An Analysis of 'Exercise is Medicine' Impacts and Utilization in a Student-Run Free Clinic

John Kevin Dayao, Susan Glockner, MD, Michelle Johnson, MD, Sarah Linke, PhD, MPH UC San Diego School of Medicine & Department of Family Medicine, UC San Diego





of SPORTS MEDICINE

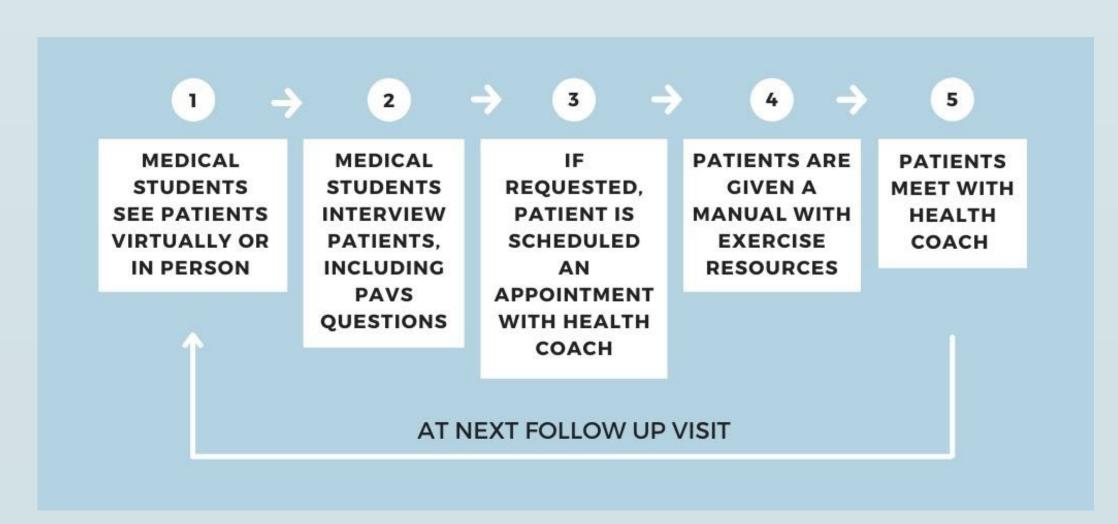
Introduction/Background

- "Exercise Is Medicine" (EIM) provides provider decision support and health coach services for patients.
- EIM has been successfully implemented in UCSD primary care clinics, but data on its effectiveness and feasibility in a free clinic setting is lacking.
- The UC San Diego Student-Run Free Clinic Project (SRFCP) primarily serves low income, Hispanic, Spanish monolingual patients.
- We studied EIM implementation within the UC San Diego SRFCP from May 24, 2021 to October 5, 2021.

Program Description

- Physical activity vital sign (PAVS) scores are automatically generated by the EMR when providers (medical students) input answers to three questions.
 - 1. Number of days per week of PA.
 - 2. Number of minutes per episode.
 - 3. If they want to schedule a free 15-minute phone call with a health coach.
- PA recommendations are automatically generated by the EMR based on the patient's PAVS score.
 - 1. Not exercising at all (0 minutes/week).
 - 2. Exercising but not meeting guidelines (0-149) minutes/week).
 - 3. At goal (≥150 minutes/week).
- A Spanish-English bilingual health coach was trained to help patients assess barriers to PA, set goals, and affirm progress.

Figure 1. EIM workflow at the SRFCP



Methods

- Physical activity vital sign (PAVS) scores were collected for all SRFCP patient encounters from May 24, 2021 to October 5, 2021.
- For patients with two or more visits within the study time frame, a paired t-test was conducted to compare PAVS scores between their first and second visits.
- Provider-level data were collected from the EMR to evaluate program fidelity.
- A phone survey was conducted to measure patient satisfaction.
- A survey was conducted to measure provider (medical students) attitudes and knowledge regarding EIM before and after implementation.
- SPSS and Microsoft Excel were used for descriptive and statistical analyses.

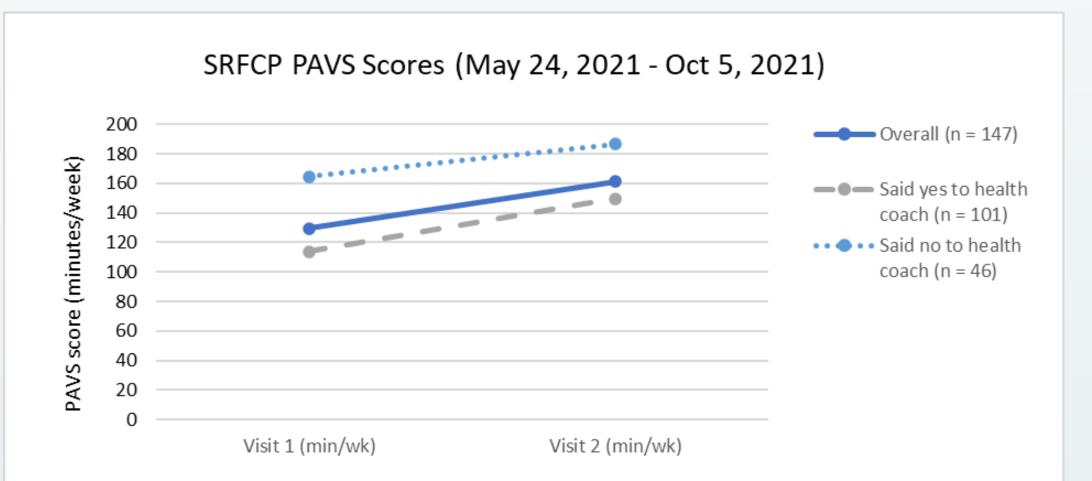
Total Patients

Table 1. Demographics + Baseline PA'

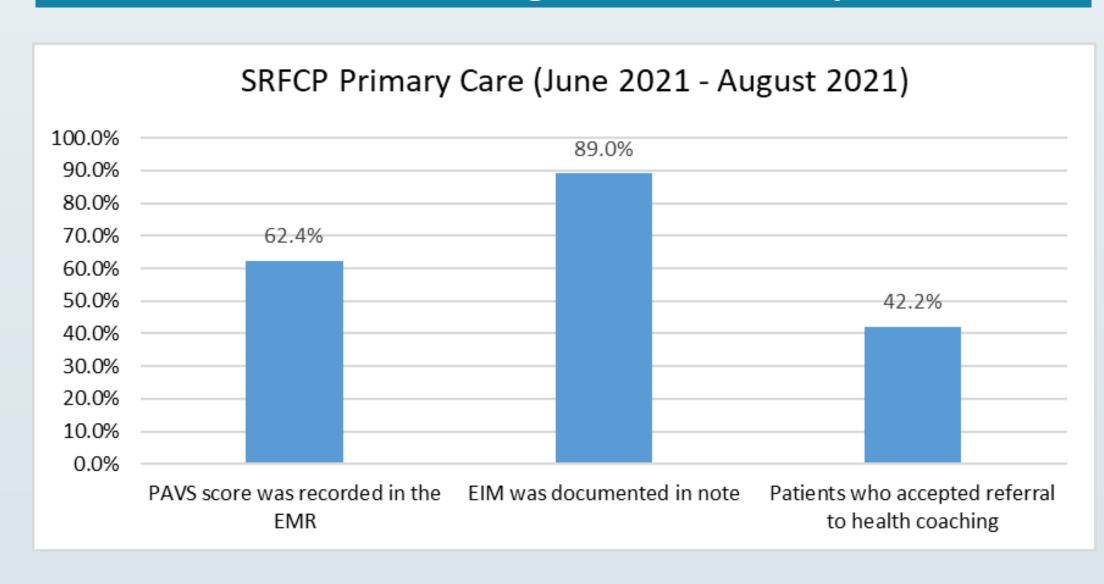
			Offer - YES		Offer - NO		value
Demographic	Patients	Baseline PAVS	Patients YES	Baseline PAVS	Patients NO	Baseline PAVS	
and Diseases	Number (%)	Mean (SD)	Number (%)	Mean (SD)	Number (%)	Mean (SD)	
Overall	256 (100)	132.89 (121.28)	146 (57)	121.92 (116.55)	110 (43)	147.45 (126.88)	0.096
Age	56.74		56.91		56.61		
(mean (SD))	(10.05)		(10.14)		(10.06)		
18-39	8 (3.1)	46.88 (64.42)	4 (2.7)	40 (46.90)	4 (3.6)	53.75 (85.77)	0.788
40-64	191 (74.6)	138.56 (125.38)	110 (75.3)	126.95 (117.87)	81 (73.6)	154.32 (134.04)	0.136
≥65	57 (22.3)	125.96 (110.31)	32 (21.9)	114.84 (116.04)	25 (22.7)	140.20 (103.07)	0.394
Gender							
Female	189 (73.8)	133.12 (126.86)	116 (79.5)	121.77 (120.38)	73 (66.4)	151.16 (135.43)	0.121
Male	67 (26.2)	132.24 (105.85)	30 (20.5)	122.50 (102.24)	37 (33.6)	140.14 (109.44)	0.502
Ethnicity							
Hispanic	235 (91.8)	132.77 (120.75)	134 (91.8)	120.41 (116.07)	101 (91.8)	149.16 (125.41)	0.071
Non-Hispanic	21 (8.2)	134.29 (132.89)	12 (8.2)	138.75 (125.85)	9 (8.2)	128.33 (149.35)	0.864
DM							
Yes	143 (55.9)	135.94 (114.39)	80 (54.8)	112.13 (97.79)	63 (57.3)	166.19 (126.97)	0.005
No	113 (44.1)	129.03 (130.39)	66 (45.2)	133.79 (135.71)	47 (42.7)	122.34 (123.66)	0.648
HTN							
Yes	159 (62.1)	122.92 (116.07)	90 (61.6)	116.33 (106.34)	69 (62.7)	131.52 (127.95)	0.415
No	97 (37.9)	149.23 (128.89)	56 (38.4)	130.89 (131.83)	41 (37.3)	174.27 (121.92)	0.102

Change in PAVS Score

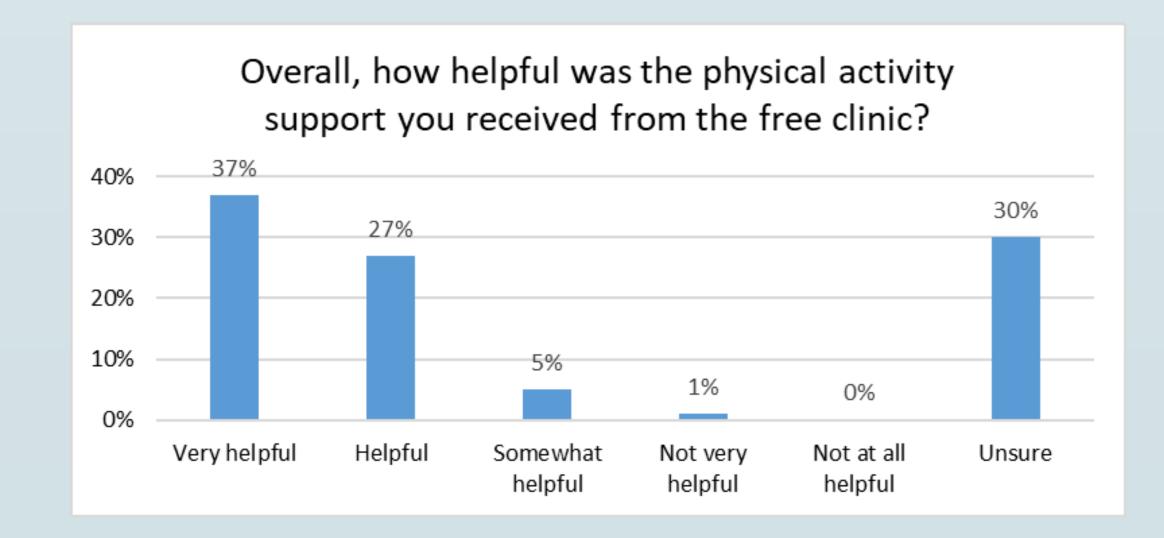




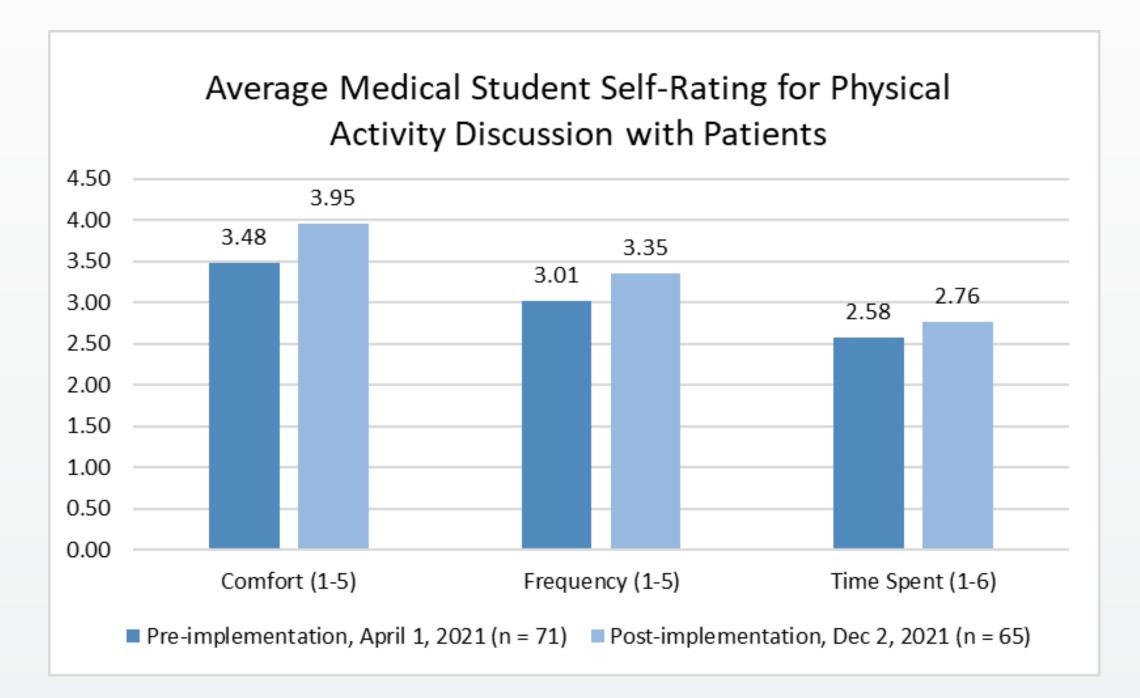
Provider-level Program Fidelity



Patient Satisfaction



Provider (Medical Student) Attitudes



Results

- Mean PAVS score increased overall by 31.6 minutes/week or 24.4% (129.6 vs 161.2, p=0.003).
- PAVS score was recorded in 62.4% of all SRFCP primary care visits between June 1, 2021 and August 31, 2021.
- 64% of patients surveyed (n = 101) from July 12, 2021 to August 16, 2021 reported that the PA support they received from the SRFCP was helpful or very helpful, 5% somewhat helpful, 1% not very helpful, 0% not at all helpful, and 30% were unsure.
- Medical student ratings for comfort, frequency, and time spent in discussing PA with patients increased between April 1, 2021 and December 2, 2021.

Conclusions

- Overall data support the feasibility and effectiveness of EIM in student-run clinics.
- Patient and provider (medical student) satisfaction are generally positive to EIM services offered at the SRFCP.

Acknowledgements

Thank you to all who were involved with this project: the SRFCP medical student and community volunteers, physician volunteers, Spanish language interpreter volunteers, EMR programming team, data analyst, health coach, and to our patients who graciously trust the SRFCP with their care.