AMERICAN COLLEGE OF
Lifestyle Medicine

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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,

On behalf of the 9,500 members of the American College of Lifestyle Medicine, we would like 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).

Lifestyle medicine is a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions including, but not limited to, cardiovascular diseases, type 2 diabetes, and obesity. Lifestyle medicine-certified clinicians are trained to apply evidence-based, whole-person, prescriptive lifestyle change to treat and, when used intensively, often reverse such conditions. Applying the six pillars of lifestyle medicine—a whole-food, plant-predominant eating pattern, physical activity, restorative sleep, stress management, avoidance of risky substances and positive social connections—also provides effective prevention for these conditions.

Being physically active is one of the most important lifestyle behaviors for maintaining physical and mental health and well-being,[3] and in some instances, as part of a comprehensive lifestyle medicine intervention, restoring health to those with chronic diseases. ACLM is educating and supporting more and more physicians and other health professionals to be certified in lifestyle medicine to treat the root cause of the chronic disease that stands to bankrupt our nation's physical and financial health. We must support these trained professionals to smoothly implement the interventions so critically needed, and that means physical activity assessment and therapeutic prescription.

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]

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.

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. Thank you and please reach out if we can answer any other questions.

Regards,

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President, ACLM

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Executive Director, ACLM

References

[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.

[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