Improving Exercise Documentation in the Outpatient Setting


Background

- Exercise and other forms of physical activity remain cornerstones of optimizing health and reducing prevalence of cardiovascular, respiratory, metabolic, neurological, and psychological conditions.
- Sedentary lifestyle and physical inactivity are major problems in the United States today, with about 42.5% of people being obese (1). The prevalence of class III obesity has increased from 5.7% to 9.2% between 2007 and 2018 (2).
- Only 52% of US adults report meeting the aerobic component of the PA guidelines. Among all races and ethnicities in the US, the overall prevalence of physical inactivity was 25.3% (3).
- Exercise prescriptions and other various tools to increase patient physical activity are growing modalities in today's primary care world (4).

Objective

- The goal of this project was to measure, track, and promote exercise discussion and documentation for patients at the Medical City Arlington GME Family Medicine Clinic.

Methods

- Inclusion criteria were patients aged 5 or older who were seen at the Medical City Arlington GME Family Medicine from 1/1/2024 to 7/1/2024.
- Patients who were bedbound, on hospice, or had an absolute contraindication to exercise due to other physical or psychological reason were excluded from the study.
- At the Family Medicine GME Didactics in November 2023, Family Medicine residents were educated on the importance of exercise discussion and documentation and provided screenshots of the where to document in the electronic medical record.
- Residents were then tracked on their documentation rates, and reminders were given during pre-clinic morning and afternoon huddles to promote exercise discussion with patients.
- Follow-up presentations were provided to residents to educate them on the project's progression, and feedback was requested to identify potential barriers to achieving quality patient discussion and documentation.

Discussion

- Resident documentation of patient exercise habits showed an improvement from the sample baseline of 27% in June 2023 to 38.8% in January 2024 and 40.8% in February 2024.
- Limitations include the potential irrelevance of exercise discussions during certain visits for acute conditions. Additionally, presenting patients and precepting in a busy primary care residency clinic may lead to time restraints which may not be present outside of residency.
- The workflow of the electronic medical record (EMR) system which complicates multitasking, such as simultaneously ordering medications and documenting exercise discussions. This results in the underrepresentation of exercise counseling in patient records.
- Engaging additional healthcare providers (front desk staff, MAs, attendings) and resources (handouts, stickers, educational multimedia) in future research months may further promote documentation rates.

Conclusion

- Moderate improvement in exercise documentation rates amongst residents was seen in the first two months post-education implementation. This preliminary data is encouraging, and more months of data will need to be collected to measure the long-term effects of our didactic and pre-clinic education sessions.
- Future iterations of this project can be done to establish more comprehensive exercise assessment tools, such as formal exercise questionnaires. This more extensive data can then be analyzed in projects aiming at increasing patient physical activity levels with exercise prescriptions or other behavioral interventions.

References