

# Arthritis Health Care Provider Toolkit:

Physical Activity Counseling for Adults with Arthritis and Referral to Arthritis-Appropriate Evidence-Based Interventions (AAEBIs).



**Table of Contents:**

**Introduction.....Page 3**

**About Arthritis/ Disease Etiology .....Page 4**

**Virginia Data from the 2022 Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System .....Page 5**

**Health Care Providers Physical Activity Counseling and Referral.....Page 6**

**Refer Patients with Arthritis to CDC-Recommended Physical Activity and Self-Management Programs including AAEBIs.....Page 9**

**Refer Patients with Arthritis to AAEBIs through the Unite Us Platform.....Page 12**

**Additional Resources.....Page 12**



## Introduction:

This provider toolkit was designed to improve communication with patients about physical activity, and to provide strategic action steps that will lead to healthier outcomes. Health care providers play an important role in helping patients with arthritis become physically active to reduce their pain. Yet, two out of five patients with arthritis are not receiving counseling from their health care provider. This toolkit was developed for primary care providers, specialists, physical therapists, nurses, pharmacists, and other health care professionals who treat patients with arthritis and its co-morbidities.

Other providers such as community health workers, health care support staff and partners, including case managers, medical assistants, and health coaches may also influence health care visits because they spend more time with patients during check-in, home visits, and intervention meetings. The section on Disease Etiology in “**About Arthritis**” may be most beneficial to this group.

According to the Centers for Disease Control (CDC) Behavioral Risk Factor Surveillance System (BRFSS), 27.9% of Virginia adults have been diagnosed with arthritis.<sup>2</sup> Co-morbidities of arthritis include heart disease and diabetes, as well as obesity and depression, with data from BRFSS specific to Virginia available at <https://www.vdh.virginia.gov/arthritis/data-and-analysis/>.

Given that most of these chronic conditions may be prevented or improved through increased physical activity, the Virginia Department of Health (VDH) Arthritis Program developed this toolkit to help guide health care providers to include physical activity counseling and referral to their patients to participation in Arthritis-Appropriate Evidence-Based Interventions (AAEBIs), as well as self-management education workshops.



## About Arthritis:

This section includes information about arthritis including disease etiology, specifically for those providers such as community health workers who are managing patients with this disease, as well as Virginia specific data, and addressing arthritis from a public health perspective.



## Disease Etiology:

CDC Arthritis Program- [Arthritis | CDC](#)

**Overview of Arthritis – A Public Health and Clinical View** -[PowerPoint presentation by Brooke Rossheim, M.D., M.P.H., Public Health Physician Specialist, VDH.](#)

**Osteoarthritis Action Alliance, Arthritis Foundation, CDC** [A National Public Health Agenda for Osteoarthritis: 2020 Update - Osteoarthritis Action Alliance \(unc.edu\)](#)

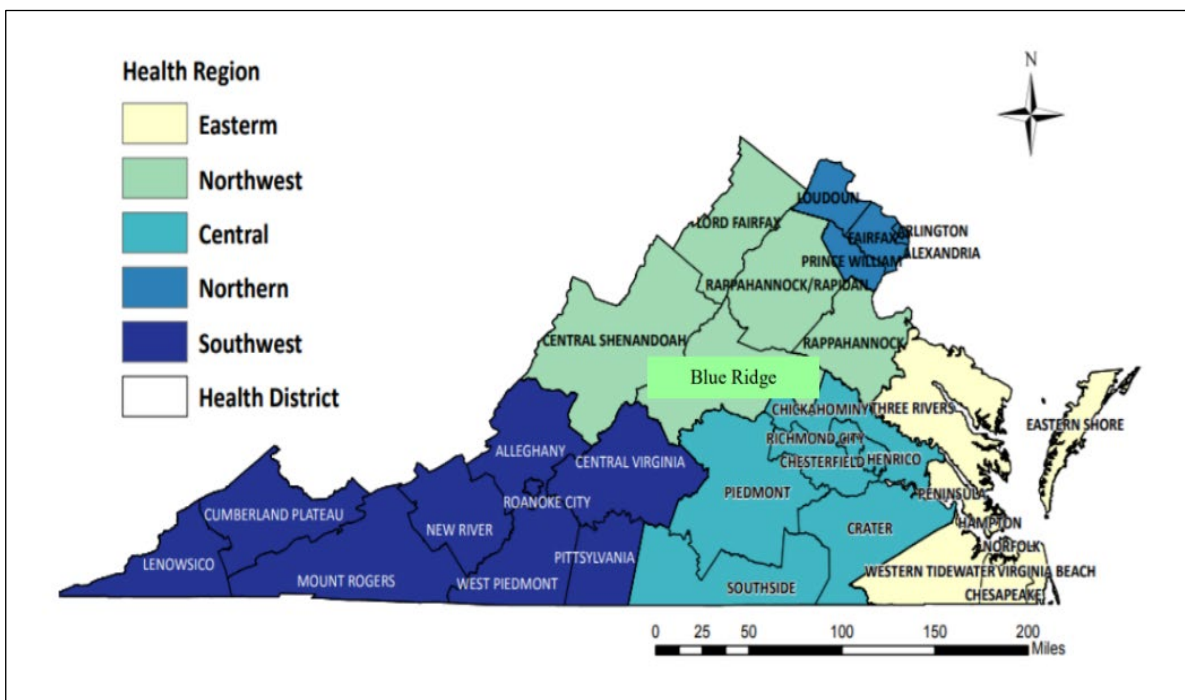
National Association of Chronic Disease Directors Action on Arthritis [Home - Action ON Arthritis \(chronicdisease.org\)](#)



## Virginia Data from the 2022 CDC Behavioral Risk Factor Surveillance System (BRFSS).

It is important to access sources of sound scientific data, including statistics about population demographics and the prevalence of disease and disability in Virginia:

- The prevalence of arthritis in Virginia adults aged 18 years or older was 27.9%.
- Arthritis often co-occurs with other chronic diseases, resulting in further activity limitation, disability, and perhaps early mortality. Data indicate the prevalence of arthritis among adults with diabetes was 24.4%, and 13.8% among adults with heart disease, increasing the risk for disability.
- Arthritis is a leading cause of disability among adults and affects Virginians' quality of life. Among adults aged 18 years and older with arthritis, 29.6% reported work limitations and 40.6% reported limitations in daily activities.
- Health districts located in the Southwest portion of Virginia had a higher prevalence of arthritis (35.9%) compared to other areas of the state.



Arthritis prevalence among Virginia health districts ranged from below 10% to over 45%. Cumberland Plateau Health District, located in the Southwest, had the highest prevalence.

For more details of data including a detailed Arthritis Burden Report visit:

<https://www.vdh.virginia.gov/arthritis/data-and-analysis/>

## Health Care Providers Physical Activity Counseling and Referral

Health Care Providers have an influential role in a patients' decision to include regular physical activity in their life.

The CDC recommends that health care providers counsel patients with arthritis about physical activity as an option to ease their pain [Exercise to Ease Arthritis Pain](#) and the Osteoarthritis Action Alliance (OAAA) states physical activity and self-management education are two of the four essential skills for managing osteoarthritis [Patient Handout - SM and Prevention \(unc.edu\)](#).

Tools such as the Exercise is Medicine® (EIM) Rx for Health series from the American College of Sports Medicine can also help assess your patients' current physical activity levels and prescribe physical activity based on these levels and their health status. The EIM [Summary Sheet](#) provides an overview of EIM and how you can use it in your practice. It includes the Physical Activity Assessment, with links to other resources including the EIM "Sit Less. Move More" handout [Sit Less, Move More](#), the EIM Rx for Health Series that provides condition-specific handouts. Billing for exercise counseling can be reimbursed through ICD 10 code z71.82.

Additionally, a good resource from CDC regarding all the health benefits of exercise can to counsel patients regarding the benefits of physical activity can be found at [Health Benefits Physical Activity Adults](#).

**Step 1- Physical activity guidelines and counseling considerations for adults with arthritis.** The Physical Activity Guidelines for Americans recommend 150 minutes of moderate intensity activity per week for adults, including adults with arthritis [Physical Activity Guidelines](#).

Consider adding the **Physical Activity Assessment Guide** to the "vital signs" in your electronic health records and patient intake forms and use the information collected to flag sedentary patients for referral or counseling to physical activity and AAEBIs.

**Physical Activity Assessment Guide:** Ask your patients these questions to determine the amount of exercise they do.

1. During a typical week, how many days do you engage in moderate to vigorous physical activity? \_\_\_\_\_ days

2. On a typical day how many minutes do you engage in physical activity at this level? \_\_\_\_\_ minutes

Total minutes per week of physical activity (multiply #1 by #2) \_\_\_\_\_ minutes per week

**Note: If a health care provider/physician is not assessing the patient's ability to participate in a physical activity program, the community health worker or other provider should conduct the Physical Activity Readiness Questionnaire (PAR-Q):**

### What are the PAR-Q Questions?

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be worsened by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?



### PAR-Q Results

Answers to these questions can help determine readiness to begin physical activity:

If a person answered **Yes**

**Yes** to one or more PAR-Q questions, means a patient should take the PAR-Q+, which is a series of 10 follow-up questions. These more in-depth questions ask about whether you have specific health conditions, such as arthritis and cancer. **Yes** to any of these questions means the patient should consult a physician before starting a physical activity program.

[EIM Action Guide including The Physical Activity Readiness Questionnaires \(Page 16\)](#)

**Step 2 - Identify readiness to change and counsel patients with arthritis about the benefits of physical activity to ease arthritis pain and improve function.**



**Assess readiness to change. Determine which stage of change the patient is in and offer appropriate action for each stage below:**

**Pre-contemplation:** Patient does not plan to become active

*Explain how physical activity can help address the patient's individual health concerns.*

**Contemplation:** Patient knows they should exercise and is considering beginning to do so

*Emphasize the benefits of how physical activity can help that patient.*

*Action: Write physical activity prescription, provide relevant information, refer patient to Unite Us and encourage them to learn more about available programs.*

**Preparation:** Patient plans to become physically active soon

*Action: Write physical activity prescription, provide relevant information, refer patient to Unite Us. Discuss options for physical activity with patient including AAEBIs.*

**Maintenance:** Patient has met activity guidelines for six months or more

*Action: Applaud success, encourage interaction with others who share similar goals and behaviors. • Explain how continued healthy activities can help cope with stress. Encourage continued supervised physical activity.*



## Refer Patients with Arthritis to CDC-Recommended Physical Activity and Self-Management Programs including AAEBIs.

The focus of this toolkit is to highlight Arthritis-Appropriate Evidence-Based Interventions (AAEBIs) that can be delivered to suit the needs of diverse individuals and communities. The VDH Arthritis Program provides funding to train certified leaders in those programs highlighted below (**Walk With Ease, Tai Chi for Arthritis, and Chronic Disease Self-Management**) statewide to community-based organizations including local Agencies on Aging and Virginia Cooperative Extension Offices **so that they can be provided to residents free of charge**. VDH educational materials for patients for these programs can be mailed to you by ordering them at [VDH AAEBI Flyers](#).

AAEBIs are programs that have evidence to show they improve arthritis symptoms. Joint pain and stiffness are the two most common symptoms of arthritis, so there is a significant need for public health programs and resources that help people manage this condition. AAEBIs are a set of select, community-based programs that meet a certain level of criteria that were initially created by the CDC's Arthritis Program and are now adapted and upheld by the OAAA <https://oaaction.unc.edu/aaebi/>.



The current list of approved AAEBIs includes two types of programs: Physical Activity programs and Self-Management Education programs. **Physical Activity** programs are designed to help increase physical activity safely and comfortably. **Self-Management Education** programs are designed to teach individuals how to cope with arthritis-related symptoms and how to adopt healthy behaviors to maintain active lives. Although most AAEBI-related programs are offered in person, some programs are also offered in as self-directed or through virtual delivery.

Earn 0.25 education credits (CME/ABIM MOC/CE) at No Cost to Expand Your Knowledge of the Arthritis-Appropriate Evidence-Based Interventions (AAEBIs) developed through a partnership between [Medscape](#) and the National Association of Chronic Disease Directors.

## Walk With Ease:

The Arthritis Foundation Walk with Ease (WWE) program is designed to help people living with arthritis better manage their pain and is also ideal for people without arthritis who want to make walking a regular habit. In person sessions are led by a certified Arthritis Foundation Peer Leader, this program has been shown to reduce pain and increase balance and walking pace. During the six weeks WWE program, participants are encouraged to walk three times a week. This program is also offered as self-directed and in Spanish.

For more information about WWE, including local park locations that meet WWE guidelines, and the location for patients to sign up for the self-directed program through a secure portal visit <https://www.vdh.virginia.gov/arthritis/walk-with-ease-program/>



## Tai Chi for Arthritis:



**Tai Chi for Arthritis** was developed by Dr. Paul Lam using the Tai Chi Sun Style with special modifications for arthritis. Classes are led by a certified instructor and meet for 16 sessions (either 1 hour per week for 16 weeks or 1 hour twice a week for 8 weeks), learning movements properly and slowly working within your comfort limits. Movements can be modified for mobility issues or may be done seated.

This program is provided in person.

For more information on Tai Chi for Arthritis visit:  
<https://www.vdh.virginia.gov/arthritis/tai-chi-for-arthritis/>

## Chronic Disease Self-Management Program (CDSMP)

You can also refer patients with arthritis to evidence-based, self-management education programs like CDSMP on establishing healthy behaviors to help manage chronic disease.

Facilitated by certified Peer Leaders from the Self-Management Resource Center, this workshop teaches people ways to manage symptoms and medications, communicate with family and doctors, handle difficult emotions, relax, eat well, exercise, and set weekly goals to improve health and lifestyles. This is a six-week program, two and a half hours per week. Offered at no cost to anyone 18 years of age or older or caregivers of anyone with a chronic condition such as arthritis and other chronic diseases.

[To learn more about the Chronic Disease Self-Management Program](#)



CDSMP is also offered in Spanish as **Tomando Control de su Salud** in various areas across the state.

To learn more about Medicare Reimbursement for Arthritis-Appropriate-Evidence-Based Interventions such as CDSMP. Please review the NCOA Medicare [Reimbursement for Evidence-Based Programs PowerPoint](#).

**Refer Patients with Arthritis to AAEBIs through the Unite Us Platform** <https://www.uniteus.com>.

The VDH Arthritis Program has been working with partners providing AAEBIs to be listed in Social Health Access Referral Platforms (SHARPS) such as the Unite Us Platform [Unite Us](#). This Platform offers a closed loop, coordinated care-network so that providers can locate services and see the outcomes for those services that have been referred. Other SHARPS including Find Help [findhelp.org](http://findhelp.org) also have AAEBIs listed by community or zip code, although they do not offer closed loop feedback.

### Additional Resources\*

Source/Title	Description
Exercise is Medicine (EIM) <a href="#">Coding and Billing Tips</a>	Tips that guide you through selecting appropriate diagnostic and billing codes for physical activity assessments, prescriptions, and counseling.
Exercise is Medicine (EIM) <a href="#">HCP Action Guide</a>	This comprehensive guide describes how health care providers can (1) integrate physical activity counseling into their practice, (2) assess physical activity levels, (3) determine patient physical activity readiness, (4) prescribe physical activity, (5) refer patients to programs, (6) promote physical activity within your health care organization, (7) involve staff throughout these processes, and (8) become a champion for this cause.
Exercise is Medicine (EIM) <a href="#">Exercise Prescription for Osteoarthritis</a> Exercise is Medicine (EIM) <a href="#">Exercise Prescription for Rheumatoid Arthritis</a>	These handouts from EIM's Rx for Health series describe how patients with osteoarthritis and rheumatoid arthritis can safely exercise. They provide a website link to exercise examples and a weekly exercise plan template. A Spanish version of the osteoarthritis handout is provided <a href="#">here</a> . A Spanish version of rheumatoid arthritis handout is provided <a href="#">here</a> .



<p>Exercise is Medicine (EIM) Physical activity <a href="#">promotional fliers</a></p>	<p>These fliers promote physical activity in general. You can display these to start a conversation with patients about physical activity.</p>
<p>National Recreation and Park Association (NRPA) <a href="#">Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process</a></p>	<p>This guide describes implementation of EHR referral processes to identify and refer patients with arthritis to evidence-based interventions offered through local parks and recreation.</p>
<p>Osteoarthritis Action Alliance (OAAA) <a href="#">Pharmacy Toolkit</a></p>	<p>The OAAA Pharmacy Toolkit guides pharmacists in assuming an active role in detecting, preventing, and treating osteoarthritis.</p>

\*Additional References are from the New York Arthritis Program **Health Care Provider Toolkit: Physical Activity Counseling for Adults with Arthritis** that can be found at: [Health Care Provider Toolkit: Physical Activity Counseling for Adults with Arthritis \(ny.gov\)](http://ny.gov)