Comagine Health

Increasing Physical Activity Counseling and Community and Clinical Linkages to Arthritis Appropriate Evidence Based Interventions:

Recommendations

Submitted by Comagine Health
June 30, 2020

Recommendations

Comagine Health formed an advisory committee and conducted an environmental scan to identify needs and opportunities for better integrating counseling or screening prompts and referrals for Arthritis Appropriate Evidenced Based Interventions (AAEBIs) into Electronic Health Records (EHRs). It was identified that referring to AAEBIs through EHRs cannot be done without consideration of payment pathways and supportive policies. Based on the environmental scan and the work of the advisory committee, Oregon is well positioned to leverage work that has already been done to create community and clinical linkages for the purpose of increasing physical activity for people living with arthritis and to increase use of EHR prompts for providers to counsel and refer patients to evidence-based programs. In the fiscal year 2020 (7/1/20-6/30/21) and fiscal year 2021 (7/1/21-6/30/22) the following recommendations are proposed to the Oregon Health Authority (OHA).

1. **Support health care providers and AAEBI providers to implement referral pathways for physical activity counseling and AAEBIs.**
2. **Develop sustainable payment pathways for physical activity counseling and AAEBIs.**
3. **Promote state, local and organizational policies to promote utilization of and remove barriers to physical activity counseling and AAEBIs.**

1. Support health care providers and AAEBI providers to implement referral pathways for physical activity counseling and AAEBIs.

Recommendations:

a. Develop guidance on processes and tools for health care providers to *identify* patients with arthritis who would benefit from physical activity.
   i. Work with Oregon Medical Association to identify and engage with health care providers who are most likely to work with patients who have arthritis. Such as:
      1. Primary care
         a. Family physicians
         b. General internists
         c. Geriatricians
      2. Specialty Care
         a. Rheumatologists
         b. Physical therapists
         c. Aquatic therapists
         d. Pain clinics
         e. Bariatric surgeons
         f. Orthopedic surgeons
         g. Chiropractors
   ii. Promote accurate diagnosis of arthritis in patient chart to support better population health management and referral workflows.
   iii. Consider following Exercise is Medicine efforts to integrate physical activity vital signs in electronic health records (EHRs).

b. Develop guidance, tools and templates for health systems to leverage technology to promote physical activity counseling and bidirectional referrals to AAEBIs.
   i. Utilize data for identification of appropriate patients
      1. Develop inclusion and exclusion Electronic Health Record (EHR) criteria for retrospective EHR report queries
      2. Develop guidance for EHR decision support prompts for point of care identification
      3. Provide guidance and sample workflows that utilize someone other than the provider, such as a case manager, medical assistant, health navigator, community health worker, home health to screen and flag patients for referral and enable physician to easily sign off
   ii. Develop text templates (e.g. dot phrases) that can be easily created and shared and are used to prepopulate a patient after visit summary with:
      1. Benefits of physical activity for arthritis
      2. Information about how to increase physical activity independently
      3. Next steps to connect with an AAEBI provider that are concrete and actionable
   iii. Engage health systems who want to work with their EHR to develop templates (e.g. SmartSets) to align with a lean referral workflow.

1. Convene champions who have influence and medical informatics subject matter experts to draft an implementation plan
    a. Determine steps needed to widely leverage technology tools
    b. Meet with physicians and informatics specialists to align the technology with current practice.

iv. Explore interoperability opportunities between EHRs and data management systems to develop and share best practices for establishing referral pathways between different community information and referral exchange platforms.

v. Determine ways to optimize use of existing Health Information Exchange, Community Information Exchange and data management tools for data collection and promotion.

c. Document and promote best practices for AAEBIs and health care providers to use to empower and engage people with arthritis to participate in self-management programs and physical activity.

i. Increase awareness of current evidence on effective pain management through pain education.
    1. Dispel the myth that movement causes or exacerbates arthritic symptoms.

ii. Direct AAEBI and health care providers to best practices for using plain language and promoting patient activation when developing patient education material and auto-populated after visit summary text.

iii. Integrate the expectation for physical activity into preventive and pre-op care.

iv. Incorporate behavior change component with referral; use motivational interviewing to support initial and follow up engagements in physical activity programs or other supports.

v. Explore ways for diverse cultures and rural populations to be included in development of programming to make programs more accessible and approachable.

vi. Help patients see improvement over time when attending a program
    1. Encourage use of a tools that can track improvement over time. E.g. The Pain, Enjoyment of Life and General Activity (PEG) Scale and self-efficacy scales.

d. Identify and empower AAEBI program partners and health care provider champions:

i. Consider partnering with the NW Parks and Recreation, the Oregon Pain Management Commission, Oregon Academy of Family Physicians, and the Oregon Medical Association on:
    1. Educational opportunities and materials for healthcare providers on
        a. Benefits of physical activity for arthritis,
        b. Benefits of AAEBIs,
        c. Patient access to AAEBIs
        d. Basic pain literacy
        e. Logistics of making a referral

2. Provide opportunities for referral partners to develop trusted partnerships with AAEBI providers to support provider comfort in making referrals.

ii. Develop training opportunities for AAEBI providers
    1. Educate AAEBI providers on the opportunities for better integrating their programs into the local health system and the important role as an AAEBI provider.

iii. Convene RHEHub, Oregon Wellness Network, ADRC, 211 and others to:

iv. Document referral workflow best practices for AAEBI program providers

v. Develop and test referral workflow best practices for healthcare providers; consider integration as part of a guide for multiple chronic conditions informed by lessons learned from DPP, RHEHub's Walk With Ease, RX Play and fall prevention programs (e.g. Otago).

vi. Explore ways to integrate AAEBIs with existing hubs that are emerging. A hub can serve to:
    1. Curate all AAEBIs/CDSMPs in state and maintain updated contact list
    2. Serve as a resource for health care providers, program providers and consumers requesting additional assistance for AAEBIs
    3. Manage referrals from healthcare providers by receiving referrals, contacting patients to screen for appropriateness to participate in AAEBIs, discussing options for program enrollment, enrolling participant in programs, and communicating enrollment choice of the participant with the referring healthcare providers (closed loop referral).
    4. Ensure HIPAA compliance and certification (e.g. HITRUST, SOC)
    5. Offer a *no wrong door* referral, help patients identify program by location and other potential access barriers such as cost.

2. Develop sustainable payment pathways for physical activity counseling and AAEBIs

Recommendations:

a. Develop guidance on strategies for establishing sustainable payment models
    i. Identify opportunities to align with existing reimbursement models for other chronic disease management programs and supports in Oregon (e.g. DPP benefit for Obesity, Medicare Advantage Wellness benefits for programs like Silver Sneakers, Otago for Falls Prevention, physical and occupational therapy)
    ii. Identify current funding for each AAEBI program, program funding needs for sustainability at current client volume, as well as funding needs for scaling.
    iii. Explore scaling potential of programs that receive funding through partnerships with provider groups that can bill for services.
    iv. Evaluate health system level funding for AAEBIs including facilitating conversations with payers and large health systems to identify and promote

ways to make AAEBIs reimbursable as part of a suite of programs for conditions that benefit from physical activity.

v. Explore expanding the list of individuals who are qualified as a service provider (e.g. lifestyle coaches, personal trainers).

vi. Develop a tip sheet for health care providers to use billing codes that already exist including individual and groups visits as well as in-person and virtual visits. Exercise is Medicine is exploring CPT codes for physical activity counseling that can inform this work.

b. Conduct a study using All Oregon Data Collaborative data to evaluate cost savings amongst Commercial, Medicare and Medicaid beneficiaries in Oregon who complete AAEBIs in a targeted region to develop the business case for reimbursement.

3. Promote state, local and organizational policies to promote utilization of and remove barriers to physical activity counseling and AAEBIs.

Recommendations:

a. Develop a set of policy recommendations for Oregon, aligned with the National Public Health Agenda for Osteoarthritis, which may:

i. Ensure equity in access

1. Allow for virtual programs as well as coverage for non- recognized physical activity supports (e.g. state parks trail passes, Silver & Fit, Silver Sneakers, fitness center membership, etc.) where AAEBI programs don't exist and or do not meet patient needs
2. Minimize out of pocket costs to people with arthritis
3. Consider other programs not currently recognized as AAEBIs
    a. Example: Silver Sneakers, Tai Chi for Arthritis

ii. Incentivize healthier behaviors/physical activity

1. Make physical activity less expensive than alternative treatment/management

iii. Encourage Community Health Improvement Plans (CHIPs) to adopt and promote incentive metrics that promote physical activity to prevent or manage chronic conditions.

iv. Incentivize providers to promote physical activity over medications or procedures as a first line intervention

1. Work with the Oregon Pain Management Commission to educate health care providers, AAEBI providers and people with arthritis on non-pharmacological management and treatment options for arthritis pain.

v. Establish standards for programs to ensure credibility and yet allow non-licensed professionals to deliver AAEBI programs, where a licensed is not required.

vi. Analyze successes and lessons learned from other self-management and lifestyle change programs to inform policy direction for AAEBIs, including:

1. National Diabetes Prevention Program (DPP) benefit for Medicaid beneficiaries (Pre-Diabetes and Obesity)
2. Medicare Advantage and supplemental plans that pay for physical activity