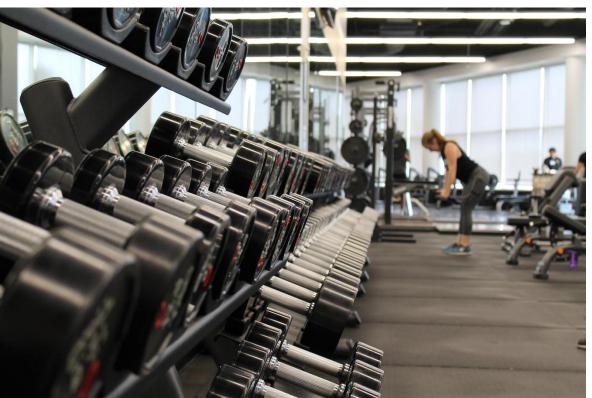
Becoming Essential

Establishing Health and Fitness Professionals as an Essential Part of the Health Ecosystem







About this session

This panel discussion will explore the efforts to engage governments and the public health community on behalf of the fitness industry and exercise professionals. We will share what we learned about their perceptions, future opportunities and the path forward to establish the profession and industry as an essential part of the health ecosystem.

Essentia

A little about me



Hello I Am Francis Neric

ACSM AVP of Certification and Credentialing

Francis Neric leads the development and administration of ACSM's state-of-the-art certification programs. Neric serves on the boards of Committee on Accreditation for the Exercise Sciences (CoAES), Coalition for the Registration of Exercise Professionals (CREP), and the International Confederation of Sport and Exercise Science Practice (ICSESP).



A little about us



Francis Neric, MS, MBA

AVP of Certification and Credentialing, American College is Sports Medicine; President USREPS, Board member of CoAES and ICSESP



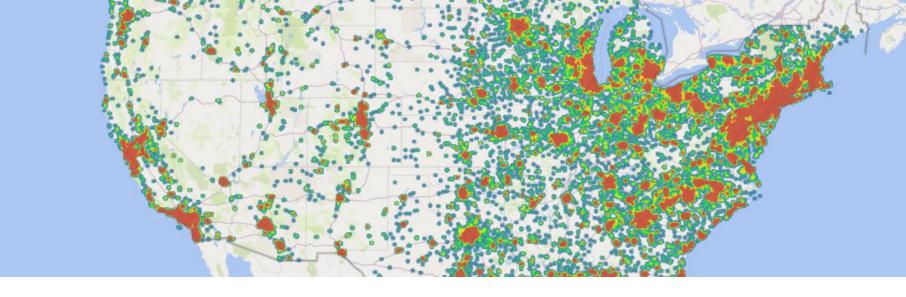
Graham Melstrand

EVP of Community Health and Wellness, American Council on Exercise; Immediate Past President PAA, USREPS



Brian Biagioli, EdD

Graduate Program Director, Applied Physiology at the University of Miami, NCSF Executive Director; VP USREPS

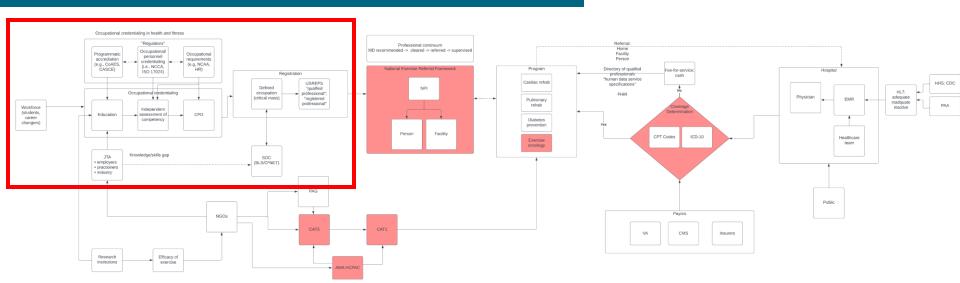


165,000 US Registered Pros

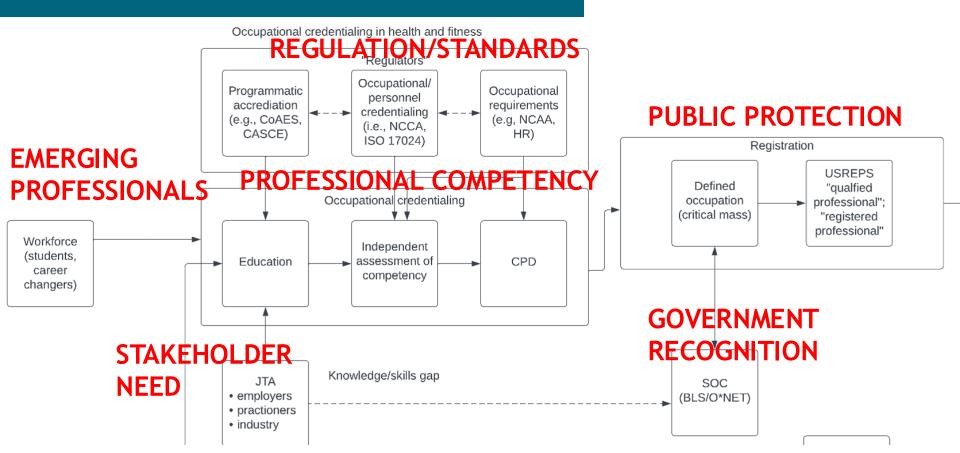
The mission of CREP® is to secure recognition of registered exercise professionals for their distinct roles in medical, health, fitness and sports performance fields. CREP®'s vision is for consumers and other allied health professionals and policymakers to recognize registered exercise professionals for their leadership and expertise in the design and delivery of physical activity and exercise programs which improve the health, fitness and athletic performance of the public.

Registered











=

US Registry of Exercise Pros

Registration easily ties foundational and structural norms of allied health professionals

Public Protection







NATA INTERCOLLEGIATE COUNCIL for SPORTS MEDICINE

S&C COACH PROFESSIONALS



RECOMMENDATION 1

Common hiring standards
S&C coaches



RECOMMENDATION 2

Bachelor's degree in exercise science or a related field



RECOMMENDATION 3

Degree must include medical safety and health content



RECOMMENDATION 4

250 hrs or more of practical experience (internship)



RECOMMENDATION 5

NCCA/ISO 17024-accredited strength and conditioning certification in good-standing



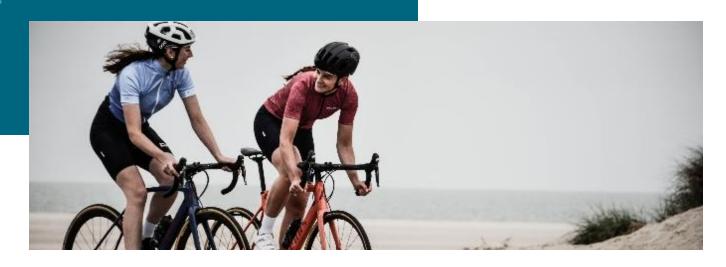
RECOMMENDATION 6

Required CPD in studentathlete safety



RECOMMENDATION 7

Autonomy of practice to minimize conflicts of interest



Occupational Credentialing

Competent

Public protection

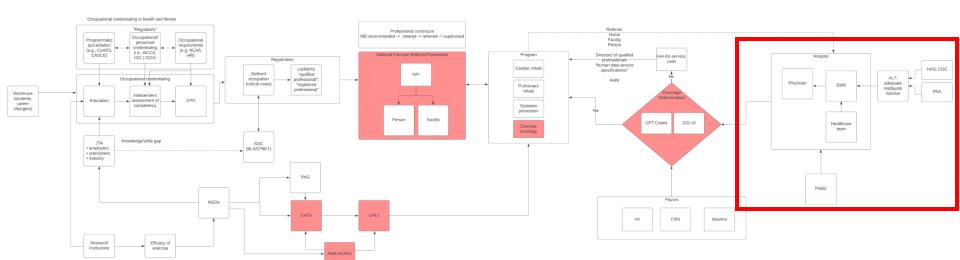
Qualified Professionals

Adequately and consistently trained (programmatic accreditation) and independently assessed of professional competency (national board exam).

Public Protection

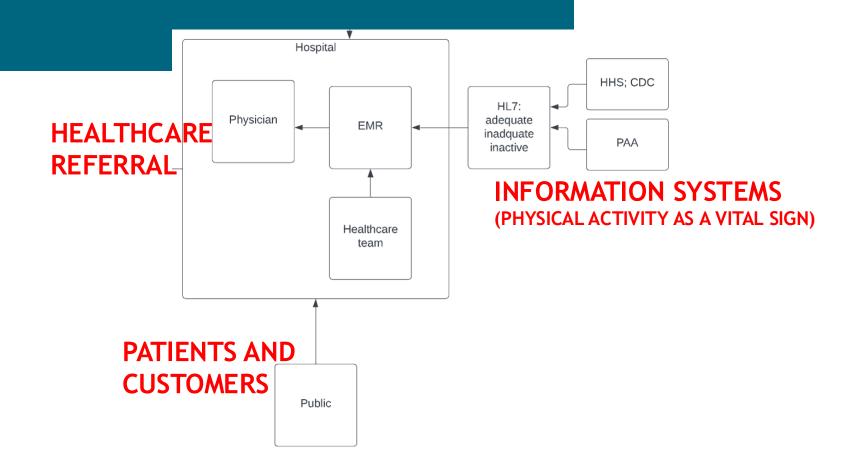
Pubic facing resource that provides reasonable assurance that a person has demonstrated competency of professional practice and commitment to life-long learning.



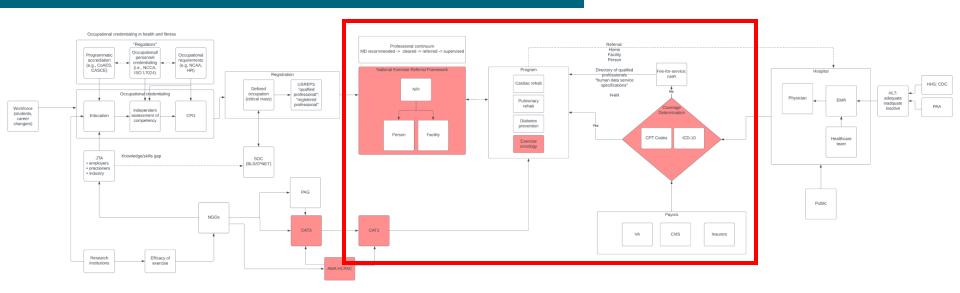




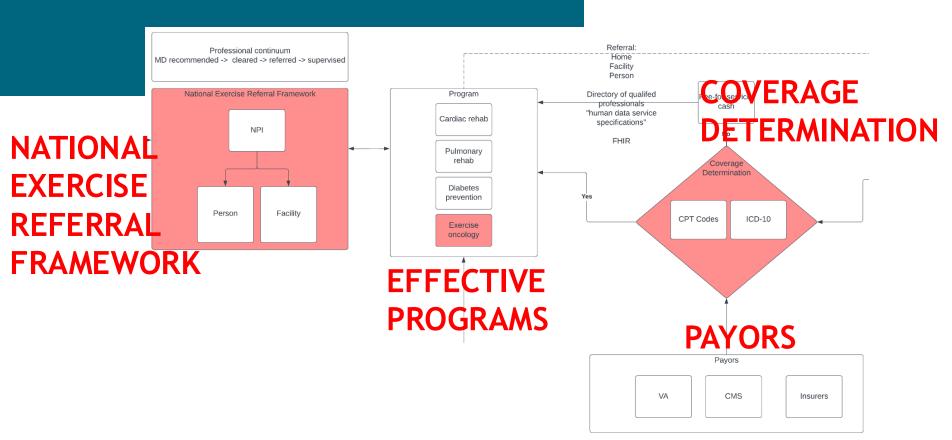














Exercise intervention algorithm



RECRUITMENT/SCREEN

Healthcare providers screen patients against PAG



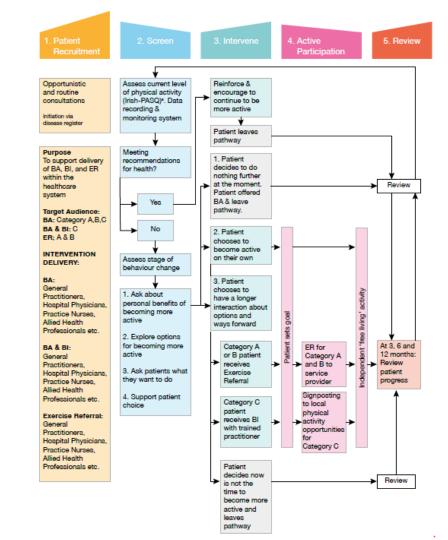
INTERVENTION

Home-based exercise program or effective program



REVIEW

Review patient progress and refer patient back to healthcare provider





COST

Reducing the per capita cost of health care

QUALITY

Improving the patient experience of care (including quality and satisfaction);

ACCESS

Improving the health of populations

Triple Aim



Exercise intervention algorithm



LEVEL OF SUPERVISION

High, medium, or low level of client supervision



PRACTICE SETTING

Clinical, sports performance, or health/fitness setting



HEALTHCARE INVOLVEMENT

Physician supervised, cleared, referred, no clearance required



^{*}Licensed only in Louisiana.

D = Depends on setting

^{**} Physical activity Promotion and coaching is only a small portion of the Health Coach scope of practice.



Draft NERF Construct

DRAFT Framework for Orders and Observations

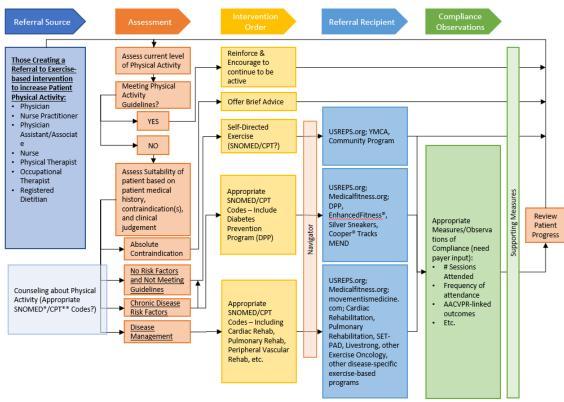


Figure adapted from: Woods, C.B., McCaffrey, N., Furlong, B., Fitzsimons-D'Arcy, L., Murphy, M.H., Harrison, M., Glynn, L.G., O'Riordan, J., O'Neill, B., Jennings, S.M., & Peppard, C. (2016). The National Exercise Referral Framework.
*SNOMED Codes: SNOMED - Home | SNOMED international

^{**}CPT Codes: CPT® (Current Procedural Terminology) | CPT® Codes | AMA (ama-assn.org); Physical Activity Related Current Procedural Terminology (CPT)® Codes - PAA (paamovewithus.org)





Action Plan to Integrate Physical Activity Assessment, Prescription, and Referral into Healthcare Delivery

PHYSICAL ACTIVITY ALLIANCE

PAA Action Plan

Promoting physical activity (PA) and physical activity prescription in patient care, improving American PA surveillance, and creating a culture of active living.

More info

Generate quality and performance measures for healthcare delivery services related to physical activity

Key Collaborators: National Committee for Quality Assurance (NCQA), National Quality Forum (NQF), and Agency for Healthcare Research and Quality (AHRQ)

Expand and deepen the evidence base for healthcare delivery services and community-based programming related to physical activity

US Preventive Services Task Force (USPSTF), Community Services Preventive Task Force (CPSTF), Centers for Medicare and Medicaid Services Innovation Center (CMMI), Patient-Centered Outcomes Research Institute (PCORI)

Establish insurance coverage determinations for healthcare delivery services related to physical activity

Public and private payers, including Centers for Medicare and Medicaid Services (CMS)

Promoting physical activity (PA) and physical activity prescription in patient care, improving American PA surveillance, and creating a culture of active living.

> Physical activity assessment, prescription, and referral integrated into healthcare delivery

Link clinical practices to community-based providers of physical activity

US Registry of Exercise Professionals® (USREPS), Community Health Workers, other professionals who connect patients to community resources Create standardized measures for physical activity in the Electronic Health Records and across health care delivery (e.g. On average, how many days per week do you engage in moderate to vigorous exercise?)

Health Level Seven (HL7)[®] International's Fast Healthcare Interoperability Resources (FHIR)[®]

Develop Current Procedural Terminology (CPT) codes® for identifying medical services related to physical activity assessment, prescription and referral

American Medical Association (AMA)

Enable interoperability and exchange of physical activity data, including data from wearable, smartphones, and data platforms across Electronic Health Records and between health systems and other providers

Office of the National Coordinator (ONC) and the Healthcare Information and Management Systems Society (HIMSS)

Policies and Strategies Include:

Community level environment, systems, and programmatic support for physical activity

- Active Transportation infrastructure
- Complete Streets policies
- · Safe Routes to School
- Comprehensive School Physical Activity Programs
- Adult and youth sports programming
- Fitness classes

- · Parks and recreational facilities
- · Faith-based programs
- · Worksite health promotion

Healthier, Physically Active America

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