Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup Call
Thursday, June 1, 2023
2:00 p.m. ET

States in attendance: OR, NH, NY, MN, IA, KS, VA, NC, AR, UT, KA, WA

Additional attendees: Comagine, CDC, NACDD, AF, OAAA, Workshop Wizard

Facilitator/Moderator: Dr. Adam Burch, New Hampshire

Recording link: https://vimeo.com/832400817

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

Participants were encouraged to view and add to a recent post in Engage started by Caitlin Gurney, NY that announced that CDSMP for Medicaid enrollees was recently approved in the New York State budget.

Reach out to arthritis@chronicdisease.org if you have difficultly accessing the Engage platform.

State Sharing

Lizzie shared information on the OR journey to secure Medicaid coverage for AAEBIs.

- Started with coverage for NDPP, then advanced to five AAEBIs
- The OR Health Evidence Review Commission (HERC) oversees the Medicaid coverage process in OR.
    - There is a Coverage Guidance process that must be followed.
    - The HERC has been around for many years.
    - Evidence and peer reviewed articles are used to help determine coverage.
- NDPP was approved in Jan 2019 (process takes about 2 years to get coverage)
- In Aug 2022, notice on the coverage for 5 AAEBIs was received.
    - Can use AAEBI for a diagnosis of falls prevention, but not arthritis.
    - Anyone over 65 qualifies for coverage automatically, and under 65 if have a falls risk.

    - To approve for coverage, HERC needed evidence that programs and evidence on these programs, fit within their paradigm (note – see ENGAGE post with evidence).
- OR Wellness Network and Comagine Health were the lead organizations in the CINO effort, each taking on specific components of the process.
- In Sept 2022, there was a letter from CINO to the HERC to request 7 AAEBIs be approved.
    - HERC accepted the item for consideration and created time for public testimony, then offered scope recommendations.
    - CINO had 13 partner organizations submit written testimony supporting efforts and 3-4 organizations provide verbal testimony at the initial Oct'22 HERC meeting.
    - HERC came back and said they would only consider CDSMP and used evidence around chronic pain.
    - CINO came back and said they were concerned with only using chronic pain and provided testimony on CDSMP scope, including information on why arthritis should be added.
    - Currently waiting until the fall to hear about approval.
- Official review will happen in the Fall of 2023, and if approved OR Medicaid will do needed administrative billing work.
- Best case scenario is that services are billable in Spring 2024 (not sure on billing codes at this point). Lizzie can share evidence for approval once they have.
- Coverage is only one important part of the puzzle.
    - Things like communications (awareness, promotion, TA, guidance, ed, etc.), practice-based issues (PA screening, AAEBI prioritization, availability of AAEBIs, etc.), parties to be included (HCP, participants, CBOs, MCO/CCOs, Health systems, etc.) are all also part of the puzzle, along with other factors.
- Lizzie shared that SDOH is at the top of the list in OR and provides the opportunity to bill for services that relate to these types of issues. Lizzie also shared that health equity is a big component that intersects with other chronic disease prevention efforts.
- Comagine is currently conducting pilots with lifestyle medicine clinics to learn more about the billing piece.

IA shared that they are working on building a community care hub (ACL Learning Care Hub Learning Community) and they are having conversations around payment, innovative contracting, bundling of services, and evidence-based screenings.

NY shared that the main issue with their recent approval for CDSMP for adult Medicaid enrollees with a diagnosis of arthritis was they could not demonstrate cost neutrality for arthritis.

Question - How did OR began this process?

- Ambyr, Comagine and Lizzie shared that Comagine and CINO (OR Wellness Network) were the leaders in the process. Understanding the approval process from the beginning, learning as you go, and having a contact/relationship with individuals doing the approval is important.
- HERC looks at economic impact, harms/effect, controversy, high public interest, and other issues (Lizzie can send the letter that reviews these pieces). There is a need to tailor offerings to meet the governing body at least half-way.
- Additionally, Comagine added qualitative information to justify the importance.

Additional thought – If you can't find a randomized controlled trial for the intervention look to see if there is anything that compares your intervention to another that has gone through a RCT and then you can use that to help with justification.

Question - Was OR funded for falls prevention during this process?

- No, though they have had funding in the past.
- It is beneficial to partner with organizations that are working on falls prevention if there is not a state program focus through the DOH.
- Here is a link to a TA webinar focused on falls prevention and opportunities for collaboration with arthritis! https://actiononarthritis.chronicdisease.org/partnering-statewide-arthritis-public-health-strategies-with-falls-prevention-and-healthy-aging-program-efforts/

Question - Are you planning to capture costs for enrollees to attend? What other costs will you use to compare/justify cost savings?

- OR has not thought about this, just billing and reimbursement at this point.
- NY didn't investigate costs for someone to attend workshop but did investigate reimbursement for peer leader; asked how much the cost was per hour and how many hours were spent (on a historical basis).
- NH shared, if a state is going to get CDSMP covered for chronic pain as fee for service it is recommended to do a cost comparison by looking at 1) opioid prescription usage, 2) primary care appt where MSK pain is the chief complaint (there are ICD9 codes for this).
    - If a patient comes in for MSK pain then that means that the pain isn't being managed adequately; patient images, studies, and surgical interventions (all by ICD9 codes) can all be part of the equation; internal costs can be obtained from Medicaid partners and used to show how using CDSMP will saving money – using comparisons to previous years.
    - If NY or OR can collect this type of information, this could be used as a model for other states moving in this direction.

Audience Engagement:

- 93% of respondents agreed or strongly agreed that participating in this workgroup helped advance their states strategy 2 efforts.
- 100% of respondents indicated that they would like to participate in this workgroup if funded for the next five years.
- 100% of respondents indicated that they would be willing to come to this workgroup to share ideas and best practices with the new Component A states.

Next Call

- August 3, 2023 @ 2:00 p.m. ET