Fireside Chat: Building an Arthritis Care Model

Informal conversation with NACDD, CDC, Leavitt Partners, The Dartmouth Institute for Health Policy and Clinical Practice, and other key partners about the arthritis care model

Arthritis Care Model

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: Demonstrate / Pilot

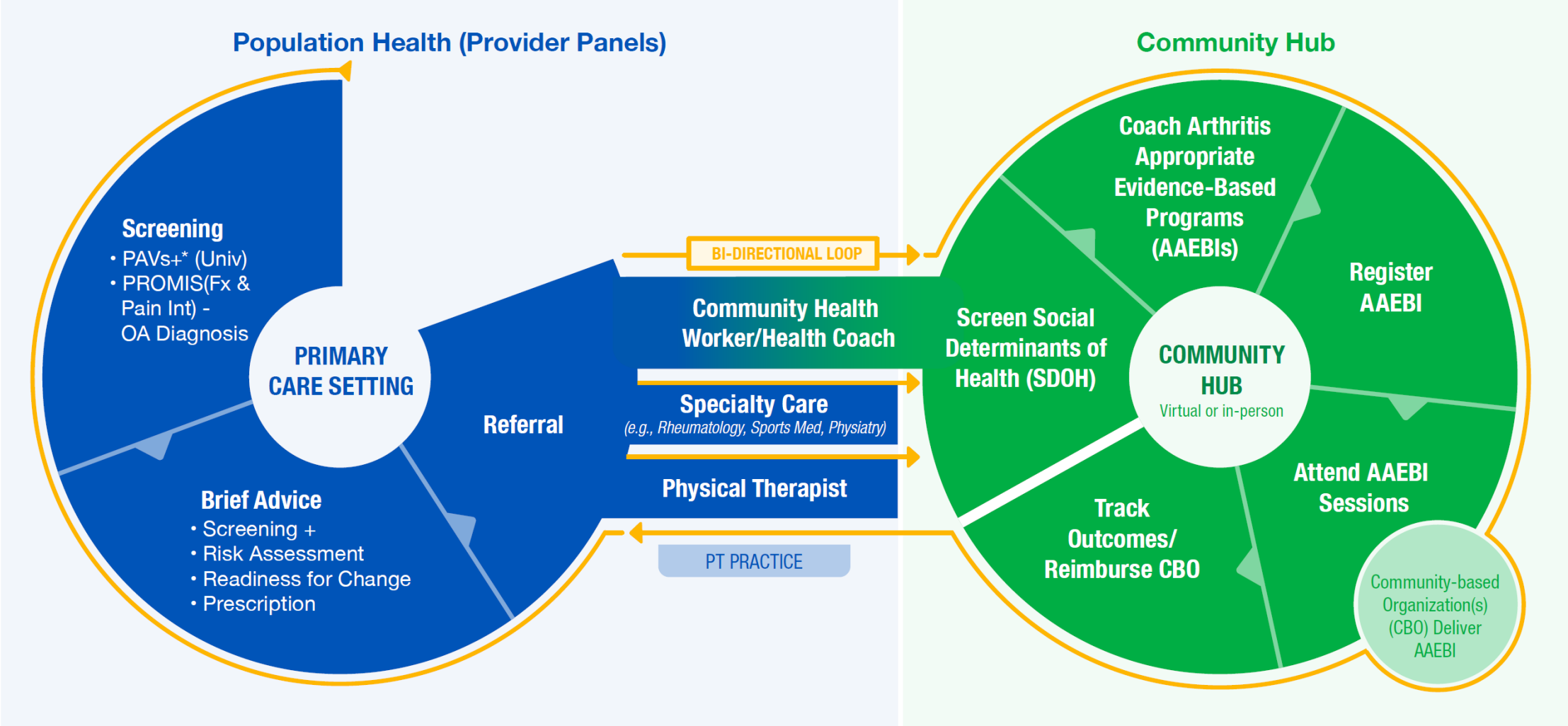
Pilot the arthritis care model in a healthcare system that serves diverse populations; demonstrate clinical outcomes and total cost of care savings; and reimbursement pathways and incentives for provider screening, counseling, and referral.

Aim 3: Scale & Spread

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.

CONCEPT B Revision

Arthritis Care Model



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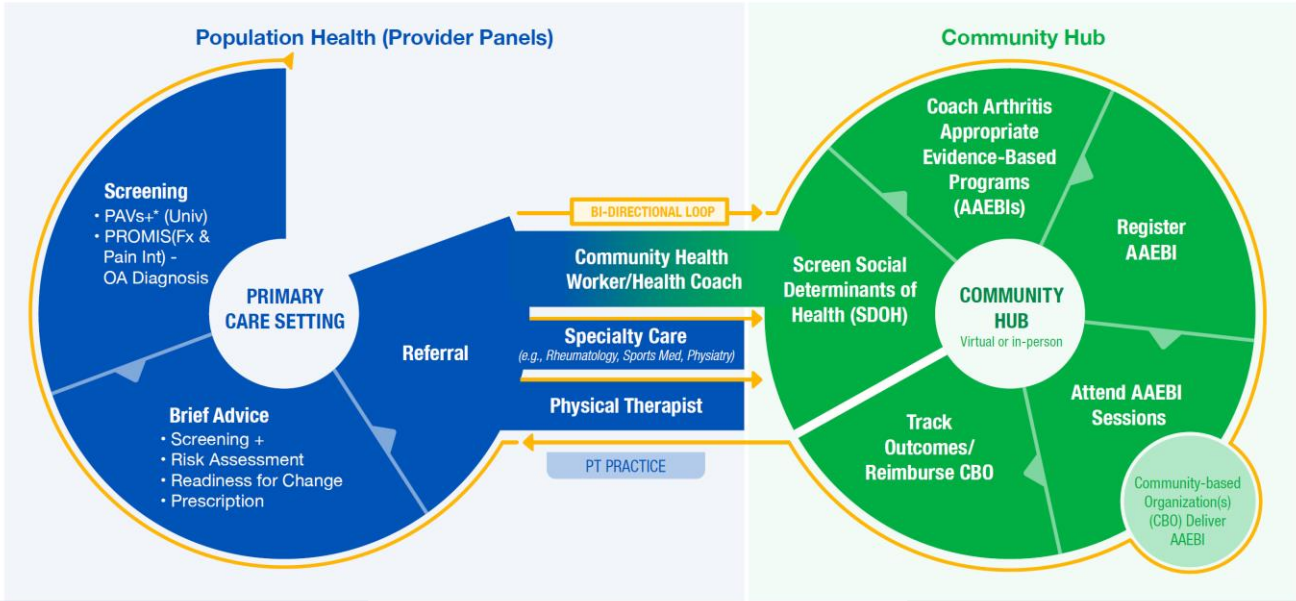


Evaluate (clinic):

- Process of implementing (interviews)
- Proportion of eligible patients screened, counseled, referred per EHR data
- Ability to collect baseline and follow-up screening data (PAVs, PROMIS, etc); assess for change post-intervention
- Proportion of qualifying visits that use intervention-related billing codes
- Ability to collect falls data; assess for change post-intervention

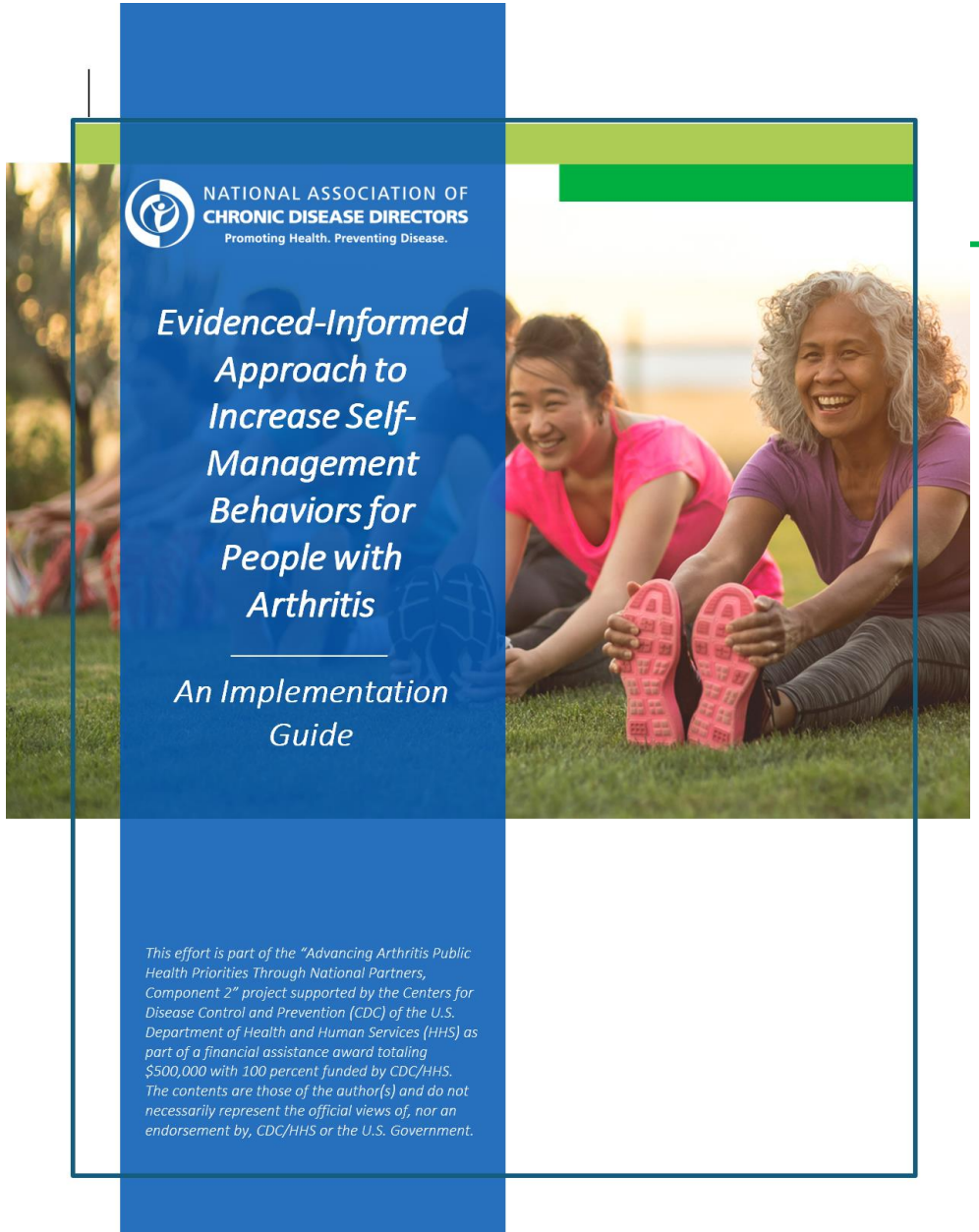
Evaluate (Hub):

- Proportion of pilot practice referrals received per *practice referral data* and *Hub data*
- AAEBI/PT participation rates
- Demographic representativeness of patient participants at each level of participation in the ACM
- Post-intervention outcomes data collection may happen through Hub (e.g., PAVs, PROMIS, falls)

Project Aims for Pilot Implementation and Evaluation

1. Improve PA and HRQOL of adults with OA-K/H	**Patients**
2. Patients who are screened, counseled, and who are referred to and participate in PT/AAEBIs are representative of the practice's eligible population	
3. Implementing the Arthritis Care Model is acceptable/ feasible/incentivized for the primary care team	**Providers/ Practices**
4. Referral to and implementation of AAEBIs is acceptable/feasible/incentivized for the community-based partner(s)/Hub	
5. Implementing screening, counseling, and AAEBI referrals provides revenue return on investment (ROI) for practice(s) and cost savings	**System**

GY3 Pilot Implementation Guide / Change Package



Evidenced-Informed Approach to Increase Self-Management Behaviors for People with Arthritis: An Implementation Guide

1. *Introduction and Background*
   - Using This Implementation Guide
   - Background
   - Evidence-based Research
2. *Model Overview*
   - Introduce Model
   - Securing Buy-in
3. *Program Overview*
   - Step 1: Screening
   - Step 2: Counseling
   - Step 3: Referral
4. *Program Design*
   - Team Structure
   - Community Outreach / Engagement
   - Program Costs and Resource Planning
5. *Getting Ready for Implementation*
   - Execution Plan
   - Communication
   - Considerations for Program Fit Within Current Workflow
6. *Sustainability*
   - Quality Improvement Team
   - Measurement and Adjustment

Discussion