Advancing an Evidence-Based Population-Level Physical Activity Program for the Exercise is Medicine® Initiative

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“What if there was **one prescription** that could **prevent and treat** dozens of diseases, such as diabetes, hypertension and obesity?”

-Robert E. Sallis, M.D., M.P.H., FACSM,
Exercise is Medicine® Task Force Chairman

- Multi-organizational global initiative launched in November 2007, coordinated by the American College of Sports Medicine (ACSM).
- Developed to encourage health care providers to include exercise when designing treatment plans for patients. Calls on all health care providers to prescribe exercise to their patients.
- Committed to the belief that exercise and physical activity are integral in the prevention and treatment of diseases, and should be assessed as part of medical care and integrated into every primary care office visit.

Vision

To make physical activity and exercise a standard part of a disease prevention and treatment medical paradigm in the United States.

Guiding Principles

- Exercise and physical activity are important to health and the prevention and treatment of many chronic diseases.
- More should be done to address physical activity and exercise in health care settings.
- Multi-organizational efforts to bring a greater focus on physical activity and exercise in health care settings are to be encouraged.

Program Goals

Exercise Is Medicine® will be a sustainable national initiative that:

1. Creates broad awareness that exercise is indeed medicine.

2. Makes "level of physical activity" a standard vital sign question in each patient visit.

3. Helps physicians and other health care providers to become consistently effective in counseling and referring patients as to their physical activity needs.

4. Leads to policy changes in public and private sectors that support physical activity counsel-ing and referrals in clinical settings.

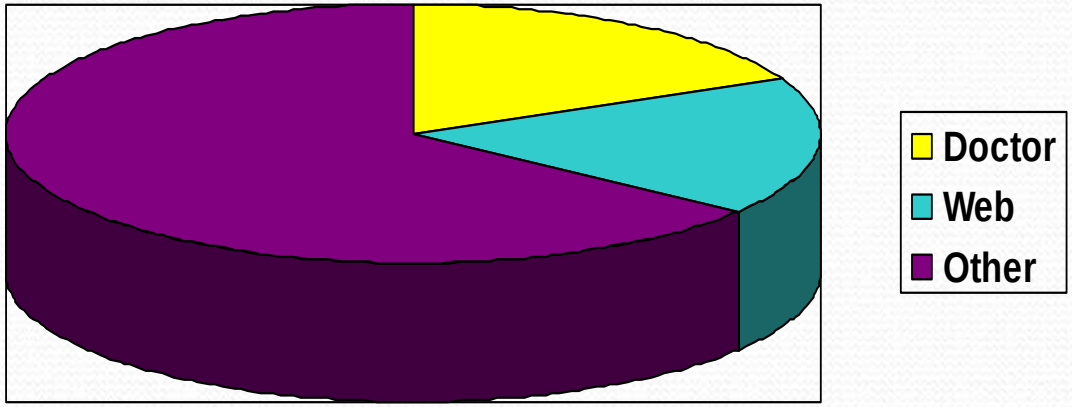
5. Produces an expectation among the public and patients that their health care providers should and will ask about and prescribe exercise.

6. Appropriately encourages physicians and other health care providers to be physically active themselves.

Current Practices and Attitudes

- Patients look to their doctor first for advice on exercise and physical activity (25%).

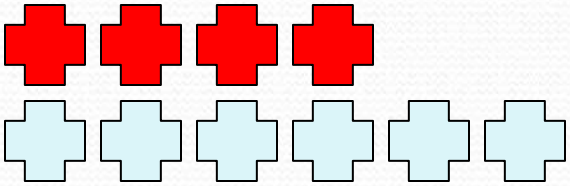
- Patients turn next to fitness and health web sites (24%).



65%

- Nearly two-thirds of patients (65%) would be more interested in exercising to stay healthy if advised by their doctor and given additional resources.

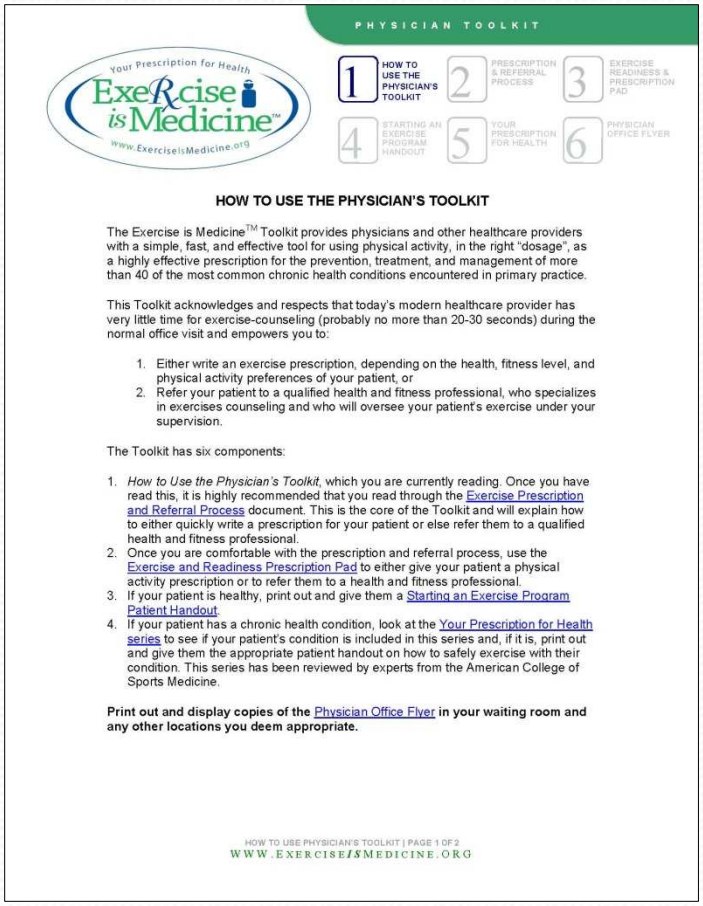
- Four out of 10 physicians (41%) talk to their patients about the importance of exercise, but don't always offer suggestions on the best ways to be physically active.



Survey conducted by ACSM

Health Care Provider's Toolkit

The Health Care Provider's Toolkit provides physicians and other health care providers with a simple, fast, and effective tool for using physical activity, in the right "dosage", as a highly effective prescription for the prevention, treatment, and management of more than 40 of the most common chronic health conditions encountered in primary practice.



PHYSICIAN TOOLKIT

Your Prescription for Health
Exercise is Medicine™
www.ExerciseisMedicine.org

1 HOW TO USE THE PHYSICIAN'S TOOLKIT
2 PRESCRIPTION & REFERRAL PROCESS
3 EXERCISE READINESS & PRESCRIPTION PAD
4 STARTING AN EXERCISE PROGRAM HANDOUT
5 YOUR PRESCRIPTION FOR HEALTH
6 PHYSICIAN OFFICE FLYER

HOW TO USE THE PHYSICIAN'S TOOLKIT

The Exercise is Medicine™ Toolkit provides physicians and other healthcare providers with a simple, fast, and effective tool for using physical activity, in the right "dosage", as a highly effective prescription for the prevention, treatment, and management of more than 40 of the most common chronic health conditions encountered in primary practice.

This Toolkit acknowledges and respects that today's modern healthcare provider has very little time for exercise-counseling (probably no more than 20-30 seconds) during the normal office visit and empowers you to:

1. Either write an exercise prescription, depending on the health, fitness level, and physical activity preferences of your patient, or
2. Refer your patient to a qualified health and fitness professional, who specializes in exercises counseling and who will oversee your patient's exercise under your supervision.

The Toolkit has six components:

1. *How to Use the Physician's Toolkit*, which you are currently reading. Once you have read this, it is highly recommended that you read through the Exercise Prescription and Referral Process document. This is the core of the Toolkit and will explain how to either quickly write a prescription for your patient or else refer them to a qualified health and fitness professional.
2. Once you are comfortable with the prescription and referral process, use the Exercise and Readiness Prescription Pad to either give your patient a physical activity prescription or to refer them to a health and fitness professional.
3. If your patient is healthy, print out and give them a Starting an Exercise Program Patient Handout.
4. If your patient has a chronic health condition, look at the Your Prescription for Health series to see if your patient's condition is included in this series and, if it is, print out and give them the appropriate patient handout on how to safely exercise with their condition. This series has been reviewed by experts from the American College of Sports Medicine.

Print out and display copies of the Physician Office Flyer in your waiting room and any other locations you deem appropriate.

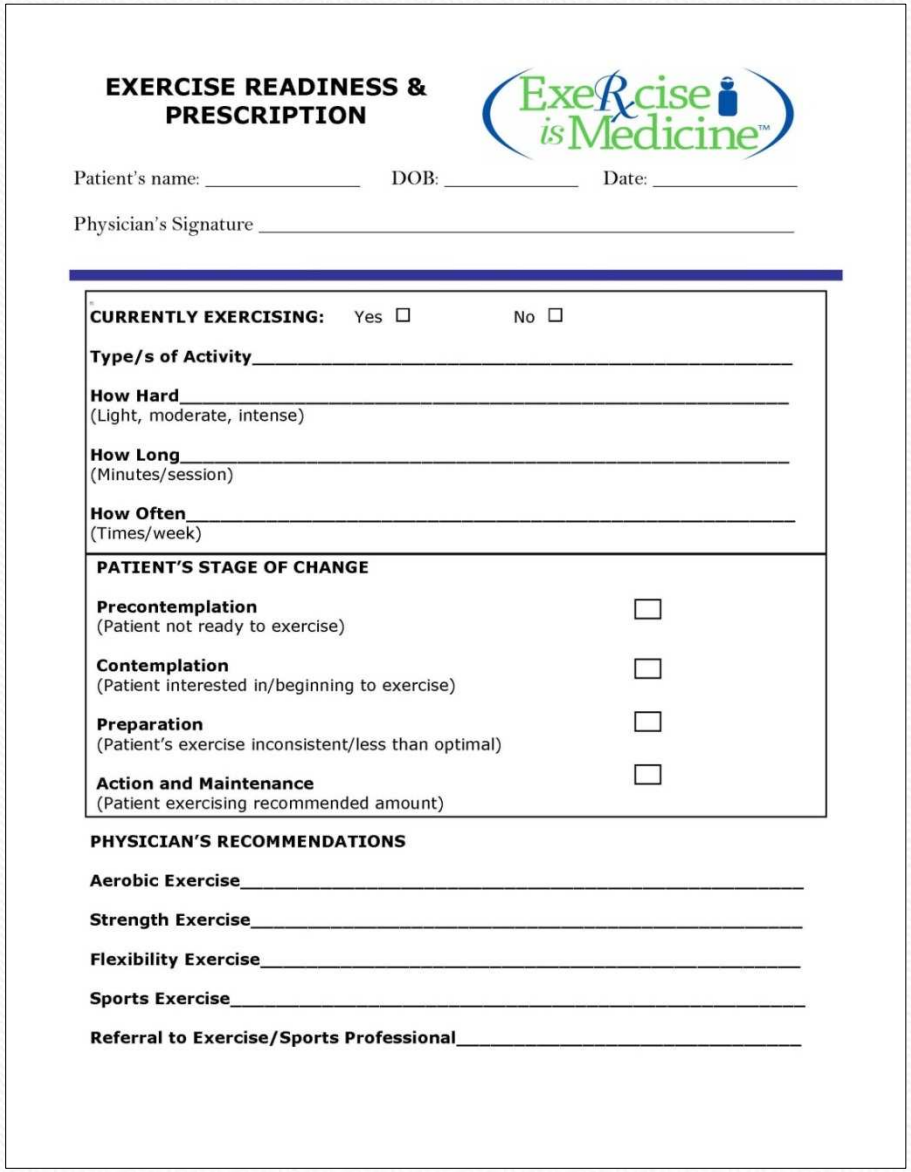
HOW TO USE PHYSICIAN'S TOOLKIT | PAGE 1 OF 2
WWW.EXERCISEISMEDICINE.ORG

Toolkit Highlights

- Exercise Prescription and Referral Process document
- Exercise Readiness and Prescription Pad
- Starting an Exercise Program patient handout
- Your Prescription for Health series
- Physician office flier

Steps for Health Care Providers

1. Determine patient's current level of activity and willingness to exercise.
2. Determine if patient is fit to exercise independently and what type of fitness professional would be best for referral.
3. Depending on patient's stage of change, take appropriate action by referring patient to educational material, writing exercise prescription, and/or referring patient to fitness professional.
4. Refer patient to www.ExerciseIsMedicine.org for videos, fliers and resources.



EXERCISE READINESS & PRESCRIPTION

Exercise is Medicine™

Patient's name: _____ DOB: _____ Date: _____

Physician's Signature _____

CURRENTLY EXERCISING: Yes ☐ No ☐

Type/s of Activity_____

How Hard_____
(Light, moderate, intense)

How Long_____
(Minutes/session)

How Often_____
(Times/week)

PATIENT'S STAGE OF CHANGE

Precontemplation ☐
(Patient not ready to exercise)

Contemplation ☐
(Patient interested in/beginning to exercise)

Preparation ☐
(Patient's exercise inconsistent/less than optimal)

Action and Maintenance ☐
(Patient exercising recommended amount)

PHYSICIAN'S RECOMMENDATIONS

Aerobic Exercise_____

Strength Exercise_____

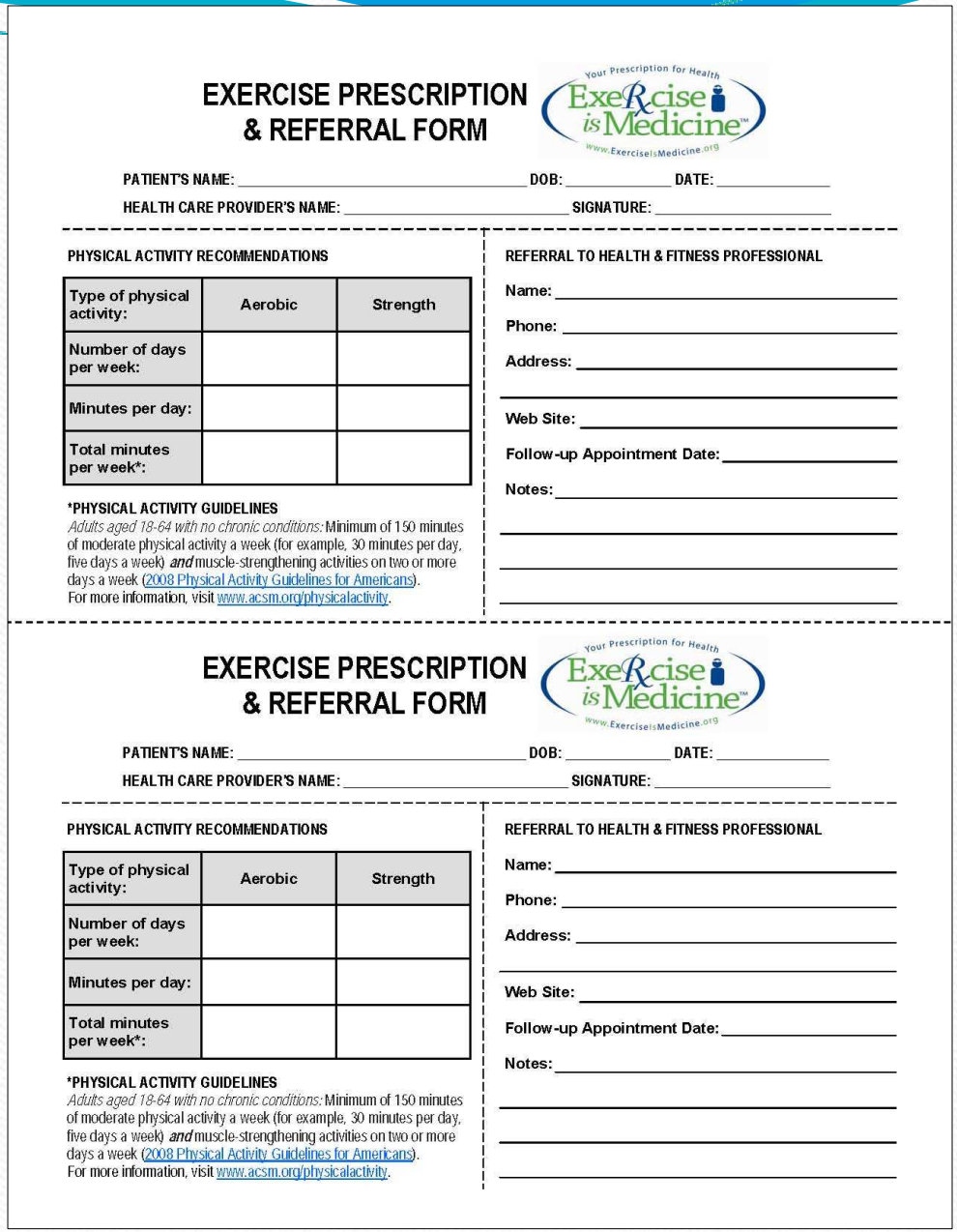
Flexibility Exercise_____

Sports Exercise_____

Referral to Exercise/Sports Professional_____

Referral

- Time and expertise are factors in the prescription and referral process.
- Studies show a patient will continue an exercise program longer if working with a fitness professional
- Fitness professional can provide feedback to the health care provider.



EXERCISE PRESCRIPTION & REFERRAL FORM

Your Prescription for Health — Exercise is Medicine™ — www.ExerciseisMedicine.org

PATIENT'S NAME: _____ DOB: _____ DATE: _____

HEALTH CARE PROVIDER'S NAME: _____ SIGNATURE: _____

PHYSICAL ACTIVITY RECOMMENDATIONS

Type of physical activity:	Aerobic	Strength
Number of days per week:		
Minutes per day:		
Total minutes per week*:		

***PHYSICAL ACTIVITY GUIDELINES**

Adults aged 18-64 with no chronic conditions: Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) ***and*** muscle-strengthening activities on two or more days a week (2008 Physical Activity Guidelines for Americans).
For more information, visit www.acsm.org/physicalactivity.

REFERRAL TO HEALTH & FITNESS PROFESSIONAL

Name: _____

Phone: _____

Address: _____

_____

Web Site: _____

Follow-up Appointment Date: _____

Notes: _____

_____

_____

_____

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_____

_____

_____

Referrals to Fitness Professionals

How should I work with fitness professionals?

- ACSM ProFinder; online at www.acsm.org
- NCCA-accredited associations; www.noca.org

World Congress on Exercise is Medicine

Your Prescription for Health

ExeRxcise is Medicine®

www.ExerciseisMedicine.org

EIM Sessions

Are High-Intensity Exercise Studies Relevant for Generating Public Health Guidelines?

Bridging the Gap: Linking Physicians and Exercise Professionals with Technology

Changing a Sedentary Lifestyle in Patients with Neurological Disorders

Clinical Lifestyle Intervention Programs for Patients with Chronic Disease

Current Research in Exercise and Metabolic Implications after Spinal Cord Injury

EIM Credential: Referral for Exercise, Who is Qualified?

EIM On Campus: So Easy, Even a Student Can Lead the Effort!

EIM: Ethical Considerations

Exercise as a Cognitive Enhancer: How to Walk the Walk

Exercise Deficit Disorder in Youth: Play now or Pay Later

Exercise is Medicine for Underserved Populations: Challenges and Opportunities

Exercise is Medicine: Stories from Practice-based Evidence

Exercise Physiology in 50 Minutes

Exercise Prescription for Depression: Empirical Evidence and Clinical Perspectives

Generating Lasting Motivation for Physical Activity: What You Need to Know

Implementing Exercise Is Medicine into the Care of Pregnant Women

Physical Activity Prescriptions—An International Perspective

Implementing the 5As of Physical Activity Counseling into Clinical Practice

Is EIM Good Business?

Meditative Movement as a Category of Exercise: Standards for Research and Practice

Modernizing Medical Education: A Call to Teach Exercise as Medicine

Motivational Interviewing to Promote Physical Activity

Novel Experimental Evidence for the Inactivity Physiology Paradigm

Physical Activity, Physical Fitness and Academic Performance

Protein Needs for Exercise and Medicine. 10 questions/10 experts: PINES Special Event

Role of Exercise Training in Severely Diseased Patients

Taiji and Qigong: Multi-Dimensional Exercise for Successful Aging

The Role of Allied Health Professions in Promoting Exercise is Medicine

Models to learn from

- VA MOVE! Program
- Insurance-sponsored programs
  - Blue Care Network's Healthy Blue Living
- Integrated Managed Care settings
  - Kaiser Permanente and EIM

Initial charge for ACSM-SBM

- To identify evidence-based interventions that are scalable at the population level and have the potential to cut across a wide range of healthcare delivery settings.

- To identify and/or develop the most effective types of referral systems to enact the link between the primary care office referral and program delivery source.

Short-term goals to gain momentum

- Identify evidence-based interventions via 2 different delivery channels
  - Web-based interventions
  - Telephone-base interventions
- Identify to ACSM scalability of programs
- Link programs to EIM website

Search

- PubMed: Physical activity, Weight management, Diabetes, Lifestyle behavior, Hypertension
- Industry, Tech companies, HMO's
- RePORTER (http://projectreporter.nih.gov/reporter.cfm)

Evidence based criteria

- Target audience
- Delivery channel
- Primary and secondary outcomes
- # of RCT's showing efficacy
- Program length
- Follow-up period
- Training requirements
- Cost of intervention

Longer-term directions

- Referral system
  - Short videos of successful referrals for providers
  - Get all clinical staff involved
  - Integration into EMR
- Expand evidence-based intervention repository
  - Community-based interventions
  - Expert-based decision model implemented in primary care settings

Thanks to the SBM-ACSM ad hoc Behavioral Interventions Committee

Outline

- What is Exercise is Medicine?
  - What is it?
  - Latest research
  - Implementation at KP
- SBM involvement
  - Goal
  - Current directions and short-term goals
  - Review and identification of evidence-based programs
  - Future directions