Promoting Physical Activity in Primary Care Settings

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Outline

- Why talk to patients about physical activity (PA)?
- What are barriers to engaging patients?
- Pre-activity screening
- Tools to get patients moving
- Team-based approaches
Straw Poll

- Who started today with physical activity (PA) – or plans to exercise before the end of the day?
Active Providers are More Likely to Engage in PA

- Recent review supports (and strengthens) previous evidence that providers who are more physically active are more likely to discuss PA with patients

- 19 out of 24 studies reported a significant positive association between HCPs’ PA habits and counseling frequency, with odds ratios ranging between 1.4 and 5.7

Benefits of physical activity/fitness

- Reduction in cardiovascular risk factors and cardiovascular mortality
- Reduction in incidence of many types of cancer
- Improvement in mental as well as physical health/cognitive function
Benefits of Physical Activity (Weight Loss and Maintenance)

- Improves cardiovascular and metabolic health, but exercise alone produces limited losses
- Increased activity plus dietary changes represent best intervention for increased weight loss
- Decreases loss of fat free mass associated with weight loss
- Exercise may play a special role in weight maintenance
Considerable Physical Activity is Necessary for Weight Loss Maintenance

How Much Exercise?

- 150 min/wk moderate physical activity
  AHA/ACSM/Surgeon General’s recommendation for general health

- Accumulated short bouts of 10 minutes each over course of day are effective

- Home-based more effective long term than structured, on-site because more likely to be sustained

- Higher levels may promote better weight maintenance (220 – 275 min/wk)
What type of exercise?

- Tendency to focus on aerobic PA, but ACSM guidelines also include:
  - Resistance/strength
  - Flexibility
  - Balance
Sedentary Behavior: Is Sitting the New Smoking?

- Field is still evolving; need time to collect more objective data and correlate with health outcomes (including weight)

- Each additional hour per day of sitting time was cross-sectionally associated with a 3% higher fasting insulin and HOMA-IR
Challenges of weight management in primary care settings

- Time
- Training
- Compensation
Challenges in Clinical Settings

● Time
  - 7.4 hours worth of prevention topics to address

● Training
  - Most physicians do not learn about lifestyle counseling in medical school
  - Collaboration with providers who know more (e.g., nurse educators, nutritionists) not always possible

● Reimbursement Model
  - Traditional, fee-for-service model does not recognize value of counseling services

Advantages of addressing weight in primary care settings

- Connection to other chronic medical conditions
- Ongoing relationships/continuity of care
Pre-Participation Screening

- Needing a physical exam and/or testing before starting a physical activity program can be a barrier for patients.

- In 2015, the American College of Sports Medicine (ACSM) revised their guidelines for pre-participation screening.
Why new guidelines?

- Exercise is safe for most people and has many health benefits
- Cardiovascular risks lessen as individuals become more physically active
- Exercise-related cardiovascular events are rare and often are preceded by warning signs and symptoms
- Burden to patient and health system from excessive referrals (90% persons > 40 years)
2015 Revised ACSM Guidelines

- More strongly support the public health message that all people should adopt a physically active lifestyle
- Reduce need for medical evaluation in healthy, asymptomatic persons
- Emphasize identifying those with known disease at greatest risk for an exercise-related cardiac event
Basis of new algorithm

- Is patient currently active?
- Known disease or symptoms?
- Desired PA intensity

Bottom line is focus on inactive patients with known disease/symptoms who want to do more vigorous exercise
Tools to Get Patients Moving

● Need ways to:
  – Measure/assess physical activity
  – Decide if increased physical activity is appropriate
  – Brief counseling during encounter
  – Connect patient to additional resources
ACSM Exercise is Medicine program

- Initiative started 10 years ago by ACSM to increase physical activity counseling/prescription

- Provides model for increasing PA counseling/referrals in clinical settings, as well as specific tools for clinicians to use
ACSM Exercise is Medicine program

- Assessing (and documenting) PA levels
- Providing PA prescription
- Referral to exercise professionals in community
ACSM Exercise is Medicine program

- Guidelines for promoting PA in clinic, health system
- Exercise prescription template
- Handouts for exercise with many comorbid conditions
- Tools available: www.exerciseismedicine.org
Limitations of EIM

- Need for more support in underserved, medically complicated patients
- Tools not in electronic health record (at most institutions)
COUNSELING PATIENTS ABOUT PHYSICAL ACTIVITY AND EXERCISE
How to Counsel (and Refer) in a Stage-Appropriate Manner

- Stage of Life
- Stage of Change
- Stage of Activity/Fitness
5As Model of Brief Counseling

- Ask
- Advise
- Assess
- Assist
- Arrange
Ask about Physical Activity

- Address patient’s agenda first

- Current activities (recreational and non-recreational)

- Previous experiences
Advise about Physical Activity

- Deliver a clear, but brief, message about a specific health problem/goal
  - Example: “You have hypertension. One thing that would help is exercise. What do you think about exercise?”
Assessing Patient Readiness

- Ask questions to determine patient’s stage of change
  - Examples: “What do you know about exercise?” or “What are you willing to do?”
Exercise
Stages of Change

- Precomtemplation
- Contemplation
- Determination
- Action
- Maintenance
- Relapse
- Termination
Exercise Stages of Change

- **Precontemplation:**
  - **Patient’s Response:**
    - Surprise or ignorance when exercise is recommended
  - **Provider’s Response:**
    - Deliver a clear exercise message; educate patient
Exercise Stages of Change

● Contemplation
  – Patient’s Response:
    ● Ambivalence about adopting exercise, resistance, denial
  – Provider’s Response:
    ● Tip the balance in favor of change
Exercise Stages of Change

- Preparation, Determination
  - Patient’s Response:
    - Patient’s statements reflect concern and desire to change
  - Provider’s Response:
    - Help patient find an appropriate exercise strategy
    - OFFER TOOLS!
    - Encourage SMART strategies
Specific
Measurable
Achievable
Realistic
Timely
Exercise Stages of Change

- **Action**
  - Patient’s Response:
    - Commitment to exercise
  - Provider’s Response:
    - Support patients as they become active
    - Encourage SMART strategies
Assist: Prescribing Physical Activity

- Make concrete recommendations about what kinds of activity the patient can try and at what duration and frequency
- Help the patient set an initial (SMART) goal
- Eventually should aim to get 30 minutes of moderate activity on most days of the week; sedentary patients may need to start at a much lower level
- WRITE IT DOWN!
Arrange Follow-up

- Set up a time to follow up
Pt views waiting room posters
MD advises weight loss & makes referral
Routine referral processing
Feedback & support at F/U appointment

Online Counseling Resources
- DPP curriculum
- Online lifestyle coach
- Self-monitoring e-tools
- Links to community resources

Clinical Process & Resources
Team-based approaches – health coaches

- Studies suggest health coaching can improve multiple health outcomes:
  - Nutrition, increased levels of physical activity, weight management, medication adherence (Olsen and Nesbitt 2010)
  - 94% of studies reported a positive intervention effect on at least one outcome variable (Hill, Richardson, and Skouteris 2015)
Key features of health coaching

- Patient-centered process
- Behavior change theory
- Delivered by health professionals with diverse backgrounds
- Coaching process
  - goal setting determined by the patient
  - encourages self-discovery in addition to content education
  - incorporates mechanisms for developing accountability
Challenges to team approach

- Communication between team members
- Reimbursement and sustainable model for collaborative care
Resources at U of Utah

U-Bar
Health & Wellness Technology Hub

Are You Headed for Type 2 Diabetes?

An alarming 40% of adults who are at risk for developing diabetes do not realize it, according to the American Diabetes Association.

Do you know your risk?
CHECK ALL THAT APPLY.

- Are you 45 or older?
- Are you male?
- Are you overweight?
- Do you have more than two alcoholic drinks daily if you're male, or more than one if you're female?
- Do you exercise fewer than 30 minutes a day, five days a week?
- Do you smoke?
- Do you have high blood pressure?
- Is your ethnic background African American, Native American, Hispanic, or Japanese?
- Do your parents or siblings have diabetes?

Your risk for developing type 2 diabetes increases with every checked response. While you can't control some risk factors, such as age, gender, and ethnic background, you can prevent or delay the onset of diabetes by making good lifestyle choices. Exercise regularly, eat well and maintain a healthy weight.

NOTE: This quiz is not intended to diagnose diabetes. Talk with your University of Utah Health Care doctor about your concerns and whether you should get tested.

healthfeed.uofuhealth.org
Conclusions

- Physician PA behavior influences patient counseling/patient behavior
- Most patients do not need exam/extensive testing before starting moderate PA
- ACSM EIM initiative has some tools and an approach that can be used in primary care settings
- Team-based approach shows potential to augment PCP advice