



February 9, 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 American Council on Exercise 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

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.

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.



Being physically active is one of the most important lifestyle behaviors for maintaining physical health, mental health, and well-being.³ The American Council on Exercise, a 501(C)(3) organization with 90,000+ exercise professionals and health coaches that hold a current certification from one or more of our NCCA-accredited programs. Those certified exercise professionals and health coaches 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.

Thank you and please reach out to Graham Melstrand at graham.melstrand@acefitness.org if we can answer any other questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Graham Melstrand", written in a cursive style.

Graham Melstrand
Executive Vice President, Community Health and Wellness

About ACE: Since 1985, the American Council on Exercise (ACE) has been the leading non-profit education and certification provider for health coaches and exercise professionals in the United States and around the world.

With more than 90,000 highly respected certified health coaches and exercise professionals, ACE Certified Professionals are on the ground daily helping people move, stay active and make lasting lifestyle behavior changes to build healthier communities.

Headquartered in San Diego, ACE collaborates with public health partners to educate people of all backgrounds about the importance of physical activity and other healthy lifestyle behaviors; advocates for public policies to increase physical activity opportunities; and supports scientific research that investigates the efficacy of behavior-change interventions and the effectiveness of exercise practices and trends.

³ US Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. 2018.

⁴ Grant RW, Schmittiel 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