



Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup Call

Thursday, December 1, 2022

2:00 p.m. ET

States in attendance:

Theresa Kreiser and Margaret Chaykin (WA); Caitlin Gurney, Shea Kelly and Sherri Rohenaz (NY); Lindsay Nelson, Sarah Blonigan and Cherylee Sherry (MN); Isla Alvarez (KS); Jasmine Franco (RI); Mona Burwell and Karen Day (VA); Shanetta Agnew (AR); Stephanie George-Bever (UT); Lynnzy McIntosh (NM and Workshop Wizard)

Additional attendees: Margaret Kaniewski, Michele Mercier, Anika Foster, Audrey Williams, Beth Fallon and Erica Odom (CDC); Cheryl Schott (CDC/ASDR Contractor); Nick Turkas (Arthritis Foundation); Serena Weisner (OA Action Alliance)

Facilitator/Moderator: Dr. Adam Burch, New Hampshire

Workgroup Overview:

This Arthritis Council workgroup is open to states and national partners who want to discuss the screening/counseling/referral of individuals with arthritis and the efforts to increase healthcare providers counseling on physical activity as a way to reduce arthritis pain, and referrals by those providers to evidence-based interventions. Participants are encouraged to share successes, challenges, barriers and invited to discuss opportunities to facilitate success towards strategy 2.

Opportunities for Collaboration and State Sharing

Prior to the call, participants were asked to create a customer profile for a fictional person in their state that would benefit from an AAEBI. Participants were also asked to think of 3 barriers that they think they could overcome through new partnerships.

State Sharing

- Individuals from Rhode Island, New Mexico, Kansas, Arkansas, Minnesota, Virginia, New York and Washington all shared customer profiles
- National partners appreciated hearing about the process states went through to create the profile and the sharing that took place
 - Serena shared that the OAAA is willing to help folks think through the WWE portal as a solution to those interested in a virtual solution
- Adam asked everyone to email a copy of their customer profiles to NACDD to be included in the summary

Key Themes from Discussion

- Appreciated the depth that everyone went into for their customer profiles; liked that many were thinking of how to address more important issues (food, housing, etc.) first so we can then address arthritis.
- Common barriers
 - Time
 - Fear of pain when being physically active
 - Need to address fear before individuals can become physically active, acknowledging that this is a fear and you have taken this in consideration before making the recommendation
 - Limited connectivity
 - Tools that can be delivered in a mobile format (text messages, phone call) can help individuals get the services they need

Homework

Take one of the three most common barriers from today (time, connectivity or fear) and think of a (single) social media messaging strategy that will help (e.g., fear and WWE – address fear up front). Social media can be TikTok, Twitter, FB, Instagram.

Additional Resources

- Next call, January 5, 2022 @ 2:00 p.m. ET

Client Profile

Name: Barbra "Barb" Streisand



Evidence Based Interventions

Barb could benefit from participating in the virtual Tools for Healthy Living (CDSMP) Program to learn more symptom and self-management tools.

Barb would also benefit from the Self-Directed Walk with Ease Self Directed program, she could involve her grandchildren and husband while participating after work 3 days a week. She could also incorporate it into her lunch break once staffing issues are resolved.

Barb could also benefit from the Powerful Tools for Caregivers program as she is the main caregiver for her husband who will become more reliant as he ages with his back injury.

Demographics

- Age: 68
- Sex: Female
- Highest Education: Associates Degree
- Career: Executive Assistant
- Industry: Finance
- Location: Burrillville, RI

Client Story

Barb commutes to work four days a week to Providence at Star Finance where she has worked since graduating with her associates degree in business administration at the age of 20. She is the executive assistant for the head honchos of the firm and spends most of her 9-5 day sitting working on the computer. Due to staffing shortages Barb has missed out on many lunchbreaks which she enjoyed spending walking with colleagues. The lack of walking and increase in being sedentary has added to her arthritis pains. Barb should have retired four years ago but remains working to account for her husband's early unplanned retirement due to a back injury. Outside of work Barb keeps busy baking and crafting with her grandkids and providing care for her husband Bob. She finds that she has less time for her friends and hobbies as she provides care to her husband and the increasing joint pain she faces daily. Barb plans to retire in the next two years to prioritize her health and rekindle her passion of bird watching.

Health Issues

- Arthritis
- Joint pain
- Lower back pain
- High blood pressure
- Anxiety/depression

Pain Points

- Due to her sedentary job and arthritis pain Barb has gained weight and found an increase in blood pressure increasing her fear with her personal health
- Barb's busy job, commute, and arthritis have kept her from being physically active as she has less time
- She is unsure how to care for her husband and herself
- Barb is unsure how she will feel well enough to return to bird watching after retirement
- She is anxious about her health deteriorating further if she does not prioritize it soon

Barriers to Action

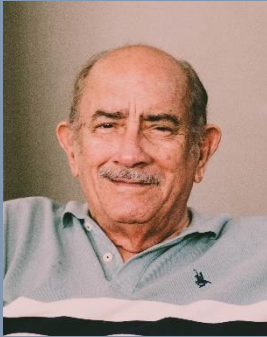
- Limited time: between commuting to the office four days a week, caring for her husband, and spending time with grandkids, her time to prioritize herself is limited.
- Motivation/Confidence: Barb has not prioritized herself in many years and does not have a lot of remaining motivation to work on her health priorities. Her arthritis pain adds to her low motivation. She is unsure where to start.
- Fear: Barb is fearful she will not be able to prioritize her health and manage her pain effectively.

Personal Priorities

- Allocate "me time" to focus on health and hobbies outside of family
- Transition to part time work at Star Finance until retirement
- Increase physical activity slowly
- Enjoy her hobby of bird watching again!

Client Profile

Name: Robert



Demographics

- Age: 75
- Sex: Male
- Highest Education: High School
- Career: Former Auto Mechanic
- Industry: Auto Repair
- Location: Johnson County, KS

Client Story

Robert was born in Topeka, KS in 1947. Since his high school years until his retirement 15 years ago, he spent day and night working on cars. This included bending, dipping, and arching his back to achieve the right angle that would allow him to work properly on the car. He also spent many, many years removing parts, steadily turning the screws, and tightly gripping wrenches. All of this eventually took a toll on Robert's hands and back. He began experiencing constant pain in his hands, fingers and lower back in his mid-60's and had to go through a lumbar spinal fusion in 2019. His family decided to eventually move to Johnson County in order to be short drive away from the University of Kansas Medical Center. He has gone successfully through physical therapy, and now his provider would like him to continue to be active at a slow controlled pace.

Evidence Based Interventions

Robert could benefit from Walk With Ease Enhanced Approach to increase his physical activity by walking around his own neighborhood but still having someone to hold him accountable to complete the program.

Robert could benefit from CDSMP by learning various way to cope with chronic pain and create action plans to complete tasks at home

Health Issues

- Lumbar Spinal Fusion in 2019
- Osteoarthritis in Back
- Osteoarthritis in Hands

Pain Points

- Robert has constant pain in his hands and back
- Robert has tried walking alongside his family, but is unable to keep up at their walking pace without experiencing pain
- Robert would like to complete a few tasks around his home, but experiences lack of motivation

Barriers to Action

- He is constantly thinking about his chronic pain so he usually lacks motivation to perform any other task
- Fear: While his doctor suggests increasing his physical activity, he's afraid he will overdo it and cause more pain
- While his daughter doesn't mind driving him to his appointments, his daughter is a very busy mom of 4. He would like to find a way to increase his exercise at home without having to drive elsewhere.

Personal Priorities

- Increase physical activity and walking stride
- Find ways other ways to manage chronic pain, instead of just taking medications
- Stay at task, and stay motivated when completing errands

Client Profile

Name: Louise "Pearl"



Evidence Based Interventions

Louise could benefit from a WWE program/become a leader. (walks with women's ministry).

PAVS being implemented in her EHR.

Louise could enroll in her local AAA or SC as a volunteer and advocate for her community.

AA, women, lower income. (target audience)

Demographics

- Age: 56
- Sex: Female
- Highest Education: Community College
- Career: Manager
- Industry: Retail
- Location: Helena, AR

Client Story

Pearl is considered superwoman to her family she helps raise her two grandkids and takes them to school in the mornings. Every Friday morning, she treats the kids to McDonalds on their way to school. She spends most of her days on her feet assisting store employees and ensuring customers have a wonderful shopping experience. Due to the pandemic and shortage of workers Louise aka Pearl must assist loading and stocking merchandise. As a result, has caused her some issues with lower back and hip pain. Three years ago, she was diagnosed with osteoarthritis which is typical for ladies in the menopausal age range. Louise, has a history of being the fastest track runner in her high school years and volunteered as basketball coach in her late 20's-30's. With her busy schedule as a grandmother and retail manager she squeezes in time to walk with her women's church group on Wednesday nights and takes her grandkids on afternoon weekend strolls to the community's local park.

Health Issues

- Lower back pain
- Osteoarthritis
- High Blood Pressure
- Joint stiffness

Pain Points

- Louise is tired all the time between the chronic lower back pain and hip pain it can cause for a stressful day.
- Husband passed away 3 years ago from a stroke; she was the caregiver.

Barriers to Action

- Not enough time: Since Pearl is considered superwoman, she feels there is not enough time in the day to get everything done.
- Knowledge: Louise isn't aware of the senior centers within her region of the state or has any access of educational programs within the local community. Due to her being in a rural area, funding for adequate resources is limited.
- Cost: Louise and her family which consists of 2 grandkids, and daughter are classified as lower income residents in AR due to their income being under \$75,000. As a result, budgeting and having access to healthier food options, having funds to pay for prescriptions and resources can be a challenge.
- Anxiety: Louise is hesitant to overdo it when participating in any daily PA projects such as gardening and housework, because she doesn't want to feel or increase her level of pain.

Personal Priorities

- Prioritize a weekly schedule that allocates time specifically for "Louise". Let her daughter take more responsibility in assisting with her children and stop spoiling her by doing everything. Her daughter is enrolled in her last year of graduate school and can help more when her schedule allows.
- Advocate for better resources within her community. Attend local town meetings, write to the town's mayor on the health disparities within Helena, Arkansas.
- Have her daughter research educational programs within a 30-mile radius of their home.
- Share her concerns with her PCP.

New York Profile

- Are there major health systems in your state that use the EPIC EMR?
 - We don't have this information
- Would your state be interested in developing a bi-directional referral connection between the OAAA portal and EPIC?
 - We would need to know more about EPIC, how it works, the cost associated
 - Would this integration carry over to Workshop Wizard? The OAAA portal was recently integrated with Workshop Wizard
- If awarded for the next 5-year cooperative agreement, would your state be willing to allocate funding to support the development of a direct bi-directional referral between the OAAA portal and EPIC?
 - We would need more information. Do not have enough information or enough knowledge of EPIC

Client Profile

Name: Clara Barton

Demographics

Age: 67

Sex: Female

Highest Education: Master's Degree

Career: Registered Nurse

Industry: Healthcare

Location: Saratoga Springs, NY

Client Story: Clara recently relocated from Maryland to a small town near Saratoga Springs, NY. Clara wakes up each morning for an early shift at the local federally qualified health center. She is on her feet for 12-hour shifts four days per week. Her shifts can change at a minute's notice, which has taken a toll on her physical and mental health. She is new to the area and is interested in meeting new people outside of work. When she is not working, she enjoys spending time off her feet reading and knitting by the woodstove during the fall and winter and gardening during the spring and summer.

Health Issues:

- Hand osteoarthritis
- Lower back pain
- High blood pressure
- Prediabetes
- Depression
- Insomnia

Barriers to Action:

- On-call nurse duties: Clara is sometimes called in to work on her days off to cover for other staff or is asked to be on-call from home on her days off.
- Clara wants to wind down by knitting after work, but her hands are too sore
- Some days she gets home from work late and there isn't sufficient daylight to get outside for a walk

Pain Points

- Clara's feet and lower back are often sore from long shifts, which leads her to be more sedentary when she's not at work
- Clara's hand osteoarthritis makes her hobbies more uncomfortable
- After a long day at work, it can be hard to wind down and fall asleep or stay asleep
- With an unpredictable schedule, it can be hard to connect with friends and family

Personal Priorities:

- Increase "me time" and improve sleep
- Meet new friends
- Improve joint function in hands to start knitting and gardening without increased pain
- Manage blood sugar and prevent diabetes

Evidence-Based Interventions: Clara could benefit from virtual evidence-based interventions as her work schedule can change at the last minute. She is a good candidate for the National Diabetes Prevention Program to prevent her prediabetes from developing into diabetes. Tai Chi for Arthritis may be a good option for her to reduce stress and incorporate low-impact movement into her life. WWE-SDE may be a good option to increase joint function and mobility at her own pace, but with the support of a leader and peers. WWE-SDE would also be a great opportunity to socialize.

Client Profile

Name: Maria True



Evidence Based Interventions

NDPP and WWE

Start with a WWE with support by phone. Connect with others near by?

Demographics

- Age: 58
- Sex: Female
- Highest Education: High School
- Career: Homemaker
- Location: Outside of Belen NM

Client Story

Maria spends her time taking care of her family. Her husband of 38 years, her grown children and her grandchildren.

She cooks most of the food for the entire family. She cooks traditional food including homemade tortillas (with lard), beans, rice, and “the best desserts” for her family.

Health Issues

- Obese
- Osteoarthritis
- High Blood Pressure
- High cholesterol
- Pre-Diabetes

Pain Points

- Tired all the time
- Feels bad and it is hard to make changes
- Family is worried about her
- She is concerned about her kids, grand kids

Barriers to Action

- Concern that the dieting will make her hungrier.
- Concerned she will need to make two meals- one for her, and one “people will eat”.
- Lives thirty minutes outside town and doesn’t want to drive in to a class.
- Has spotty internet. Might be willing to attend a class by phone.
- Not sure where to begin.
- No place near her to go exercise.
- Feels alone in making changes.

Personal Priorities

- Feel better.
- Reduce pain in knees and hips.
- Be around to help with the grand kids.

Washington State - Client Profile

Name: Joe Cool

Evidence Based Interventions

- CDSMP
- CPSMP
- WWE

Demographics

- Age: 55
- Sex: Male
- Highest Education: Some college
- Career: Leasing agent
- Industry: Property management
- Location: Vancouver WA

Client Story

Joe Cool is in the office of a provider after his prescription for pain medication ran out of refills. Joe Cool has been managing pain with opioids. He sits 8+ hrs/day for work and comes home to daily chores and family responsibilities. Dinner is often take-out or quick meals.

Joe avoids his annual wellness visit because he “doesn’t want the lecture” and has not had his knee/back pain, A1c, or blood pressure evaluated in 18 months.

He has never liked exercise, avoids the gym, and thinks that is the only way to lose weight and be “healthy”. Overall, his disinterest in preventative health limits what he feels is doable to address his pain and unknown A1c and BP. He sees getting a prescription as the golden ticket to managing his chronic conditions.

Dr. Stupski wants him to take a chronic pain self-management class. He asks the in-clinic care coordinator to refer to a CPSMP class. The in-clinic coordinator has a log-in and sits with Joe Cool after the PCP visit to complete the referral and discuss the value of these programs. Joe is able to connect with the coordinator in more of a “peer-to-peer” conversation and it has Joe thinking one of these programs might be worth his time.

Health Issues

- Chronic pain - knee and back
- Unknown A1c (but suspected pre-diabetes based on last known lab values)
- Unknown BP (but suspected HTN based on last know reading and symptoms)

Pain Points

- Joe’s job will always be sedentary
- Current pain meds work “enough”

Barriers to Action

- Technology literacy – doesn’t feel he could register for programs on his own
- Competing priorities – his “real life” is more important
- Disinterest in exercise – “never been into it” (and doesn’t know that daily living and physical activity counts as movement)

Personal Priorities

- Minimizing time this will take from “his regular life”
- Does not want to come off his pain meds

Referrals to CDSME through HealthConnect HUB: User Perspectives

- 1) **From the Provider's Office:** Joe Cool is in the office of a provider. Dr. Stupski. Joe Cool has been managing pain with opioids. Dr. Stupski wants him to take a chronic pain self-management class. He asks the in-clinic care coordinator to refer to a CPSMP class. The in-clinic coordinator has a log-in and sits with Joe Cool after the PCP visit to complete the referral
 - a. Demographic info
 - b. Consent for community health record (CHR)
- 2) **From the Perspective of the CDSME Coordinating Agency:** WSU-Extension (network lead entity) receives Joe Cool Referral
 - a. Connects with Joe Cool around scheduling options
 - b. Conducts Pre-PAM (patient activation measure)
 - c. Closes loop on referral to inform Dr. Stupski about registration/attendance.
- 3) **From the Perspective of the CHW who starts working with Joe:** During CDSMP class Joe Cool is informed that he could receive community care coordination through Pathways HealthConnect. Joe request connection to community care coordination.
 - a. Referral to Pathways
 - b. CHR gets transferred to a CHW/Peer in another agency to continue community care coordination
 - c. Tools and assessment of Pathways
- 4) **From Perspective of Joe Cool:** What if Joe Cool wants to self-refer? HealthBridge (referral and resource platform associated with Care Coordination Systems)
 - a. Search chronic pain
 - b. Send email asking for info
- 5) **From Perspective of CDSME Coordinating Agency:** At WSU (network lead entity) CHW log in
 - a. Picks up referral
 - b. Confirms referral, logged receipt
 - c. Set appointment time
 - d. Send message of confirmation
- 6) **From Perspective of Joe Cool** Joe's receives email that the appointment was set.
- 7) **From Perspective of Joe Cool** What if Joe Cool was tech illiterate? He could call 1800 to the Hub and we could expedite the referral to WSU CDSME Coordinating Agency
- 8) **From the Perspective of Care Coordinators integrated with HealthConnect HUB:** If Joe Cool was being supported by another care coordinator integrated with HealthConnect HUB (i.e. Health Homes, i.e. Community Paramedicine, i.e. Pathways, i.e. Lifeline Connections), they may connect Joe to CDSME through a social service referral.