

EIM ACTION GUIDE

FOR HEALTH CARE PROVIDERS

Implementing the EIM Framework



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INTRODUCTION

The message is simple. Exercise is the best, cheapest, most accessible medicine available and in order to improve chronic disease mortality rates, people need to move more.

Each patient encounter is an opportunity for you to make a difference. Brief interventions in primary care settings are an effective way of increasing physical activity among adults. The Global Advocacy for Physical Activity supports the use of brief interventions linked to community based support for behaviour change.

Several barriers have been identified as restricting the uptake of physical activity behaviour change in primary health care including; lack of specific knowledge and skills necessary to assess and prescribe physical activity behaviour change; time limitations; lack of confidence in skills necessary to support physical activity interventions; and perceived lack of interest by patients. The Exercise is Medicine Australia Framework has been developed with the time-pressured nature of general practice in mind, and is designed to provide the relevant resources quickly and easily.

Exercise is Medicine® is a global initiative, managed in Australia by Exercise & Sports Science Australia (ESSA). EIM is focused on encouraging health care providers, regardless of specialty, to review and assess every patient's physical activity levels at every visit. Patients should be counselled on physical activity, and provided with an exercise prescription or referral to an accredited exercise physiologist or appropriately qualified allied health professional.

The EIM initiative aims to make physical activity and exercise a standard part of a disease prevention and treatment medical paradigm in Australia. The initiative and resultant projects are designed to improve the health and well-being of all Australians through regular physical activity prescription from a range of clinicians including General Practitioners, nurses and other allied health providers.



MORE INFORMATION:

Exercise is Medicine Australia www.exerciseismedicine.org.au

Exercise Right www.exerciseright.com.au

Find an AEP www.essa.org.au

ABOUT THE EXERCISE IS MEDICINE FRAMEWORK

The EIM Framework is a brief intervention system providing healthcare professionals with the tools and resources they need to effectively begin a conversation about physical activity, and ultimately enable patient behaviour change.

The time-pressured nature of modern primary care means clinicians may only have 1-2 minutes of consultation time to undertake lifestyle counselling with patients. The EIM Framework is a simple, fast and effective tool for use in every day practice.

The available resources enable you to:

1. **Ask** the right questions about physical activity
2. **Screen** patients to determine their level of risk
3. **Customise** your advice
4. **Refer** effectively
5. **Provide** up to date, evidence based information



STEP 1: ASK

Ask your patient:

1. How many days per week do you exercise?
2. How many minutes per day?
3. At what intensity do you exercise? (moderate, vigorous)
4. Select your physical activity counselling (start, increase, or maintain activity level)

If you only have a few minutes, briefly discuss the benefits of exercise with the patient, provide a relevant factsheet (see step 5), and encourage the patient to add extra steps to their day. Consider referral options, and follow-up at their next appointment.

If you have more time, continue the framework, otherwise refer to a practice nurse or allied health provider for steps 2-5



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STEP 2: SCREEN

Administer the Adult Pre-Exercise Screening System (APSS). Stage 1 of this tool consists of seven questions and aims to determine if an individual requires supervision, or further investigation, prior to commencing exercise. A quick online version of the APSS is available on the Exercise is Medicine Australia website <http://exerciseismedicine.org.au/health-care-providers/interactive-screening-tool> or see the next page.

If your patient answered NO to ALL seven questions, and they have no other concerns about their health, you can write and exercise prescription to undertake light to moderate intensity physical activity or exercise. Alternatively, you may refer your patient to an Accredited Exercise Physiologist or qualified fitness professional for personalised exercise counselling. Apparently-healthy patients who you clear for exercise will still benefit from exercise counselling

If your patient answered YES to ANY of the seven questions, he or she may still be cleared for independent or monitored physical activity. Use your professional judgement when deciding whether a patient with a clinical condition can be cleared to exercise independently or whether they need to exercise under the supervision of an Accredited Exercise Physiologist.



ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise & Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person on any statement or information contained in this tool.

Name

Date of Birth:

Male

Female

Date:

Stage 1 (compulsory)

AIM: To identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

| | | |
|--|-----|----|
| Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | YES | NO |
| Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | YES | NO |
| Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | YES | NO |
| Have you ever had an asthma attack requiring immediate medical attention at any time over the last 12 months? | YES | NO |
| If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | YES | NO |
| Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in the physical activity/exercise? | YES | NO |
| Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? | YES | NO |

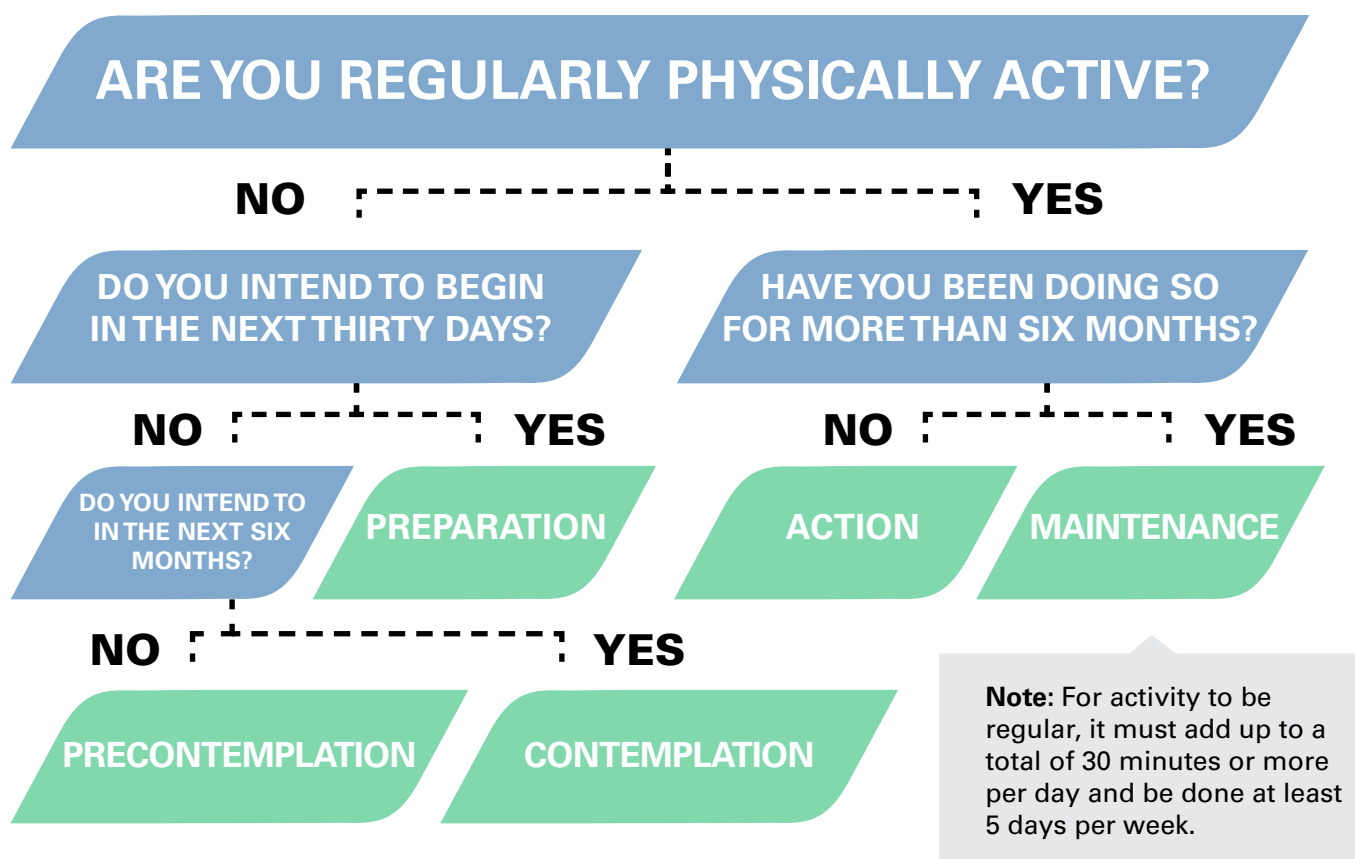
If you answered 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professionals prior to undertaking physical activity/exercise.

If you answered 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

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STEP 3: CUSTOMISE

Determine which stage of change the patient is in and take appropriate action, as indicated in the table on page 9. Some patients will be ready for only encouragement; some will be prepared to read the Starting an Exercise Program patient handout; and some will be willing to get an exercise prescription from you or be referred to an allied health professional for support in establishing an exercise program.



STEP 3: CUSTOMISE

| STAGE OF CHANGE | GOAL | SPECIFIC STRATEGIES |
|--------------------------|--|---|
| Pre-contemplation | To get your patient thinking about physical activity | <ul style="list-style-type: none"> • Encourage your patient to learn more about physical activity • Read articles, watch videos, and talk to others about physical activity • Make a list of potential benefits to becoming physically active then assess how important these benefits are to him or her |
| Contemplation | To encourage your patient to start being physically active | <ul style="list-style-type: none"> • Identify barriers to getting started (lack of time) and strategies for overcoming them (walking during lunch break) • Develop a plan for getting started • Set a small goal (5 mins a day) and commit to it • If supervision is required, refer patient to an Accredited Exercise Physiologist for expert support |
| Preparation | To encourage your patient to be regularly physically active | <ul style="list-style-type: none"> • Have patient use a pedometer and/or activity logs to self-monitor physical activity and track progress towards goals • Encourage patient to reward him/herself for meeting the goal of increased physical activity • Leave reminders to exercise everywhere (walking shoes by the door) • If supervision is required, refer patient to an Accredited Exercise Physiologist for expert support |
| Action | To help your patient maintain this physical activity habit over time | <ul style="list-style-type: none"> • Identify any obstacles that might interfere with being active in the future, then develop a plan for how to overcome them • Encourage client to set goals for an event in the future (fun walk, 5km run) • If supervision is required, encourage continued supervised exercise |
| Maintenance | To help your patient prepare for any future setbacks and increase enjoyment of physical activity | <ul style="list-style-type: none"> • Discuss how to get back on track after a break in physical activity • Make physical activity fun: try new activities; listen to music or watch TV while on treadmill; walk with a friend • Encourage patient to mentor someone else who is interested in becoming more physically active • If supervision is required, encourage continued supervised exercise |

STEP 4: REFER

Working in collaboration with a general practitioner, and with other allied health practitioners, AEPs will develop an exercise program based on your patient's current medical status and musculoskeletal condition, to ensure that the exercise program is both safe and effective to achieve the required health goals – this may include a supervised one-on-one, or group exercise program. In addition, AEPs will work to ensure your patient has the necessary knowledge and skills to exercise safely and effectively, and to motivate and support them while they start out with an exercise program.

Patients on a GP Management Plan (GPMP) and Team Care Arrangements (TCAs) are eligible for five individual allied health sessions per year on the Medicare Benefits Schedule. Patients with Type 2 Diabetes can also access Medicare rebates for up to eight allied health group services per calendar year.

What Medicare item numbers can I use?

Medicare Australia provides the following items for patients requiring a referral to an Accredited Exercise Physiologist:

| ITEM NUMBER | SERVICE PROVIDED | ELIGIBLE PATIENTS | PREREQUISITE FOR CLAIMING |
|-------------|---|--|---|
| 10953 | Exercise physiology service | Patients who have a chronic condition & complex care needs | GP claimed GPMP and TCA in past 2 years |
| 81110 | Exercise physiology service – assessment | Patients with type 2 diabetes | GP claimed GPMP |
| 81115 | Exercise physiology service – group service | | Assessed as suitable by Assessment for Group Services (item 81100, 81110 or 81120). |
| 81315 | Exercise physiology service | Indigenous Australians who have had a health check | GP must have completed a health check. |



STEP 4: REFER

REFERRAL PROCESS FOR INDIVIDUAL MEDICARE ITEMS

STEP 1: GP REFERRAL

GP refers eligible patient to an Accredited Exercise Physiologist under the appropriate Medicare item

STEP 2: AEP SERVICE

Accredited Exercise Physiologist provides individual service/s to the patient. A written report must be provided to the referring GP after the first and last service, or more if clinically necessary.

STEP 3: GP PATIENT REVIEW

GP conducts a review of patient's GPMP and/or TCA. Patient reviews should be conducted every 6 months.

REFERRAL PROCESS FOR GROUP ITEMS FOR PEOPLE WITH TYPE 2 DIABETES

STEP 1: GP REFERRAL

GP refers eligible patient to Accredited Exercise Physiologist to be assessed for suitability for a preferred group service, e.g. fitness/weight management

STEP 2: INDIVIDUAL ASSESSMENT

Accredited Exercise Physiologist individually assesses patient for suitability and prepares for group services. Unsuitable patients may be screened out at this time.

Report provided to GP on assessment undertaken, suitability for group services and nature of proposed group services.

STEP 3: GROUP SERVICES

Accredited Exercise Physiologist conducts group sessions. Maximum of 8 sessions per calendar year. Sessions must include 2-12 Medicare patients. Non-Medicare, full-paying patients can also attend. Report provided to referring GP after last service.

For further information on Referrals to Accredited Exercise Physiologists under Medicare, an example Referral template as well as other useful tools and resources access www.exerciseismedicine.org.au

STEP 5: PROVIDE INFORMATION

Finally, numerous resources are available to support your patients in increasing their physical activity. If your patient is healthy, print out and give them a Starting an Exercise Program handout.

If your patient has a chronic health condition, look at the exercise and chronic disease factsheets to see if your patient's condition is listed and, if it is, print out and give them the appropriate patient handout on how to safely exercise with their condition. These factsheets have been developed by leading researchers in the field.

The EIM Australia factsheet library includes information on the following conditions:

- Aboriginal Health: Type 2 Diabetes
 - Acquired brain injury
 - Alzheimer's disease
 - Arthritis
 - Asthma
 - Breast cancer
 - Cancer
 - Chronic heart failure
 - COPD
 - Chronic pain
 - Colon cancer
 - Coronary heart disease
 - Depression
 - Diabetes Type 1
 - Diabetes Type 2
 - Dyslipidaemia
 - Falls prevention
 - Gynaecological cancer
 - Hypertension
 - Kidney disease
 - Lower back pain
 - Multiple sclerosis
 - Metabolic syndrome
 - Osteoporosis
 - Parkinson's disease
 - Pregnancy and exercise
 - Postnatal rehabilitation
 - Prostate cancer
 - Spinal cord injury
 - Stroke
-

Healthcare Provider Resources

- 2014 Australian Physical Activity and Sedentary Behaviour Guidelines
- Accredited exercise physiologist (AEP) scope of practice
- Physical activity referral pathway & forms for Medicare, DVA and Workcover
- Indicators for physical activity and exercise
- Contraindications for physical activity and exercise
- Adult pre-exercise screening tool
- Pre-exercise screening tool – User Manual
- How an AEP can help your patient
- Referrals to AEPs under Medicare
- Physical Activity Stage of Change: Assessment Tool
- Exercise Prescription and Referral Form

Patient resources

- Tips for starting an exercise program
- 2014 Australian Physical Activity and Sedentary Behaviour Guidelines
- The Adult Pre-exercise Screening System – make sure you are safe to exercise
- What to expect when you visit an Accredited Exercise Physiologist (AEP)