

Exercise as Prescription at Asylum Hill Family Medicine (AHFM)

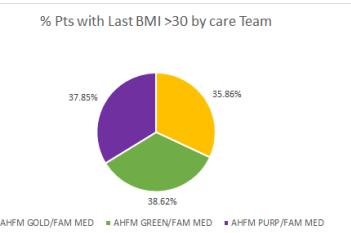
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Background

The prevalence of obesity in the US continues to grow exponentially and is projected to reach epidemic proportions by 2025.³ Current guidelines recommend exercise programs for weight loss that incorporate moderate intensity aerobic exercise and resistance training when possible. Home Exercise Prescription (HEP) provides clear directions on frequency, intensity, time and type of the exercise to be performed.

Intervention: We have developed a dot phrase to be used in patient's after visit summary to provide patients with an HEP. The aim of this study is to assess whether this dotphrase tool is implemented by providers, what methods can be used to increase provider compliance with an HEP and ease provider workflow, and eventually assess how HEP impacts BMI in our patient population once used consistently.



Conclusion

- Our physicians recognize the importance of managing obesity, endorse knowledge of the term HEP, but feel less experienced describing appropriate exercise lifestyle modifications.
- Providers report that dotphrases are beneficial to workflow and that patients will benefit from a printout of exercise, but few physicians were compliant with the smart tools provided.
- Based on provider recommendations, it is most likely that providers often forget to use the smart phrases.
- Utilization of the dot phrase for HEP may be increased by including a reminder in the widely used template for adult physical exams and hosting an information session about smart tool availability.
- We plan to implement these changes and follow-up with a future survey to determine if physician comfort with HEP and smart phrase use increases.
- We also plan to track usage of these smart phrases by encouraging providers to simultaneously input a universal billing code for HEP.
- Some of the barriers expected to occur during the study include provider participation, patient adherence and tracking discrepancies.

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Methods

-Physicians were provided with three dotphrases containing HEPs, divided by baseline activity level of the patient:

.asyfitt1 - Sedentary

Frequency	Three days per week
Intensity	Moderate*
Time	20 to 30 minutes
Type	Brisk walking

.asyfitt2: non-sedentary

Frequency	Three to four days per week
Intensity	Moderate*
Time	30 minutes
Type	Brisk walking PLUS One set each of: Body weight squats × 10 Plank hold for 30 seconds

.asyfitt3 – Intermediate exerciser

Frequency	Four to five days per week
Intensity	Jogging PLUS
Type	Two sets each of: Body weight squats × 10 Planks × 30 seconds Elevated push-ups × 10

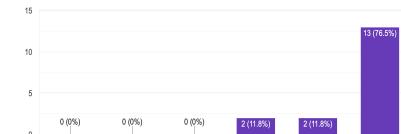
Results

- 2021 survey - 17 responses, 2022 survey – 18 responses
- Familiarity with the term HEP: increase in "very familiar" group from 5.9% to 22.2%
- Comfort explaining appropriate exercises for lifestyle modifications declined 82.3% to 77.7%.
- Dotphrase is beneficial to workflow 82.3 vs 83.4%
- 100% of providers reported patients will benefit from a printout of exercises.
- 5.6% of providers admitted to never using the smart phrases
- Only 16.7% endorsed using the phrases more than 5 times in the last year.
- 72.2% stated that including a reminder in note templates would increase compliance. Other providers suggested reintroducing information about smart phrases or felt that increased patient interest in home exercise would prompt more compliance by physicians.

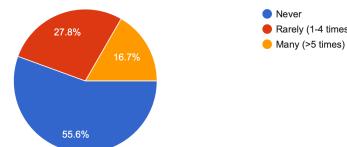
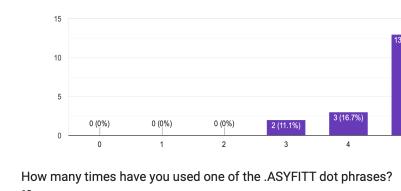
2021

How likely are you to use the HEP dotphrase as part of your AVS, if you were provided with one?

17 responses



2022



References

- Wharton S, Lau DCW, Vallis M, et al. Obesity in adults: a clinical practice guideline. *CMAJ*. 2020 Aug 4;192(31):E875-E891.
- Centers for Disease Control and Prevention. (2022, May 17). Adult obesity facts. Centers for Disease Control and Prevention.
- Prevalence of obesity. World Obesity Federation. Website
- NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US). Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep.
- Bray GA, Frühbeck G, Ryan DH, Wilding JP. Management of obesity. *Lancet*. 2016 May 7;387(10031):1947-56. Epub 2016 Feb 10.
- Perri, M. G., Martin, A. D., Leermakers, E. A., Sears, S. F., & Notelovitz, M. (1997). Effects of group-versus home-based exercise in the treatment of obesity. *Journal of consulting and clinical psychology*, 65(2), 278.