



AMERICAN COLLEGE  
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# Sports Medicine *Bulletin*

A WEEKLY NEWS AND INFORMATION RESOURCE FROM THE AMERICAN COLLEGE OF SPORTS MEDICINE

## A Landmark Accomplishment for ACSM & Exercise is Medicine® (EIM) – Part I of Implementing the EIM Solution!

By Adrian Hutber, Ph.D. & Phillip Trotter

*Adrian Hutber, Ph.D., has served as vice president of Exercise is Medicine® at ACSM since 2008, after previously serving as vice president of a major fitness corporation and as the director of the distance education division at Human Kinetics. During his time at ACSM, Dr. Hutber has helped to establish seven EIM Regional Centers and 43 EIM National Centers, all with the goal of making physical activity assessment, prescription and referral part of health care systems globally.*



Adrian Hutber, Ph.D.



Phillip Trotter

*Phil Trotter, B.S., leads the EIM Solution “on the ground.” The EIM Solution is the key component of EIM that brings about implementation of community networks that include local health systems, health providers and resources necessary to make physical activity and exercise a standard element in the delivery of health care to all patients.*

*This commentary summarizes perhaps the most exciting news about Exercise is Medicine® since its inception in 2007. For reasons of scope and complexity, the presentation is divided into Parts I and II. Part I presents a short overview of EIM and key details from a special press conference held late last month at the National Press Club in Washington, D.C. (see: [https://youtu.be/u\\_GkwT0bFpw](https://youtu.be/u_GkwT0bFpw)). This part also identifies the roles of the EIM Solution, the EIM Global Center and the EIM Global Research and Collaborative Center, all of which are key components needed to implement EIM in large U.S. health systems. Part II will follow soon in a future issue of SMB.*

**A Brief Synopsis of EIM.** EIM’s most fundamental mission has been to establish physical activity as an issue to be addressed in every physician-patient office visit and, by virtue of that interaction, engage physicians in writing individual scripts for each patient. The philosophy, concepts and implementation models of EIM are based on scientifically sound and persuasive evidence as to the health values of regular physical activity. Such a system, if implemented in communities across the U.S. and worldwide, holds great promise for disease prevention and controlling ever-rising health care costs.

In the early going, tireless efforts by many EIM volunteer and staff leaders advanced understanding and enthusiasm for these concepts. As a result, EIM is supported by a global network of collaborating centers – a network that is still growing. Now, moving forward, EIM has developed methods and protocols capable of demonstrating effectiveness and practicality when implemented in health care settings. The next stage, and the subject of this commentary, is the plan for full-scale implementation in a large health system. Two critical components required for this phase include carefully coordinated involvement of community stakeholders and simultaneous integration of a rigorous system to evaluate the real-life effectiveness of EIM program. EIM, as an entity, is complex and has many working parts.

**A Health Care System in Transformation.** Today in the U.S., chronic diseases are responsible for 80 percent of health care costs. One major consequence is that payers (employers, insurers, Medicaid and Medicare) are demanding that health systems share fiscal responsibility for interventions that successfully decrease both the prevalence and economic burden of these chronic diseases. A key strategy to bring this about is a transformation of the health care system – from one that is focused on volume to a system focusing on value-based care. So, instead of the longstanding “fee for service” model, there is great momentum building for replacement it with a model that rewards achievement of successful patients’ health outcomes. With this new model there have come remarkable opportunities for exercise professionals and facilities, providing them with the opportunity to play a significant role in the prevention and intervention of chronic diseases.

**The National Press Club Announcement of February 23rd.** The American College of Sports Medicine (ACSM), American Council on Exercise (ACE) and the Medical Fitness Association (MFA) came together at the National Press Club in Washington, DC to announce that they were uniting under the Exercise is Medicine® (EIM) platform. The purpose of this collaboration is to support the building of what EIM identifies as Community Care Teams – these include trained personnel who can deliver chronic disease prevention and intervention programs. A health care-relevant analogy is that this EIM model builds into each community an “*exercise pharmacy*,” i.e. referring to personnel, facilities and places where the health care provider, with confidence, sends their patient on a trusted pathway to fill a given prescription for disease prevention. Clinicians have long acknowledged that physical activity, at the very least, is an important factor for both the prevention and management of chronic diseases. With health care systems now widely adopting the [Population Health Management](#) (PHM) care model, regular physical activity and exercise is now a must-have lifestyle behavior priority.

This PHM care model helps to describe the evolution underway that is designed to improve health across the continuum of care. The capacity-building needed to make possible these community-level connections between the PMH model and the “*exercise pharmacies*” has been underway for several years – through planning and guidance provided by [EIM’s Global Center](#) (EIM-GC) and its Global Research and Collaboration Center ([EIM-GRCC](#)). The challenge is where to refer these population groups for participation in accessible, safe and uniformly effective prevention and intervention programs. In simple terms, many health systems are reluctant to refer patients to a community resource that cannot demonstrate quality assurance of

service equivalent to what patients receive within that same community's clinical settings. This quality assurance is exactly what the [EIM Solution](#) provides. EIM's programs and credentialed professionals provide the engagement methodology needed for advancing patients toward a physically activity lifestyle – including attention to the duration, frequency and intensity of activity necessary to develop behavior-change outcomes that lead to self-management and a return on investment for health systems.

*Editorial Note: Part II of this commentary will focus on how the EIM Solution will be applied and the role of EIM-GRCC in evaluating and validating a system of metrics to demonstrate effectiveness of implementation.*



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## A Landmark Accomplishment for ACSM & Exercise is Medicine® (EIM) – *Part II: Implementing the EIM Solution!*

By Adrian Hutber, Ph.D.,  
Phil Trotter, B.S. and  
Felipe Lobelo, M.D.,  
Ph.D.

*Viewpoints  
presented in SMB  
commentaries  
reflect opinions of  
the authors and do  
not necessarily  
reflect positions or  
policies of ACSM.*



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*Adrian Hutber, Ph.D., has served as vice president of Exercise is Medicine® at ACSM, since 2008. Previously, he served as vice president of a major fitness corporation and as the director of the distance education division of the publisher, Human Kinetics.*

*Phil Trotter, B.S., leads the EIM Solution on-the-ground team. This is a key component of EIM that supports the implementation of community stakeholder groups and the resources to make physical activity a standard element in the delivery of health care to all patients. Phil is a community care thought leader and collaborative subject matter expert. He consults with leaders of health systems, as well as executives and their staffs in population health management.*

*Felipe Lobelo, M.D., Ph.D., is an associate professor of Global Health at Emory's Rollins School of Public Health. He directs the [EIM Global Research and Collaboration Center \(EIM-GRCC\)](#). The EIM-GRCC is the academic hub of EIM that carries out the lead role in evaluating the EIM initiative. To execute this function, EIM-GRCC collaborates with health care systems, community organizations, and fitness and technology companies.*

*This is the second installment of a two-part commentary on recent landmark developments in the Exercise is Medicine® (EIM) initiative. See the archived [March 22, 2016 issue of SMB for Part I](#) for background on the foundational aspects of EIM. Part II focuses on how the EIM Solution establishes physical activity as a primary behavioral factor in the prevention and treatment of major chronic diseases.*

**What is the Hurry?** With the dramatic shift from volume- to value-based care, health systems are quickly ramping up their value-based payment contracts with the health care payers – i.e., with employers, insurers, Medicaid and Medicare. This is a highly competitive process for health

systems, given the necessity to assure that their volume-based revenue is replaced with that based on health value. In making this payment shift, these health systems also must be able to factor in (assume responsibility) for a share of the payer's population health risk. This is a particularly challenging part of the equation in payer populations that have more people with established chronic disease conditions.

The payer's share of this risk will be determined, not only by the number of patients with these diagnoses, but also by how rapidly such patients become sicker and progress to higher utilization of the most expensive health services. These turn out to be patients with the more complex medical, behavioral and social issues – caring for this subset, in fact, will typically consume up to 80 percent of total health care dollars! ***This is where the EIM Solution comes in.***

The EIM Solution first establishes target outcomes for both the health system and its payers. Then, based on these outcomes, implementation strategies are devised – each of which are tailored to improve individual health states and, at the same time, reduce financial consequences of these diseases in the overall population. An additional important consideration in selecting these strategies is that each must be demonstrably effective in mitigating disease in that part of the population at higher risk.

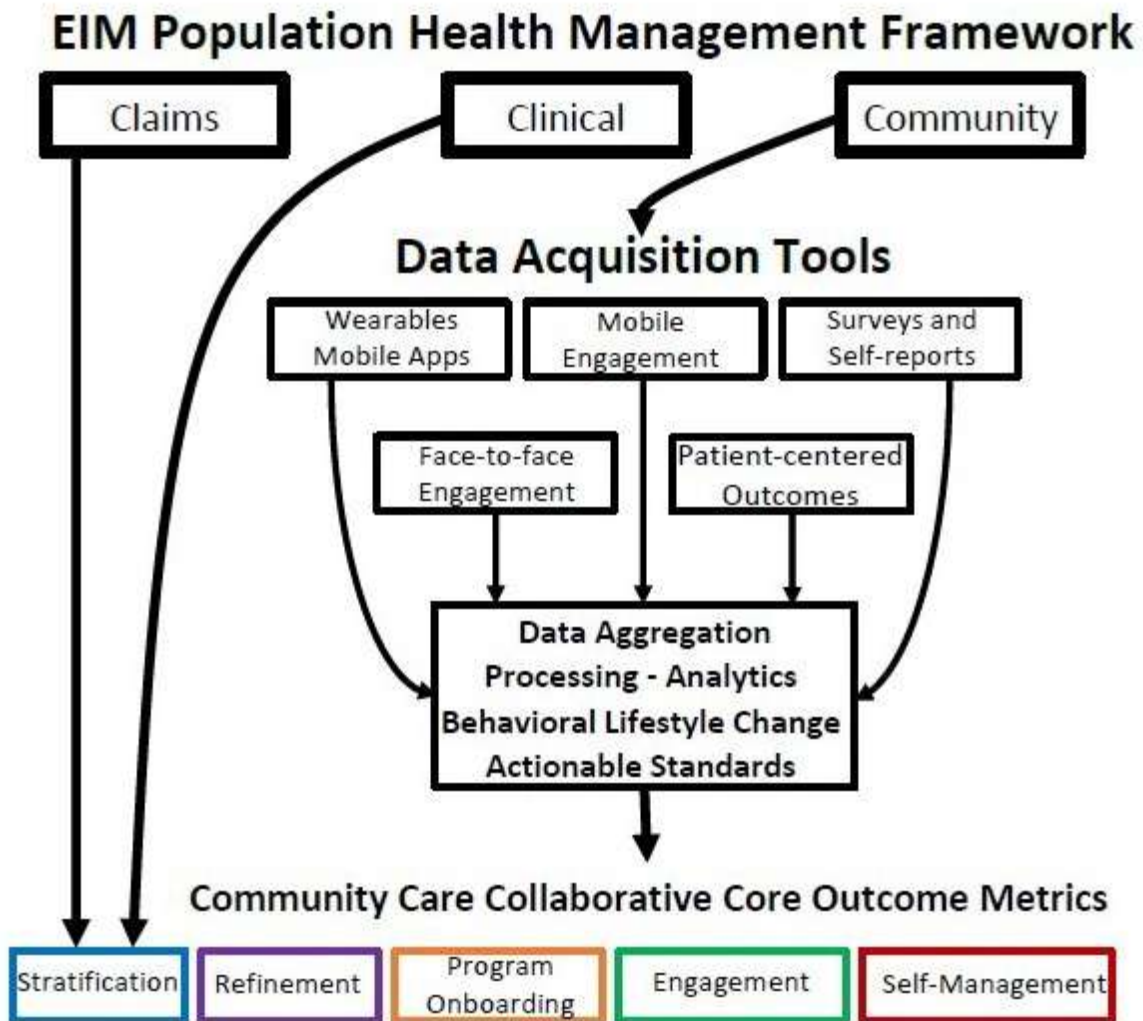
The second component of the EIM Solution – establishing and managing a community network for patient referral with a *high degree of quality assurance* – provides health systems with the essential service that they almost invariably have neither the expertise nor bandwidth to develop themselves.

So how do the clinical care, community care and the collection and analysis of the clinical and community care data all fit together?

**Community Care Data and Outcomes.** Community care is a new standard in health care delivery. The goal is to achieve lifestyle behavioral change that leads to self-management of chronic diseases. The Population Health Management (PHM) framework underscores how health care is being transformed – in ways designed to maintain and improve health across the continuum of care for individuals at risk for chronic diseases or those who already have been diagnosed with multiple chronic diseases. One of the challenges health systems face is where to refer these population groups for participation in accessible, safe and replicable prevention and intervention programs with adequate quality control. These programs must provide the adequate engagement methodology, duration, and frequency and intensity of exposure that will result in lifestyle behavior changes and the individual skills needed to accomplish self-management. Only in this way will it be possible for health systems and payers to have reasonable assurance of “value return” on their investment.

Figure 1 shows the schema for evaluating EIM effectiveness in a given community. In addition to examining clinical and claims health risk data, this model includes a community-level category that centers attention on validating the effectiveness of PHM interventions that have been implemented. The community data collected and the core outcomes are based on the performance standards set by the EIM-GRCC at Emory University. The EIM-GRCC performs community data standardization, aggregation, and analytics to create actionable summary data and uncover best practices that validate chronic disease prevention and self-management. For further details about how mobile health data acquisition tools are incorporated into EIM programs, see [Lobelo et al., in Progress in Cardiovascular Diseases](#).

The EIM-GRCC role is to lead or collaborate with a given health system's in-house research center. The process combines clinical, health care utilization and cost data and uses these metrics to assess the overall effectiveness and cost-effectiveness of the EIM solution programming. Results may be compared across different clinical populations and among specific subgroups. These are the outcomes that lead to an understanding of return on investment by health systems from their value-based care and contracted payment models with payers.



**Figure 1. Overall EIM Effectiveness and Cost-effectiveness**

Lifestyle behavioral change requires high-touch human engagement that is significantly enhanced when clinical care integrates community care. Health systems are seeking a solution to deliver formerly high-cost services more efficiently in lower-cost settings where patients learn to be better stewards of their own health. Greenville Health is an example of a large U.S. health system that has accepted the challenge of being an EIM leader by adopting and integrating the EIM Solution model and linking its clinics with EIM credentialed exercise professionals at access points provided by the YMCA, which is the community partner organization for the Greenville

area.

To validate success, community data and core metrics must make the case that community care works. The ACSM, American Council on Exercise and Medical Fitness Association coalition represents the organizational and professional resource to make community care a reality for health systems.