Coalition for the Registration of Exercise Professionals™

February 27, 2023

Micky Tripathi, PhD, MPP
National Coordinator
Office of the National Coordinator for Health Information Technology (ONC)
Department of Health and Human Services
Hubert Humphrey Building, Suite 729
200 Independence Avenue SW
Washington, DC 20201

Re: ONC's Draft United States Core Data for Interoperability (USCDI) Version 4

Dear Dr. Tripathi,

I'm writing on behalf of the Coalition for the Registration of Exercise Professionals (CREP), which operates the U.S. Registry of Exercise professionals www.usreps.org, to express our support for the Physical Activity Alliance's application to add Physical Activity Status as a data element to the next iteration of the U.S. Core Data for Interoperability (USCDI).
The proposed Physical Activity Status data element is comprised of four standardized measures:

(1) Average frequency of moderate to strenuous exercise each week (measured in "days");
(2) Average duration of moderate to strenuous exercise (measured in "minutes");
(3) Total minutes of moderate-vigorous physical activity/week (a product of the first two measures); and
(4) Average frequency of muscle-strengthening exercise each week (measured in "days").

These measures are validated in the peer-reviewed literature[1,2] and are aligned with the 2018 U.S. Physical Activity Guidelines for Americans.[3]

[1] Coleman KJ, Ngor E, Reynolds K, Quinn VP, Koebnick C, Young DR, Sternfeld B, Sallis RE. Initial validation of an exercise "vital sign" in electronic medical records. Med Sci Sports Exerc. 2012;44:2071–2076. doi:10.1249/MSS.0b013e3182630ec1
[2] Harris C, Watson K. A data users guide to the BRFSS physical activity questions: How to assess the 2008 Physical Activity Guidelines for Americans. Atlanta, GA: CDC; 2011.
[3] US Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. 2018.

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Integrating the Physical Activity Status data element into existing platforms is readily feasible for electronic health record systems. In fact, two of the measures are already included in the voluntary 2015 Certification Companion Guide on Social, Psychological, and Behavioral data (Paragraph (a)(15)(v)); which is currently followed by approximately 150 electronic health record systems in the U.S. Therefore, for the systems that already adhere to the certification criteria, adding the Physical Activity Status data element would simply require the introduction of the muscle-strengthening measure, which should fit into the existing workflow, user-interface, and data exchange codes. Furthermore, the Physical Activity Alliance is developing a HL7 FHIR implementation guide involving the proposed measures, which we expect will be sent to balloting in May 2023 and published in the Fall of 2023.

Being physically active is one of the most important lifestyle behaviors for maintaining physical health, mental health, and well-being.[3] The Coalition for Registration of Exercise Professionals, a 501(C)(6) organization with 155,000+ registered exercise professionals that hold a current certification from one or more a NCCA-accredited certification programs. Those certified exercise professionals are optimally positioned in their communities with the leadership skills and expertise necessary to provide the structured, scalable, physical activity programs and interventions to support individuals who seek to prevent or manage their inactivity-related chronic disease conditions at the advice of, or upon referral of, their physician or other clinician.

Evidence suggests that routine assessment of physical activity by clinicians leads to more referrals for exercise programming, greater weight loss for patients with obesity, and improved hemoglobin A1c levels in patients with diabetes.[4] Despite these potential outcomes, however, widespread implementation of physical activity assessment is inhibited by the lack of standardized physical activity measures. Adding Physical Activity Status to the USCDI would further solidify and standardize physical activity measures in the electronic health records in the U.S., which could dramatically improve the health of the public and bring U.S. healthcare costs down.[5] Therefore, we urge ONC to maintain Physical Activity Status as a data element within the final USCDI version 4.

[3] US Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. 2018.
[4] Grant RW, Schmittdiel JA, Neugebauer RS, Uratsu CS, Sternfeld B. Exercise as a vital sign: a quasi-experimental analysis of a health system intervention to collect patient-reported exercise levels. *J Gen Intern Med*. 2014;29(2):341-348. doi:10.1007/s11606-013-2693-9
[5] Lin CY, Ball TJ, Gentile NL, McDonald VF, Humbert AT. Associations Between Physical Activity Vital Sign in Patients and Health Care Utilization in a Health Care System, 2018–2020. *Journal of Physical Activity and Health*. Published online December 08, 2022. doi:10.1123/jpah.2022-0266

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Thank you and please reach out to my email at DanielleV@celticchicago.com if we can answer any other questions.

Sincerely,

Danielle Vitogiannes
Executive Officer

About CREP/USREPS:
The U.S. Registry for Exercise Professionals (USREPs) houses 155,000+ certified exercise professionals from six different organizations that offer NCCA-accredited exercise-related certifications. Together, these organizations make up the Coalition for the Registration of Exercise Professionals (CREP) which is a not-for-profit 501(c)(6) focused on securing recognition of registered exercise professionals for their distinct role in medical, health, fitness, and sports performance fields. USREPs/CREP acts as the community-based resource and network for clinicians to refer Registered Exercise Professionals (REPs) who deliver programs and/or services to improve patient outcome by way of physical activity.

CREP is a Healthy People 2030 Champion.