

## Speaker Guide – Engaging Patients in OA Management Strategies

**Purpose:** This presentation is intended to facilitate peer-to-peer education (e.g., grand rounds, medical school education lecture) among healthcare providers (HCPs) to increase education about osteoarthritis (OA) among HCPs and their patients, specifically to engage patients in self-management strategies to address OA symptoms.

## **Learning Objectives for HCPs:**

- Recognize OA as a chronic, serious disease and current symptom management strategies.
- Understand the importance of engaging patients in self-management strategies to help improve OA symptoms.
- · Acquire knowledge, skills, and resources to meet patients where they are in terms of behavior change.
- Learn techniques to engage patients in meaningful conversation and shared decision making to promote patient participation in OA self-management.

**How to use this speaker guide:** Each slide contains the core information to share with your audience. Additional, supplementary information for many of the slides is offered below. Plan to read the content on the slide, then refer to the corresponding slide number below to decide what additional information you will share or discuss.

Slide #	Slide Title	Speaker text/guidance
1	Engaging Patients in OA Management Strategies	
2	Overview	As we talk about "Engaging Patients in OA Management Strategies," we will use physical activity throughout this presentation as the example behavior we wish to engage patients in. However, keep in mind that the skills and tools and resources presented are broadly applicable to other forms of self-management including weight management, disease management education, falls prevention, and other types of behavioral interventions.

Slide #	Slide Title	Speaker text/guidance
3	Osteoarthritis (OA) is a Chronic, Serious Disease	
4	Risk Factors for the Development of OA <sup>3</sup>	There are many factors that may increase the risk of developing OA. Some are modifiable, meaning they can be changed or reduced through lifestyle behaviors and preventive measures. While excess weight is a risk factor due to the increased load on joints and ground force reactions, weight loss can reduce that risk. <sup>4</sup> Certain occupations or sports may lead to overuse of a joint and thus lead to injury or osteoarthritis. In turn, measures that can prevent injury, such as specific sports training exercises or falls prevention training, may minimize the risk of developing OA. Specific exercises may also improve joint alignment and strengthen muscles to stabilize joints and reduce the risk of injury, thereby reducing the risk of developing OA. <sup>5</sup>
		Other risk factors cannot be modified or changed in any way, including age, sex, ethnicity, and genetics.  Someone who has had a prior joint injury is also at significantly greater risk of developing OA as early as 10 years post-injury. <sup>5</sup>
5	OA Management Strategies Self-Management is Strongly Recommended but Underused	
	Focus On: Physical Activity as the Example Self-Management Strategy	
6	American College of Rheumatology/Arthritis Foundation Guidelines for the Non-Surgical Management of OA <sup>1</sup>	The American College of Rheumatology (ACR) and Arthritis Foundation (AF) Guidelines for the non-surgical management of hand, hip, and knee OA provide recommendations for clinicians and patients making shared treatment decisions for the management of OA. The guidelines characterize numerous nonpharmacologic and pharmacologic approaches as strong or conditional for or against each approach. Please refer to the Kolasinski, et al. article for the full guidelines. <sup>1</sup>
		As you can see, there are numerous treatments that are available and effective for managing the symptoms of OA, including pharmacological and nonpharmacological interventions.
		Note that there is no single best treatment for OA. Rather, multimodal treatment is necessary to optimize the management of OA symptoms.
		For the remainder of this presentation, we will focus on nonpharmacological interventions.

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7	OA Self-Management Strongly Recommended	The most effective means for managing OA symptoms is through the use of nonpharmacologic therapies. 1,3 Given the significant evidence to support their effectiveness in managing OA pain, stiffness and joint mobility, exercise, self-management education, and weight loss are recommended among the nonpharmacologic interventions.
		Patient engagement with these self-management strategies is essential for a complete OA management strategy.
8	OA Self-Management Strongly Recommendedbut Underused	The Healthcare Provider (HCP) has a significant role in counseling or guiding patients to engage in selfmanagement. As you can see, these types of programs are recommended, but they are not widely used.
		As we've seen, "self-management" includes disease management education, weight management, and physical activity. For purposes of this discussion today, we will focus on physical activity to show how HCPs can engage patients in self-management. Note that the same concepts described here for physical activity are also applicable when trying to engage patients in disease management education and weight management.
9	Focus On: Physical Activity as the Example Self-Management Strategy	Physical activity has proven to be effective for reducing joint pain, and for maintaining or improving joint function or joint mobility in people with arthritis. It also helps to improve quality of life and wellbeing. Unfortunately, patients may fear that physical activity will cause more pain or make their arthritis worse. HCPs can be extremely helpful in alleviating patients' concerns and encouraging them to be more active by using certain discussion techniques and educational tools and resources.
		With the intervention of physical activity in mind, let's step back to learn about the patient so that we can work together, as a team, to ensure success with physical activity.

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10	Healthcare Provider Awareness, Skills, and Resources	
11	Healthcare provider awareness, skills, and resources	We will discuss each of these items in the next few slides. Getting started with physical activity can be challenging for some people. So it is important that HCPs have the tools and resources that can facilitate conversation with the patient to understand their perspective, interests, and challenges and, ultimately, to promote engagement with physical activity.
12	Patient Factors to Consider	Consider the patient's current lifestyle and environment, including social, cultural, behavioral, and emotional factors. The suggested physical activity plan should realistically fit into the patient's lifestyle rather than adding undue burden.
		Goal setting can be a powerful tool to keep patients on track and moving forward. Goals can include broad, long-term outcomes, but should also include short-term outcomes that patients choose that are achievable and that might motivate them to continue.
		Identifying and addressing patient-specific barriers will be the key to the long-term success of OA management. Barriers may be:
		Practical - transportation to programs or the clinic, cost of recommended treatments, work and family obligations
		Emotional - lack of motivation to undertake self-man- agement, fear of making OA - or pain from OA - worse
		Physical - joint pain, poor mobility.
		Having a supportive network of friends, family, coworkers, and caregivers, or a support or peer group of adults with OA, can be motivating and promote quality of life.
13	HCP's Awareness of a Patient's Ability to Self-Manage	It is important that patients have a full understanding of their OA and how their treatment plan affects their condition in order to set reasonable expectations.

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14	HCP's Awareness of Facilities and Programs in the Community	When trying to encourage patients to engage in any kind of self-management, it is not enough for HCPs to tell patients that "they should" We have to provide information guiding patients on how or where, exactly, to find these programs, and where to start so that they can be successful. On a previous slide, we recognized patient factors that will be informative in understanding whether the patient prefers group activities or would rather pursue self-management alone; whether they have barriers such as transportation or cost, etc. Having some knowledge of general and OA resources specific to the patient's community can be incorporated into the patient's treatment plan since these resources may motivate the patient to take action and stick to it.
		General facilities for physical activity include public pools and parks, the YMCA, and senior community centers.
		There are several evidence-based community programs for OA management including the programs listed here (read bulleted list on slide). These programs may be accessed virtually, done in a self-directed format, or delivered in a group format at the Parks and Rec or senior center facilities.
		Showing patients a brief (80-second) video on the Walk With Ease program and how to learn more and sign up, for example, can be a powerful first step. https://youtu.be/PmZtq28V2q4
		Note to Speaker: If time/technology allows, play video; otherwise, refer to it and suggest viewers go back and watch later.
15	HCP's Awareness of Education and Programs Online	In addition to community-based facilities and programs, online materials can also contribute to education and awareness for both HCP's and their patients.
		The Osteoarthritis Action Alliance has created several OACareTools for physician and patient education-
		Each of these materials can be accessed at the websites listed here. There are many other patient education materials available, but these are a few good options to get started.

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		Knowledge of the patient's comorbid chronic conditions and mobility level will shape the types of activities included in their treatment plan.
16	HCP's Assessment of Patient's Health	For certain patients, leveraging the knowledge of physical and occupational therapists may be beneficial in creating patient-centered treatment plans that are tailored to the specific limitations identified in the health assessment.
17	HCP and Patient Behavior Change Resources	Behavior change can be challenging for patients. HCP's can engage patients in meaningful conversations to assess readiness, preferences, interests, goals, and more to achieve success.
		In order to effectively create patient behavior change, HCPs will benefit from acquiring behavior change counseling skills, such as Motivational Interviewing or Brief Action Planning. These skills can be adapted for the clinical care setting and can help to identify and address the patient's needs effectively and efficiently.
		Identifying what motivates a particular patient to change their behavior will directly affect the success of any treatment plan, in this case, engaging in physical activity for OA. It can help to engage them, for example, by tracking their personal health data or numbers, using fitness gadgets, working with other people, or noticing a visible change in their appearance.
18	Strategies and Tools to Engage Patients in Self-Management	
19	Motivational Interviewing (MI)	"MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."
		Generally, training is required to conduct MI in its original, complete form; however, the key tenets of MI have been adapted for use in clinical care settings and can be thought of as "the spirit of MI."
20	The "Spirit of MI"	
21	Use "OARS" to Remember MI Skills	

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22	Motivational Interviewing (MI)	This table provides a few examples of statements that are meant to support patients and guide them toward engagement with physical activity. (Remember that these techniques can also be used to engage patients in other forms of self-management such as weight loss or disease education.)
		Note to Speaker: Consider engaging viewers in a role-playing exercise to practice these MI conversation skills.
		For additional examples of effective conversation statements or questions, refer to OACareTools Engaging Patients in OA Management Strategies https://oaaction.unc.edu/oa-module/communicating-with-patients/ for a table comparing a standard approach vs. MI approach for engaging patients.
23	HCP Patient Engagement Tools and Resources	Each of these tools can be used in a clinical care setting and by many different healthcare providers or professionals in the patients care network. Learn how to use these tools and resources for successful engagement and better outcomes with your patient.
		Brief Action Planning (BAP): Based in the Spirit of MI; highly structured; uses a combination of specific questions and provider-led discussion (called "skills") to help patients develop an action plan to achieve a specific health behavior change.
		5 As model: Broadly applicable to behavior change with express validation in obesity management; HCPs "Ask, Assess, Advise, Agree, Assist" patients to approach and achieve the desired behavior change.
		Physical Activity as a Vital Sign: Helps HCPs assess patients' current level of physical activity as a vital sign when treating patients with OA, just as measuring blood pressure at each clinic visit is vital to the treatment of hypertension.
		Remember that these tools can be used to engage patients in a variety of behavioral interventions.  We used physical activity as the example in this presentation but they can be used to encourage weight loss or management of healthy weight, and selfmanagement education.
		More examples can be found at the oacaretools.org site. Check out the module on "Engaging Patients in OA Management Strategies" to learn more.



Visit www.oacaretools.org to find more resources for providers and individuals on managing arthritis and finding local arthritis programs in the community.

## OAAA collaborated with Pfizer in the development of this resource.

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