Advancing Arthritis Public Health Priorities through National Organizations TA/Peer Sharing Webinar Series
November 05, 2024 @ 2:00 p.m. ET
NACDD Public Health Framework for Collaborative Arthritis Management and Wellbeing

This webinar includes an overview of the Public Health Framework for Collaborative Arthritis Management and Wellbeing and an update of the pilot project with Iowa partners. The discussion includes opportunities to engage in peer-to-peer learning and sharing, and networking with colleagues to advance arthritis efforts.

Webinar Notes and Resources

- Materials available on the Action on Arthritis website
- Meeting recording
- Meeting slides

Participants

- 26 total participants
  - 8 states/territories (IA, MN, MT, NC, NH, OK, UT, VT)
  - 2 national organizations (CDC, NACDD)

Arthritis Care Model Timeline

- 2021 – NACDD funded for Advancing Arthritis Public Health Approaches through National Organizations (CDC DP21-2106)
- Landscape Assessment
- Medscape CPA – Lifestyle Management Programs for Arthritis: Expand your Knowledge on Evidence-Based Interventions
- Expert Panel 1.0 – 27 partners engaged in solution generation using Human Centered Design and model development
- Public Health Framework
- Expert Panel 2.0 – 9 individuals with expertise to guide the Pilot activities
- Pilot Project – Iowa Community Hub and Primary Health Care (PHC)
- Scale and Spread

2023 Pilot Project

The Public Health Framework for Collaborative Arthritis Management and Wellbeing sits in public health in a primary care setting.

Screening

- Physical Activity Vital Sign (PAVS)
- PROMIS Physical Function Short Form 10a
- Pain measure
- Fall history – STEADI Fall Risk Screen
- OA Hip/Knee Diagnosis using diagnostic codes

Brief Advice

- Screening
- Risk assessment
- Readiness to Change
- Physical activity prescription and referral

Referral

- Specialty Care
- Community Health Worker or Health Coach
- Physical and Occupational Therapy
- Community HUB
    - Screen Social Determinants of Health (SDOH using [PREPARE](#))
    - Shared Decision Making on appropriate intervention
    - Register for AAEBI
    - Complete AAEBI sessions
    - Track outcomes and share progress and outcomes with primary care

* Note that pilot patients are flagged by visit type including chronic condition follow up, Medicare Annual Wellness Visit, and Medicare Welcome Visit. These patients are flagged for rooming surveys; rooming survey delivered by nursing.

Qualities that made Iowa Community Care Hub and PHC the right partners for this pilot.

- Community Care Hub with solid AAEBI delivery system, capacity to carry out framework, commitment to arthritis care model and public health framework, strong leadership and governance structure, knowledge of business and compliance in healthcare partnering, equity focus, and clarity on informatics and data requirements.
- Clinical champion is present and involved at PHC. Additionally, PHC is equity focused and involved with Iowa Community Care Hub.

Key Pilot Activities

- Identify key players and partners at Iowa Community Hub and PHC.
- Build community care hub infrastructure including business and data arrangements with PHC and software changes for e-referral.
- Build PHC infrastructure including workflow identification and modification and EHR modification.
- Training for clinicians

Step 1: Identify key partners - who is who and who does what?

- Community Care Hub – executive director, administrators, navigators, governing board, advisory board, committees and committee structure.
- Health system – physician champion, interprofessional care team of clinical staff, medical and health services care managers, qualify officer, and informatics and technology support.
    - Examples from PHC: Chief Visionary Officer, Chief Quality Officer, Director of Compliance and Risk, Health Informatics Director, Medical Quality Director, EHR builder, IM Residency Coordinator, Value Based Care Specialist.

Step 2: Build Hub infrastructure

- Capacity building

- Cultural preparation
- Software – data tracking and reporting, referral management, and bi-directional and closed loop system

Step 3: Build health system infrastructure

- Understand current clinical workflow, engage in discussions around requested modifications, and assign responsibilities to each element of new workflow.
- Make modifications to EHR using existing templates, best practice advisories (BPA), and smartphrases.

Step 4: Train healthcare providers

- Empowering Patients, Transforming Arthritis Care: A Training Workshop for PHC Providers LMS course via NACDD Online Learning Center
- Onsite trainings
- Pocket care card for providers

NACDD Takeaways and Insights from Year 1 of the Pilot

- Multiple Champions for Buy-In:
  To gain broad support within the clinic, it is important to engage multiple champions who bring a variety of skills and touchpoints to the table.

- Understanding Clinical Workflow:
  A thorough understanding of the normal clinical flow and the tools currently used within the health system is essential for effective integration and collaboration.

- Data Availability:
  Assess the data currently available within the health system to ensure it can support your initiatives. Also, explore ongoing quality improvement initiatives to identify potential alignment and opportunities for synergy.

- Awareness of Community Care Hubs:
  There is a limited understanding of the role and function of community care hubs.

- Technology as a Facilitator:
  Technology can be a powerful tool to streamline referral processes and enhance communication between providers, improving efficiency and patient outcomes.

- Building Relationships with Clinical Partners:
  Take time to build strong relationships with clinical partners. Spending time with them helps you gain a deeper understanding of their operations and challenges, which is crucial for effective collaboration.

- Diverse Training Approaches:
  When training clinical staff, use a variety of approaches to ensure the information is accessible and effective for all learners.

- Importance of Site Visits:
  Site visits are critical for building relationships with partners and gaining a deeper understanding of their operations and needs.

- Billing and Coding Challenges:
  The expected challenges around billing and coding changes may not be as significant as initially anticipated but should still monitored.

- Challenges of Change in Primary Care:
  Implementing change in primary care settings is often challenging. It requires patience and time.

NACDD TA Offerings

- Workgroup Calls - The Arthritis Council oversees the formation of topic specific workgroups to provide opportunities for peer-to-peer learning and sharing. Visit the Arthritis Council webpage for additional information including meeting registration links.
  - Partnerships and Strategies to Sustain and Disseminate AAEBIs (Strategy 1) Workgroup
  - Healthcare Providers Counseling About Physical Activity and Referrals to AAEBIs (Strategy 2) Workgroup
  - Visit the Engage platform for up-to-date information on workgroups

- Monthly Arthritis Program Sharing and Networking Webinars – The Arthritis Council provides input on the monthly arthritis program sharing and networking webinars. These webinars provide an opportunity for recipients and partners to share experiences, lessons learned, and best practices, all while networking and leveraging partnerships. Register by visiting the Action on Arthritis webpage.

Audience Engagement and Evaluation

- Poll Question: I gained skills related to my organization's ability to apply a social justice framework to arthritis efforts.
  - 100% of respondents Strongly Agree or Agree
- Poll Question: Please provide additional information on the specific skills that you gained because of attending today's webinar. (Select multiple options)
  - 86% - New Ideas/ways of thinking about my programs current approach to increase arthritis public health strategies
  - 64% - Knowledge about tools that can be used to advance our work
  - 57% - Strategies to sustain arthritis efforts
  - 50% - New partners to engage with to address arthritis