

ACSM-SBM EXERCISE IS MEDICINE® SYMPOSIUM

ASSESSING PHYSICAL ACTIVITY TO IMPROVE EXERCISE PRESCRIPTIONS AND REFERRALS

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Strategies to improve physical activity counseling and referral in primary care

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How do we optimally assess
physical activity in busy primary
care settings?

Key translational questions in PA assessment

Clinical researcher key questions

- How do we engage clinicians, teams, and practices in importance of PA assessment?
- How do we optimally assess PA?
- How do we effectively train teams (which may include community partners) to do PA assessment?

Primary care physician key questions

- I know this is important. How will I (or my team) be able to do this in an already over-stuffed day?
- Where can I find this information quickly, accurately, and consistently?
- Who will help me do this? What resources are available?

Key translational questions in PA assessment

Clinical researcher key questions

- What implementation outcomes are useful in assessing the process of PA assessment and referral?
- What models for sustainability are needed to support and fully integrate PA counseling and referral into primary care?

Primary care physician key questions

- What options are available to me for PA referral? Is this a program/person I can trust? How do I make a referral? How will I know if the patient went? How will I be notified of their progress (and by whom)?
- How will PA counseling and referral be paid for, and by whom? Will these resources/personnel be available for continuous or episodic care for my patient? Who do I contact if I (or my patient) have questions about coverage, eligibility, or payment?

Primary care physician perspective

Physical activity counseling in context

- 20-25 patients seen by PCP daily
- Multiple other team members involved per visit (up to 7 others not unusual!) and throughout the day (pharmacies, hospitals, payers, suppliers, employers, specialists, lab companies, etc. etc.)
- Most patients have >>>1 presenting concerns in addition to chronic and preventive care needs
- Constant need to reconcile, prioritize multiple agendas whilst coordinating flow and timing of visit
- Multiple tasks to accomplish before, during, after visit
- Physicians/practices responsible for multiple metrics of reporting
- Physician burnout very high (2/3 of all physicians; higher in primary care)

Five key developments in primary care

- Practice transformation
- Team based care/new care models
- Electronic health records and health information technology
- Cost reform and new payment models
- Population health

What type of information about patients' physical activity do physicians need?

BASIC

- Quick and easy to collect
- Easy to view on EHR; prominently displayed; consistently located the same place for every patient
- Straightforwardly reported (e.g. # sedentary days per week; # minutes of PA per week)
- Reasonably sensitive to change
- Reliable, evidence-based

ASPIRATIONAL

- Patients' motivation and reasons for wanting to be active
- Barriers to change
- Details about duration, type, frequency of PA
- Resources to tailor recommendations to patients' medical and psychosocial context

How can physical activity data be used by physicians?

- To tailor advice and recommendations more effectively to patients' chronic conditions, functional status, and psychosocial circumstances
- As a means to identify and connect eligible patients to available referral options, community resources, etc.
- As an opportunity to engage patients in counseling about disease prevention and risk reduction
- As a reportable health outcome unto itself

Physician needs to support counseling and referral

- Easy-to-use structured data field in highly visible/viewed area of chart to collect *basic* PA data
- PA data collected and entered by MA/LPN, other team member, or patient
- Reports, registries on patients' PA, related measures, and progress easy to generate by PCP/team
- Up-to-date, easy to use referrals built into EHR
- Referral team members accessible, known to PCP and staff
- Positive messages, “kudos” given to team about referred patients' progress from referral source
- Patient testimonials about their progress, satisfaction very high

Primary care researcher perspective

A communication intervention to promote physical activity in underserved populations

- Pragmatic pilot clinical trial
- Clinicians (n=13) received an intervention consisting of four one-hour training sessions to teach the 5As for physical activity counseling early (Group 1) or eight months later (Group 2).
- Patient-clinician visits (n=325) were audio-recorded at baseline, immediately post-intervention, and at six months.
- Outcomes were the frequency and quality of physical activity discussions using the 5As, assessed by blinded coders

Carroll JK, Fiscella K, Epstein RM et al., BMC Health Serv Res., 2012

Results

- Overall frequency of PA discussions did not change (35-37% across all time points)
- When PA discussions occurred, the frequency of 5As increased from baseline to follow-up for Advise (51% to 54%), Agree (11% to 26%), and Assist (11% to 17%); however none of the 5As had a statistically significant increase.
- For Agree, exploration of patient willingness to engage in physical activity increased from 23% at baseline to 50% at follow-up.

Patient perspectives

Patients reported increases in their clinicians' autonomy supportiveness (providing them with choices and options about PA; minimizing control; encouraging active involvement in goal setting)

No change in patients' perceived competence for PA was observed

Patients of Group 2 clinicians reported changes in their physicians' PA counseling, particularly for referral to community programs

Carroll JK, Fiscella K. Epstein RM et al., Patient Educ Couns., 2013; Carroll JK, Sanders MR, Winters P et al., CDC Prev Chron Dis, 2014

Use of electronic health records tools and community partnerships for PA referral

- Supplemental project evaluated the addition of two additional personnel to enhance identification, recruitment, and tracking of eligible patients into community exercise programs AND the development of EHR tools to track PA counseling and referral

Tools and roles created

- Structured data fields in EHR for
 - PA assessment as vital sign
 - Barriers, facilitators, goals, action plans
 - Order sets and pdfs, links to community resources
 - Referrals tool to community exercise program
- Registry for potentially eligible, referred, enrolled patients in community exercise program
- Set of SOPs/workflows for healthy living liaison to triage and enroll eligible patients

Carroll JK, Fiscella K, Epstein RM et al., BMC Health Serv Res., 2012

Results

- Referral tool was the most frequently used/endorsed by physicians
- Use of tracking tool for potentially eligible and referred patients very helpful to clinicians, research team, community partners
- Data on referral, tracking, retention in community exercise program
- NOT helpful: all other EHR tools
- VERY CHALLENGING: maintenance, updating of registry

Carroll JK, Sanders MR, Winters P et al., CDC Prev Chron Dis, 2014

Take-home messages

- Physician 5As counseling skills difficult to change in isolation
- Modest improvements seen in quality of Agree and Assist for PA counseling
- Addition of clinical team members and community exercise program seen as greatly beneficial, motivating for clinicians and patients
- Team-based care models and robust linkages to community programs especially important to address barriers faced by underserved populations

What did physicians find most helpful from community partners for PA assessment?

- Notification that the referral was received
- Notification that the patient enrolled and what their goals were
- Updates to logistics of sessions (where/when held, who point person is, etc.) consistently communicated
- Interim personalized updates about patient's progress, difficulties, challenges with brief prompt to encourage or praise the patient if/when physician next saw patient
- Final “progress report” on how many sessions patients attended, results/progress made etc.