

## PART 2

# Evidence-based Programs and Your Practice A Foundation for Value-Based Care

The AGPT-NCOA Task Force

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Article 1 of this series: “What are evidence-based programs (EBPs) and why should I care?” highlighted the CHAMP innovative academic-community partnership.<sup>1,2</sup> In this article, we continue our conversation. Our goal is to provide physical therapy professionals practical guidance to answer the question: “How do I find and refer patients to appropriate EBPs?” We highlight how a clinician can use clinical-community partnerships to build an effective continuum of care to achieve sustainable patient outcomes.

### EVIDENCE-BASED PROGRAMS

The National Council on Aging (NCOA) is often our best source for learning more about evidence-based programs (EBPs). Numerous EBPs are approved and included in the NCOA list. For the purposes of this article, we will focus on the most commonly available EBPs for chronic disease self-management, physical activity, and falls prevention. Brief explanations of the purpose of these programs is below or access a more detailed table format of descriptions, appropriate participants, and potential offering locations for common EBPs [here](#).



**Chronic Disease Self-Management Education (CDSME):** This suite of programs, developed from

the original Chronic Disease Self-Management Program, focuses on self-management education for anyone with a chronic condition, of any age. Spanish programs and programs designed for specific conditions (eg, arthritis, diabetes) are also available, as are programs for caregivers. Many states that offer the CDSME programs have re-named them to focus on healthier living rather than chronic disease (eg, Living Healthy, Live Well, etc). The NCOA summary of CDSME programs can be found here (<https://www.ncoa.org/healthy-aging/chronic-disease/>)

*Enhance®Fitness* and approved tai chi programs: Several physical activity group EBPs are available for general strengthening and balance, arthritis management, and fall prevention. *Enhance®Fitness* is a group-based exercise program for individuals with a wide range of functional abilities (exercises can be done sitting and/or standing). Several evidence-based tai chi programs are also approved for fall prevention (*Tai Chi for Arthritis*, *Tai Ji Quan: Moving for Better Balance*, and *YMCA Moving for Better Balance*).

Falls Prevention Programs such as *A Matter of Balance* and *Stepping On* are two programs specific to fall prevention education, fall risk management, and behavior change. *A Matter of Balance* is designed to specifically reduce fear of falling, whereas *Stepping On* includes a focus on risk factor management and maintenance of an active lifestyle. Both programs are provided in a group-based, participatory format.

*Otago Exercise Program (OEP):* The OEP is a progressive strengthening, balance, and walking program to improve mobility and reduce fall risk. The OEP is most often delivered by, or under the direction of, a physical therapist. Training information and a therapist locator can be found: (<https://www.med.unc.edu/aging/cgec/exercise-program/>).

Other approved programs available for fall prevention, disease management, depression management, and social isolation can be found at the evidence-based fall prevention program page on the NCOA website <https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults-2/>.

This table provides a series of case studies that illustrate how to integrate these types of programs into your practice for patients with a variety of diagnoses.

### HOW TO FIND EBPS IN YOUR COMMUNITY

Community-based organizations (CBOs), such as Area Agencies on Aging, senior centers, YMCAs, and faith-based organizations have assumed key roles in promoting wellness and prevention through offering EBPs in local communities.

Area Agencies on Aging (AAAs, <https://www.n4a.org/>) were established under the Older Americans Act (OAA) to address the local needs of older adults. The AAAs provide a variety of services, with evidence-based health and wellness being part of their mission. In fact, 93% of AAAs offer some type of EBP.<sup>3</sup> Each AAA web-

**Table 1.** Case Studies Demonstrating Examples of Integration of EBPS into a Plan of Care

Scenario	Challenge	Recommended EBP	Progression	Outcome
65-year-old female with rotator cuff injury and significant knee and shoulder DJD. The injury was due to a fall but the referral is for shoulder pain. Healing slowed by poor control of diabetes. She wants to do a better job managing her diabetes but does not really know where to start.	To meet her goals and sustain her progress after discharge, the patient would benefit from increased self-efficacy in managing her diabetes.	Diabetes Self-Management Program (DSMP)  Program is offered face-to-face monthly at the local senior center.	Starts DSMP during PT episode of care with increased adherence and compliance with HEP after 2 sessions; more confident and engaged in PT sessions.  Discharged from PT before she finishes DSMP.	Patient recommended to start EnhanceFitness upon finishing DSMP. Discussed this option with both the patient and the lay leader of the DSMP program.  -Patient enrolls in EnhanceFitness program. -6 months later: blood sugars so well controlled she no longer takes Metformin. -Patient walking 3 miles a day and now attending a Zumba class at the senior center.
83-year-old deconditioned female discharged from hospital due to pneumonia. She was advised she was at high fall-risk due to significant balance and strength impairments and fear of falling. Patient does not drive, but is not considered homebound. Her spouse drives and is an enthusiastic caregiver. Receiving PT in the home under Medicare Part B.	Patient has significant fear of falling. Is willing to do HEP with her spouse but experiences anxiety that she might fall while exercising.	Initiate and progress Otago Exercise Program (OEP) as part of physical therapy program in the home  -A Matter of Balance at local Parks and Recreation Department. Recommend patient take MOB concurrent with therapy. Husband will accompany patient to the class to reinforce patient comfort and confidence.	Patient completes 8-week MOB program. She is also doing the OEP as her home exercise program.  -Therapist keeps patient on Med B caseload for 12 weeks, with gradual decrease in frequency of visits over time. -Patient told to continue with OEP progression and check in with therapist at 6 months.	Patient understands value of exercises after MOB class. Completes her OEP exercises 3 times a week and is now walking 45 minutes 3 times a week.  At a 6-month follow-up phone call, therapist recommends patient to go to tai chi class offered at local YMCA. Patient agrees.
73-year-old male who slipped and fell on ice in February fracturing scaphoid. Limited activity after fall. STEADI falls screen: <ul style="list-style-type: none"> <li>• TUG = 12.2 seconds</li> <li>• Chair stands = unable to do 1</li> <li>• Single leg stance = 4 seconds</li> <li>• Believes that increased risk of falls is a normal part of aging</li> </ul>	Patient loss of strength, conditioning will continue unless he understands he can manage his fall risk. He requires significant behavior change. He loves to learn and is feeling some social isolation.	Stepping On - offered through the AAA. You recommend to put therapy on hold until he completes Stepping On, and he should contact you if interested in continuing after program completion.	After completing Stepping On, patient is ready for greater balance challenges. Works with physical therapy for 6 sessions over 2 months while using Medicare Advantage benefit to attend EnhanceFitness class at his local YMCA.	Patient understands he can manage his fall risk through regular balance and strength exercise, monitoring his medications, and also safely navigating challenging environments such as ice and snow.  -He goes to the gym 3-5 times a week for his exercise class and is excited to continue his progression. He just learned about another program at the YMCA: Tai Chi: Moving for Better Balance. His new buddy from EnhanceFitness told him about that, and he feels ready to sign up when it is next offered.

Abbreviations: DJD, degenerative joint disease; DSMP, Diabetes Self-Management Program; HEP, home exercise program; PT, physical therapy; OEP, Otago Exercise Program; MOB, Matter of Balance; STEADI, Stopping Elderly Accidents, Deaths, and Injuries; TUG, Timed Up and Go

site is constructed differently; AAAs are often housed within councils of government and can be searched within the appropriate government council. Many AAAs describe programs offered under health promotion and disease prevention, healthy living, and/or fall prevention. A detailed schedule of times and offering locations may not be included on the website and may require you to call your local AAA for more information.

The Evidence-Based Leadership Council (<http://www.eblcprograms.org/>) offers information about specific EBPs (chronic disease and medication management, physical activity, falls management, and depression) and the opportunity to search for local EBP licensed organizations. From their home page, you can use the drop down to learn more about specific programs and also click on “Map of Licensed Organizations” for a local search. Search results provide a list of organizations and the specific programs they provide, as well as a website link and contact information.

Many YMCA branches also offer EBPs (most commonly: *YMCA Moving for Better Balance*, *Enhance<sup>®</sup>Fitness*, and *A Matter of Balance*) in addition to their other active adult programming. The EBPs at the YMCA are often available to non-members with a reduced fee and program scholarships may be available. Contact your local YMCA for more information. The YMCA also partners with many health insurance plans (eg, *Silver Sneakers*, *Silver & Fit*, AARP Medicare Supplement Program, and more) to provide low or no cost access to specific programs. If you need to locate YMCA branches nearest your patient, enter the location zip code at <http://www.ymca.net/>. Once at the local branch site, search for active and/or older adult programs and contact the local branch for more information.

You may find some duplication in the above search strategies, but using various approaches may also uncover different CBOs offering

EBPs. For instance, independent CBOs, such as faith-based organizations or some fitness or recreational centers, may appear in the searches through the Evidence-Based Leadership Council website, but not through the AAAs or YMCA. Also, directly contacting each CBO can reveal helpful information about their EBP offerings, as some CBOs may not post regular schedules to their website.

### **Bridging Across the Continuum - Best Practice Strategies**

Now that you know which programs are most appropriate and available in your community, how can you help ensure that your patient engages in the recommended program? There are a variety of things that the physical therapy provider can do to facilitate patient success in transitioning to and benefiting from the recommended EBP. Consider how you might evolve your practice to incorporate some of the following best practice strategies:

- Set the expectation with patients early on; partnering to execute a plan for sustained activity after physical therapy is key to successful outcomes.
- Start the conversation about participation in EBP as early as possible, during the active physical therapy course of care.
- Encourage patients to help identify feasible options in the community (history of participation by self or loved one?, etc).
- Attend one or more EBP sessions with patients as part of the skilled PT treatment program. Medicare Part B will allow patients to be treated outside of a brick and mortar clinic. However, you should check with your Part B provider and insurance company to insure your liability insurance covers off-site treatments.
  - Ensure patient ability to tolerate full participation, and prescribe adapted strategies for certain components as needed.
  - Increase patient confidence in

the ability to be successful, especially if they have not participated in such a program, format, or venue in the past.

- Increase patient confidence in EBP instructor, illustrating the close communication and partnership between the PT provider and EBP provider.
- Increase mutual respect and understanding of scope and role of PT and EBP provider, which helps facilitate appropriate referrals in both directions.
- Facilitate connections with a peer champion.
  - Previous patients who have attended, or are currently attending, the program you are recommending for the patient.
  - Connect with previous or current participants who are identified by the EBP instructor.
- When a program is not available or appropriate until after completion of the active course of physical therapy, support successful transition by:
  - signing the patient up for the program prior to transition from active physical therapy course of care,
  - contacting EBP provider to determine if patient can be contacted directly when the next program is offered and provide additional details about the program as needed, and/or
  - providing a courtesy support “check-in” call to patient after the completion of the active physical therapy treatment program, to encourage EBP participation and address any gaps to successful participation.

### **WHAT'S NEXT**

“What happens if I can't find these programs near me?” The next article in this series (available in January 2020 issue) will address this question in detail, provide decision-making guidance to choose the best

currently available option, and offer strategies to support development and advocate for additional options in the future. We will discuss partnering with community organizations as well as offering both wellness and evidence-based programs in house.

However, if you are eager to get started and you treat a population that is more frail, you can immediately implement the Otago Exercise Program into your practice by following these steps:

1. Go to <https://www.med.unc.edu/aging/cgec/exercise-program/> and complete the online training, "The Otago Exercise Program: Fall Prevention Training" (\$35).

2. Purchase a few sets of adjustable ankle weights (ideally up to 10#).

3. Print out the exercises or download the exercise instruction videos from <https://www.med.unc.edu/aging/cgec/exercise-program/> to distribute to your patients.

4. Prescribe the appropriate exercises from the OEP as a HEP specifically to improve lower extremity strength and balance for appropriate patients.

5. If appropriate, see patients at the recommended OEP frequency prior to discharge to insure adherence and compliance.

6. Set an appropriate progression goal for the patient to keep working toward after discharge and have fun!

Article 4 in this series will focus on the return on investment for your practice when you integrate EBPs into your offering. We will illustrate the business case for an effective continuum of care, demonstrating 2 successful models: building a continuum of care within your own practice, and leveraging clinical-community partnerships for practice success.

## REFERENCES

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