



**Making Physical Activity Assessment,
Prescription and Referral a Standard of Care:
What it Means for Centers, Staff and Members**

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Today's Objectives



Describe the opportunity to make physical activity assessment, prescription, and referral a standard of care in the U.S. healthcare system



Explain the It's Time to Move initiative, its goals and progress in integrating standardized physical activity clinical measures into electronic health records (EHRs)

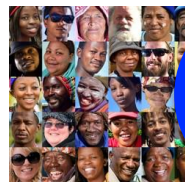


Discuss the potential impact of physical activity integration for medical fitness facilities, exercise professionals, and patients/clients/members

The Consensus



Clear and unwavering scientific consensus on the extraordinary physical and mental health benefits of physical activity



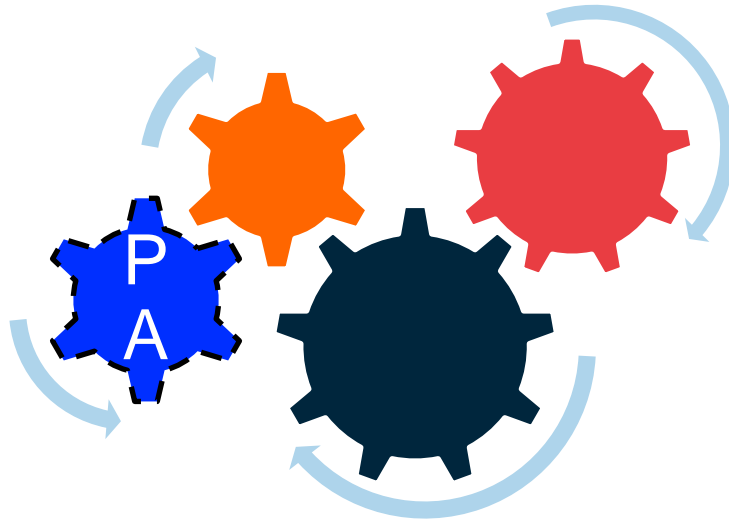
Benefits every age, ability, race, ethnicity



Importance for nation's safety and security

The Problem

The American healthcare system is **NOT** designed to harness the benefits of physical activity.



The Result

Millions of Americans lack appropriate counseling and prescription for active living that would:

- Prevent or help manage most chronic diseases, many infectious diseases and their associated risk factors
- Improve mental health and well-being



The Solution

What is it?

Multi-year project that will empower health care providers to seamlessly **integrate physical activity clinical measures into patient care plans** and help make *physical activity prescription* a standard of care

Who is involved?



Physical Activity Alliance (PAA)



Mission:

To lead efforts creating, supporting, and advocating for policy and system changes that enable *all Americans to enjoy physically active lives.*

Vision:

An active and healthy nation where the opportunity for physical activity is easily available in the daily lives of all Americans.



PAA Board Member Organizations



It's Time to Move – 3 Focus Areas



Physical Activity **Assessment**

Developing standardized measures for assessing physical activity that can be seamlessly integrated into electronic health records and patient care



Physical Activity **Prescription**

Making it easier for healthcare providers to prescribe exercise



Physical Activity **Referral**

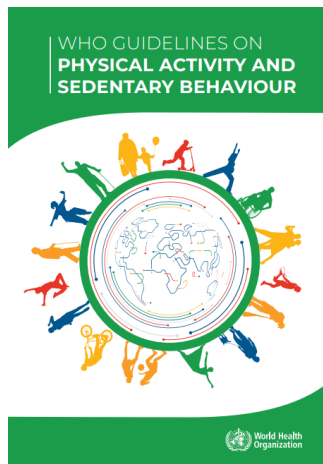
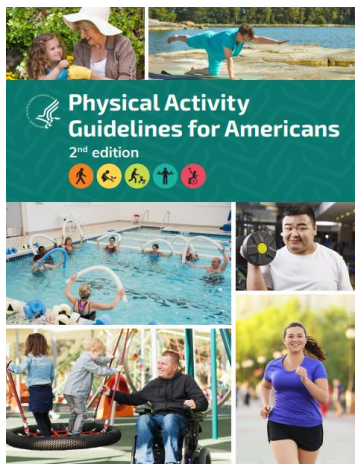
Facilitating referrals from healthcare providers to qualified exercise professionals

Receiving referrals as qualified exercise professionals



Recommended Standard of Care

Numerous guidelines and recommendations also promote the **importance of PA assessment, prescription, and referral** as a standard of care in clinical practice.



Multi-Year, Multi-Pronged Campaign



- 1 **Create standardized PA measures** for electronic health records (EHRs)
- 2 **Enable interoperability, exchange of PA data** between EHRs/wearables/orgs
- 3 **Develop Current Procedural Terminology (CPT) Codes** for PA prescription
- 4 **Establish insurance coverage** for physical services
- 5 **Expand and deepen the evidence for PA services/programming**
- 6 **Increase link:** clinical practices to PA community-based providers
- 7 **Generate quality and performance measures** for healthcare delivery services related to physical activity

Core Measures

These standards are validated in the peer-reviewed literature and are aligned with the most recent U.S. Physical Activity Guidelines for Americans.



Muscle Strengthening Activity

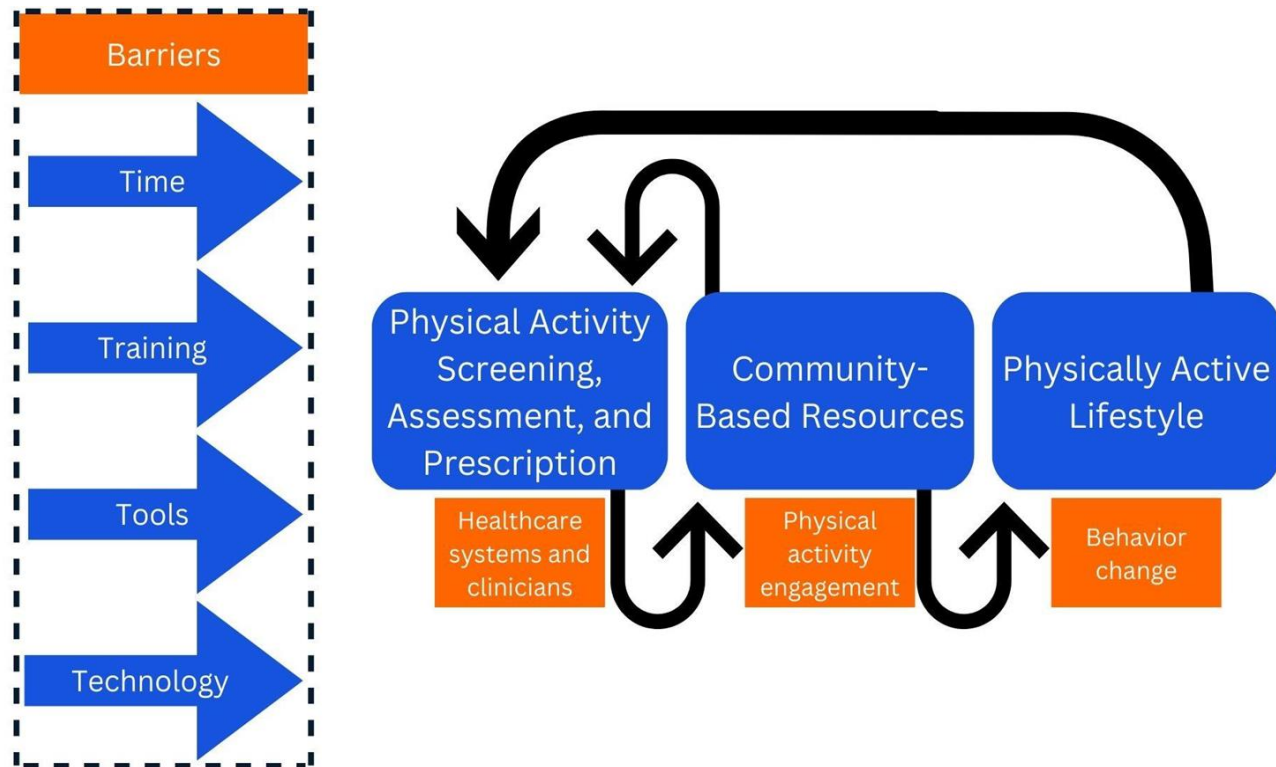
- As part of an average week, on how many days does the patient perform muscle-strengthening activities such as weight or resistance training?



Aerobic Physical Activity

- For an average week in the last 30 days, how many days per week did the patient engage in moderate to vigorous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?
- On those days that the patient engages in moderate to vigorous exercise, how many minutes, on average, do they exercise
- Multiple days*minutes to obtain total minutes of moderate to vigorous physical activity per week.

The Goal



Source: Whitsel, L., Bantham, A., Jarrin, R., Sanders, L., Stoutenberg, M. (2020). Physical Assessment, Prescription, and Referral in U.S. Healthcare. *Progress in Cardiovascular Diseases*.

The Impact



Patients who receive an exercise referral from a PCP are **more likely** to meet the physical activity guidelines



Physician counseling and exercise referral systems **promote improvements in patients' physical activity** for at least 12 months



Average healthcare expenses for Medicare Advantage members participating in a fitness program are **16% lower** than non-participants



Standardization



Standardized clinical practices for:

- Assessing a patient's physical activity level
- Prescribing physical activity
- Referring a patient to community resources for safe and effective physical activity



Standardized electronic health record fields relating to physical activity

that would allow interoperability between clinicians, patients, and community-based providers



Adequate payment/reimbursement to incentivize clinicians

to integrate physical activity as a standard of care and cover services offered by a qualified exercise professional or evidence-based PA program



Standards for Facilities and Physical Activity Practitioners with medical oversight that deliver outcomes-based programs and interventions at the intersection of clinic and community

Providers: Program Delivery



Medical Oversight

Compliant with
HIPPA/GINA

Access to EMR
platforms

Qualified Staff



Licensed or
Registered Health
and Exercise
Professionals

Working at the
highest and best
use of their
credentials



Outcomes-based
programs

Scalable/
Reproducible

For members **and**
non-members

Payers: Building Momentum

Reduce your costs, lower your risk.



Set
expectations
with providers

Quality metrics



Consider
covering
low-cost
interventions



Gather data
to evaluate
best practices



Call to Action



Self-assessment for readiness

- Medical Fitness Association Facility Self-Study/Certification
- Compliance with applicable patient/participant privacy laws
- Connectivity-Electronic Medical Records + Billing



Inventory of what is needed to prepare to receive referrals

- Qualified Exercise Professionals and Programs
- Relationships health networks and practitioners-focus on early adopters
- **Value Proposition and Roadmap for providers**



Determination of what programs/interventions best prepared to provide

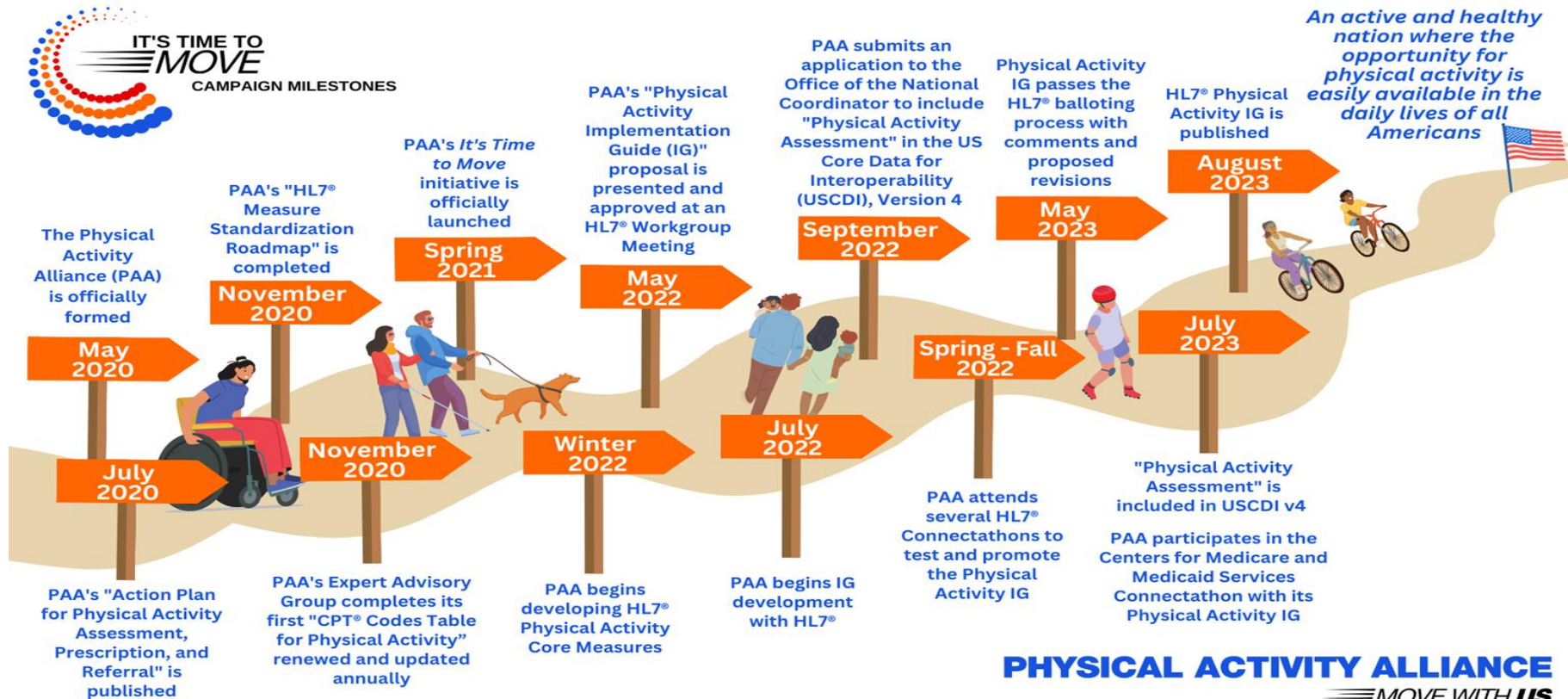
- Seek input from your stakeholders
- High Prevalence Conditions/High Value
- Start with you members

Roadmap



IT'S TIME TO
MOVE

CAMPAIGN MILESTONES

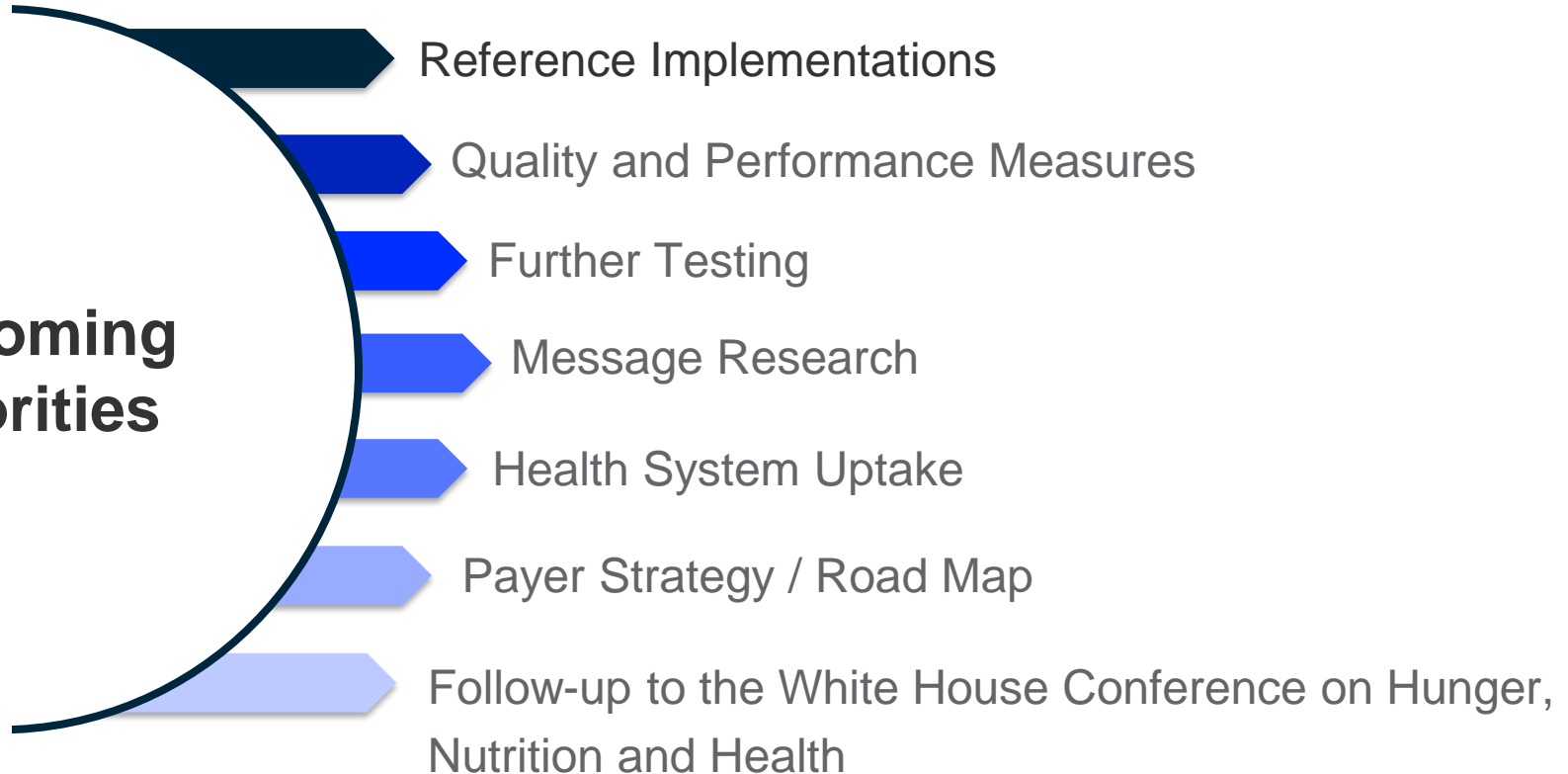


PHYSICAL ACTIVITY ALLIANCE

MOVE WITH US

Next Steps

Upcoming Priorities



Thank you



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Let's connect:

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