



Northern Light
HealthSM

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More Than Picking Things Up and Putting Them Down: Intervention to Improve Exercise Prescription during Annual Wellness Visits for Low-Risk Adult Patients



Disclaimer

This project was undertaken as quality initiative; as such it was not formally submitted to or supervised, reviewed, or approved by the Northern Light Eastern Maine Medical Center Institutional Review Board.

We have no other disclosures

Background

- Regular physical activity and exercise can decrease the risk of preventable health conditions
- 150 minutes of moderate-intensity or 75 minutes of high-intensity exercise per week is recommended for healthy adults
- Self-reported data in the US show that only about half of adults are meeting aerobic activity guidelines
- About 30% of adults are meeting muscle-strengthening guidelines
- Adults at increased risk of cardiovascular disease should receive counseling to promote a healthy diet and physical activity

Objectives and Methods

Project Aim:

Increase the number of wellness visits in **low-risk adult** patients in which exercise is discussed to any extent, by providing resources to quickly and efficiently provide instruction and follow-up to patients in the 30 days following intervention with goal to achieve at least a 20% increase.

- Identify all patients aged 18-64 years old who were seen for a wellness visit during March 2023 (month prior to intervention)
- Identify any exclusion criteria per review of patient's problem list
 - hx of cardiovascular disease or neurological condition that would limit or exclude participation in exercise
- Review if exercise was discussed in visit and if instructions written for patient
- Share knowledge about the importance of talking with patients about exercise and included quick texts
- Reevaluate wellness visits after intervention to see if there is any increase in exercise counseling

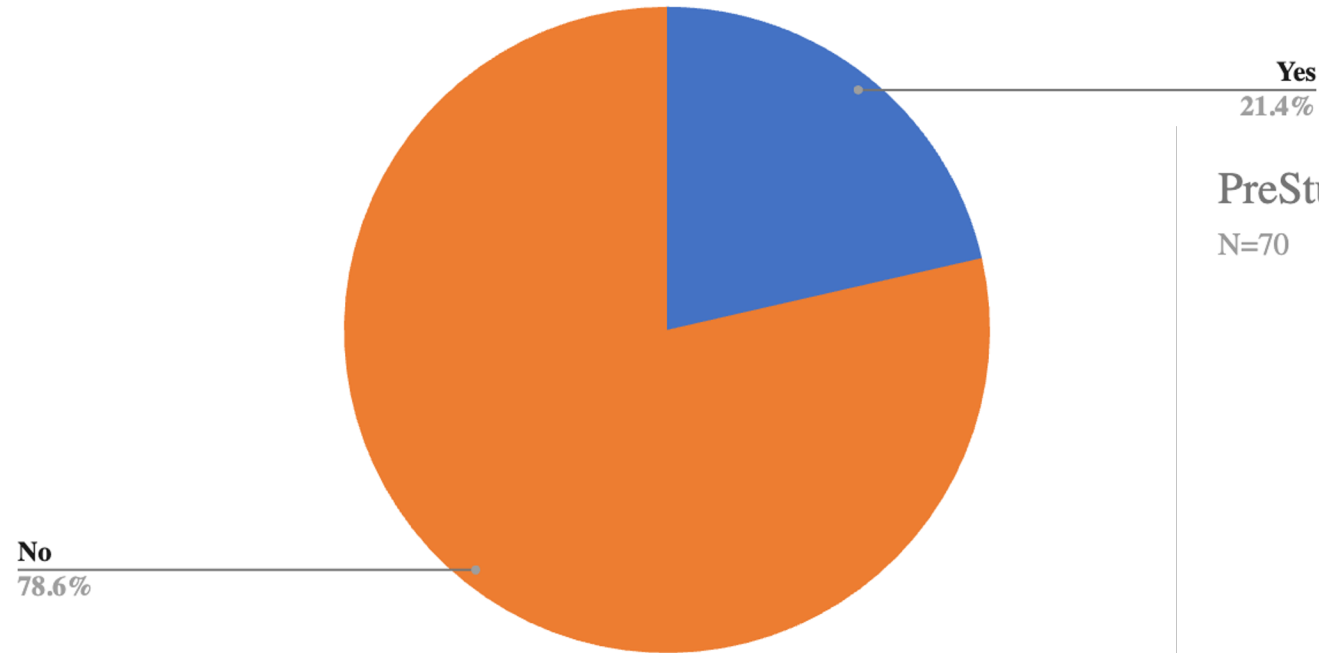
Intervention

- The proposed intervention consists of providing PCPs with generalized education via email regarding current USDHHS 2018 Guidelines for Physical Activity for Americans (also endorsed by the American Heart Association) recommends that healthy adults engage in 150 minutes of moderate-intensity or 75 minutes of high-intensity exercise per week.
- Additionally provide providers with quick texts for HPI, AP and DC recommendations to support and ease their increased workload as many patients require significant education on exercise.

Results- PreStudy Results

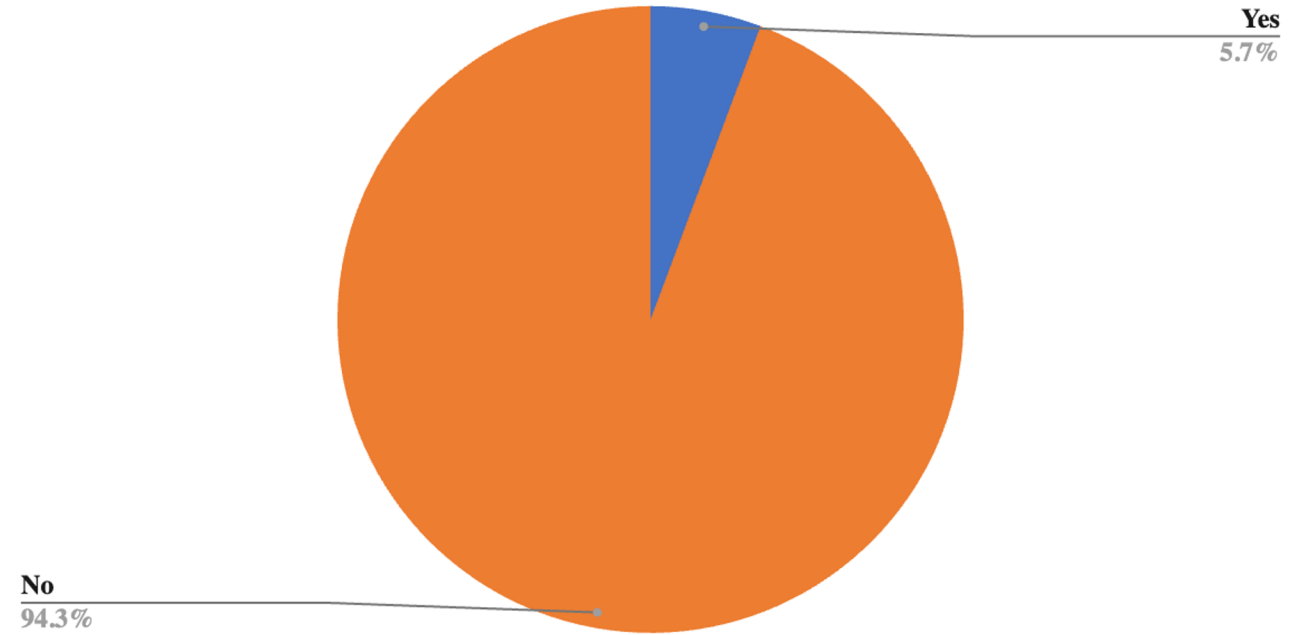
PreStudy- Exercise in Assessment

N=70



PreStudy- Exercise in Patient Discharge Instructions

N=70



Discussion

- Large majority of prestudy wellness visits do not include any discussion of exercise.
- Will evaluate if the provided quick texts and information improve provider compliance with recommended exercise counselling.
- The anticipated post-intervention results are to show increased frequency of physicians adding decreased physical activity to problem lists at wellness visits and more importantly acknowledging and discussing with patients the means in which they can improve their physical and mental health through exercise. We are hopeful with this intervention that we can more than double the current rate of exercise recommendation from the baseline.

References

1. American College of Sports Medicine, Liguori G, Feito Y, Fountaine C, Roy B. ACSM's guidelines for exercise testing and prescription. Eleventh edition. ed. Philadelphia: Wolters Kluwer, 2021.
2. Okely AD, Kontsevaya A, Ng J, Abdeta C. 2020 WHO guidelines on physical activity and sedentary behavior. Sports Med Health Sci 2021;3(2):115-118. DOI: 10.1016/j.smhs.2021.05.001.
3. Services UDoHaH. Physical Activity Guidelines for Americans 2nd Edition. (https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf).
4. Berra K, Rippe J, Manson JE. Making Physical Activity Counseling a Priority in Clinical Practice: The Time for Action Is Now. JAMA 2015;314(24):2617-8. DOI: 10.1001/jama.2015.16244.
5. Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions. United States Preventative Services Task Force (USPSTF). (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/healthy-diet-and-physical-activity-counseling-adults-with-high-risk-of-cvd#citation21>).
6. Hechanova RL, Wegler JL, Forest CP. Exercise: A vitally important prescription. JAAPA 2017;30(4):17-22. DOI: 10.1097/01.JAA.0000513344.52255.cc.
7. Calfas KJ, Long BJ, Sallis JF, Wooten WJ, Pratt M, Patrick K. A controlled trial of physician counseling to promote the adoption of physical activity. Prev Med 1996;25(3):225-33. DOI: 10.1006/pmed.1996.0050.
8. Weidinger KA, Lovegreen SL, Elliott MB, et al. How to make exercise counseling more effective: lessons from rural America. J Fam Pract 2008;57(6):394-402. (<https://www.ncbi.nlm.nih.gov/pubmed/18544323>).
9. American Heart Association Recommendations for Physical Activity in Adults and Kids. American Heart Association. (<https://www.heart.org/en/healthy-living/fitness/fitness-basics/aha-recs-for-physical-activity-in-adults>).