-week-toolkit>

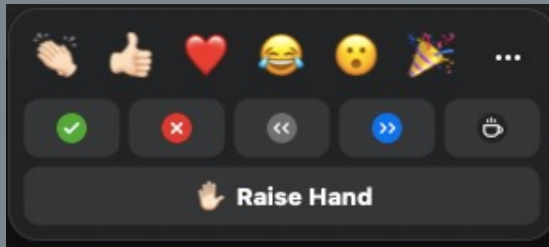


Social Media

- Promote your AAEBIs, especially those related to physical activity and walking
- Highlight benefits of walking and physical activity for both falls and physical activity
- #FallsFree
- #FallsFree(StateAbbreviation)



Are you using OACare Tools with primary care providers and their patients?



Please use the yes/no (green check and red x) reaction buttons to answer the above question.

OACareTools

Resources for Healthcare Providers,
Employers, and Adults with OA

Arthritis Council
September 6, 2022



OACareTools

A Toolkit for Preventing and Managing Osteoarthritis (OA)
From the Osteoarthritis Action Alliance

OA IS COMMON
& COSTLY



U.S. adults have OA

MULTIMEDIA
RESOURCES TO
REDUCE THE BURDEN



7 
VIDEOS

12 
PRINT
RESOURCES

1 
PATIENT STORY

LIVING WITH
OSTEOARTHRITIS

HEALTHCARE
PROVIDERS

 MANAGEMENT
GUIDELINES

FUNCTIONAL
ASSESSMENTS 

 COUNSELING
PATIENTS

3 AUDIENCES

- HEALTHCARE PROVIDERS
- EMPLOYERS
- ADULTS WITH OA



9 LEARNING
MODULES

2 POWERPOINTS

WITH
SPEAKER
GUIDES



EMPLOYERS
WORKPLACE IMPACT

 OA TREATMENT
EMPLOYEE
RESOURCES

PATIENTS

 PHYSICAL ACTIVITY

SELF-MANAGEMENT
EDUCATION 

 MANAGING PAIN

[http://](http://oacaretools.org)

oacaretools.org

GOOD NEWS! THERE ARE STRATEGIES
TO HELP PREVENT AND MANAGE OA

OA | OSTEOARTHRITIS
ACTION ALLIANCE
OACareTools

OAAA

As a national public health organization, the OAAA is committed to elevating OA as a national health priority and promoting effective policy solutions and resources that address the individual and national toll of OA.

OACareTools Landing Page



A Toolkit for Preventing and Managing Osteoarthritis



WWW.OACARETOOLS.ORG

OACareTools

Welcome to OACareTools. This toolkit aims to support healthcare providers, employers, and adults in reducing the burden of **osteoarthritis**, a painful and costly disease. OACareTools contains infographics, videos, and handouts on topics related to preventing and managing osteoarthritis (OA). OAAA collaborated with Pfizer in the development of these resources. The information provided in these resources is for educational purposes only and is not intended to replace discussions with a healthcare provider.

OA, the most common form of arthritis, is a serious disease affecting 1 in 7 U.S. adults.¹ OA can cause pain, stiffness, and swelling, which may limit mobility and function and interfere with daily activities and work tasks.

The personal and economic burden of OA is significant, and the effects are felt by adults with OA, their families, employers, and communities. **The good news is that there are strategies to help prevent and manage OA.**

OACareTools contains a variety of tools and resources customized for three primary groups:

- **Healthcare providers** in primary care, including physicians, nurse practitioners, physician assistants, pharmacists, physical/occupational therapists, sports medicine professionals, athletic trainers, fitness professionals
- **Employer representatives** such as business leaders, benefits/wellness consultants, human resource representatives, occupational health providers
- **Adults and employees** with osteoarthritis

Click on the boxes below to view the resources for each audience.

Healthcare
Providers

Employers

Adults and
Employees

OA Learning
Modules

**The OA Learning Modules were developed independently by the OAAA as part of separate funding from a Pfizer Independent Grant for Learning and Change.*

REFERENCE

1. United States Bone and Joint Initiative. The Burden of Musculoskeletal Diseases in the United States (BMUS). In Fourth ed. 2018.

SHARE THIS TOOLKIT USING OUR MEDIA KIT

OA Learning Modules

- Relevant content for State Arthritis Programs
 - OA Prevalence & Burden
 - Clinical Management of OA
 - Engaging Patients in OA Management Strategies
 - Community & Patient Resources



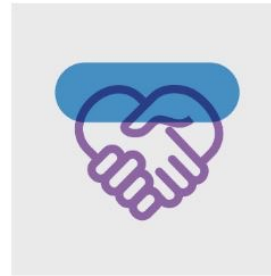
OA Prevalence and Burden



OA Prevention



Engaging Patients in OA Management Strategies



Community and Patient Resources



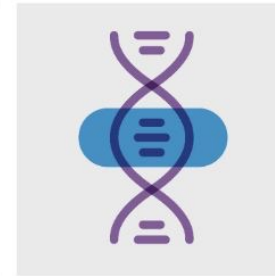
Clinical Management of OA



Case Studies



Comorbidities and Co-Occurring Symptoms



OA Pathogenesis and Risk Factors



OA Signs and Symptoms

OACareTools Learning Modules

SIGNS & SYMPTOMS

Patient Symptoms & History

Physical Examination

Imaging Evaluation

Early Detection & Treatment

Clinical Take-Home Points

ALL MODULES

Toolkit Homepage

OA Prevalence and Burden

OA Pathogenesis and Risk Factors

OA Signs and Symptoms

Comorbidities and Co-Occurring Symptoms

Clinical Management of OA

Engaging Patients in OA Management Strategies

Community and Patient Resources

OA Prevention

Case Studies

OA SIGNS AND SYMPTOMS

Detection of the signs and symptoms of OA, particularly early detection, can better equip providers and patients in selecting the most appropriate management pathway for both the OA symptoms and other comorbid conditions.

DOWNLOAD PDF



Downloadable PDF

Osteoarthritis (OA) is a complex disease affecting bone, cartilage, meniscus, synovial tissues, tendon/ligament and muscle in and around the whole joint, which has been likened to "joint failure."^{1,2} Many of the risk factors are well-established, including aging, joint injury, genetics, gender, anatomic factors, and presence of comorbid chronic conditions.^{3,4}

OA can be diagnosed and characterized using a combination of three data sources:

- Patient symptoms and history
- Physical examination
- Imaging evaluation

Patient Symptoms and History

Patients may report obvious symptoms of OA such as pain and stiffness in certain joints, but more nuanced symptoms indicative of the condition may arise during a comprehensive history and physical (functional changes, sleep disturbances, history of joint injury, comorbidities).

PAIN AND STIFFNESS

The joint sites most often affected by OA include the hands, hips, knees, feet, and spine. Symptoms vary based on the affected joint(s) and the severity of the condition. Pain is a frequent complaint.^{5,6} Typically, patients with mild OA experience localized, insidious pain that is relieved by rest, but aggravated by activity. Although OA is not necessarily progressive, in more moderate to severe forms, the intensity of the pain can vary, especially at night when activity has been high throughout the day.⁷ OA pain may be neuropathic in nature indicated by a sensation of burning or "pins and needles."⁸ OA may be either unilateral or bilateral.

Common Symptoms of OA

- Sore or stiff joints – particularly the hips, knees, and lower back – after inactivity or overuse.
- Limited range of motion or stiffness that goes away after movement

OACareTools Landing Page



A Toolkit for Preventing and Managing Osteoarthritis



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[Healthcare Providers](#)

[Employers](#)

[Adults and Employees](#)

[OA Learning Modules](#)

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SHARE THIS TOOLKIT USING OUR MEDIA KIT

Screening

Learning Module



Engaging Patients in OA Management Strategies

Physical Activity as a Vital Sign

For patients with OA, physical activity is particularly important, as it can help improve pain, stiffness, and physical function.¹⁴ Patients with OA also often have other **chronic diseases** like obesity, hypertension, and diabetes. When they engage in physical activity, patients can improve not only their arthritis symptoms but can also make headway on these other chronic conditions. Further, the American College of Rheumatology guidelines for the management of hip and knee OA strongly recommends physical activity as frontline nonpharmacologic management.¹⁵ Thus, assessing patients' current level of physical activity is vital when treating patients with OA, just as measuring blood pressure at each clinic visit is vital to the treatment of hypertension.

There are several initiatives and health systems that encourage providers to assess patients' current physical activity level and prescribe physical activity for the prevention and management of chronic diseases.^{3,14} There is not currently a universal approach to this idea of "Physical Activity as a Vital Sign"; however, by using one of several Physical Activity as a Vital Sign measures, providers can quickly assess patients' current level of physical activity, and in some cases, even assess patients' readiness and motivation to become more physically active.¹⁴ Examples of physical activity assessment tools include:

- Exercise Vital Sign (EVS)¹⁶
- Physical Activity Vital Sign (PAVS)¹⁷
- Speedy Nutrition and Physical Activity Assessment (SNAP)¹⁸
- General Practice Physical Activity Questionnaire (GPPAQ)¹⁹
- Stanford Brief Activity Survey (SBAS)²⁰

Regardless of which measure is used, Physical Activity as a Vital Sign can serve as a conversation starter with the patient. After hearing the patient's answer about current physical activity level, it would be important for the provider to subsequently engage

ASSESSING PHYSICAL ACTIVITY IN PATIENTS

EVS: Exercise Vital Sign¹⁶

Used in the Kaiser Permanente Southern California health system, providers record patients' responses in the electronic health record.

Consists of two questions:

1. On average how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?*
2. On average, how many minutes per day do you engage in exercise at this level?

Scoring: Multiply the responses to get the number minutes per week of exercise and compare this to the PAGs (>150 minutes per week).

Resources for Healthcare Providers

Healthcare Providers

Functional Assessments

Functional Assessments for Patients with Knee & Hip Osteoarthritis

Elevating the role of physical function in OA pain management and functional assessment in OA care

1 in 7 U.S. adults has osteoarthritis (OA).¹ Approximately 48% of adults with arthritis may be limited in their daily activities.² Pain and stiffness from OA can contribute to disabilities in physical function,³ which can be defined as the ability to move around and perform daily activities.⁴ Limitations in physical function may lead to reduced quality of life.⁵

There is no single measure to assess a patient's physical function in the setting of research or clinical care for OA.⁶ However, using a combination of performance measures and patient-reported outcome measures (PROMs) may give the healthcare provider insight into disease progression, severity, and optimal treatment approaches.⁶

Performance Measures

Performance measures assess what patients can do as opposed to what they think they can do.⁷ The Osteoarthritis Research Society International (OARSI) recommends 5 performance-based tests of physical function for knee and hip OA (at right), with 3 of the tests identified as the minimum core set.⁸ The tests use activities such as sit-to-stand, timed walks, and stair climbing to assess lower body strength, balance, agility, and ability to change directions.⁹ Not only do these tests represent typical activities that individuals with knee and hip OA might need to do regularly, but they are also practical to administer in a clinic setting.⁸ The OARSI manual includes instructions, score sheets and normal values for these tests.⁸

PERFORMANCE MEASURES
Recommended for Knee and Hip OA.⁸

Minimum Core Set

1. 30 second chair stand
2. 4On fast-paced walk
3. Stair climb
4. Timed up-and-go
5. 6-minute walk

Patient-Reported Outcome Measures (PROMs)

PROMs are questionnaires that patients complete to describe how arthritis impacts their lives.¹⁰ It has been suggested that PROMs reveal patients' perceived experiences with the disease and its impact on specific activities rather than their actual ability to perform the activities.¹¹ Patients self-reports may be influenced by pain, stiffness, and feeling of exertion (not just ability or difficulty in performing the task).¹²

The use of PROMs in clinical care lends itself to shared decision-making. In addition, the process of engaging patients in self-reporting may result in improved self-management, quality of life, satisfaction of care, and communication.¹³

Functional Assessments for Patients with Knee & Hip OA



Functional Assessments in OA Care Video

Resources for Healthcare Providers

Healthcare
Providers

Functional Assessments



PowerPoint Speaker Guide – Functional Assessments in Osteoarthritis (OA) Care

Purpose: The purpose of this slide deck is to educate healthcare providers in primary care and workplaces about the various functional assessments for OA and to facilitate group discussion and brainstorming about implementing functional assessments in OA care.

Learning Objectives for HCPs and Employer Representatives:

- Recognize osteoarthritis as a serious disease and the burden of OA on an individual's ability to function
- Understand the role of functional assessments in the context of OA
- Acquire knowledge about the various functional assessments used for individuals with OA
- Determine which functional assessments for OA might be used in their own clinical practice or workplace and identify barriers and facilitators to implementing these assessments

How to use this speaker guide: Each slide contains the core information to share with your audience. Additional, supplementary information for many of the slides is offered below. Plan to read the content on the slide, then refer to the corresponding slide number below to decide what additional information you will share or discuss.

Slide #	Slide Title	Speaker text/guidance
1	Functional Assessments in Osteoarthritis (OA) Care	The role of functional assessments in OA care is to: 1. Quantify OA progression and severity? 2. Individualize treatment options for individuals with OA? 3. Measure and optimize employees' health and safety?
2	Overview	
3	Osteoarthritis is a serious disease ^{1,2}	- Osteoarthritis is a serious and chronic disease ^{1,2} - OA is the most common form of arthritis, affecting 32.5 million, or 1 in 7 ^{1,2} in 14 employed adults has osteoarthritis. ³ - The high prevalence of arthritis manifests in enormous societal and personal costs. ¹
4	OA is common and increasing in prevalence. ⁴	
6	Impact of OA	Working age adults with arthritis have lower employment rates compared to adults without arthritis. Unemployed adults with arthritis have a much higher prevalence of arthritis-related activity limitations, which possibly suggests that arthritis-related activity limitations might contribute to their unemployment. ⁵

Functional Assessments in Osteoarthritis Care



Functional Assessments in OA Care PPT

Counseling

Resources for Healthcare Providers

Healthcare
Providers

Clinical Management of OA



Interpreting the 2019 ACR Guidelines



Topical & Oral Analgesics for OA Pain Management

Resources for Adults & Employees with OA

Adults and
Employees

OA Self-Management

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.^{1,2}
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.³
- Physical activity:** Get in a combination of aerobic, strengthening and flexibility exercises.⁴
- Medication:** Check with your doctor to see what types and what medications may be right for you.⁵
- Education and social support:** Look for group workshops, online or in-person support groups, or one-on-one counseling.⁶
- Talk, acupuncture, and thermal treatments:** Thermal treatments include heat or cold applied to your painful joint.⁷ Talk to your doctor about the use of thermal treatments.
- Better sleep:** Poor sleep can make you worse. If you are struggling, talk to your doctor about sleep issues, which may be interacting with your sleep.⁸

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

- Standing and walking:**
 - Alternate tasks to give you a chance to sit or recline more often.⁹
 - Place mats or kneeling pads under your knees, shins, or the soles of your shoes.
 - Ensure proper footwear. Shoes that are worn will do less than fit comfortably.
 - Talk with a healthcare provider about whether you would benefit from a brace or shoe insert.¹⁰
- Sitting:**
 - To feel less weight, use small stools from sitting to move around the house or office.¹¹
 - Sit on a good fit with your chair and desk.¹²
 - Use a back pillow or lumbar roll.¹³
 - If possible, check with your employer to see if they offer accommodations to get your workspace set up comfortably.¹⁴
- Doing heavy labor:**
 - Talk to your employer about how to "stand by and watch" or "assist" with heavy work.¹⁵
 - Lift safely, bend your knees and keep objects close to your body.¹⁶
 - Use lifts, carts or other mechanical systems when available.¹⁷
 - Perform exercises to increase strength, balance and performance.¹⁸

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

OA OSTEOARTHRITIS ACTION ALLIANCE
Learn more about managing your joint pain at www.osteoarthritis.org
©2014 OA. Collaborated with AARP in the development of this resource.

Find Your Path through Joint Pain

Learning Module



Engaging Patients in OA Management Strategies

A Management Strategies

Osteoarthritis Prevention & Management in Primary Care

ENGAGING PATIENTS IN OA MANAGEMENT STRATEGIES

The most effective management of OA depends on patient behaviors like weight loss, increasing physical activity, and participating in self-management programs. This module describes 4 tools providers can use when counseling patients with OA about behavior change.

[DOWNLOAD PDF](#)

Because every patient with osteoarthritis (OA) is different, you will need to tailor your recommendations often using a multi-modal and individualized approach to address symptoms. The most effective OA treatments depend on patient behaviors like weight loss, increasing physical activity, and participating in self-management programs. Changing long-established behaviors is hard. Most Americans, even those without arthritis, would benefit from changes in their health habits. For example, fewer than one in four Americans meet both the aerobic and muscle-strengthening physical activity guidelines,¹ and more than 70% of adults are overweight or obese.²

Primary care clinicians are in a unique position to help patients with OA make behavior changes that will benefit not only their OA symptoms but other chronic conditions as well.

Physical activity is effective for decreasing arthritis pain, increasing physical function, and managing chronic comorbidities. Participation in evidence-based physical activity programs may also reduce healthcare costs nearly \$1,000 per person annually.^{4,5} Nevertheless, 40% of adults do not receive counseling about physical activity.⁶ Weight loss counseling is a key component of successful weight loss among patients. Adults with arthritis and overweight or obesity who receive provider counseling about weight loss are four times more likely to attempt to lose weight; yet, fewer than half of those adults are actually receiving such counseling.⁷

We will describe 4 tools you can use when counseling patients with OA about behavior change: **Motivational Interviewing Brief Action Planning**, **Physical Activity as a Vital Sign**, and **5 As**. These approaches are not necessarily mutually exclusive.

Motivational Interviewing

Motivational interviewing was first developed for use in addiction counseling. It has since been shown to be effective for chronic

Resources for Healthcare Providers

Healthcare
Providers

Clinical Management of OA



Speaker Guide – Engaging Patients in OA Management Strategies

Purpose: This presentation is intended to facilitate peer-to-peer education (e.g., grand rounds, medical school education lecture) among healthcare providers (HCPs) to increase education about osteoarthritis (OA) among HCPs and their patients, specifically to engage patients in self-management strategies to address OA symptoms.

Learning Objectives for HCPs:

- Recognize OA as a chronic, serious disease and current symptom management strategies.
- Understand the importance of engaging patients in self-management strategies to help improve OA symptoms.
- Acquire knowledge, skills, and resources to meet patients where they are in terms of behavior change.
- Learn techniques to engage patients in meaningful conversation and shared decision making to promote patient participation in OA self-management.

How to use this speaker guide: Each slide contains the core information to share with your audience. Additional, supplementary information for many of the slides is offered below. Plan to read the content on the slide, then refer to the corresponding slide number below to decide what additional information you will share or discuss.

Slide #	Slide Title	Speaker text/guidance
1	Engaging Patients in OA Management Strategies	As we talk about 'Engaging Patients in OA Management Strategies,' we will use physical activity throughout this presentation as the example behavior we wish to engage patients in. However, keep in mind that the skills and tools and resources presented are broadly applicable to other forms of self-management including weight management, disease management education, falls prevention, and other types of behavioral interventions.
2	Overview	

Engaging Patients in OA Management Strategies



Engaging Patients in OA Management Strategies PPT

Resources for Healthcare Providers & Adults

Clinical Management of OA

Healthcare Providers

Adults and Employees

Exercise Rx for Arthritis:
Help your patients find their "FITT"

F = Frequency I = Intensity T = Time T = Type

- The benefits of physical activity for arthritis¹**
- Physical activity is important for managing osteoarthritis (OA) pain, as well as other chronic conditions that commonly occur among adults with OA. Some of the benefits of physical activity for people with OA may include improvements in:²
- Pain and stiffness
 - Range of motion
 - Heart health
 - Muscle strength
 - Weight management
 - Joint stability and balance³
 - Mood
 - Ability to perform daily tasks
 - Absenteeism⁴ (missed days of work)
 - Presenteeism⁵ (reduced productivity at work)

Physical activity recommendations

The physical activity recommendations for people with arthritis generally follow the National Physical Activity Guidelines for Americans,⁶ however, they should be tailored to patients' abilities, health, interests, past experiences, geography, and other personal factors.⁷ Providers can help patients find their "FITT" by mutually developing a plan that includes the following recommendations:⁸

- F** Frequency: Start low and go slow, particularly if patients are not currently exercising; gradually increase frequency as they become stronger and more confident. However, the goal for patients should be to move more every day.⁹
- I** Intensity: Provide examples such as being able to "talk" but not "sing" while performing moderate activity, or not being able to say more than a few words at a time during vigorous exercise.¹⁰
- T** Time: Aim for a weekly goal of 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous activity. If patients have a low fitness level and/or experience pain when exercising, recommend starting with 3-5 minute sessions 2 times a day.¹¹
- T** Type: Engage in a combination of aerobic (3-5 days a week), strengthening (2 days a week), and balance/flexibility (3 days a week) exercises.¹²

Joint-friendly Activity Suggestions^{13,14}

Activity	Intensity	Frequency	Time	Type
Walking	Low	3-5 days/week	30-45 min	Aerobic
Swimming	Low	3-5 days/week	30-45 min	Aerobic
Water aerobics	Low	3-5 days/week	30-45 min	Aerobic
Stationary bike	Low	3-5 days/week	30-45 min	Aerobic
Elliptical	Low	3-5 days/week	30-45 min	Aerobic
Strength training	Low	2 days/week	30-45 min	Strengthening
Balance exercises	Low	3 days/week	30-45 min	Balance/Flexibility

Warning signs to share with patients: sharp, stabbing or constant pain; pain that interferes with daily activities; pain that lasts more than 2 hours after exercise; pain or swelling that does not improve with rest, pain medications or heat/cold treatments; increased swelling/redness in joints.¹⁵

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:

1. Learn what counts as physical activity
2. Set SMART goals to add more activity in your day safely and effectively

1 Find your "FITT": Learn what counts as physical activity

F Frequency: Start low and go slow, particularly if you have not been exercising. Gradually increase frequency as you become stronger and more confident. However, the goal should be to move more every day.⁹

I Intensity: Measure how hard you are working with the talk test. You should be able to "talk" but not "sing" during moderate activity.¹⁰

T Time: Aim for a weekly goal of 150 minutes of moderate aerobic activity. Try breaking this time into shorter blocks of activity if necessary.¹¹

T Type: Mix it up! Do a combination of aerobic (3-5 days a week), strengthening (2 days a week), and balance/flexibility (3 days a week) exercises.¹²

Joint-friendly Activity Suggestions^{13,14}

- Walking
- Swimming
- Light gardening
- Strength exercises
- Household chores
- Resistance machines and bands
- Tai chi
- Water aerobics
- Yoga
- Simple stretching
- Simple strength
- Exercises to be more active throughout the day

(CAUTION) If you experience these symptoms, talk to a healthcare provider about your exercise program: sharp, stabbing or constant pain; pain that interferes with daily activities; pain that lasts more than 2 hours after exercise; pain or swelling that does not improve with rest, pain medications or heat/cold treatments; increased swelling/redness in joints.¹⁵

Check out this [online guide](#) to custom-"FITT" an exercise plan based on your current level of physical activity.

2 Set SMART goals to add more activity into your day safely and effectively

The best way to setting SMART goals that are Specific, Measurable, Achievable, Realistic, and Time-bound. You can use the FITT guidelines above, or you can use your own personal metrics to write your SMART goals.

Use the worksheet on the other slide to make physical activity goals for yourself.

Getting Started with Physical Activity for Arthritis

Exercise Rx for Arthritis

Healthcare Provider Awareness, Skills, and Resources

Healthcare providers (HCPs) can support patients in developing and sustaining an exercise program using specific knowledge, skills, and resources:

- ✓ Patient Factors
- ✓ HCP's awareness of patient's ability to self-manage^{10,11}
- ✓ HCP's awareness of facilities and programs available in the community
- ✓ HCP's assessment of the patient's health⁹
- ✓ HCP and Patient Behavior Change Resources



⁹American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. 11th ed.

¹⁰Battersby MW, et al. *Aust J Prim Health*. 2003;9(2&3):41-52; ¹¹Smith D, et al. *Chronic Illness*. 2019;15(1):74-77.

Referrals

Resources for Healthcare Providers

Healthcare
Providers

AAEBIs



Resources for Adults & Employees with OA



Adults and
Employees

OA Self-Management



 <p>Physical Activity</p>	<p>Being physically active is important for managing osteoarthritis (OA). Physical activity may help improve pain, mood, and your ability to do everyday activities. How else can you manage your weight?</p> <ul style="list-style-type: none"> • Participate in arthritis-friendly programs! <ul style="list-style-type: none"> • Active Living Every Day • Arthritis Foundation Exercise Program • EnhanceFitness® • Fit & 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.
 <p>Weight Loss</p>	<p>Extra weight increases joint pain and decreases the range of motion of the joints, especially in the hips and knees. Even small amounts of weight loss may help reduce pain. How? 1. Less weight force places on a joint. 2. Less weight on your bones.</p> <ul style="list-style-type: none"> • Make small changes, one at a time.* • Limit sugary drinks such as soda and juice and replace them with water. • Add a vegetable or fruit to your meals.* • Pack your own lunch each day.* • Eat more and better sleep.* • Use your knee support.*
 <p>Pain Management</p>	<p>Try some of these recommended non-medication strategies for managing pain!</p> <ul style="list-style-type: none"> • Aerobic, strengthening, balance, and flexibility exercises • Heat/cold • Tai chi • Heat & cold therapies (such as paraffin treatments or ice packs) • Mindfulness • Braces (such as knee or hand braces)

Dealing with Osteoarthritis or Joint Pain?

 <p>Physical Activity</p>	<p>Being physically active is important for managing osteoarthritis (OA). Physical activity may help improve pain, mood, and your ability to do everyday activities. It can also help you manage your weight.¹</p>	<ul style="list-style-type: none"> • Participate in arthritis-friendly programs² <ul style="list-style-type: none"> › Active Living Every Day › Arthritis Foundation Exercise Program › EnhanceFitness[®] › Fit & Strong › Walk With Ease – Group & Self-directed • Move your body. Some examples of joint-friendly activities include walking, biking, and swimming.¹ • Look for employer-sponsored benefits such as walking paths, yoga classes, stretch breaks, and/or fitness center discounts.
 <p>Self Care</p>	<p>Managing OA may mean balancing a variety of symptoms, conditions, healthcare providers, and treatments. Feel better by learning skills that will help you cope.⁹</p>	<p>Participate in:</p> <ul style="list-style-type: none"> ✓ Group workshops <ul style="list-style-type: none"> › Chronic Disease Self-Management Program¹⁰ › Tomando Control de su Salud¹⁰ ✓ Self-guided program <ul style="list-style-type: none"> › Toolkit for Active Living with Chronic Conditions¹⁰ ✓ Online program <ul style="list-style-type: none"> › Better Choices, Better Health¹⁰ ✓ Employer Sponsored Employee Assistance Programs

Resources for Adults & Employees with OA

Adults and
Employees

OA Self-Management



Evidence-based Programs for People with OA

Resources for Adults & Employees with OA

Adults and
Employees

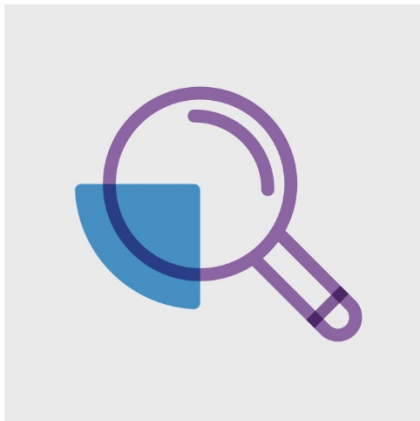
OA Self-Management



[Walk With Arthritis](#)



Learning Module



Case Studies

Case Study #4

Maria is a 66-year-old woman presenting to you for evaluation of knee pain, worse on the right. She states that she has had knee pain on the right for a few years, but it has progressively gotten worse and in the last 6 months or so she has noticed similar pain on the left. She describes an "aching" pain on the inside of the knees, occasional "grinding" and rarely some mild swelling on the right. Her right knee is stiff for 5-10 minutes most mornings and often feels stiff after prolonged sitting. Her pain is typically worse at the end of the day, or when she is more active, particularly with gardening, and improves somewhat with rest. She is able to ambulate independently and does her own shopping. She enjoys gardening but uses a stool rather than stooping. She is otherwise relatively sedentary.



Q1. What additional evaluation is needed to confirm the etiology of her knee pain?

- A. Bilateral standing knee x-rays
- B. Erythrocyte sedimentation rate
- C. Serum uric acid level
- D. MRI of the right knee
- E. None of the above

Rationale (E): The diagnosis of OA is generally a clinical one and can be made in this patient with very typical history without additional lab or imaging studies.

Maria was diagnosed with type II diabetes 2 years ago and had a HbA1c of 8% last month. She also has hypertension, high cholesterol, chronic kidney disease, and mild COPD from remote smoking. Her medications include metformin, glyburide, pravastatin, losartan, and an inhaler. She previously took acetaminophen but stopped as it was not helping her joint pain.

Q2. What intervention is most likely to improve her knee pain with minimal risk?

- A. Oral or topical NSAIDs
- B. Intra-articular corticosteroid injection
- C. Increased physical activity
- D. Initiate scheduled acetaminophen

Rationale (C): Physical activity is the most important intervention in this case, not only because it is the most likely to lead to substantial improvements in knee pain and function (IDEA Trial1), but also because it can improve management of her other comorbid conditions. Topical NSAIDs might be a useful adjunct, but additional information about her CKD would be needed, oral NSAIDs are likely contraindicated given her age and comorbidities. Intra-articular corticosteroid could provide temporary relief for the right knee, but not the left, and has the potential to increase her blood sugar. She has already tried acetaminophen in therapeutic doses without help, and given the minimal efficacy of this agent, additional trials are unlikely to be of benefit.

On examination, Maria's resting blood pressure is 150/95, heart rate is 90, and respiratory rate is 14. Her BMI is 32 kg/m². She is in no acute distress, and examination of her head, neck, eyes, and ENT is unremarkable. She has an intermittent expiratory wheeze, but normal work of breathing. Her cardiovascular exam is unremarkable, as is her GI evaluation. There is

OACareTools- Brochure



Osteoarthritis

Osteoarthritis (OA), the most common form of arthritis, is a serious chronic disease affecting 1 in 7 U.S. adults¹ and is a leading cause of disability.²

OA can cause pain, stiffness, and swelling, which may limit mobility and function and interfere with daily activities and work tasks.¹

The personal and economic burden of OA is significant, and the effects are felt by adults with OA, their families, employers, and communities. The good news is that there are strategies to help prevent and manage OA.¹

The OAAA envisions a nation where osteoarthritis is prevented and managed to improve the quality of life for Americans of all ages.

OACareTools

OACareTools is an online toolkit that aims to reduce the burden of this painful and costly disease.

OACareTools is designed for three primary groups:

- **Healthcare providers** in primary care, including physicians, nurse practitioners, physician assistants, pharmacists, physical/occupational therapists, sports medicine professionals, athletic trainers, and fitness professionals
- **Employer representatives** such as business leaders, benefits/wellness consultants, human resource representatives, and occupational health providers
- **Adults and employees** with osteoarthritis

OACareTools includes multi-modal tools and resources customized for healthcare providers, patients, employers and employees.



Examples of resources are listed at right. Visit www.oacaretools.org for a complete listing and description of resources.

OAAA collaborated with Pfizer in the development of these resources.

Resources

Healthcare Providers

Guidelines for managing OA - Get the latest clinical guidelines at a glance

Exercise Rx for Arthritis - Help your patients create a physical activity plan

Functional assessments - Learn which assessment is right for your patients

Employers

OA facts & figures - Signs and symptoms, financial burden, and treatment

Is your workplace arthritis-inclusive? Improve the safety and health of your workers

OA prevention - Connecting OA with weight, including tips to manage both

Patients and Employees

Improving pain and function - Tips for managing arthritis at home and work

Evidence-based resources - Learn what's available for people with OA

Physical activity worksheet - Get physical activity recommendations and make your plan

Lifelong strategies to prevent OA - Reduce your risk with weight management and injury prevention

1. United States Bone and Joint Initiative. The Burden of Musculoskeletal Diseases in the United States (BMJIS). In: Furlong and 2016.

2. Hunter C.J. et al. Lancet. 2019;393(10182):1745-1759.

OACareTools- Recommendations for how to use these resources

- HCPs
 - Provide handouts to patients about programs and resources for adults with OA; use the Physical Activity Worksheet to help patients create a plan
 - Display the patient resources in clinic waiting areas
 - Present the PowerPoint slides in Grand Rounds; clinic staff meetings; with medical students, residents, or other learners
 - Facilitate conversations around how these practices and assessments can be used in their clinic setting

OACareTools- Recommendations for how to use these resources

- State Arthritis Programs
 - Promote the resources through social media using our Media Kit
 - Include a link to OACareTools resources on your website
 - Connect with clinics or health systems to present about OACareTools resources or use specific resources such as the PowerPoint slides in Grand Rounds; clinic staff meetings; with medical students, residents, or other learners
 - Consider partnering with the OAAA on using OACareTools for a pilot project with HCPs in your area

Please feel free to contact me if you want to talk about ways to use OACareTools resources or customize them for a particular audience.

katie_huffman@med.unc.edu





State Sharing and Q&A



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

Component 2 Update



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



Mentimeter #1

- Which health system(s) have you partnered with on Strategy 2 efforts (and what state is the health system located in)?



Project Aims



Aim 1: Evidence-Informed Arthritis Care Model

Develop and implement an evidence-informed arthritis care model to conduct function, pain, and physical activity screenings; patient counseling on the benefits of physical activity; and referrals to arthritis-appropriate physical activity and self-management programs and other evidence based “treatments.”



Aim 2: Pilot

Pilot the arthritis care model in a healthcare system that serves diverse populations; demonstrate clinical outcomes and total cost of care savings; and reimbursement pathways and incentives for provider screening, counseling, and referral.



Aim 3: Distribution

Disseminate learnings on a national level and enhance healthcare provider awareness, knowledge, and skills to promote physical activity as an effective, drug-free way to relieve arthritis pain, improve function, and limit arthritis progression among adults with arthritis.

Timeline / Progress Review

YEAR 1

(Sept 30, 2021 – Sept 29, 2022)

Landscape Assessment

- Environmental scan of the literature
- Semi-structured interviews with key stakeholders
- Clinical Practice Assessment with healthcare providers

YEAR 2

(Sept 30, 2022 – Sept 29, 2023)

Expert Advisory Panel & Design Team

- Create evidence-informed approach framework
- Develop evaluation framework
- Identify pilot site(s)

YEAR 3

(Sept 30, 2023 – Sept 29, 2024)

Health System Pilot and Evaluation

- Implement and evaluate strategic approach

YEARS 4 & 5

(Sept 30, 2024 – Sept 29, 2026)

Pilot/Evaluation Continuation, Scale and Disseminate Findings

- Continue pilot and evaluation
- Scale strategic approach
- Disseminate findings



Function, Pain, and Physical Activity Screening

Key Learnings

- Physical activity screening tools can be used for patients with arthritis, among other chronic diseases.
- Common function and pain assessments can support arthritis care, but there are limitations to these tools.
- It is important to assess patient readiness in the physical activity screening process.
- Arthritis screening strategies and tools should be integrated into the clinical and technological workflows.
- Annual wellness visits are an opportunity for screenings.
- Care teams should leverage community health workers in proactive screening processes.

Key Barriers and Challenges

- Limited provider time during patient visits reduces opportunities to screen.
- Unwillingness to integrate Physical Activity as a Vital Sign into workflow and limited time with patients prevents providers from using the tool.
- Obstacles exist to integrating physical activity-related screenings into electronic health records.
- Lack of arthritis-specific measures prevents potential improvements in screening efforts.
- Lack of payer involvement prevents increased screenings.

Linking Arthritis Physical Activity with Other Co-morbidities

COACH
CREATING OPPORTUNITIES FOR
ARTHRITIS CONTROL
AT HOME

Comorbidities
(other chronic
conditions) are
common



1/3

of people with OA
have **5+** chronic
conditions

54.4 million
U.S. adults
diagnosed
with arthritis
in 2015

49% also have **heart disease**

47% also have **diabetes**

31% also diagnosed
with **obesity**

Source: National Health Interview Survey, United States, 2013-2015. Age-adjusted percentage of doctor-diagnosed arthritis among adults, by obesity, diabetes, and heart disease status. Accessed on 3/2/20 from https://www.cdc.gov/arthritis/data_statistics/comorbidities.htm.

Bone
and Joint
Initiative



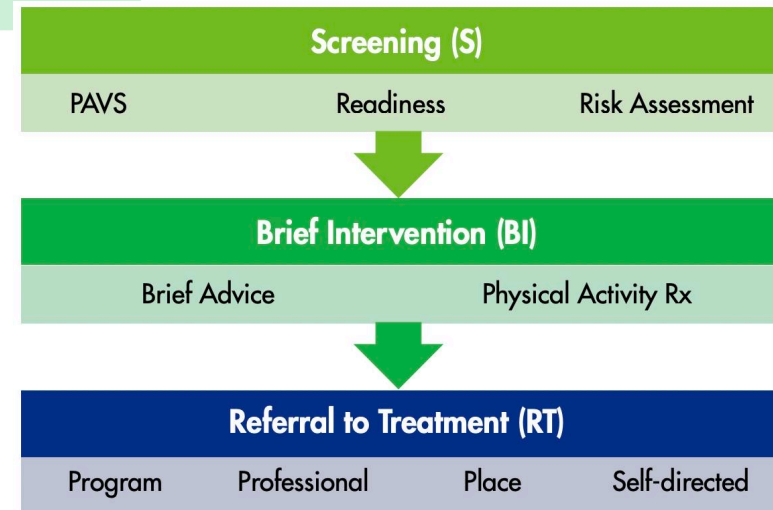
SBIRT



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)



<https://www.exerciseismedicine.org/wp-content/uploads/2021/02/EIM-Health-Care-Providers-Action-Guide-clickable-links.pdf>

Physical Activity Assessment



Physical Activity Vital Sign



1. On average, how many days per week do you engage in moderate to vigorous physical activity (like a brisk walk)? _____ days
 2. On average, how many minutes do you engage in physical activity at this level? _____ minutes
- Total minutes per week of physical activity (multiply #1 by #2) _____ minutes per week**

Incorporate the Physical Activity Vital Sign (PAVS) into your electronic health record and patient intake forms. Calculations may be programmed and the sedentary patient flagged for referral or counseling.

30 secs -1 min
to administer

Vital sign address at every visit

*KP So Cal – 2.1 million adult PAVS on 85% of eligible patients

- increased exercise-related progress notes,
- frequent exercise counseling by physicians, and
- reductions in patient weight and hemoglobin A1C levels

*Greenville, SC- EIMG consists of a 12-week medically based clinical exercise program in which participants can learn how to increase overall health and reduce risks related to chronic disease, obesity, hypertension, hyperlipidemia, hypercholesterolemia, and musculoskeletal weakness and pain.

*New Hampshire – FQHCs; Assessing at every visit; embed into EHR

Building Screenings in EHR

- **Intermountain Healthcare (Intermountain):** A clinical leader championed the work of building PAVS into the Cerner EHR system. PAVS at Intermountain was slightly adjusted to include assessments of regular levels of physical activity (*i.e.*, is the patient sedentary, active, moderately active, etc.).

Automated Office Blood Pressure (AOBP) field is only for blood pressure averages obtained by multiple blood pressure readings with an approved AOBP device.

AOBP SBP/ DBP

mmHg / mmHg

Physical Activity

Minutes per day Days per week Minutes per week Intensity Physical Activity Advice

Light
Moderate
Vigorous
None

Pain

Pain Present Pain (0-10) Pain Comments

Primary Pain Location

Patient Summary

Chief Complaint Follow up

Accident Related Visit? No Patient?

Patient Communication Preference

No Preference
 Printed Letter
 Phone Call
 Patient Portal

Automated Office Blood Pressure (AOBP) field is only for blood pressure averages obtained by multiple blood pressure readings with an approved AOBP device.

DBP

mmHg

Activity

per day Days per week Minutes per week Intensity Physical Activity Advice

Advised to start physical activity
Advised to increase physical activity
Advised to maintain physical activity
Advised to modify physical activity

Pain

Pain Present Pain (0-10) Pain Comments

Primary Pain Location

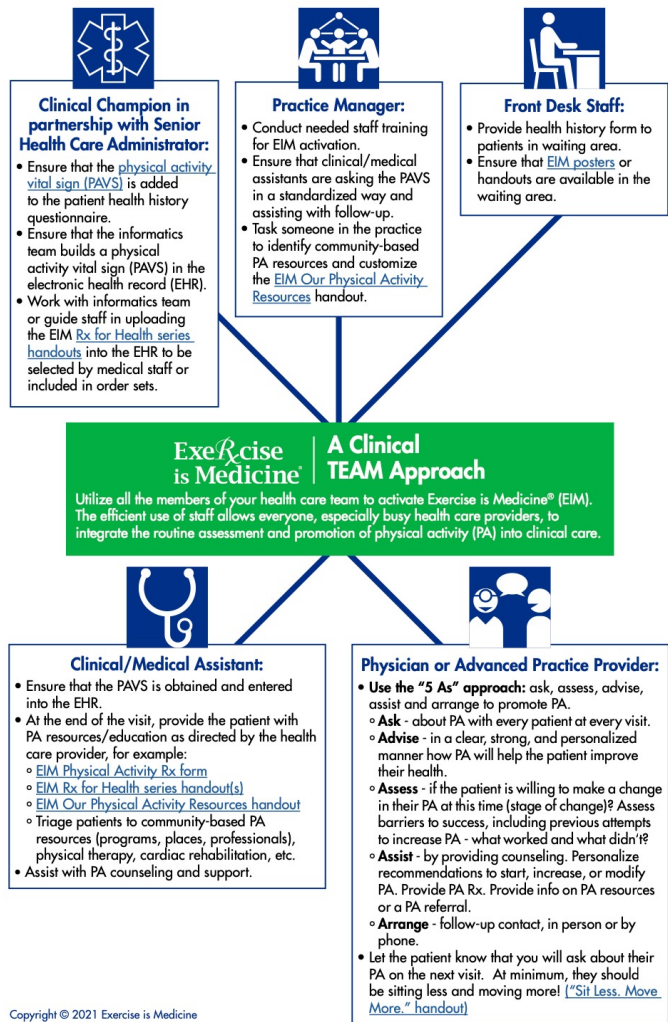
Patient Summary

Chief Complaint Follow up

Patient Communication Preference

No Preference
 Printed Letter
 Phone Call
 Patient Portal

PAVs into Workflow



<https://www.exerciseismedicine.org/wp-content/uploads/2021/02/EIM-Health-Care-Providers-Action-Guide-clickable-links.pdf>

Outcomes – Function/Pain & Other Domains



The burden of arthritis

Many adults with doctor-diagnosed arthritis (43.5%, or 23.7 million people) report **limitations** on their usual activities

- Walking
- Stooping
- Bending
- Kneeling

The **burden** of arthritis on patients is significant, but often can be modified or reduced

COACH
CREATING OPPORTUNITIES FOR
ARTHRITIS CONTROL
AT HOME

The physical and
emotional
challenges of
arthritis

Pain

Fatigue

Depression
Anxiety
Isolation

Activities of
Daily Living

Acclimation

Feeling Invisible

Bone & Joint
Initiative
USA

Source: Barbour KE, Helmick CG, Boring M, Brady TJ. Vital Signs: Prevalence of Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation – United States, 2013-2015. *MMWR* 2017;66(9):246-253.

Osteoarthritis- Function & Pain Assessments



Assessment Name	Type	Endors ement	MIPS Measure	Description
Hip Injury Osteoarthritis Outcome Score (HOOS)	Pain and Function	AAOS	#109 (retired)	<p>HOOS is a self-reported outcome measure questionnaire used to evaluate Total Hip Arthroplasty patients. The questionnaire was built upon the Western Ontario and MacMaster Universities Osteoarthritis Index (WOMAC). It is a 40-item questionnaire, including five subscales: pain, symptoms, activity of daily living, sports/recreation, and hip-related quality of life. The maximum score is 100, indicating no hip problems. The minimum score is zero, indicating severe hip problems.</p> <p>Variations of HOOS were developed to create an outcome measure that is specific for a population or conditions (including HOOS-JR). HOOS is easy to administer and relatively easy to score. HOOS subscales of sports/recreation and quality of life make it a more responsive measure in younger and/or more active populations. It can also be used over short and long-term intervals to assess changes induced by treatment, primary injuries, or post-traumatic osteoarthritis.</p>
Knee Injury and Osteoarthritis Outcome Score (KOOS)	Pain and Function	AAOS	#109 (retired)	<p>KOOS is a self-reported outcome measure questionnaire assessing the patient's opinion about the health, symptoms, and functionality of their knee. It is a 42-item questionnaire, including five subscales: symptoms, pain, activities of daily living, sports/recreation, and quality of life. The maximum score is 100, indicating no knee problems. The minimum score is zero, indicating severe knee problems.</p> <p>Variations of KOOS were developed to create an outcome measure that is specific for a population or conditions (including KOOS-JR). KOOS subscales of sports/recreation and quality of life can make it a more responsive measure in younger and/or more active populations.</p>
Patient Reported Outcome Measurement Information System (PROMIS) Physical Function 10-item (PROMIS PF10a)	Function	AAOS, ACR	#178 and #109 (retired)	<p>PROMIS PF10a is a 10-item questionnaire that patients rate on a scale of five (not at all) to one (cannot do) and then five (without any difficulty) to one (unable to do). PROMIS PF10a data can be collected via paper, assessment center API (includes REDCap), Epic PROMIS CAT Application, NIH Toolbox iPad App, and the PROMIS iPad App.</p>



Assessment Name	Type	Endorsement	MIPS Measure	Description
Patient Reported Outcome Measurement Information System (PROMIS) -29	Pain and Function	AF		<p>PROMIS is a self-reported measure of physical, mental, and social health that is appropriate for use across health conditions for the assessment of systems and functions. PROMIS is available in multiple formats (e.g., computer adaptive tests, short forms), and can be integrated into diverse administration platforms, as well as translated into many languages.</p> <p>The PROMIS tool represents an evolution of current measurements with clinic metrics and psychometrics, which is one reason providers tend to favor it. The PROMIS-29 tool includes 29 questions reflecting eight domains with four questions each, and one pain VAS. PROMIS-29 assesses physical function, pain, and a global assessment of disease activity, which are put together into a single score.</p>
Numeric Rating Scale (NRS)	Pain	ACR	#109 (retired)	The NRS measures pain intensity for adults, including chronic pain due to rheumatic diseases, where respondents select a whole number between zero and ten representing a continuum between “no pain” and “pain as bad as you can imagine”.
Visual Analog Scale (VAS)	Pain	ACR	#109 (retired)	The VAS, a validated measure for acute and chronic pain, records subjective scores with a handwritten mark on a 10-centimeter line representing a continuum between “no pain” and “worst pain”.



PROMIS – PF 10

PROMIS® Item Bank v2.0 – Physical Function – Short Form 10a

Physical Function – Short Form 10a

Please respond to each question or statement by marking one box per row.

		Not at all	Very little	Somewhat	Quite a lot	Cannot do
PFA1	Does your health now limit you in doing vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFC38r1	Does your health now limit you in walking more than a mile (1.6 km)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFC37	Does your health now limit you in climbing one flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFA5	Does your health now limit you in lifting or carrying groceries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFA3	Does your health now limit you in bending, kneeling, or stooping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFA11	Are you able to do chores such as vacuuming or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFA18r1	Are you able to dress yourself, including tying shoelaces and buttoning your clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFB26	Are you able to shampoo your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFA55	Are you able to wash and dry your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFC45r1	Are you able to sit on and get up from the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROMIS – Global

PROMIS® Scale v1.2 – Global Health

Global Health

Please respond to each question or statement by marking one box per row.

		Excellent	Very good	Good	Fair	Poor
Glob401	In general, would you say your health is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glob402	In general, would you say your quality of life is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glob403	In general, how would you rate your physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glob404	In general, how would you rate your mental health, including your mood and your ability to think?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glob405	In general, how would you rate your satisfaction with your social activities and relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glob406	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Completely	Mostly	Moderately		
Glob408	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PROMIS® Scale v1.2 – Global Health

In the past 7 days...

		Never	Rarely	Sometimes	Often	Always						
Glob409	How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Glob409	How would you rate your fatigue on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		None	Mild	Moderate	Severe	Very severe						
Glob407	How would you rate your pain on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		No pain	1	2	3	4	5	6	7	8	9	10 Worst pain imaginable

Knee injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR.)

English version 1.0

Instructions

This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Stiffness

The following question concerns the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease of which you move your knee joint.

1. How severe is your knee stiffness after first waking in the morning?

None Mild Moderate Severe Extreme

Pain

What amount of knee pain have you experienced in the **last week** during the following activities?

2. Twisting/pivoting on your knee

None Mild Moderate Severe Extreme

3. Straightening knee fully

None Mild Moderate Severe Extreme

4. Going up or down stairs

None Mild Moderate Severe Extreme

5. Standing upright

None Mild Moderate Severe Extreme

(Continue on next page for [Function daily living](#))

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

6. Rising from sitting

None Mild Moderate Severe Extreme

7. Bending to floor/pick up an object

None Mild Moderate Severe Extreme

Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR.)

English version 1.0

Instructions

This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Pain

What amount of hip pain have you experienced the **last week** during the following activities?

1. Going up or down stairs

None Mild Moderate Severe Extreme

2. Walking on an uneven surface

None Mild Moderate Severe Extreme

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

3. Rising from sitting

None Mild Moderate Severe Extreme

4. Bending to floor/pick up an object

None Mild Moderate Severe Extreme

5. Lying in bed (turning over, maintaining hip position)

None Mild Moderate Severe Extreme

6. Sitting

None Mild Moderate Severe Extreme

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”

Limits to only patient over 65



Samaritan Health, 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?

- i. Yes
- ii. Unsure
- iii. No

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

- i. Yes ii. No

Workflow for Screening

- **Johns Hopkins:** PROMIS became a part of EPIC over time and is now built into the EPIC foundation system, though it still requires some programming. Providers can order questionnaires, such as PROMIS, for patients through EPIC and patients can answer questions before or during their appointment via MyChart. The EPIC module will link the results to certain diagnoses and visits. One rheumatologist from Johns Hopkins noted around 60 percent of his patients complete the PROMIS assessment prior to their visit, and the remainder fill it out in the waiting room.



Items to Consider for Design for Screening

- What screening are realistic in primary care given short duration in time?
- How do we assess function/pain in standardized way in primary care? (Link it AWW or annual physical)
- To help share out outcomes of AAEBIs how do we link assessments with CBO providers in pre/post interventions?



Counseling on Benefits of Physical Activity

- *Key Learnings*
 - Leveraging coordinated and integrated care teams boosts counseling opportunities.
 - Providers applying a tailored, patient-centered care approach can enhance counseling efforts
- *Key Barriers and Challenges*
 - Although providers may understand the benefits of physical activity, they may lack resources to instruct patients.
 - Insufficient healthcare provider training prevents efficient and timely counseling.
 - Limited provider time during patient visits prevents effective counseling.
 - Patient challenges to engaging in physical activity can impact counseling efforts.
 - Patient fear of physical activity can challenge provider counseling efforts.
 - Arthritis is seen as lower priority compared to other conditions.
 - There are limited coding and billing opportunities for arthritis counseling.
 - There is a lack of value-based reimbursements for arthritis counseling.

5 As



Sallis, Robert E. MD, FACSM

“Call to Action on Making Physical Activity Assessment and Prescription a Medical Standard of Care.”

“Clinician-Targeted Intervention and Patient-Reported Counseling on Physical Activity”

https://www.cdc.gov/pcd/issues/2014/13_0302.htm



Readiness for Change Talk Points



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.

https://exerciseismedicine.org/assets/page_documents/Readiness%20to%20Change.pdf

Contemplation

(Patient knows they should exercise and is thinking about becoming physically active)

Independent

Write prescription. Provide info. Refer to exercise professional.

Supervision Necessary

Refer to clinical exercise pro, cardiac rehab or physical therapy as appropriate.

- Emphasize the pros and reducing the cons of being more physically active that are particularly relevant to the patient.
- The individual may be receptive to receiving basic guidance on becoming more physically active.

Preparation

(Patient is planning to become physically active in the near future)

Write prescription; refer to non-clinical exercise professionals.

Refer to clinical exercise pros, 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.

COACH - USBJI

<https://vimeo.com/515795158>

Prescription/Action Plan Examples

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.



Items to Consider for Design for Counseling



- What care team members can support counseling (Health coaches, PT, CHW,)?
- Where in the model does the coaching make sense (primary care, specialty care, CBO)?



Referral to Physical Activity-Based Interventions



Key Learnings

- Despite access challenges to AAEBIs, tools and resources exist to support provider referral efforts.
- Connecting individuals to resources through community-based work is a popular strategy for improving access.
- Centralized referral models ease provider and payer burden.

Key Barriers and Challenges

- Access to programs is limited in rural areas.
- Integrating referral processes into existing workflows can be difficult for providers and community-based organizations.
- Payer efforts to refer members to programs are limited.
- Opportunities for reimbursement and funding for referral efforts are limited.



Central Point of Referral

- One provider from Johns Hopkins discussed the role an arthritis advocacy organization played in the past as a centralized, trusted referral source to connect providers with AAEBIs. The organization had strong connections to community resources, including CBOs and AAEBIs, and providers trusted them to assist patients who they referred to the organization. Having this centralized referral partner was a huge benefit to the health system.
- Similarly, Silver Sneakers acts as a centralized source for Medicare patients to engage in programs hosted at CBOs. One payer representative described the convenience of partnering with the Silver Sneakers organization. Rather than negotiating individual contracts with each CBO delivering the program across the country, the payer has a single contract with Silver Sneakers, which manages downstream contracts with CBOs on behalf of the payer. This way, all patients on the Medicare Advantage plan can get access to the Silver Sneakers program in their area with very little effort from their payer or providers.
- Intermountain/Samaritan/EIM Greenville – referral to community-based program

Bidirectional Referral Mechanism

- YMCA BSER Model
- Unite US/ FindHelp
- Health Information Exchange (Maryland CRISPER)



Items to Consider for Design for Referral

- What are the HCP current referral mechanism to leverage?
- How do HCP know what AAEBIs without locator? Is a HUB model best?
- Who will ensure patients/clients get signed up for correct AAEBI?
- What are key elements for bidirectional referral that are meaningful to HCP ?



Mentimeter #2

- What screening tools do providers use to understand arthritis disease progression (pain, function) and need for physical activity? (Are prompts built into the EHR?)



Mentimeter #3

- Are there any learnings on physical activity counseling for providers (e.g., training, readiness, tools)?



Mentimeter #4

- What referral mechanism do the providers use?
(Are referral mechanisms built to the EHR and bidirectional?)

Arthritis clinical care delivery approaches



1) Patient ID –Flag Patient with Arthritis/risk stratification

2) Reminder in eHR overdue for assessment

3) Functional Assessments- RA (#178)

- PROMIS Physical Function 10-item (PROMIS PF10a)
- Health Assessment Questionnaire-II (HAQ-II)
- Multi-Dimensional Health Assessment Questionnaire (MD-HAQ)

4) Functional Assessment - Osteo

- Veterans RAND 12 (VR-12)
- PROMIS (PROMIS 10 or CAT)
- EuroQoL-5D (EQ-5D)

5) Pain Assessment

- Visual Analog Scale (VAS)
- PROMIS (Interference)
- Numeric Pain Rating System

6) Physical – Exercise is Medicine

- Physical Activity Vital Sign

1) KDH Counseling Messages

2) Readiness for Change

3) Exercise Medicine/OAAA tool

4) Provider/Patient Shared Decision

– Algorithm appropriate care AAEBI, PT, ortho referral

5) Grid Compare AAEBIs - (Locally customize per availability in Market)

a) In Person Class- AAEBI program

b) Electronic Platform -

- HALT Coaching
- OAAA Portal – WWE
- Remote Delivery Tai Chi/QiGong

1) Referral & AAEBI Locator SHARP

- Unite US
- Find Help
- Healthify...
- YMCA Pilot (FHIR)

2) Care Coordination

- Community HUB
- Unite Us

3) AAEBI Class Management

Compass (workshop wizard/Juniper)

4) Umbrella Hub Arrangements (UHA)

- CDC data for recognition & status
- Coding/Billing
- Negotiate contract with payers (e.g. BCBS)
- Sustainability

5) CBO Billing Component

Unite US
Weld





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Arthritis Council Strategy 2 Workgroup



State Sharing and Q&A



Wrap Up and Closing



Poll Questions

Thank you!

