



NATIONAL EXERCISE REFERRAL FRAMEWORK

Bridging the Gap Between Physicians
and Exercise Professionals from
Concept to Reality

COALITION
for the registration of
EXERCISE
PROFESSIONALS®



Learning Objectives



Objective 1

Understand the articulation of education, certification, and registration in professional competency and regulation.



Objective 2

Become familiar with existing exercise referral frameworks and how they can be applied in the United States.



Objective 3

Become aware of ongoing efforts of health advocacy and trade organizations to promote physical activity and exercise and advance the profession.



/ CREP + PAA /

A BIT ABOUT US



GRAHAM MELSTRAND

CREP, PAA PAST-PRESIDENT

Executive Vice President of
Community Health and Wellness
American Council on Exercise



BRIAN BIAGOLI

CREP VICE PRESIDENT

Graduate Program Director in Applied
Physiology at the University of Miami;
Executive Director for the National Council
on Strength and Fitness (NCSF)



FRANCIS NERIC

CREP PRESIDENT

Associate Vice President of the
American College of Sports
Medicine



MONTE WARD

PAA PAST-PRESIDENT

President of Advanced Capitol
Consulting

Coalition for the Registration of Exercise Professionals

01/ ABOUT US

CREP is a not-for-profit 501 C(6) corporation composed of leading certification organizations offering NCCA or ISO 17024 accredited programs for distinct exercise professional roles recognized by the U.S. Department of Labor. Primary to the mission of the Coalition is to provide individuals of all ages and abilities with resources and leadership to assist in safely and effectively reaching their goals of achieving more active, healthy lifestyles through movement, physical activity or exercise for recreation or performance.

02/ OUR MISSION

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.



**AMERICAN COLLEGE
of SPORTS MEDICINE®**



CSCCA

Collegiate Strength & Conditioning Coaches assoc.

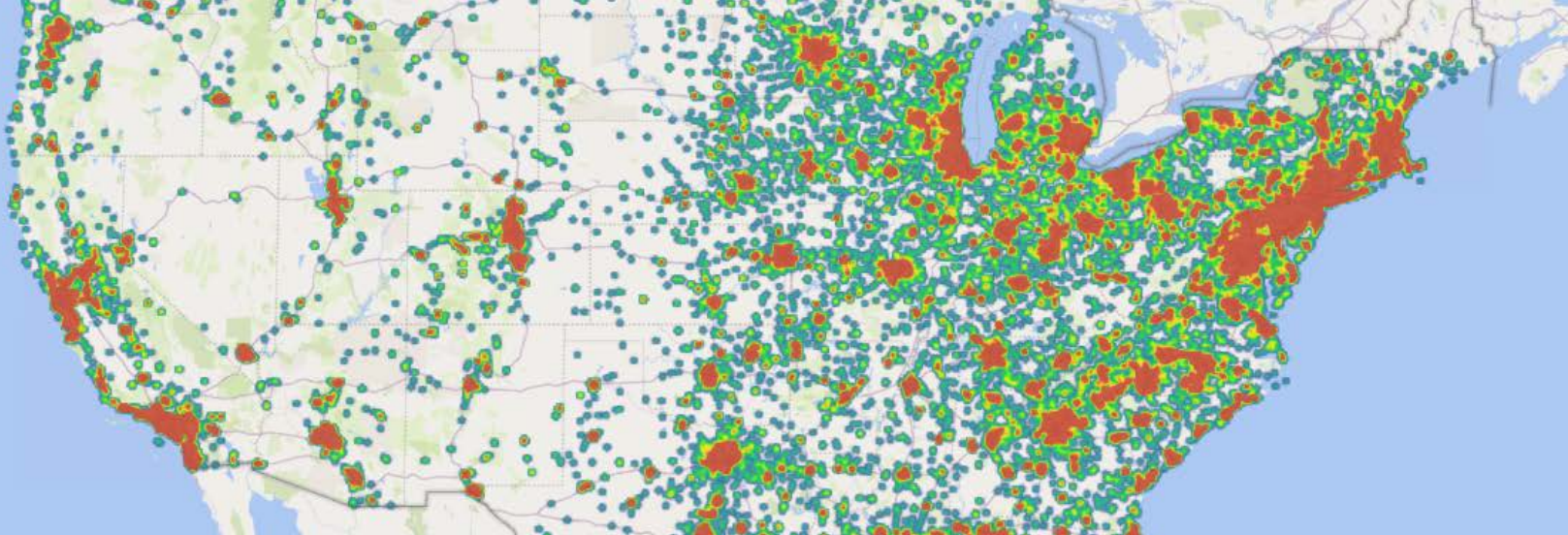
== MAXIMIZING ATHLETIC PERFORMANCE ==



NCSF

NATIONAL COUNCIL ON
STRENGTH & FITNESS



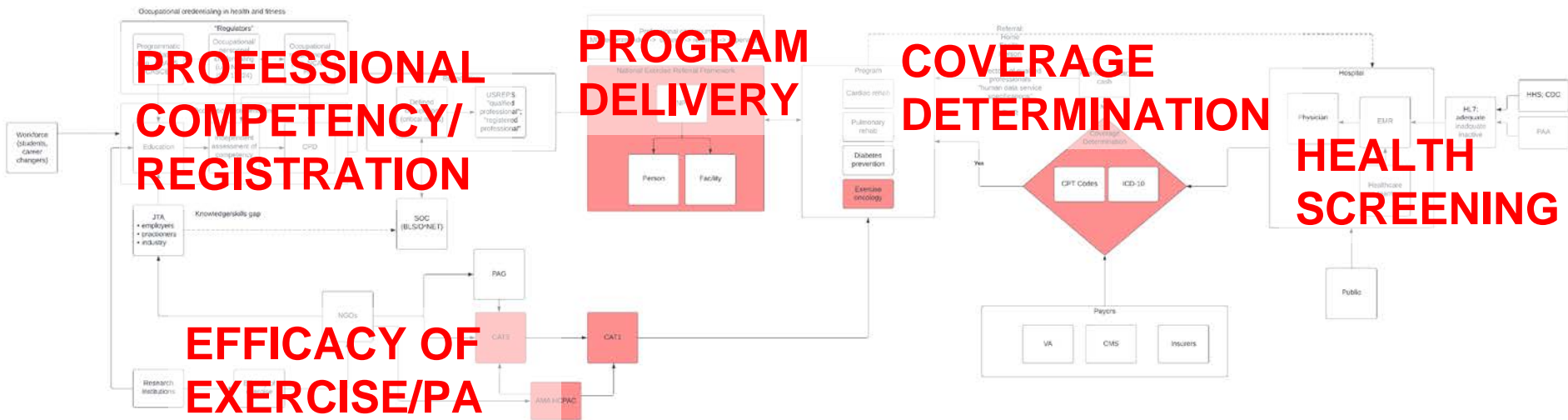


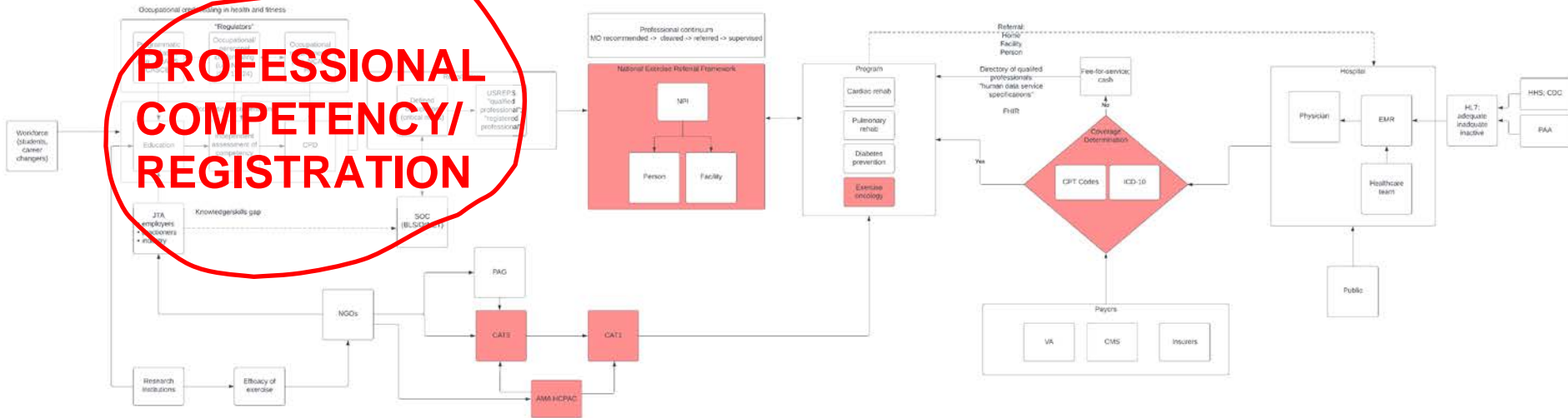
165,000+ US Registered Pros

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

Qualified

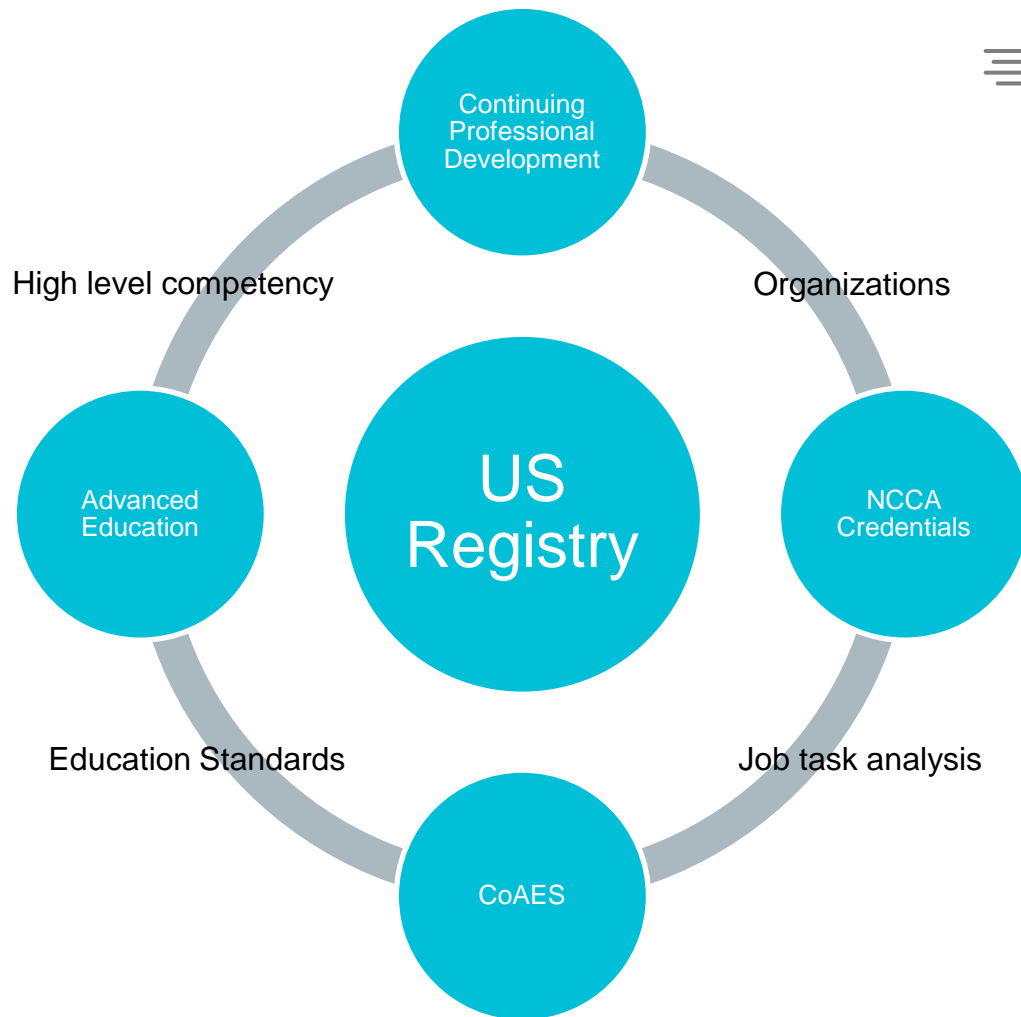




US Registry of Exercise Pros

Registration easily ties foundational and structural norms of allied health professionals

Public Protection



S&C PROFESSION



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



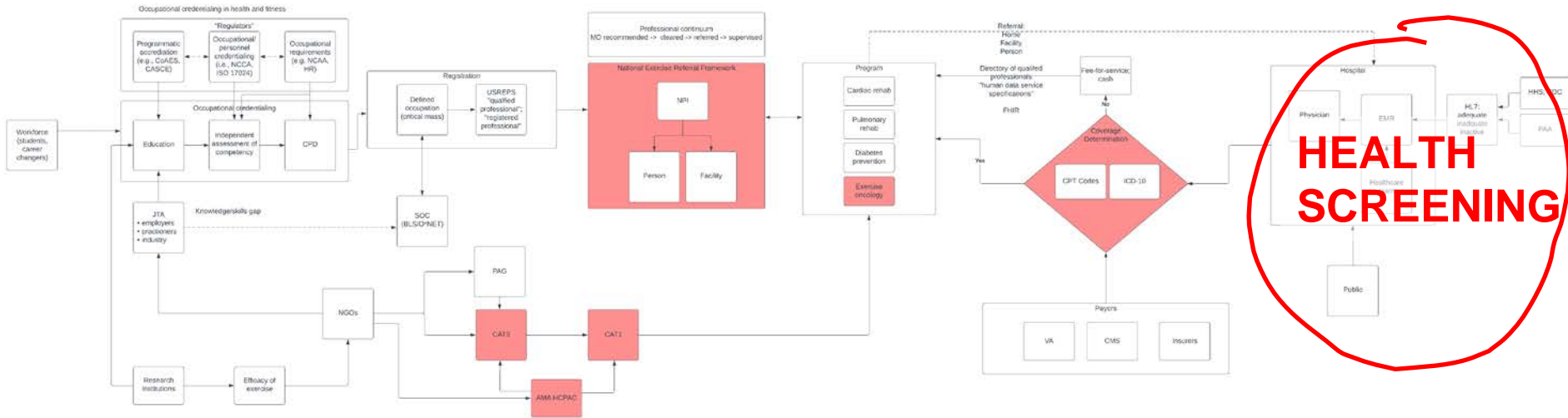
RECOMMENDATION 6

Required CPD in student-
athlete safety



RECOMMENDATION 7

Autonomy of practice to
minimize conflicts of interest



Physical Activity Alliance



Mission

The mission of the Physical Activity Alliance is to lead efforts to create, support, and advocate policy and system changes that enable all Americans to enjoy physically active lives.



Vision

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

The National Physical Activity Plan Alliance, The National Physical Activity Society, and The National Coalition for Promoting Physical Activity merged as the foundation for the Physical Activity Alliance - a new, broadly based, powerful voice for physical activity promotion in our country. We invite you to join us.

The Alliance combines deep expertise in policy advocacy, strategic planning, and workforce development to address physical activity. We connect planning to policy and advocacy as well as to professionals promoting public health approaches to physical activity.





Health Level Seven (HL7)

Physical Activity as a Health Assessment

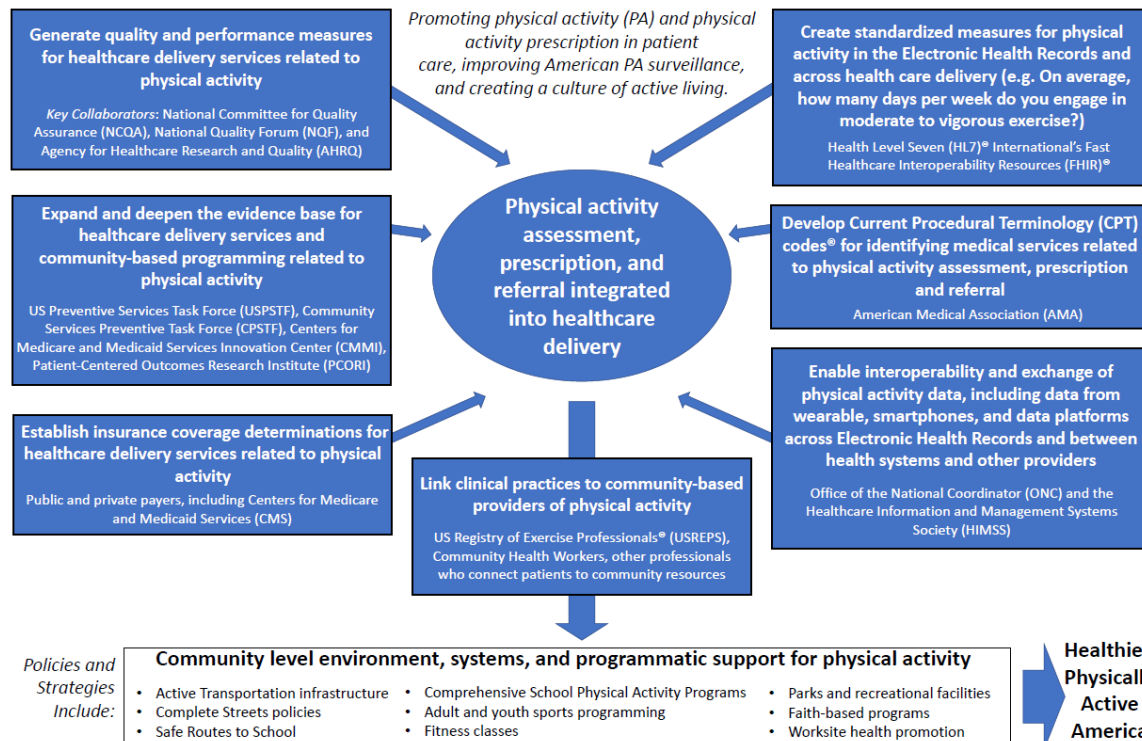
HL7 facilitates the transfer of clinical and administrative data between disparate healthcare systems, enabling interoperability and seamless communication between healthcare providers, institutions, and systems. The HL7 framework supports efficient and effective patient care and provides the mechanisms for patient referral to qualified exercise professionals and outcome-based physical activity and exercise programs. The US Registry of Exercise Professionals (USREPS) will be used to positively verify the exercise professionals as qualified and good standing

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

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



HL7 FHIR Physical Activity Implementation Guide



Standardization

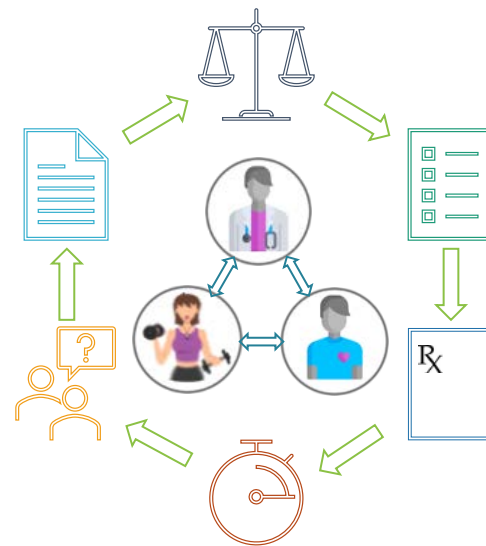
Interoperability expectations for systems measuring, reporting, and intervening to improve patient PA levels



Conformance

Conformance expectations, PA measures, PA interventions, PA workflow, and privacy and security

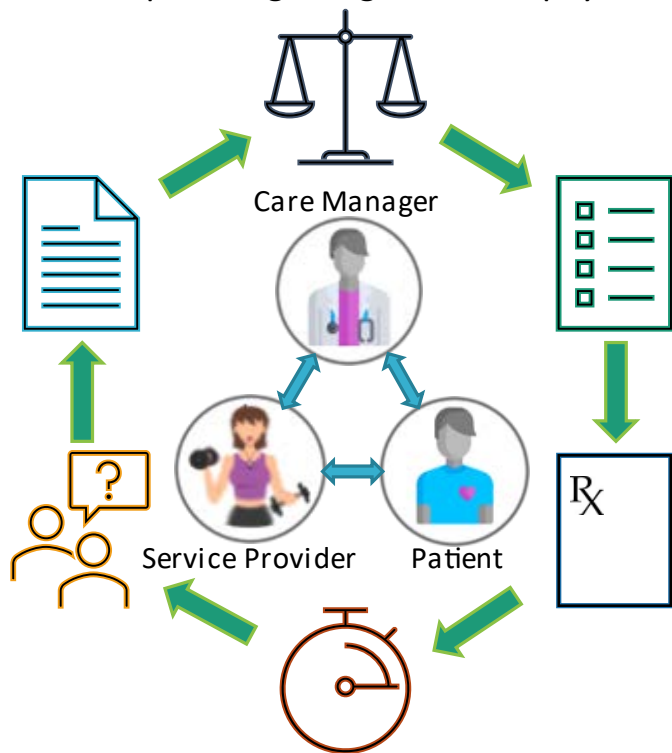
This implementation guide standardizes interoperability expectations for systems involved in measuring, reporting, and intervening to improve patient physical activity levels. It defines interface expectations that are relevant for *patient-facing applications, patient physical activity measurement devices, clinical electronic health records, payers, quality measurement systems, and applications used by health and fitness professionals, personal trainers, and community-based fitness centers*. By improving standardization and interoperability around measuring physical activity levels and data sharing needed to help patients improve their physical activity levels, we can make a significant impact on overall patient health at both the individual and the population level.



Assessment: Is patient getting sufficient physical activity?

Reporting: What was done? Any issues? What should happen next?

Engagement: Videos, reading, satisfaction surveys, etc.



Plans & Goals: What steps need to be taken? How? Targets? By when?

Prescription & Referral: Who can help and how?

Monitoring: Exercise logs, heart rate, steps, etc.

May 2023 Ballot Results



- **PASS – 72% Affirmative**
 - 68 Affirmatives, 27 Negatives, 30 Abstentions
- **86 Comments**
 - 2 Questions
 - 2 Comments
 - 19 Technical Corrections
 - 63 Change Requests

Category	Eligible	Affirm	Neg	Abstain	No Vote
Payor	13	11	1	0	1
General Interest	24	6	5	6	7
Provider	22	16	0	3	3
Government/University	42	26	1	12	3
Vendor	49	8	20	9	12
Pharmaceutical	1	1	0	0	0
Other	1	0	0	0	1

FHIR Draft Ballot

The following artifacts define the specific capabilities that different types of systems are expected to have in order to comply with this implementation guide. PA care manager, PA patient engagement, PA service provider (full, light).

[More info](#)

The Way Ahead

Systems Approach to Improving Health and Well-Being



National Exercise Referral Framework

An interprofessional, multisectoral approach to improve the health and well-being of individuals with non-communicable diseases through increased PA.



CPT Category III

Standardized process to track and report new and emerging procedures or technologies that are not yet recognized as established medical practices.



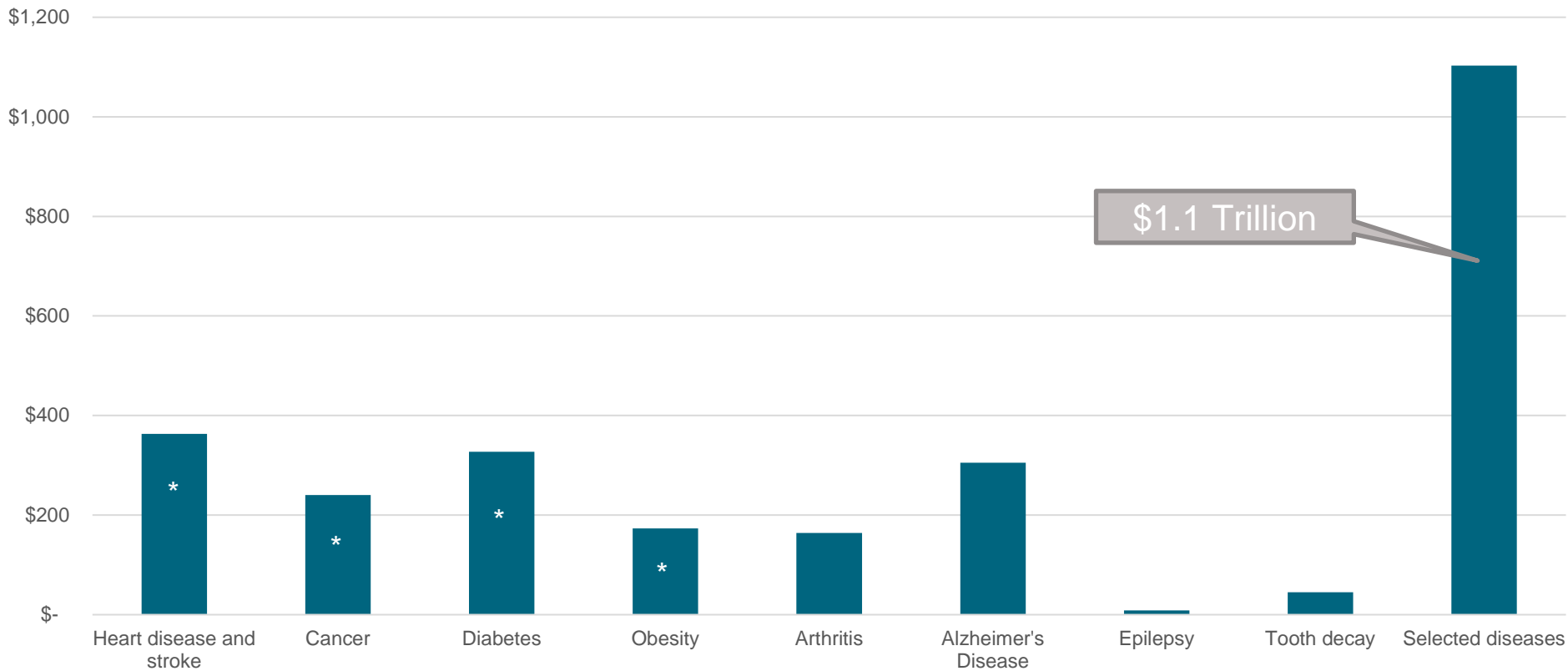
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90% of the nation's \$4.1 trillion in annual health care expenditures are for people with chronic and mental health conditions.

National Center for Chronic Disease Prevention and Health Promotion



Cost to the US Health Care System and Lost Productivity (Billions)

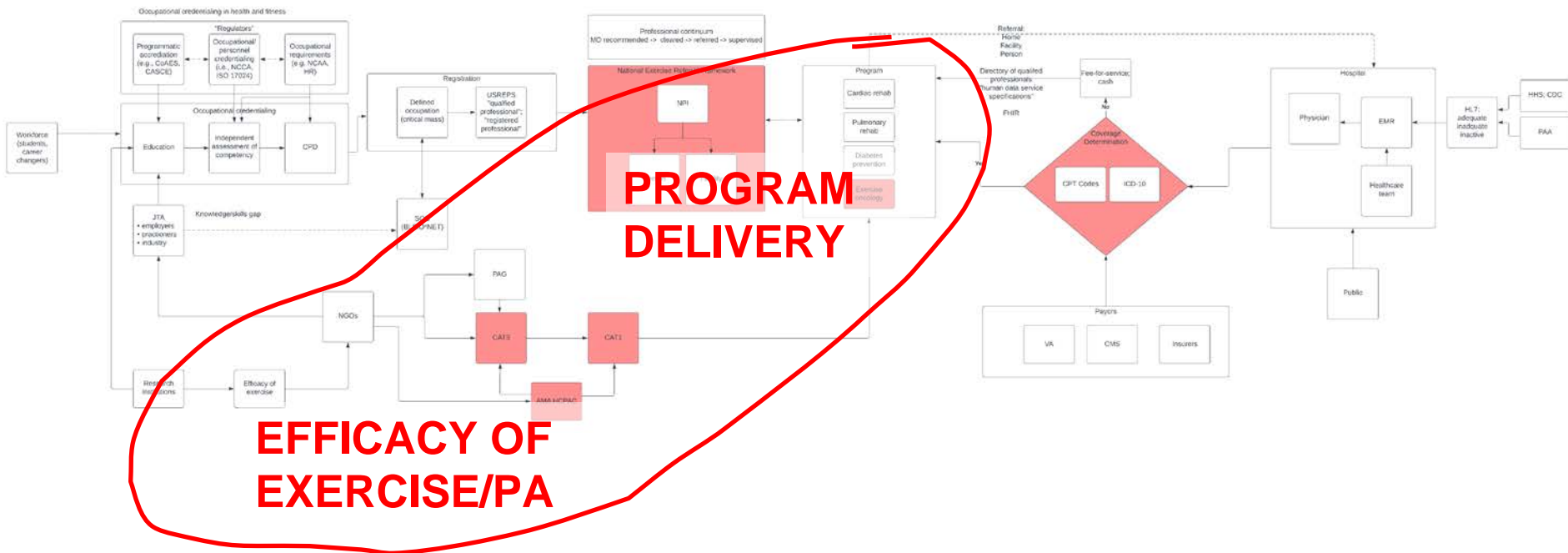




Risk Factors

The Cost of Physical Inactivity

Not getting enough physical activity comes with high health and financial costs. It can lead to heart disease, type 2 diabetes, some cancers, and obesity. Physical inactivity also costs the nation **\$117 billion a year** for related health care.





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

Draft US-NERF Construct

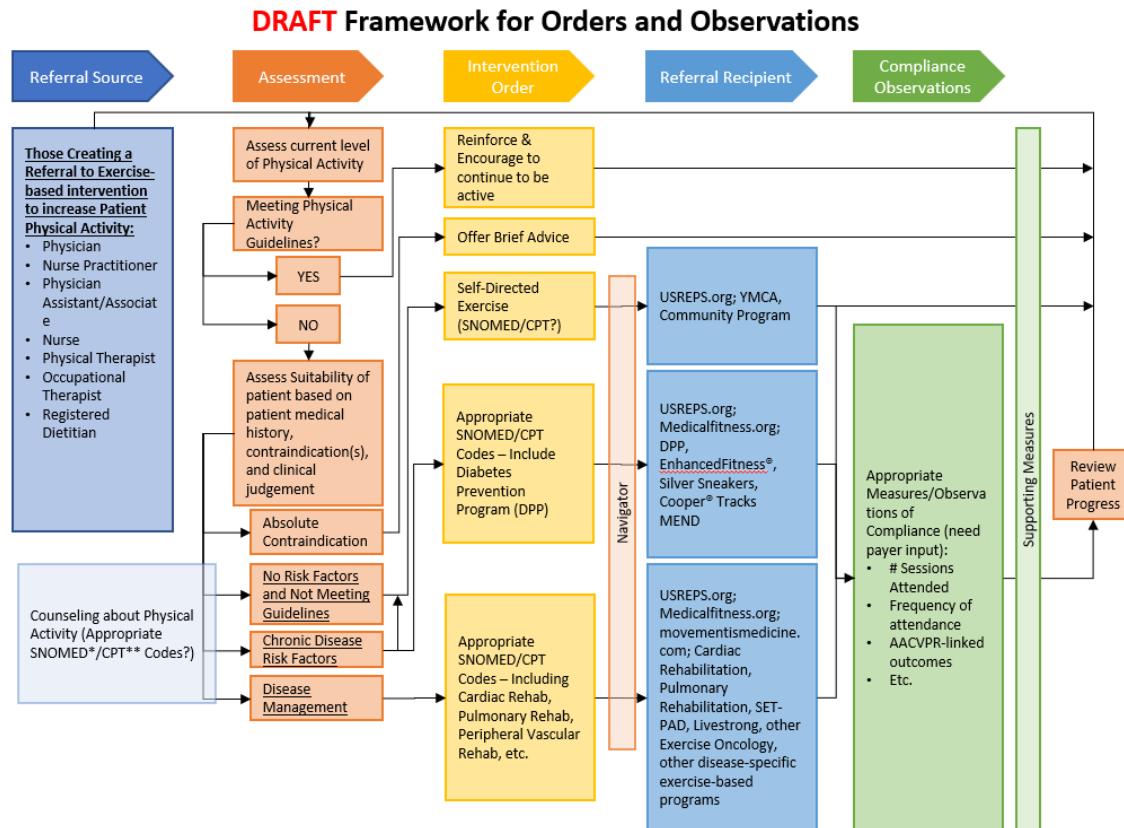


Figure adapted from: Woods, C.B., McCaffrey, N., Furlong, B., Fitzsimons-D'Arcy, L., Murphy, M.H., Harrison, M., Glynn, L.G., O'Riordan, J., O'Neill, B., Jennings, S.M., & Peppard, C. (2016). The National Exercise Referral Framework.

*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 \(paamovewithus.org\)](#)

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



Supervision/ Oversight Required for Patient or Client Based on Health Status	Job Roles/Credential	Credential Type L Licensed R Registered C Certified	Academic Credential	Practice/Setting Clinical Sports Performance Health Fitness	Typically Provides Physical Activity Programs and Services to Clients or Patients Who Are...			
					Physician Supervised	Physician Cleared	Physician Referred	No Clearance Required
High Level of Patient/Client Supervision	Physical Therapist	L	Doctorate	Clinical	Y	Y	Y	Y
	Athletic Trainer	L C	Master's	Clinical / Sports Performance	Y	Y	Y	D
	Clinical Exercise Physiologist	L R C	Master's	Clinical	Y	Y	Y	Y
	Registered Kinesiotherapist	R	Bachelor's	Clinical	Y	Y	Y	N
	Medical Exercise Specialist	R C	Bachelor's	Clinical	D	Y	Y	Y
Medium Level of Client Supervision	Strength & Conditioning Coach	R C	Master's	Sports Performance	N	Y	Y	D
	Personal Trainer	R C	Master's	Health / Fitness	N	Y	Y	Y
	Exercise Physiologist	R C	Bachelor's	Clinical	N	Y	Y	Y
	Strength & Conditioning Coach	R C	Bachelor's	Sports Performance	N	Y	Y	Y
	Pilates Teacher	R C	Bachelor's	Health / Fitness	N	Y	Y	Y
Low Level of Client Supervision	Personal Trainer	R C	Bachelor's	Health / Fitness	N	Y	Y	Y
	Health Coach**	C		Health	N	D	Y	Y
	Strength & Conditioning Coach	R C		Sports Performance	N	Y	Y	Y
	Pilates Teacher	R C		Health / Fitness	N	Y	Y	Y
	Group Exercise Instructor	R C		Health / Fitness	N	Y	Y	Y

*Licensed only in Louisiana.

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

D = Depends on setting

CPT Category III Codes

Provide a standardized way to track and report new and emerging procedures or technologies that are not yet recognized as established medical practices. These codes facilitate data collection, research, and reimbursement for these emerging services.



INVESTIGATIONAL

Track the utilization and outcomes of these procedures as part of ongoing research or clinical trials.



LIMITED COVERAGE

Cat III does not automatically guarantee coverage or reimbursement by insurance payers.



CAT 1 TRANSITION

Category III codes are typically temporary and may be reassigned to Category I codes once there is sufficient evidence.

AMA HCPAC INSIGHTS



SUPPORT

Deference for services supported by multiple, interdisciplinary organizations



SCALE

Ability to consistently deliver effective programs through qualified professionals.



**Standardization**

Ensure that the program has clear and standardized protocols, guidelines, and procedures.

**Documentation**

Maintain detailed documentation of the program, including its design, components, and implementation process.

**Training and Education**

Provide appropriate training and education to individuals involved in delivering the program.

**Outcome Measurement**

Establish a system for measuring and evaluating the program's outcomes and effectiveness.

**Quality Assurance**

Implement mechanisms for quality assurance and continuous improvement.

**Collaboration and Partnerships**

Foster collaborations and partnerships with relevant stakeholders, such as healthcare providers, research institutions, or professional organizations.

**Clear Communication**

Clearly communicate the program's benefits, objectives, and reproducibility to stakeholders, including regulatory bodies or approving entities.

CATEGORY III CONSIDERATIONS

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Individually, we are
one drop. Together,
we are an ocean.

– *Ryunosuke Satoro*

/ CREP + PAA /

CONTACT US



GRAHAM MELSTRAND

CREP, PAA PAST-PRESIDENT

graham.melstrand@acefitness.org

@GMelstrand

[linkedin.com/in/grahammelstrand](https://www.linkedin.com/in/grahammelstrand)



BRIAN BIAGOLI

CREP VICE PRESIDENT

bbiagioli@ncsf.org

@USFitProReg

[linkedin.com/company/crepusreps](https://www.linkedin.com/company/crepusreps)



FRANCIS NERIC

CREP PRESIDENT

fneric@acsm.org

@FNeric

[linkedin.com/in/fneric](https://www.linkedin.com/in/fneric)



MONTE WARD

PAA PAST-PRESIDENT

mward@acsm.org

@ACSMAdvocacy

@PAAmovewithUS