Engaging Patients in OA Management Strategies

Osteoarthritis Prevention and Management in Primary Care

OA OSTEOARTHRITIS ACTION ALLIANCE
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Engaging Patients in OA Management Strategies

Because every patient with OA is different, you will need to tailor your recommendations often using a multi-modal and individualized approach to address symptoms. The most effective OA treatments depend on patient behaviors like weight loss, increasing physical activity, and participating in self-management programs. Changing long-established behaviors is hard. Most Americans, even those without arthritis, would benefit from changes in their health habits. For example, fewer than one in four Americans meet both the aerobic and muscle-strengthening physical activity guidelines,[1] and more than 70% of adults are overweight or obese.[2]

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Primary care clinicians are in a unique position to help patients with OA make behavior changes that will benefit not only their OA symptoms but other chronic conditions as well. Physical activity is effective for decreasing arthritis pain, increasing physical function, and managing chronic comorbidities. Participation in evidence-based physical activity programs may also reduce healthcare costs nearly $1,000 per person annually.[4,5] Nevertheless, 40% of adults do not receive counseling about physical activity.[6] Weight loss counseling is a key component of successful weight loss among patients. Adults with arthritis and overweight or obesity who receive provider counseling about weight loss are four times more likely to attempt to lose weight; yet, fewer than half of those adults are actually receiving such counseling.[7]

We will describe 4 tools you can use when counseling patients with OA about behavior change: **Motivational Interviewing, Brief Action Planning, Physical Activity as a Vital Sign, and 5 As.** These approaches are not necessarily mutually exclusive.

MOTIVATIONAL INTERVIEWING

Motivational interviewing was first developed for use in addiction counseling. It has since been shown to be effective for chronic disease management and behavior change in multiple diseases.[8] In the IMPAACT trial (Improving Motivation for Physical Activity in Arthritis Clinical Trial), Gilbert et al found that patients with knee OA who received MI related to physical activity in addition to brief physician counseling experienced improved self-reported function and a small improvement in pain.[9]

Providers can use MI to help guide patients—particularly those who feel stuck or are even ambivalent about changing their habits—through the process of setting and making health behavior goals, such as increasing their physical activity level, changing their diet, or participating in a self-management program.

Embracing the "spirit" of MI, providers assess patients' readiness to change and call on patients' personal motivations, strengths, and experiences. The "Spirit of MI" encourages providers to have conversations with patients that:

- Are "Collaborative": Providers work with patients as partners rather than directing patients or telling them what they should do. Collaboration is fostered through rapport building.
- Are "Evocative": Using open-ended questions and reflective listening, providers evoke from the patient what their goals, motivations, and strengths are, drawing out and reflecting back the patient's own reasons and approaches for behavior change.
- "Honor the patient's autonomy": While providers may want patients to make healthy behavior changes, ultimately, it is up to the patient whether or not to act. Empowering the patient to make this decision can actually help enable the behavior change.[8]

TABLE 1

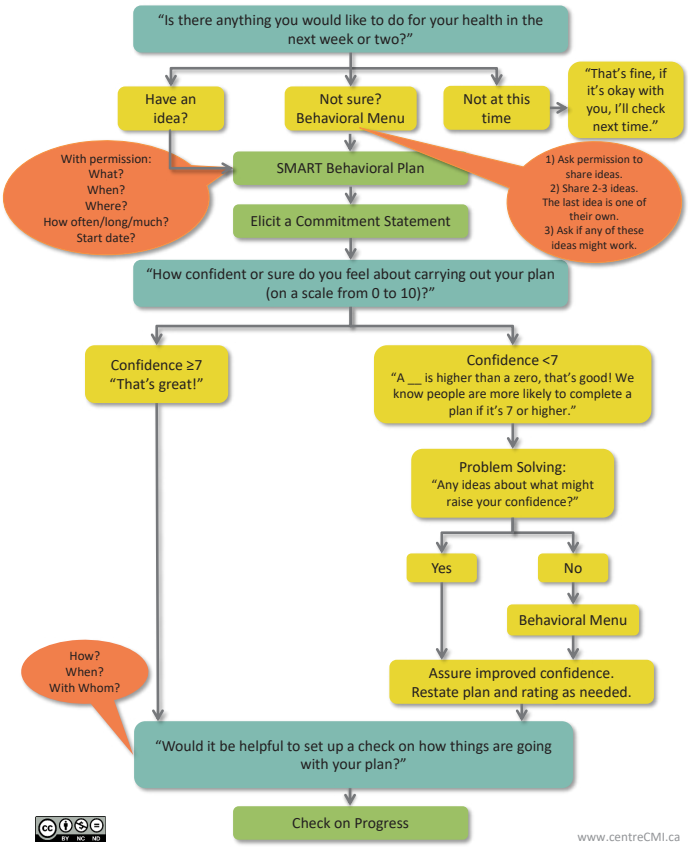
Standard Approach v. Motivational Interviewing Example[10]

STANDARD APPROACH	MOTIVATIONAL INTERVIEWING	COMMENTS
As your healthcare professional, I really think that you should exercise on a daily basis.	What are your thoughts about exercising?	Focus is on client's concerns.
There are all kinds of ways you could exercise. You could walk, ride a bike, swim or go to a gym.	What kinds of activities do you enjoy?	Egalitarian partnership.
You say that you don't have time to exercise, but exercise is so important for your joints, you should make time for it.	You say that time is a barrier for you to exercise, what ideas do you have to fit physical activity into your daily routine?	Focus is on client's concerns. Match intervention to client's level of motivation.
I've written some goals for you about increasing your exercise.	Tell me what you would like to work on for the next three months.	Emphasis is on client personal choice. Goals are set collaboratively.
You say you want to be more active, yet you don't do the home exercise program I gave you. This tells me that you just are not interested.	Your ambivalence about exercise is normal. Tell me how you would like to move forward.	Ambivalence is a normal part of the change process.

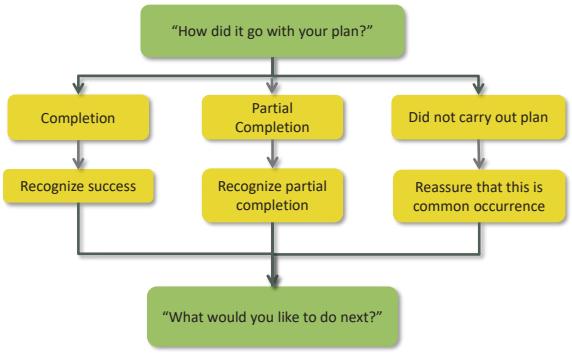
Ehrlich-Jones, L., Mallinson, T., Fischer, H., Bateman, J., Semanik, P. A., Spring, B., … Chang, R. W. (2010). Increasing physical activity in patients with arthritis: a tailored health promotion program. Chronic Illness, 6(4), 272–281. www.doi.org/10.1177/1742395309351243 Reprinted by Permission of SAGE Publications, Ltd.

You can start to use some key MI questions and concepts in clinic visits right away even while you are working on perfecting your skills! For a thorough explanation and demonstration of MI in a primary care setting, including a sample provider-patient conversation about weight loss, refer to this article[11]: Kathleen G. Reims, MD, FAAFP, and Denise Ernst, PhD "Using Motivational Interviewing to Promote Healthy Weight," Fam Pract Manag. 2016 Sep–Oct;23(5):32–38. Other resources on MI can be found at the end of this module.

Brief Action Planning Flow Chart



Checking on the Brief Action Plan



Developed by Steven Cole, Damara Gutnick, Connie Davis, and Kathy Reims

BRIEF ACTION PLANNING (BAP)

Another model that some clinicians find helpful is Brief Action Planning (BAP). BAP is founded in the concepts of motivational interviewing with particular emphasis on the "spirit of MI" and is easily implemented in primary care settings. Gutnick et al conclude through their research that "BAP is a useful self-management support technique for busy medical practices to promote health behavior change and build patient self-efficacy for improved long-term clinical outcomes in chronic illness care and disease prevention" (p 17).[12]

In BAP, patients are assisted in developing an action plan to achieve a specific health behavior change that they feel is manageable and realistic. BAP is highly structured, using a combination of specific questions and provider-led discussion (called "skills"), all the while staying true to the spirit of MI. See figure at left.[13]

BAP can be implemented using different combinations of practice staff in order to make good use of clinic and provider time. For example, a provider may start the conversation during the patient visit, inquiring about the patient's health goals; if the patient has a health goal in mind, the provider may refer the patient to another practice staff member such as a medical assistant or nurse who has been trained in BAP, to complete the session. The patient can also be referred to Physical Therapy or a weight management clinic. Another approach is for a frontline staff person such as medical assistant to begin the process with the initial question to the patient, allowing the provider to continue the goal-setting part of the conversation with the patient during their visit.[12]

More information about training opportunities and resources, including videos and example conversations can be found at the Centre for Collaboration, Motivation, & Innovation website.

Counseling models that address specific behaviors within the OA management framework (physical activity and weight management) include Physical Activity as a Vital Sign and the Obesity Canada's 5 As of Obesity Management.

PHYSICAL ACTIVITY AS A VITAL SIGN

For patients with OA, physical activity is particularly important, as it can help improve pain, stiffness, and physical function.[14] Patients with OA also often have other chronic diseases like obesity, hypertension, and diabetes. Refer to the Comorbidities and Co-Occurring Symptoms module for more information. When they engage in physical activity, patients can improve not only their arthritis symptoms but can also make headway on these other chronic conditions. Further, the American College of Rheumatology guidelines for the management of hip and knee OA strongly recommends physical activity as frontline nonpharmacologic management.[15] Thus, assessing patients' current level of physical activity is vital when treating patients with OA, just as measuring blood pressure at each clinic visit is vital to the treatment of hypertension.

There are several initiatives and health systems that encourage providers to assess patients' current physical activity level and prescribe physical activity for the prevention and management of chronic diseases.[3,14] There is not currently a universal approach to this idea of "Physical Activity as a Vital Sign"; however, by using one of several Physical Activity as a Vital Sign measures, providers can quickly assess patients' current level of physical activity, and in some cases, even assess patients' readiness and motivation to become more physically active.[14] Examples of physical activity assessment tools include:

- Exercise Vital Sign (EVS)[16]
- Physical Activity Vital Sign (PAVS)[17]
- Speedy Nutrition and Physical Activity Assessment (SNAP)[18]
- General Practice Physical Activity Questionnaire (GPPAQ)[19]
- Stanford Brief Activity Survey (SBAS)[20]

Regardless of which measure is used, Physical Activity as a Vital Sign can serve as a conversation starter with the patient. After hearing the patient's answer about current physical activity level, it would be important for the provider to subsequently engage the patient in a conversation about increasing their physical activity level (as appropriate). This could then lead to a referral to another provider (ex. Physical Therapist) or community-based physical activity intervention or perhaps to future counseling sessions to help the patients develop a physical activity plan.

Exercise is Medicine® is a global initiative, started in partnership between the American Medical Association and the American College of Sports Medicine, to advance the use of exercise as a prescription for both disease prevention and health promotion. To help facilitate the widespread practice of prescribing physical activity as a regular course of treatment, Exercise is Medicine® has developed a comprehensive guide for physicians and other health care providers. Their Health Care Providers Action Guide incorporates the use of the PAVS questionnaire with motivational interviewing techniques and referrals to community-based physical activity programs.[3] This free guide and accompanying patient-facing materials, such as "Being Active with Osteoarthritis," can be found on the Exercise is Medicine® website.

ASSESSING PHYSICAL ACTIVITY IN PATIENTS

EVS: Exercise Vital Sign[16]

Used in the Kaiser Permanente Southern California health system, providers record patients' responses in the electronic health record.

Consists of two questions

1. On average how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?"
2. On average, how many minutes per day do you engage in exercise at this level?

Scoring: Multiply the responses to get the number minutes per week of exercise and compare this to the PAGs (>150 minutes per week).

5 As

According to the CDC almost one-quarter of people who are overweight and 30% of people who are obese have arthritis.[4] Addressing OA symptoms through weight loss, particularly if a patient's weight is contributing negatively to other health conditions, could be particularly effective. Weight loss counseling is a key component of successful weight loss among patients. As noted previously, provider counseling is an underused but effective strategy for encouraging adults with arthritis and overweight or obesity to attempt to lose weight.[7]

The 5 As model was developed for use in smoking and tobacco cessation counseling.[21–23] It has since been validated in other areas of behavior change, particularly within the field of weight loss and obesity management.[22,23] Obesity Canada has developed an extensive toolkit on the use of 5As of Obesity Management in primary care settings. According to Dr. Arya M. Sharma, scientific director for CON-RCO, (Canadian Obesity Network) "Weight is a sensitive issue, and so conversations about weight must be sensitive and non-judgmental. The 5As tool is based on our understanding that obesity must be managed as a chronic condition, much like diabetes or hypertension, and that treatment goals as well as end results will be different for each patient. But, it all starts with a respectful conversation."[24]

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>
> **DR. ARYA M. SHARMA**

The primary steps of the 5 As are outlined at right. The 5As model can be used in the context of most behavior changes; this example is related to weight loss counseling.

5 As of Obesity Management[22,24]

ASK

- Would it be OK if we talk about your weight?
- Do you have any concerns or questions about your weight?
- On a scale of 0 to 10, how important is it for you to lose weight?
- On a scale of 0 to 10, how confident are you that you can lose weight?

ASSESS

- Determine patient's stage and level of obesity
- Review patient's history and records to help determine underlying causes
- Ask patient questions about diet, sleep, physical activity habits, and emotional health (depression, addiction, trauma, etc)

ADVISE

- Discuss with patient the risks of excess weight
- Discuss with patient the benefits of losing weight
- Offer options of weight loss strategies (increased physical activity, nutrition counseling, food journal, sleep hygiene, surgery, etc)

AGREE

- Help patient set realistic goals based on patient's preferences and abilities
- Using SMART goals, help patient develop a weight loss plan

ASSIST

- Help patient think through potential challenges and personal supports
- Refer patient to other professionals (mental health, dietitian, PT, etc)
- Refer patient to community-based health programs
- Make a plan to follow up with patient at a specific time point

Clinical Take-Home Points

- Patients who receive counseling from their providers about weight loss and physical activity are more likely to engage in and have positive outcomes from these behavior changes.
- Four tools you can use when counseling patients with OA about lifestyle changes include: Motivational Interviewing, Brief Action Planning, Physical Activity as a Vital sign, and 5 As.

ADDITIONAL RESOURCES FOR PROVIDERS

Motivational Interviewing

OAAA Lunch & Learn recorded presentation—"The patient will see you Now: Managing OA as a chronic disease" (Kim Bennell, PhD)

www.youtube.com/watch?v=IFFd5JBsutU&index=14&t=0s&list=PL-37d2MOjmtplMtgt7rv1TzXE2KTqAX0F

OAAA Lunch & Learn recorded presentation- "Practical Applications for Motivational Interviewing" (Linda Ehrlich Jones, PhD, RN) www.youtube.com/watch?v=TrfIi9UCqRU&index=3&list=PL-37d2MOjmtplMtgt7rv1TzXE2KTqAX0F&t=0s

Motivational Interviewing- Enhancing Motivation for Change in Substance Abuse Treatment (Chapter 3- Motivational Interviewing as a Counseling Style): www.ncbi.nlm.nih.gov/books/NBK64964/

Kathleen G. Reims, MD, FAAFP, and Denise Ernst, PhD "Using Motivational Interviewing to Promote Healthy Weight," Fam Pract Manag. 2016 Sep-Oct;23(5):32-38. Available at www.aafp.org/fpm/2016/0900/p32.html

Brief Action Planning

Gutnick D, Reims K, Davis C, Gainforth H, Jay M, Cole S. Brief Action Planning to Facilitate Behavior Change and Support Patient Self-Management. Journal of Clinical Outcomes Management. 2014;21(1):17-29.

Brief Action Planning Guide: centrecmi.ca/wp-content/uploads/2018/11/BAP_guide_2016-08-08.pdf

YouTube video- basics of BAP: www.youtube.com/watch?v=w0n-f6qyG54

YouTube video- sample BAP conversation with patient who has Rheumatoid Arthritis: www.youtube.com/watch?v=c4cXGW2L1qc

YouTube video- sample BAP conversation with patient who is ambivalent: www.youtube.com/watch?v=0z65EppMfHk

Centre for Collaboration Motivation & Innovation website: centrecmi.ca/brief-action-planning

Physical Activity as a Vital Sign

Exercise is Medicine®: Health Care Providers Action Guide www.exerciseismedicine.org/support_page.php/health-care-providers

OAAA Lunch & Learn recorded presentation- "Exercise is Medicine - The Importance of Connecting Fitness with Healthcare" (Robert Sallis, MD, FAAFP, FACSM)

www.youtube.com/watch?v=pp8lkaHiF8A&index=3&list=PL-37d2MOjmtqd8ppkQsRQbMRowDV-Hh4K&t=1s&frags=pl%2Cwn

5 As

Obesity Canada, including a Practitioner Guide: obesitycanada.ca/resources/5as/

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PATIENT RESOURCES

The American Chronic Pain Association offers many resources and tools for patients to help them track their health and behaviors and talk productively with their healthcare providers such as www.theacpa.org/pain-management-tools/communication-tools.

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