ADVANCING ARTHRITIS PUBLIC HEALTH APPROACHES THROUGH NATIONAL ORGANIZATIONS (CDC DP21-2106)

Arthritis Component 2 update – November 2024

NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Presentation Outline

I. Reintroduce Component 2 and the Public Health Framework for Collaborative Arthritis Management and Wellbeing.

II. Focused presentation: Year 1 activities on the pilot project

III. Reflections
   - Iowa Team

Presentation Objectives

01
Explore the key components of the Public Health Framework for Collaborative Arthritis Management and Wellbeing.

02
Frame questions to guide your implementation of the Framework in your efforts.

03
Identify opportunities to scale and replicate the pilot project's successful elements

Advancing Arthritis Public Health Priorities through National Organizations Component 2

2021

Advancing Arthritis Public Health Approaches through National Organizations (CDC DP21-2106)

Funding Award

Landscape Assessment

Leavitt Partners

Lifestyle Management Programs for Arthritis: Expand Your Knowledge on Evidence-Based Interventions

Medscape CPA

Expert Panel 1.0

27 Partners engaged in solution generation using Human Centered-Design and model development

Advancing Arthritis Public Health Priorities through National Organizations
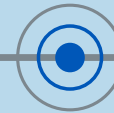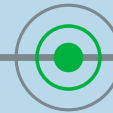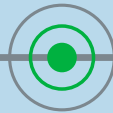# Component 2

Framework

9 individuals with expertise to guide the Pilot activities

More clinics, more systems, more states

Pilot Project
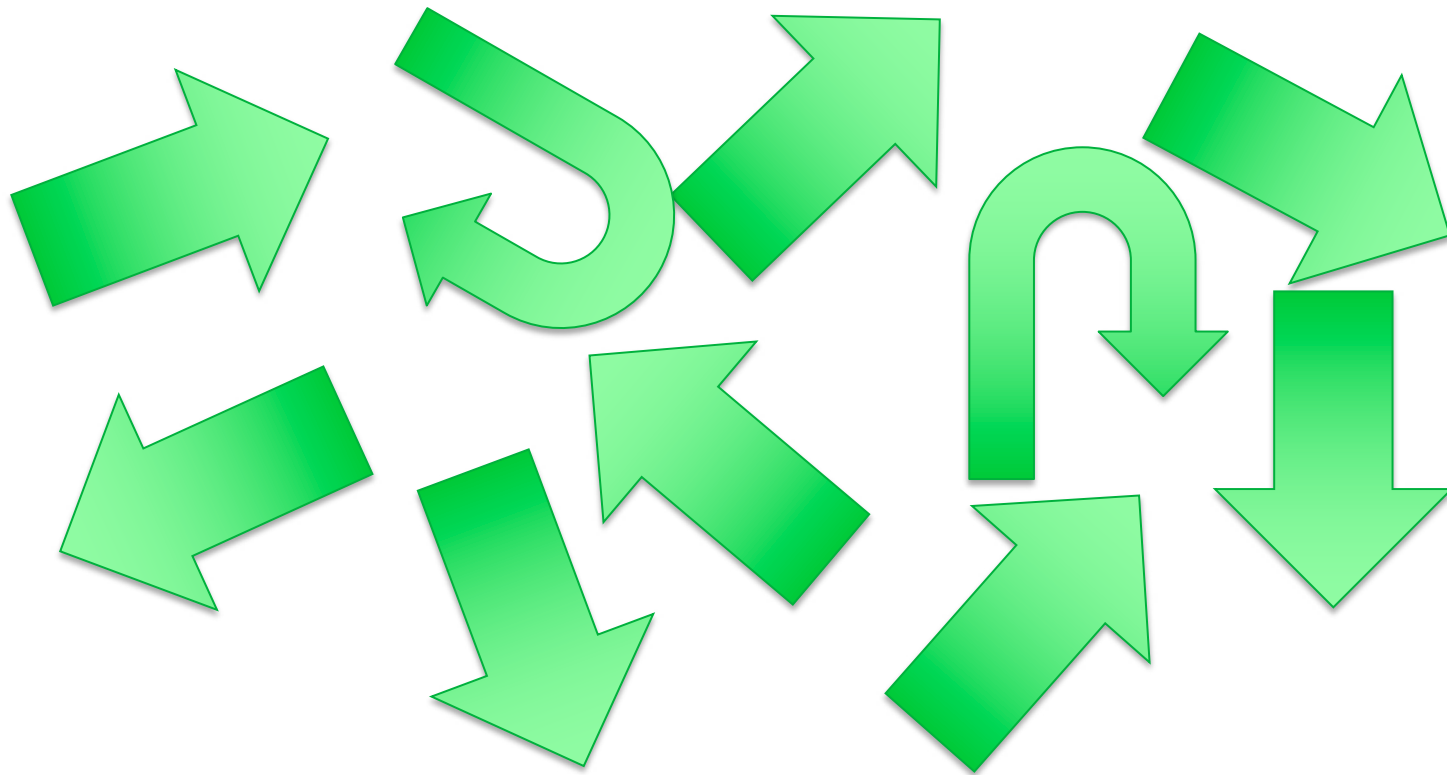
2026

Expert Panel 2.0

Scale and Spread
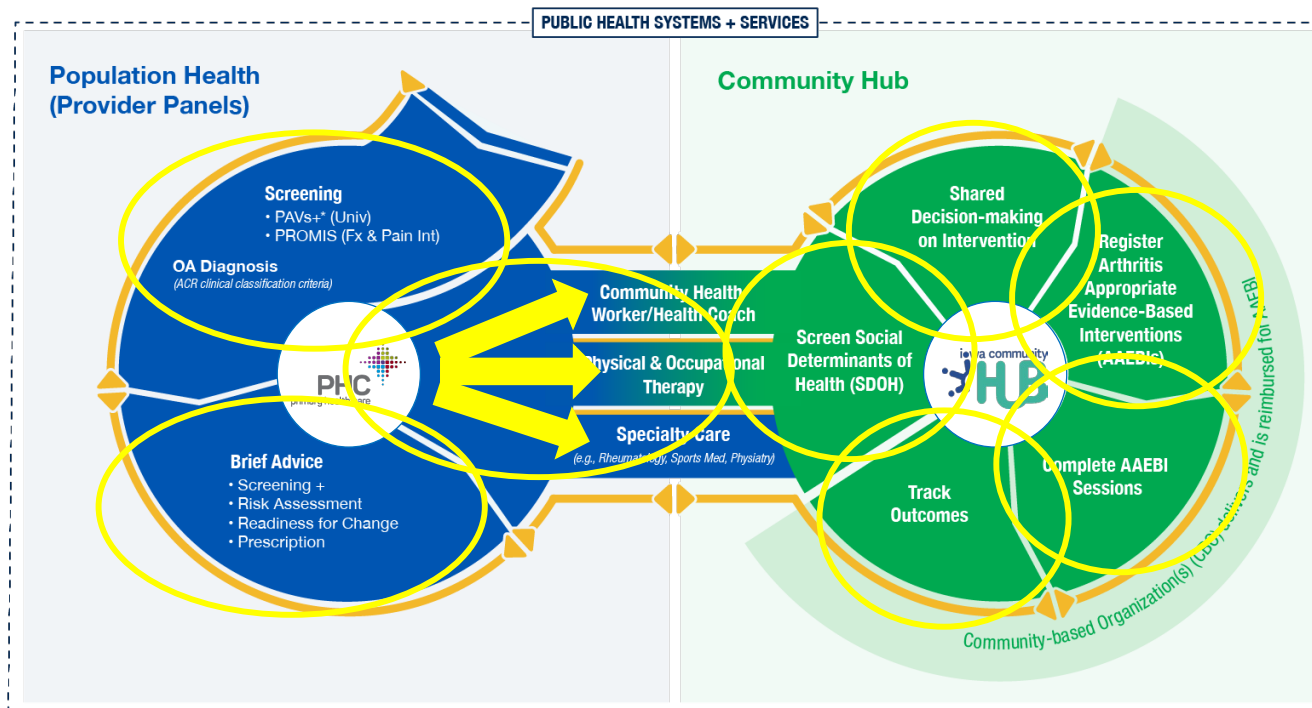
Introduction of the Framework for the Pilot

Iowa Community HUB Primary Health Care

2023 – Year 1, the pilot launch year

A Public Health Framework for Collaborative Arthritis Management and Wellbeing

PUBLIC HEALTH SYSTEMS + SERVICES

Population Health (Provider Panels)

Community Hub

Screening
• PAVs+* (Univ)
• PROMIS (Fx & Pain Int)

OA Diagnosis
(ACR clinical classification criteria)

Brief Advice
• Screening +
• Risk Assessment
• Readiness for Change
• Prescription

PHC
primary health care

Community Health Worker/Health Coach

Physical & Occupational Therapy

Specialty Care
(e.g., Rheumatology, Sports Med, Physiatry)

Shared Decision-making on Intervention

Screen Social Determinants of Health (SDOH)

Register Arthritis Appropriate Evidence-Based Interventions (AAEBIs)

Complete AAEBI Sessions

Track Outcomes

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Community-based Organization(s) (CBO) delivers and is reimbursed for AAEBI

What are the antecedents for model implementation?
(What qualities made these partners the right choice for this pilot?)

Iowa HUB
- Community Care Hub
- Capacity
- AAEBI delivery system
- Commitment to the model
- Strong leadership and governance structure
- Knowledge of business and compliance issues in healthcare partnering
- Equity focused
- Clarity on informatics and data requirements

Primary Health Care
- Clinic champion present
- Participation in the CCH advisory board
- Equity focused

First-year activities

Identify all key players in HUB and PCH ecosystem

Build CCH infrastructure

Business and data arrangements with PCH
Software changes for e-referral

Build PHC infrastructure

Workflow identification and modifcation
EHR modifications

Trainings for clinicians

Key Players and Champions

GET TO KNOW WHO IS WHO AND WHO DOES WHAT

Community Care Hub

- Executive Director
- Staff
  - Administrator
  - Navigators
- Governing board
- Advisory board
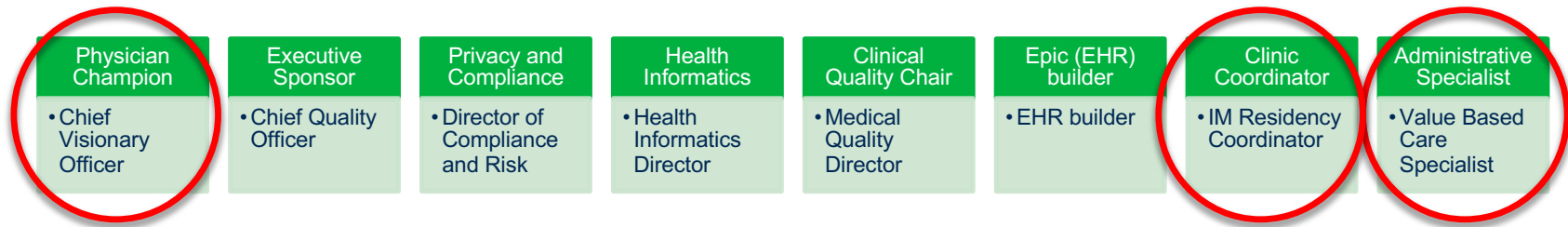- Committees and committee structure

Health System

- Physician champion
- Clinical staff
  - Interprofessional care team
- Medical/health services care managers
- Quality officer
- Informatics/technology support

Individuals with whom we've engaged at PHC

Physician Champion	Executive Sponsor	Privacy and Compliance	Health Informatics	Clinical Quality Chair	Epic (EHR) builder	Clinic Coordinator	Administrative Specialist
• 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

Hub Infrastructure

Hub infrastructure building

Capacity

Cultural preparation

Software platform

Data tracking and reporting

Referral management

Bidirectional/closed loop system

Health System Infrastructure

PHC infrastructure building

Understand the current clinical workflow and discussions around the modifications requested to the workflow
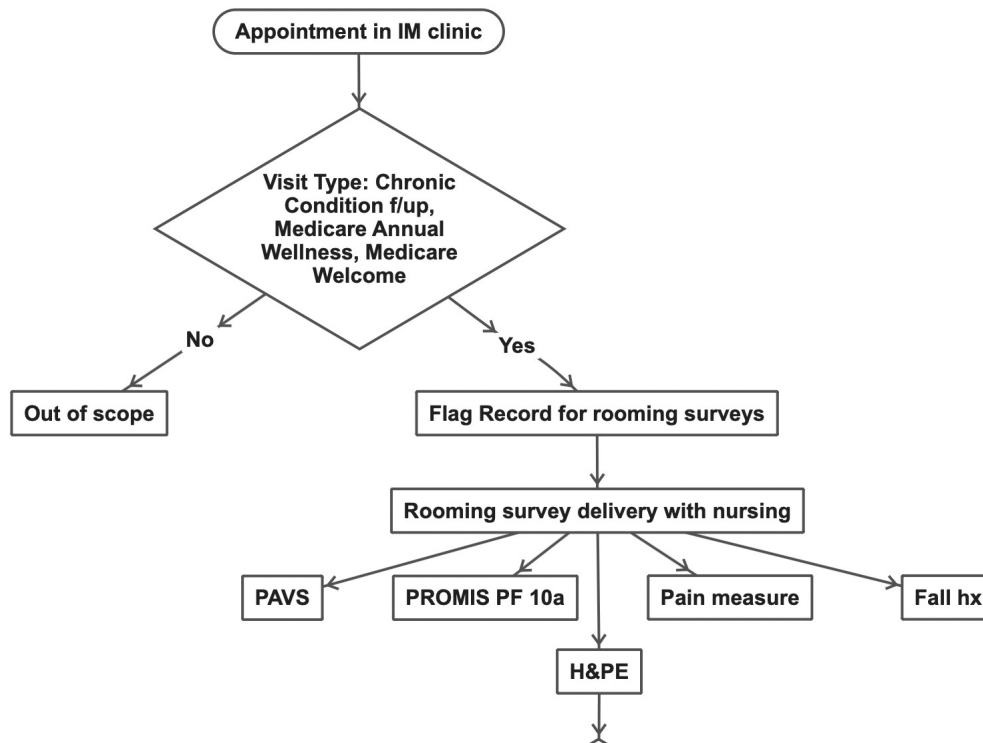
Assigning responsibilities to each element of the new workflow

EHR modifications

Use of existing templates, Best practice advisories (BPA), smartphrases

17

Appointment in IM clinic

Visit Type: Chronic Condition f/up, Medicare Annual Wellness, Medicare Welcome

No → Out of scope

Yes → Flag Record for rooming surveys

Rooming survey delivery with nursing

PAVS | PROMIS PF 10a | Pain measure | Fall hx

H&PE

M15 Polyosteoarthritis
M15.0
M15.3
M15.4
M15.8
M15.9
M16 – Osteoarthrosis of hip
M16.0
M16.1
M16.2
M16.3
M16.4
M16.5
M16.6
M16.7
M16.9
M17 Osteoarthritis of the knee
M17.0
M17.1
M17.2
M17.3
M17.4
M17.5
M17.9
M19 Other and unspecified osteoarthritis
M19.9
M19.91
M19.92
M19.93

Pre-existing ICD-10 code for OA

No → Pain, aching or stiffness in knee(s)/hip(s) on most days?

Yes → Are all other H&PE findings consistent with OA clinical classification?

No → Fall hx? (from Pain/aching No branch)

Yes → ACR knee/hip clinical classification screen

Negative profile | Positive profile

Are all other H&PE findings consistent with OA clinical classification?

No → Consider additional diagnostic workup to determine source of knee/hip pain

Yes → PAVS score review

>150 minutes/week → Encourage to continue physical activity, consider HUB for social engagement

<150 minutes/week → Pain measure and Fall hx

PROMIS 10a Score review

Score <40 → Consider referral to Physical Therapy

Score >40 → Does patient have cardiovascular, metabolic, or renal disease?

No → Screening complete, counsel and refer to HUB

Yes → Known disease Asymptomatic and controlled?

No → Evaluate for medical clearance for physical activity

Yes → Screening complete, counsel and refer to HUB

Not cleared for physical activity → Arrange medical f/up to stabilize cardiovascular, metabolic, or renal disease

Following medical clearance, light to moderate intensity exercise recommended.

Fall hx?
No → Counsel on physical activity, No HUB referral
Yes → Screening complete, counsel and refer to HUB

Appointment in IM clinic

Visit Type: Chronic Condition f/up, Medicare Annual Wellness, Medicare Welcome

No → **Out of scope**

Yes → **Flag Record for rooming surveys**

Rooming survey delivery with nursing

- PAVS
- PROMIS PF 10a
- Pain measure
- Fall hx

H&PE

M15 Polyosteoarthritis
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Health System Training

Pocket care card

Provider Actions for the Arthritis Project

Screening
- Physical Activity Vital Sign
- PROMIS Physical Function
- Pain
- Fall History (CDC STEADI)

Brief Advice
- Screening is positive
- Risk assessment for physical activity
- Readiness for change

Referral

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PHC
primary health care

Physical Activity Vital Sign

Pain Assessment

PROMIS Physical Function 10a

Fall Risk Screen (STEADI)

Takeaways

Some of our insights

➢ Multiple champions with a wide range of touchpoints and skills
➢ Understand the normal clinical flow and the tools being used
➢ Data availability
➢ Limited understanding of community care hub role and function
➢ Technological aspects of referral/communication
➢ Understand what is going on in the background, get to know your clinical partner
➢ Train the clinical staff with a multitude of approaches
➢ Site visit is crucial to gaining an understanding of partners
➢ Billing and coding changes may not be as significant as anticipated
➢ Patience – making change in a primary care system can be a challenge

What comes next?

- Framework assessment
  - PDSA cycles
  - Data to inform framework changes
- Resource development
  - Component 2 public facing website in development
  - Community care hub content
  - Learning modules for states
  - Peer-reviewed manuscripts
  - Additional presentations