Physical activity promotion at a federally qualified health center

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Goals of project

- Improve the quality and frequency of physical activity counseling
- Evaluate the feasibility of referring to a community resource for physical activity
- Evaluate the effect on patient outcomes (patient reported communication, motivation, satisfaction, and physical activity)
What we did
(description of intervention, innovation)

Design: pragmatic RCT

Multi-level:
  • Clinician training
  • Staff training
  • Development of new EHR tools
  • Workflows (creation of new processes for community referrals)
  • Creation of new partnership between the FQHC and the community for physical activity referral
  • Creation of a research-primary care-community partner team to deliver intervention and track outcomes
Conceptual framework

5As (Ask, Advise, Agree, Assist, Arrange)

Self-determination theory

Patient centered communication
**Description of clinician training**

- Goals: teach 5As, use of EHR tools, knowledge of community resources, PCC skills
- Four one hour training sessions
- Interactive (group discussions, peer-peer feedback around cases)
- Use of standardized patients to give individualized feedback
- Hands on practice with EHR tools
### Physical Activity Guided Plan

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Presence</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td></td>
<td>Weight loss</td>
</tr>
<tr>
<td>Type</td>
<td></td>
<td>Walking</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td>4 days/week</td>
</tr>
<tr>
<td>Intensity</td>
<td></td>
<td>A little hard (I can talk but I am not sweaty)</td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td>City Recreation Center, Neighborhood</td>
</tr>
<tr>
<td>Follow up</td>
<td></td>
<td>4 weeks</td>
</tr>
<tr>
<td>How confident are you</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>What barriers/challenges</td>
<td></td>
<td>Lack of time, Lack of energy</td>
</tr>
<tr>
<td>How might you address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What supports are you</td>
<td></td>
<td>Church/faith/religion, Spouse/partner</td>
</tr>
</tbody>
</table>
Description of staff training

- Train staff to use EHR tools to track referrals
- Coordinate enrollment and pre-participation screening, forms completion
- Communicate with community partner about patient enrollment and participation
- Collect data (mixed methods)
- Assist team in analysis of patient outcomes (multiple levels)- EHR reviews, biometric, self-report
Role of community partners

- Administer the pre/post assessments
- Deliver the Healthy Living Program curriculum
- Meet with team monthly to review progress, barriers, challenges
- Maintain attendance records and provide feedback to team about reasons for attrition, nonparticipation, or difficulty completing program
Results
Patient and clinician participation (CONSORT)

Figure 1: Participant flow through study (CONSORT Diagram)
Patient socio-demographic information, n=325

- 43 years mean age
- 75% African American, 10% Hispanic, and 15% Caucasian
- 58.2% had public insurance
- 32.5 average BMI

- weight-related co-morbidities include
  - diabetes (21%)
  - hypertension (49%)
  - depression (32%)
  - osteoarthritis or chronic pain (50%)
Change in physical activity counseling (recorded visits)

- Physical activity was discussed in 37% of all visits.
- Of those 117 visits, 112 (95%) contained an Ask statement, 54 (46%) had Advise, 21 (18%) Assess, 18 (15%) Assist, and 7 (6%) Arrange.
- **Frequency** of 5As discussions increased from baseline to follow-up for:
  - Advise (47% to 54%)
  - Assess (6% to 27%)
  - Assist (6% to 19%)
- For **Ask**, the level of **detail** inquiring about the frequency, type, and/or duration of physical activity **increased from 23.1% at baseline to 42.5%** at follow-up.
- **Assess**, **exploration of patient willingness to engage** in physical activity **increased from 4.5% at baseline to 22.5%** at follow-up.
Clinician reported change in physical activity counseling

Mean Scores (scale 1-5) 5=very confident
Results: Number of PA referrals made 6/10/-8/12

Group 1

Provider: A, B, C, D, E, F

Group 2

Provider: G, H, I, J, K, L, M

Provider A: 8, Provider B: 16, Provider C: 0, Provider D: 19, Provider E: 19, Provider F: 6, Provider G: 19, Provider H: 55, Provider I: 1, Provider J: 2, Provider K: 3, Provider L: 5, Provider M: 8
Enrollment, participation in community program

Participant Referrals & Follow Through

Westside HLP Program

2009-2012

Patients Registered
(n=250)

Attended 1st class
n=110 (44%)

Missed 1st class, but came to others

No Show
N=70 (28%)

Attended 50% of classes
n= 54 (30%)

Attended 75% of classes
n=19 (11%)

Graduated
(came to 1st class)
N=40 (22%)
Physical activity outcomes (n=31)

- Total (moderate + vigorous) physical activity minutes per week increased by 226 minutes per week
- Moderate physical activity minutes per week increased by 143 minutes per week
- Vigorous physical activity minutes per week increased by 97 minutes per week
- Increases in days/week stretching and strengthening also observed
Summary of results

- Intervention increased frequency of Advise, Agree, and Assist and quality of Ask and Assess counseling for PA (audio data)
- Intervention increased overall use of 5As (by patient report and clinician report) and use of autonomy supportive counseling skills
- Unanticipated - Referral rates exceeded the available supply of spots in the community program and spread quickly to non-study clinicians
- Retention a challenge in community program
- Among completers, outcomes promising
Factors affecting successful implementation

- Supportive and engaged leadership
- High enthusiasm from varied community stakeholders
- Clinician and staff champions
- Viewed as relevant, high priority to improve quality of care for whole population of patients
- Seen as addressing an unmet gap
Challenges and lessons learned

- Fast and at time uneven pace of change in practice
- Challenging patient population
- Competing demands, priorities, initiatives
- Adequate start-up and investment needed to train, supervise all members of team
- Project started at same time practice “going live” with EHR (+/-)