

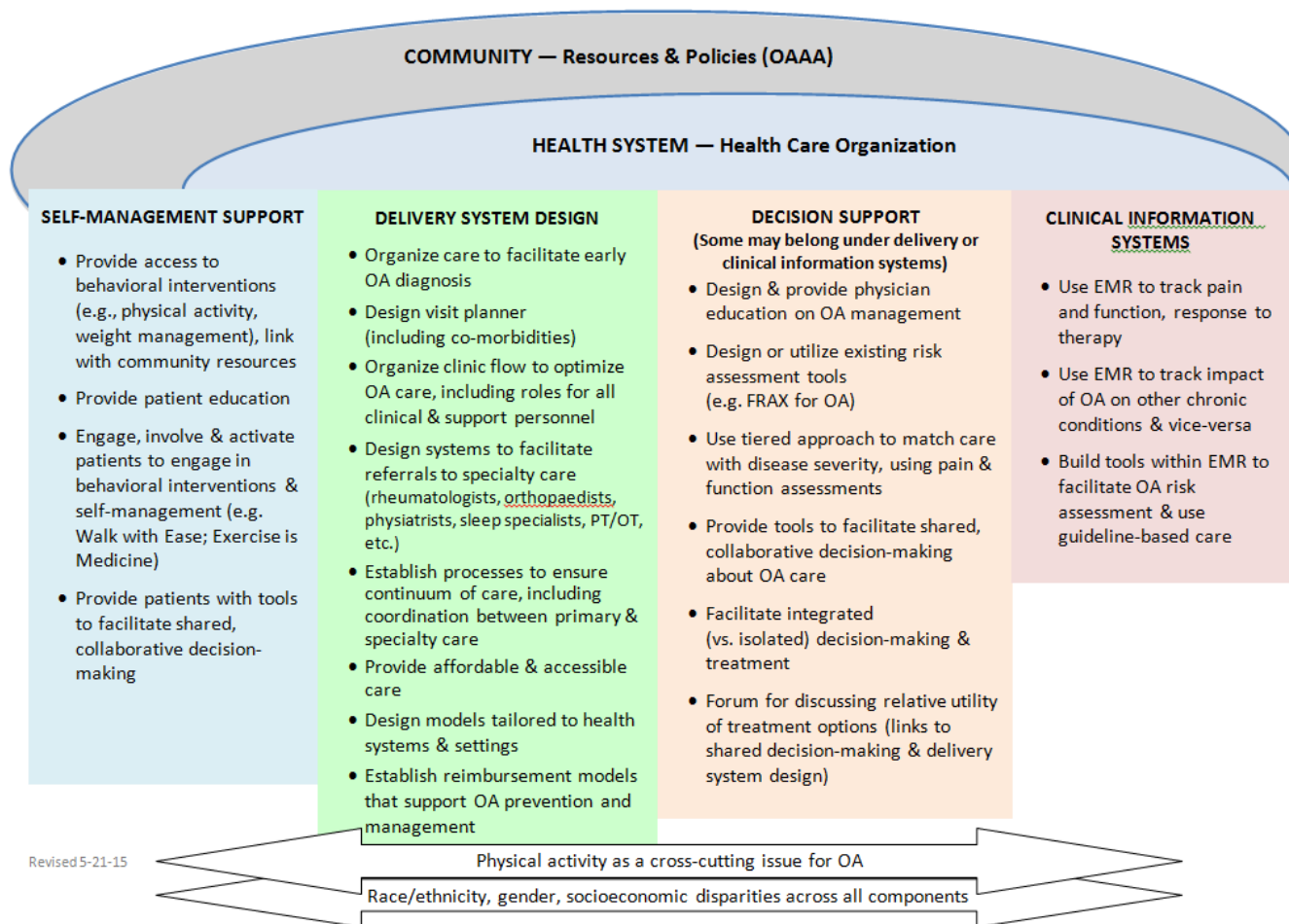
# COAMI OA Model of Care Development Plan

Revised 5/21/15

The Chronic Osteoarthritis Management Initiative (COAMI), convened by the United States Bone and Joint Initiative, is developing a new model of care for the management of osteoarthritis. COAMI addresses the “clinical experience.” This work fits into the broader picture being addressed by the Osteoarthritis Action Alliance (OAAA). COAMI is guided by a Steering Committee representing all stakeholder organizations, which number around 35 specialty societies, and patient representation. In April 2015 the committee developed the following plan.



## OA Model of Care: Core Components\*



The **COAMI OA Model of Care Development Plan** is broken down into three primary areas of focus, and Working Groups have been established for each one of these.

1. Clinic Flow
2. Continuum of Care
3. Shared/Collaborative Decision-Making

The strategies outlined below are those identified as being the first priorities required towards development of the new model of care.

There are products which have been or are being worked on separately by other work groups which will be required to support components of the new model. These include systematic reviews of guidelines and recommendations (published, with an update in progress), and outcome measures (approved for publication).

In developing the new model of care, some particular considerations have been made:

1. Quality and value-based reporting systems to facilitate reimbursement must be integrated into the model for it to be realistic and for health care systems to accept and integrate the model.
2. Primary care and family physicians are generally the first point of contact for persons at risk of or with osteoarthritis and must either be trained to diagnose those at risk or with early OA, or in correct and timely referral procedure.
3. Race/ethnicity, sex and gender, and socioeconomic issues must be integrated across all components, and in research studies.

**Working Group 1: Develop a clinic flow model or process to optimize OA care, including roles for all clinical and support personnel.**

**Members:** Kelli Allen, PhD (Leader), Julia Alleyne, MD, CCFP, Dip Sports Med, FACSM, Thomas Best, MD, PhD, FACSM, Constance Chu, MD, Doris Gould, RNC, ANP-BC, GNP-BC and Angela McLean, MD

**Objective 1:** Design and implement a demonstration project to facilitate OA guideline uptake in primary care

**Action Steps:**

1. Operationalize guidelines/pathway for OA guidelines; create boiler plate document (based on COAMI systematic review)
2. Identify primary care clinic(s) and champion(s) for demonstration project – work on refining pathway
3. Identify/obtain funding for demonstration project
4. Conduct demonstration project

Working Group #1					
<b>#1</b>	<b>Resources</b>	<b>Barriers to Implementation</b>	<b>Timeline</b>	<b>Quality Reporting Standards/Reimbursement</b>	<b>Champions &amp; Partners</b>
<p><b><u>Action Step/Responsible</u></b> Operationalize guidelines/pathway for OA guidelines; create boiler plate document.</p> <p>Responsibility: Kelli Allen to provide first draft</p>	<p>Time from COAMI WG members; minimal administrative support (scheduling meetings, etc.)</p>	<ul style="list-style-type: none"> <li>• Competing demands for primary care clinics.</li> <li>• Identify engaged partners.</li> <li>• Funding for demonstration project.</li> </ul>	<p>By Sept 2015</p>	<ul style="list-style-type: none"> <li>• Referral Triggers (pain severity/management)</li> <li>• EMR Data points</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care providers (MD, Nurse, PA, NP, etc.).</li> <li>• Primary care clinic administrators.</li> <li>• Specific clinics to partner for demonstration project.</li> </ul>
<b>#2</b>	<b>Resources</b>	<b>Barriers to Implementation</b>	<b>Timeline</b>	<b>Quality Reporting Standards/Reimbursement</b>	<b>Champions &amp; Partners</b>
<p><b><u>Action Step/Responsible</u></b> Identify primary care clinic(s) and champion(s) for demonstration project – work on refining pathway</p> <p>Responsibility: Kelli Allen, Tom Best, Others?</p>	<p>Time from primary care partners to refine “pathway” and develop plan for demonstration project</p>	<p>See above</p>	<p>By Sept 2016</p>	<p>See above</p>	<p>See above</p>

Working Group #1					
<p><b>#3</b></p> <p><b><u>Action Step/Responsible</u></b></p> <p>Identify/obtain funding for demonstration project</p> <p>Responsibility: ???</p>	<p><b><u>Resources</u></b></p> <p>WG &amp; primary care partner time to submit proposal (s) for Funding</p>	<p><b><u>Barriers to Implementation</u></b></p> <ul style="list-style-type: none"> <li>• Competing demands for primary care clinics.</li> <li>• Identify engaged partners.</li> <li>• Funding for demonstration project.</li> </ul>	<p><b><u>Timeline</u></b></p> <p>By Dec 2016</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <ul style="list-style-type: none"> <li>• Referral Triggers (pain severity/management)</li> <li>• EMR Data points</li> </ul>	<p><b><u>Champions &amp; Partners</u></b></p> <ul style="list-style-type: none"> <li>• Primary care providers (MD, Nurse, PA, NP, etc.).</li> <li>• Primary care clinic administrators.</li> <li>• Specific clinics to partner for demonstration project..</li> </ul>
<p><b>#4</b></p> <p><b><u>Action Step/Responsible</u></b></p> <p>Conduct demonstration project</p> <p>Responsibility: ???</p>	<p><b><u>Resources</u></b></p> <p>Fund demonstration project. Possible funders: NIAMS, PCORI, Rheumatology Research Foundation, Internal pilot funding from institutions of WG members (e.g., CTSA's)</p>	<p><b><u>Barriers to Implementation</u></b></p> <p>See above</p>	<p><b><u>Timeline</u></b></p> <p>By Dec 2017</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>See above</p>	<p><b><u>Champions &amp; Partners</u></b></p> <p>See above</p>

**Working Group 2: Establish processes to ensure continuum of care, including coordination between primary and specialty care.**

**Members:** Alexe Page, MD (Leader), Anita Bemis-Dougherty, PT, DPT, MAS, Sharon Bout-Tabaku, MD, MSc, Pamela Massey, PT, MS, Michael McBrayer, and Kimberly Templeton, MD

**Objective 1:** Develop treatment model of “OA liaison”, a member of the OA team who facilitates treatment

**Action Steps:**

1. Consider submitting letter of intent to Arthritis Foundation, requesting consideration of extending grant application
2. Explore environment for existing OA liaison & other treatment models
3. Summarize initial research
4. Conference call after reviewing summarized research to define liaison role
5. Develop definition of liaison position
6. Develop Early Business Case
7. After comprehensive role definition, concurrently initiate
8. Develop Mature Business Model

Working Group #2					
#1 <u>Action Step/Responsible</u>	<u>Resources</u>	<u>Barriers to Implementation</u>	<u>Timeline</u>	<u>Quality Reporting Standards/Reimbursement</u>	<u>Champions &amp; Partners</u>
Consider submitting letter of intent to Arthritis Foundation, requesting consideration of extending grant application/Bout-Tabaku, Massey	Initial: minimal support staff Action Step 8: Coding expert on ICD-10 Demonstration phase: funding source ideas: <ul style="list-style-type: none"> <li>• PCORI</li> <li>• Arthritis Foundation</li> <li>• Other foundations &amp; philanthropies</li> <li>• Payers</li> <li>• Health Systems</li> <li>• Self-funded Employers</li> </ul>	<ul style="list-style-type: none"> <li>• Resistance to change</li> <li>• Buy-in from PCP</li> <li>• Cost</li> <li>• Communication barriers between sites of care</li> </ul>	May 1, 2015	To be developed in Business Model phase, including: <ul style="list-style-type: none"> <li>• PCORI</li> <li>• Arthritis Foundation</li> </ul>	Health Professionals for possible liaisons: <ul style="list-style-type: none"> <li>• PT (APTA)</li> <li>• RNP/APN, PA (find prof organization)</li> <li>• Athletic Trainers (NATA)</li> <li>• Patient educators (national group?)</li> <li>• Patient navigators</li> <li>• Others?</li> </ul> Delivery models for demonstrations: <ul style="list-style-type: none"> <li>• VA</li> <li>• CMS Alternative Payment Models (APMs): ACO, Primary Care Initiatives</li> <li>• PCMH-N,</li> <li>• Academic Center</li> <li>• Fully integrated system</li> <li>• Private practice models</li> </ul>

Working Group #2					
<p><b>#2</b></p> <p><b><u>Action Step/Responsible</u></b></p> <p>Explore environment for existing OA liaison &amp; other treatment models: (“liaison” used as generic term (e.g., could be educator, PT, or RNP)</p> <p>a. Templeton: Resources on fracture liaison model</p> <p>b. McBrayer: Cleveland Clinic model</p> <p>c. McBrayer: ATC model (has billing info, e.g., Dexter)</p> <p>d. Bout-Tabaku: Diabetes care</p> <p>e. Page: internet search on topic</p>	<p><b><u>Resources</u></b></p> <p>Initial: minimal support staff</p> <p>Action Step 8: Coding expert on ICD-10</p> <p>Demonstration phase: funding source ideas:</p> <ul style="list-style-type: none"> <li>• PCORI</li> <li>• Arthritis Foundation</li> <li>• Other foundations &amp; philanthropies</li> <li>• Payers</li> <li>• Health Systems</li> <li>• Self-funded Employers</li> </ul>	<p><b><u>Barriers to Implementation</u></b></p> <ul style="list-style-type: none"> <li>• Resistance to change</li> <li>• Buy-in from PCP</li> <li>• Cost</li> <li>• Communication barriers between sites of care</li> </ul>	<p><b><u>Timeline</u></b></p> <p>June 1, 2015</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>To be developed in Business Model phase, including:</p> <ul style="list-style-type: none"> <li>• PCORI</li> <li>• Arthritis Foundation</li> </ul>	<p><b><u>Champions &amp; Partners</u></b></p> <p>Health Professionals for possible liaisons:</p> <ul style="list-style-type: none"> <li>• PT (APTA)</li> <li>• RNP/APN, PA (find prof organization)</li> <li>• Athletic Trainers (NATA)</li> <li>• Patient educators (national group?)</li> <li>• Patient navigators</li> <li>• Others?</li> </ul> <p>Delivery models for demonstrations:</p> <ul style="list-style-type: none"> <li>• VA</li> <li>• CMS Alternative Payment Models (APMs): ACO, Primary Care Initiatives</li> <li>• PCMH-N,</li> <li>• Academic Center</li> <li>• Fully integrated system</li> <li>• Private practice models</li> </ul>
<p><b>#3</b></p> <p><b><u>Action Step/Responsible</u></b></p> <p>Summarize initial research</p> <p>a. Bemis-Dougherty: Compile findings of group into comprehensive document</p> <p>b. Page: Develop comprehensive list of providers who could sever in position with identified professional organizations &amp; contacts</p> <p>c. Massey: Identify patient advocates/advisors to engage with us &amp; schedule calls</p>	<p><b><u>Resources</u></b></p> <p>See above</p>	<p><b><u>Barriers to Implementation</u></b></p> <p>See above</p>	<p><b><u>Timeline</u></b></p> <p>Aug. 1, 2015</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>See above</p>	<p><b><u>Champions &amp; Partners</u></b></p> <p>See above</p>

Working Group #2					
<p style="text-align: center;"><b>#4</b></p> <p style="text-align: center;"><b><u>Action Step/Responsible</u></b></p> <p>Schedule conference call after reviewing summarized research to define liaison role/Page to send out doodle for best time &amp; date, USBJI/COAMI staff to take minutes during call</p> <ol style="list-style-type: none"> <li>Agenda based on summary and comments from members</li> <li>Minutes from call available from USBJI/COAMI within 1 week</li> <li>Output from call in #5 below; specific assignments to come out of call</li> <li>Include patients in same or separate call?</li> </ol>	<p style="text-align: center;"><b><u>Resources</u></b></p> <p>Initial: minimal support staff Action Step 8: Coding expert on ICD-10 Demonstration phase: funding source ideas:</p> <ul style="list-style-type: none"> <li>• PCORI</li> <li>• Arthritis Foundation</li> <li>• Other foundations &amp; philanthropies</li> <li>• Payers</li> <li>• Health Systems</li> <li>• Self-funded Employers</li> </ul>	<p style="text-align: center;"><b><u>Barriers to Implementation</u></b></p> <ul style="list-style-type: none"> <li>• Resistance to change</li> <li>• Buy-in from PCP</li> <li>• Cost</li> <li>• Communication barriers between sites of care</li> </ul>	<p style="text-align: center;"><b><u>Timeline</u></b></p> <p>Sept 15,2015</p>	<p style="text-align: center;"><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>To be developed in Business Model phase, including:</p> <ul style="list-style-type: none"> <li>• PCORI</li> <li>• Arthritis Foundation</li> </ul>	<p style="text-align: center;"><b><u>Champions &amp; Partners</u></b></p> <p>Health Professionals for possible liaisons:</p> <ul style="list-style-type: none"> <li>• PT (APTA)</li> <li>• RNP/APN, PA (find prof organization)</li> <li>• Athletic Trainers (NATA)</li> <li>• Patient educators (national group?)</li> <li>• Patient navigators</li> <li>• Others?</li> </ul> <p>Delivery models for demonstrations:</p> <ul style="list-style-type: none"> <li>• VA</li> <li>• CMS Alternative Payment Models (APMs): ACO, Primary Care Initiatives</li> <li>• PCMH-N,</li> <li>• Academic Center</li> <li>• Fully integrated system</li> <li>• Private practice models</li> </ul>
<p style="text-align: center;"><b>#5</b></p> <p style="text-align: center;"><b><u>Action Step/Responsible</u></b></p> <p>Develop definition of liaison position</p> <ol style="list-style-type: none"> <li>Comprehensive list of possible roles/responsibilities</li> <li>Inclusion of patient expectations/needs/desires in OA liaison model</li> <li>Divide various liaison providers among group members with contacts from professional organizations</li> </ol>	<p style="text-align: center;"><b><u>Resources</u></b></p> <p>See above</p>	<p style="text-align: center;"><b><u>Barriers to Implementation</u></b></p> <p>See above</p>	<p style="text-align: center;"><b><u>Timeline</u></b></p> <p>Oct. 15, 2015</p>	<p style="text-align: center;"><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>See above</p>	<p style="text-align: center;"><b><u>Champions &amp; Partners</u></b></p> <p>See Above</p>

Working Group #2					
<b>#6</b>					
<b><u>Action Step/Responsible</u></b>	<b><u>Resources</u></b>	<b><u>Barriers to Implementation</u></b>	<b><u>Timeline</u></b>	<b><u>Quality Reporting Standards/Reimbursement</u></b>	<b><u>Champions &amp; Partners</u></b>
Develop Early Business Case a. For each liaison provider type, working with professional organization, identify: <ol style="list-style-type: none"> <li>i. Which components of roles</li> <li>ii. /responsibilities/pt expectations is within scope of practice &amp; comfort level of typical provider</li> <li>iii. What are billing opportunities? (Use CMS, pick several commercial payers) Range of compensation (hourly, annually)?</li> </ol>	Initial: minimal support staff Action Step 8: Coding expert on ICD-10 Demonstration phase: funding source ideas: <ul style="list-style-type: none"> <li>• PCORI</li> <li>• Arthritis Foundation</li> <li>• Other foundations &amp; philanthropies</li> <li>• Payers</li> <li>• Health Systems</li> <li>• Self-funded Employers</li> </ul>	<ul style="list-style-type: none"> <li>• Resistance to change</li> <li>• Buy-in from PCP</li> <li>• Cost</li> <li>• Communication barriers between sites of care</li> </ul>	Jan. 1, 2016	To be developed in Business Model phase, including: <ul style="list-style-type: none"> <li>• PCORI</li> <li>• Arthritis Foundation</li> </ul>	Health Professionals for possible liaisons: <ul style="list-style-type: none"> <li>• PT (APTA)</li> <li>• RNP/APN, PA (find prof organization)</li> <li>• Athletic Trainers (NATA)</li> <li>• Patient educators (national group?)</li> <li>• Patient navigators</li> <li>• Others?</li> </ul> Delivery models for demonstrations: <ul style="list-style-type: none"> <li>• VA</li> <li>• CMS Alternative Payment Models (APMs): ACO, Primary Care Initiatives</li> <li>• PCMH-N,</li> <li>• Academic Center</li> <li>• Fully integrated system</li> <li>• Private practice models</li> </ul>



Working Group #2					
<p style="text-align: center;"><b>#7</b></p> <p style="text-align: center;"><b><u>Action Step/Responsible</u></b></p> <p>After comprehensive role definition (10/15), concurrently initiate:</p> <ol style="list-style-type: none"> <li>Confer with Group 1 to include their developed clinical flow into our model. Referral recommendations from Group 1</li> <li>Co-develop flow chart for care with Group 1</li> <li>Desired outcome/performance measures [movement, patient satisfaction with process of care, etc]. Search existing measures, possibly develop new ones</li> <li>ICD-10 codes for specific OA dxs</li> <li>Reporting options for CMS, other payers</li> <li>Documentation, order set protocols for OA liaison</li> <li>Identify potential partners for demonstration sites</li> <li>Identify funding sources and start grant applications</li> </ol>	<p style="text-align: center;"><b><u>Resources</u></b></p> <p>Initial: minimal support staff</p> <p>Action Step 8: Coding expert on ICD-10</p> <p>Demonstration phase: funding source ideas:</p> <ul style="list-style-type: none"> <li>PCORI</li> <li>Arthritis Foundation</li> <li>Other foundations &amp; philanthropies</li> <li>Payers</li> <li>Health Systems</li> <li>Self-funded Employers</li> </ul>	<p style="text-align: center;"><b><u>Barriers to Implementation</u></b></p> <ul style="list-style-type: none"> <li>Resistance to change</li> <li>Buy-in from PCP</li> <li>Cost</li> <li>Communication barriers between sites of care</li> </ul>	<p style="text-align: center;"><b><u>Timeline</u></b></p> <p>Jan. 1, 2016</p>	<p style="text-align: center;"><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>To be developed in Business Model phase, including:</p> <ul style="list-style-type: none"> <li>PCORI</li> <li>Arthritis Foundation</li> </ul>	<p style="text-align: center;"><b><u>Champions &amp; Partners</u></b></p> <p>Health Professionals for possible liaisons:</p> <ul style="list-style-type: none"> <li>PT (APTA)</li> <li>RNP/APN, PA (find prof organization)</li> <li>Athletic Trainers (NATA)</li> <li>Patient educators (national group?)</li> <li>Patient navigators</li> <li>Others?</li> </ul> <p>Delivery models for demonstrations:</p> <ul style="list-style-type: none"> <li>VA</li> <li>CMS Alternative Payment Models (APMs): ACO, Primary Care Initiatives</li> <li>PCMH-N,</li> <li>Academic Center</li> <li>Fully integrated system</li> <li>Private practice models</li> </ul>
<p style="text-align: center;"><b>#8</b></p> <p style="text-align: center;"><b><u>Action Step/Responsible</u></b></p> <p>Develop Mature Business Model</p> <p>Work with delivery model in which we will have the demonstration (Must understand cost of delivering care, liaison provider type of interest in model, expected patient volume, etc.)</p> <p>For some delivery models (e.g. payer-based, self-funded employers, integrated/capitated systems, ACOs), system may fund business model development using their own cost data as part of decision to proceed as demonstration site</p> <p>For non-profit models, business model (value determination) may be post-hoc</p>	<p style="text-align: center;"><b><u>Resources</u></b></p> <p>See above</p>	<p style="text-align: center;"><b><u>Barriers to Implementation</u></b></p> <p>See above</p>	<p style="text-align: center;"><b><u>Timeline</u></b></p> <p>By Spring '16</p>	<p style="text-align: center;"><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>See above</p>	<p style="text-align: center;"><b><u>Champions &amp; Partners</u></b></p> <p>See above</p>

### Working Group 3: Provide Tools to Facilitate Shared / Collaborative Decision-Making

**Members:** Leader – TBD, William Dexter, MD, FACSM, Mari Brick, MA, Leigh Callahan, PhD, Marjorie Delo, MD, Patience White, MD, MA

**Objective 1:** Create/revise existing decision aids to be less costly & more culturally sensitive to gender, culture, race, ethnicity & other SE factors.

**Action Steps:**

1. Define essential criteria
2. Identify existing tools
3. Identify partners who have experience and represent essential criteria
4. Rank/rate tools
5. Identify gaps
6. Recommend tool(s): Adapt, adopt, or create new tools
7. Develop funding mechanisms & clinic sites willing to test the tools

Working Group #3					
#1 <u>Action Step/Responsible</u>	<u>Resources</u>	<u>Barriers to Implementation</u>	<u>Timeline</u>	<u>Quality Reporting Standards/Reimbursement</u>	<u>Champions &amp; Partners</u>
Define essential criteria/  Responsibility: ???	<ul style="list-style-type: none"> <li>• Time and partners</li> <li>• Cost</li> <li>• Purchase tools (?)</li> <li>• Teleconferencing</li> <li>• Focus group</li> <li>• Admin Support</li> <li>• Student/Volunteer/ Graduate Project?</li> </ul> Add'l COAMI members (K. Allen, L. Frankel)	<ul style="list-style-type: none"> <li>• Time</li> <li>• Money</li> <li>• Scope</li> <li>• Organizing</li> <li>• Coordination w/Partners</li> <li>• Follow thru</li> <li>• Achieving consensus (Majority Vote)</li> </ul>	Whole TG3; Maine Health SC Review  CC By 5/8/15 End of May email	Evidence re: Who is it appropriate for, setting, format, ethnicity, culturally appropriate <ul style="list-style-type: none"> <li>• Essential criteria</li> <li>• Existing Tools</li> <li>• Reviewers</li> <li>• Analysis</li> <li>• Conclusions &amp; Recommendations</li> <li>• Presentation/ Publications (?)</li> </ul>	<ul style="list-style-type: none"> <li>• Special population serving Organizations (African American, Hispanic, American Indian, Asian)</li> <li>• NACSS Health Equity Council, Payor?, CMS rep, Gender appropriate orgs, AARP, Tool Design experts, Specialties (PT, OT, Orthopedists, etc), EMR expert, OA patient reps (focus group \$)</li> </ul>

Working Group #3					
<p><b>#2</b></p> <p><b><u>Action Step/Responsible</u></b></p> <p>Identify existing tools</p> <p>Responsibility: ???</p>	<p><b><u>Resources</u></b></p> <ul style="list-style-type: none"> <li>• Time and partners</li> <li>• Cost</li> <li>• Purchase tools (?)</li> <li>• Teleconferencing</li> <li>• Focus group</li> <li>• Admin Support</li> <li>• Student/Volunteer/ Graduate Project?</li> </ul> <p>Add'l COAMI members (K. Allen, L. Frankel)</p>	<p><b><u>Barriers to Implementation</u></b></p> <ul style="list-style-type: none"> <li>• Time</li> <li>• Money</li> <li>• Scope</li> <li>• Organizing</li> <li>• Coordination w/Partners</li> <li>• Follow thru</li> <li>• Achieving consensus (Majority Vote)</li> </ul>	<p><b><u>Timeline</u></b></p> <p>Survey COAMI members, RE; DM tools and/or Help Reviewers</p> <p>Lisa Email to Shari Maier by 4/24/15</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>Evidence re: Who is it appropriate for, setting, format, ethnicity, culturally appropriate</p> <ul style="list-style-type: none"> <li>• Essential criteria</li> <li>• Existing Tools</li> <li>• Reviewers</li> <li>• Analysis</li> <li>• Conclusions &amp; Recommendations</li> <li>• Presentation/ Publications (?)</li> </ul>	<p><b><u>Champions &amp; Partners</u></b></p> <ul style="list-style-type: none"> <li>• Special population serving Organizations (African American, Hispanic, American Indian, Asian)</li> <li>• NACSS Health Equity Council, Payor?, CMS rep, Gender appropriate orgs, AARP, Tool Design experts, Specialties (PT, OT, Orthopedists, etc), EMR expert, OA patient reps (focus group \$)</li> </ul>
<p><b>#3</b></p> <p><b><u>Action Step/Responsible</u></b></p> <p>Identify partners who have experience and represent essential criteria</p> <p>Responsibility: ???</p>	<p><b><u>Resources</u></b></p> <p>See above</p>	<p><b><u>Barriers to Implementation</u></b></p> <p>See above</p>	<p><b><u>Timeline</u></b></p> <p>Whole TG3 Reviews - 1<sup>st</sup> pass</p> <p>CC By end of Summer '15</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>See above</p>	<p><b><u>Champions &amp; Partners</u></b></p> <p>See above</p>
<p><b>#4</b></p> <p><b><u>Action Step/Responsible</u></b></p> <p>Rank/rate tools</p> <p>Responsibility: ???</p>	<p><b><u>Resources</u></b></p> <p>See above</p>	<p><b><u>Barriers to Implementation</u></b></p> <p>See above</p>	<p><b><u>Timeline</u></b></p> <p>Rate tools - (Raters)</p> <p>By end November '15</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>See above</p>	<p><b><u>Champions &amp; Partners</u></b></p> <p>See above</p>

Working Group #3					
<p><b>#5</b> <b><u>Action Step/Responsible</u></b> Identify gaps  Responsibility: ???</p>	<p><b><u>Resources</u></b></p> <ul style="list-style-type: none"> <li>• Time and partners</li> <li>• Cost</li> <li>• Purchase tools (?)</li> <li>• Teleconferencing</li> <li>• Focus group</li> <li>• Admin Support</li> <li>• Student/Volunteer/ Graduate Project?</li> </ul> <p>Add'l COAMI members (K. Allen, L. Frankel)</p>	<p><b><u>Barriers to Implementation</u></b></p> <ul style="list-style-type: none"> <li>• Time</li> <li>• Money</li> <li>• Scope</li> <li>• Organizing</li> <li>• Coordination w/Partners</li> <li>• Follow thru</li> <li>• Achieving consensus (Majority Vote)</li> </ul>	<p><b><u>Timeline</u></b></p> <p>Rec by TG3 Reviews – 1<sup>st</sup> pass</p> <p>CC by January '16</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p> <p>Evidence re: Who is it appropriate for, setting, format, ethnicity, culturally appropriate</p> <ul style="list-style-type: none"> <li>• Essential criteria</li> <li>• Existing Tools</li> <li>• Reviewers</li> <li>• Analysis</li> <li>• Conclusions &amp; Recommendations</li> <li>• Presentation/ Publications (?)</li> </ul>	<p><b><u>Champions &amp; Partners</u></b></p> <ul style="list-style-type: none"> <li>• Special population serving Organizations (African American, Hispanic, American Indian, Asian)</li> <li>• NACSS Health Equity Council, Payor?, CMS rep, Gender appropriate orgs, AARP, Tool Design experts, Specialties (PT, OT, Orthopedists, etc), EMR expert, OA patient reps (focus group \$)</li> </ul>
<p><b>#6</b> <b><u>Action Step/Responsible</u></b> Recommend tool(s): Adapt, adopt, or create new tools  Responsibility: ???</p>	<p><b><u>Resources</u></b> See above</p>	<p><b><u>Barriers to Implementation</u></b> See above</p>	<p><b><u>Timeline</u></b> COAMI Members  CC By end March '16</p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b> See above</p>	<p><b><u>Champions &amp; Partners</u></b> See above</p>
<p><b>#7</b> <b><u>Action Step/Responsible</u></b> Develop funding mechanisms &amp; clinic sites willing to test the tools.  Responsibility: ???</p>	<p><b><u>Resources</u></b></p>	<p><b><u>Barriers to Implementation</u></b></p>	<p><b><u>Timeline</u></b></p>	<p><b><u>Quality Reporting Standards/Reimbursement</u></b></p>	<p><b><u>Champions &amp; Partners</u></b></p>

**Multifaceted and Cross-Cutting: Integration of Physical Activity into Model of Care**

**Members:** Jim Whitehead, William Dexter, MD, FACS, Tom Best, MD, soliciting other interested team members

**Objective 1:** Determine what physical activity support, systems, and decision-making and monitoring tools are required for the healthcare professional in the new Model of Care, and develop a plan to develop and integrate these.

**Action Steps:**

1. To be determined

Working Group #3					
#1 <u>Action Step/Responsible</u>	<u>Resources</u>	<u>Barriers to Implementation</u>	<u>Timeline</u>	<u>Quality Reporting Standards/Reimbursement</u>	<u>Champions &amp; Partners</u>
Responsibility: ???					Invite all organizations with a direct interest in physical activity.

## Allied Activities/Completed Objectives and Components

(May be subject to follow-up, awaiting completion of another stage, or requiring further work at a later stage)

Item	Fit within Model	Responsible	Status/Stage of Completion	Next Steps/Timeline
Visit Planner: Knee OA	Delivery System Design: Design Visit Planner including Co-morbidities	Kelli Allen	Ready for testing	?
Systematic Review of Recommendations and Guidelines for the Management of Osteoarthritis, COAMI/USBII	Decision Support	Amanda Nelson et al.	Published in Seminars in Arthritis and Rheumatism 43 (2014) 701-712.  Being updated by Hunter et al. with algorithm added.	?
Patient-Reported Outcomes to Initiate a Provider-Patient Dialog for the Management of Hip and Knee Osteoarthritis	Decision Support	Yvonne Golightly et al.	Manuscript accepted for publication in Seminars in Arthritis and Rheumatism.	?
Obesity Guidelines for OA: Review and Recommend	Decision Support	Sharon Bout-Tabaku	Review and recommendations completed.  Plan to coordinate with Dr. Amanda Nelson of OAAA Weight Management Work Group (to do what???)	?  Should recommendations be posted on website, elsewhere?
Review/revise summary recommendations/guidelines language: Combine patient self-management and support recommendations.	Decision Support	Mari Brick	Statement submitted.	?
Develop fellowship education training (to approach AAFP/Residency programs)	Decision Support	Marjorie Delo	Awaiting evidence-based guidelines from review groups.  Meet with Fellowship committees and	?

			AAFP/ABIM/AAPMR/AAOS to discuss incorporating guidelines in didactics, curriculum, and certification exams.	
<b>Item</b>	<b>Fit within Model</b>	<b>Responsible</b>	<b>Status/Stage of Completion</b>	<b>Next Steps/Timeline</b>
<p>OARSI Pre-Congress 2016 workshop on comparison of models of OA care in use around the world.</p> <p>COAMI and OAAA possibly to take lead on global connection of models of care including tens of thousands of patients in these interventions and coordinating these for meta-analyses and other such things.</p>		David Hunter and Joanne Jordan	?	?