



EXERCISE IS MEDICINE GLOBAL RESEARCH AND COLLABORATION CENTER

Physical inactivity is a leading cause of poor health, mortality and higher health care costs in the US and throughout the world. However, too few health systems and health care providers routinely include physical activity (PA) as part of the prevention and management of chronic diseases.



The Exercise is Medicine (EIM) initiative of the American College of Sports Medicine has helped build local networks to support the systematic integration of PA as a vital sign and a routine component of health care system's implementation of population health management (PHM).

EIM GRCC exists to:

Evaluate the cost-effectiveness of real-life EIM implementation, via standardized clinical-community linkages to prevent, manage and reverse the progression of chronic diseases.

Initiate and collaborate on research projects to advance the successful implementation and scale-up of EIM in the U.S. and globally, using implementation science, integrating objective PA assessments, patient-centered pragmatic trials, health IT applications, economic analyses, comparative effectiveness, policy, surveillance and health services tools.

Serve as a coordinating center for multi-center EIM implementation projects and offer state-of-the-art consultation and evaluation support to health systems and community care networks including the development and validation of effectiveness metrics, behavior change standards, monitoring frameworks and data collection, aggregation and interpretation needs, to objectively assess the EIM solution level of reach, effectiveness, adoption, implementation and maintenance, under a population health management framework.

Collaborate on the development and implementation of a sustainable model to educate the workforce necessary to implement EIM in the US and globally, including a training and certification curriculum for primary care providers and fitness professionals, on the basic concepts of PA and health and how to implement EIM in clinical-community settings.

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<http://bit.ly/EIMGRCC>



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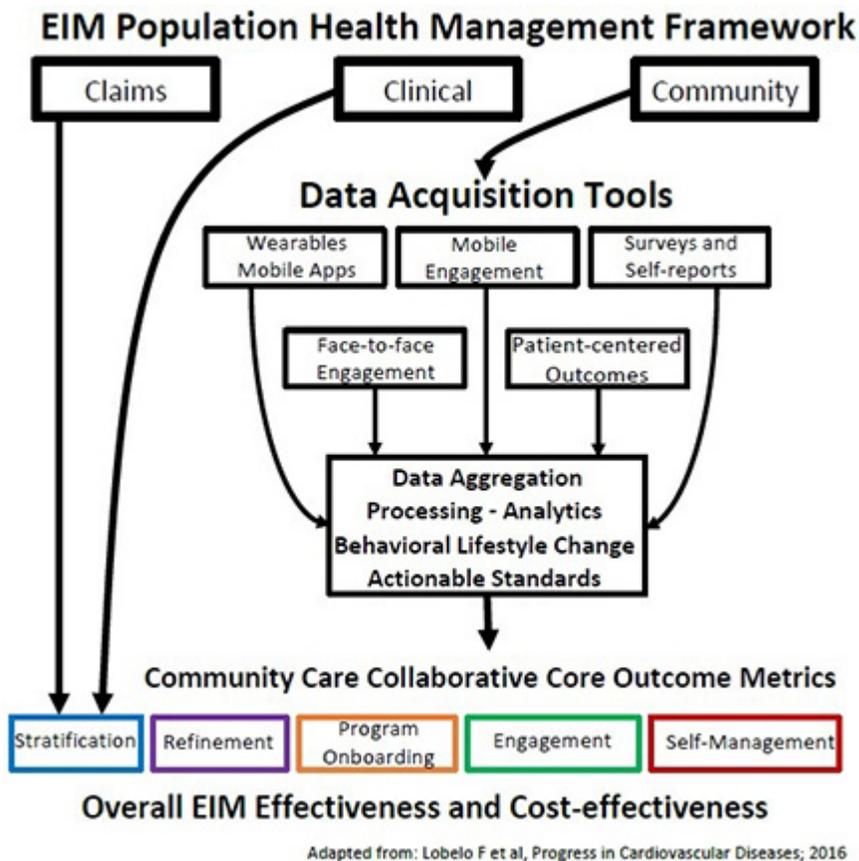


Emory Global Diabetes
Research Center

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A New Standard in PHM Healthcare Delivery via standardized Clinical-Community linkages



Community Care is a new standard in healthcare delivery with the goal of achieving lifestyle behavioral change to self-management of chronic diseases. The PHM framework underscores the care evolution underway designed to maintain and improve health across the continuum of care for those at-risk for chronic diseases, but especially for the rising-risk diagnosed with one or more chronic conditions or risk-factors.

The challenge for Health Systems 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 engagement methodology, duration, frequency and intensity resulting in validated lifestyle behavioral change outcomes to accomplish self-management and a value return on investment for Health Systems and payers.

As part of PHM, we propose that in addition to clinical and claims health risk data categories there needs to be a community category to validate the effectiveness of PHM interventions. Quantitative and qualitative Community data acquisition tools, including objective physical activity and other key lifestyles (nutrition, sleep, sedentary behavior) as well as face-to-face and online engagement, surveys, self-reports and patient-centered outcomes provide the source data to define what prevention and intervention programs must achieve to be relevant. The EIM-GRCC performs community data standardization, aggregation, processing and analytics to create actionable summary data and algorithms uncovering best practices that validate chronic disease prevention and self-management. The EIM-GRCC then leads or collaborates with health systems in-house research centers to combine clinical, health care utilization and costs data to assess the overall effectiveness and cost-effectiveness of EIM programming. These are the outcomes that lead to a return on investment by Health Systems from their value-based care and contracted payment models with payers. Value-based payment models will reward those Health Systems that integrate Community Care using a Collaborative framework to deliver formerly high-cost services more efficiently in accessible lower cost settings that reduces the health risk of chronic disease population groups.