



American Council on Exercise (ACE) Policy Proposals

Submitted to the Senate Finance Chronic Care Working Group

June 22, 2015

Proposal I

According to the Physical Activity Guidelines for Americans released by the U.S. Department of Health & Human Services, “Adults with chronic conditions should engage in regular physical activity because it can help promote their quality of life and reduce the risk of developing new conditions.” Currently, however, physical activity is an undervalued and under-prescribed treatment for Medicare patients with chronic conditions. Increasing the physical activity levels of Medicare patients with chronic diseases would improve patient outcomes and lower the cost of care.

Increasing the level of physical activity among the Medicare patients with one or more chronic conditions will require Medicare providers to assess patient activity levels, engage patients in a discussion about physical activity, and refer patients to appropriate resources.

Accordingly, the American Council on Exercise proposes the following:

Adopt alternative payment models to incentivize Medicare providers to 1) include questions about physical activity in the electronic health records of Medicare patients¹ 2) discuss the importance of physical activity in preventing and managing chronic diseases with Medicare patients, and provide an appropriate exercise prescription; and 3) refer Medicare patients who would benefit from increased physical activity to evidence-based resources, programs, and interventions², including referrals to well-qualified fitness professionals and health coaches.

Discussion

- The proposed policy increases care coordination among individual providers across care settings by adding a vital health metric to the electronic health record that may easily be shared across provider teams and networks. It also connects clinical providers with well-qualified fitness professionals and health coaches, which creates a critical feedback loop for tracking and assessing a patient’s physical activity level.
- The proposed policy streamlines Medicare’s current payment systems to incentivize the appropriate level of care for patients living with chronic diseases by bundling three vital services into one payment, which not only improves payment efficiency, but also improves patient outcomes.
- The proposed policy facilitates the delivery of high quality care, improves care transitions, produces stronger patient outcomes, increases program efficiency, and contributes to an overall effort that will reduce the growth in Medicare spending by incentivizing Medicare providers to assess physical activity levels, prescribe physical activity, and connect patients to additional resources that will support patient efforts to manage their health and pursue sustainable healthy behavior change.

Relevant Issue Areas

This policy proposal applies to the following issue areas identified by the Senate Finance Committee:

- Improvements to Medicare Advantage for patients living with multiple chronic condition

- Transformative policies that improve outcomes for patients living with chronic diseases either through modifications to the current Medicare Shared Savings ACO Program, piloted alternate payment models (APMs) currently underway at CMS, or by proposing new APM structures
- Reforms to Medicare's current fee-for-service program that incentivize providers to coordinate care for patients living with chronic conditions
- Options for empowering Medicare patients to play a greater role in managing their health and meaningfully engaging with their health care providers
- Ways to more effectively utilize primary care providers and care coordination teams in order to meet the goal of maximizing health care outcomes for Medicare patients living with chronic conditions.

¹ Example questions based on the Kaiser-Permanente "Exercise as a Vital Sign" initiative:

On average, how many days per week do you engage in moderate to vigorous exercise (such as a brisk walk)?

On average, how many minutes do you engage in exercise at this level? (answers were recorded in 10-minute increments and went up to "150 or greater")

² Interventions:

Interventions for promoting sustainably healthy habits, such as healthy eating and regular physical activity, should have the flexibility to be conducted away from the provider's office, as appropriate to meet the goals of the intervention. For example, [the 60-day Physician Referral Exercise Program](#), offered by ACAC Fitness & Wellness Centers, is open to members of the community who receive an exercise prescription from a medical provider. The program is conducted onsite at the ACAC facility and includes twice/week small-group counseling sessions, a group session with a nutrition specialist, access to ACAC fitness facilities, access to group exercise classes, and access to indoor aquatic programs.

Proposal II

There is documented evidence that lifestyle changes can help patients in both the management and prevention of chronic disease and the complications associated with them^{1,2}. Supporting patients as they begin to learn to manage their own conditions to lessen their impact is a proven strategy and while aimed solely at primary prevention, the National Diabetes Prevention Program (DPP) offers good evidence³.

The DPP is an evidence-based program that demonstrated such conclusive results in a multicenter clinical research study at the National Institutes of Health that it was halted a year in advance so the control could immediately start the intervention. The DPP is a 12-month group-based community program that consists of 16 one-hour, weekly sessions, followed by monthly sessions led by a trained lifestyle coach who facilitates a small group of people with similar goals.

Accordingly, the American Council on Exercise proposes the following:

Development of a Centers for Disease Control and Prevention (CDC) community-based lifestyle change Chronic Disease Self-Management Pilot Program similar to the National Diabetes Prevention Program that would provide the qualified support and behavior-change expertise needed to educate and encourage Medicare patients with multiple chronic conditions to make lifestyle changes that would help manage their symptoms and conditions as well as improve quality of life and ultimately reduce care costs.

Discussion

- The proposed policy facilitates the delivery of high quality care, improves care transitions, produces stronger patient outcomes, increases program efficiency, and contributes to an overall effort that will reduce the growth in Medicare spending by educating and supporting Medicare patients through a cost effective and efficient community-based education and support program to encourage patients to make lifestyle changes that can lessen the effects and/or severity of their diseases, perhaps prevent the development of additional co-morbidities, improve their quality of life and, ultimately, reduce healthcare costs per individual.

- The proposed policy increases care coordination among individual providers across care settings who are treating patients living with chronic diseases by providing a cost-effective and efficient patient education and support program led by health coaches with the appropriate expertise in behavior change, fitness and nutrition that can help support physicians and patients. These professionals can deliver care within their scope of practice and work collaboratively in a team-based model providing the necessary community to the clinic connection in a holistic manner.
- The proposed policy streamlines Medicare's current payment systems to incentivize the appropriate level of care for patients living with chronic diseases by insuring the patient receives the necessary education and support to take an active role in the self-management of their conditions in a cost-effective manner.

Relevant Issue Areas

This policy proposal applies to the following issue areas identified by the Senate Finance Committee Workgroup:

- Improvements to Medicare Advantage for patients living with multiple chronic conditions;
- Strategies to increase chronic care coordination in rural and frontier areas;
- Options for empowering Medicare patients to play a greater role in managing their health and meaningfully engaging with their health care providers;
- Ways to more effectively utilize primary care providers and care coordination teams in order to meet the goal of maximizing health care outcomes for Medicare patients living with chronic conditions.

¹Fletcher GF, Berra K, Fletcher BJ, Gilstrap L, Wood MJ. The integrated team approach to the care of the patient with cardiovascular disease. *Curr. Probl. Cardiol.* 2012; 37(9):369Y97.

²Haas BK, Kimmel G. Model for a community-based exercise program for cancer survivors: taking patient care to the next level. *J. Oncol. Pract.* 2011; 7:252Y6.

³Knowler WC, Fowler SE, Hamman RF, Christophi CA, Hoffman HJ, Brenneman AT, Brown-Friday JO, Goldberg R, Venditti E, Nathan DM. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet.* 2009 Nov 14;374(9702):1677-86.

About ACE The nonprofit American Council on Exercise ([ACE](http://ACEfitness.org)) educates, certifies, and represents more than 55,000 fitness professionals, [health coaches](#), and other allied health professionals. ACE advocates for a new intersection of fitness and health care, bringing the highly qualified professionals that ACE represents into the healthcare continuum so they can contribute to the national solution to physical inactivity and obesity. ACE is the largest certifier in its space; all four of its primary [certification](#) programs are accredited by the National Commission for Certifying Agencies ([NCCA](#)), the gold standard in the United States for assessing professional competence. ACE also plays an important public-service role, conducting research and making available science-based information, and resources on safe and effective physical activity and sustainable behavior change. For more information, call (800) 825-3636 or visit ACEfitness.org.