

**PHYSICAL  
ACTIVITY  
ALLIANCE**  
*MOVE WITH US*



**Laurie Whitsel, Ph.D.**

*National Vice President – Policy  
Research - American Heart  
Association*

*Senior Advisor – Physical Activity  
Alliance*

# Physical Activity Alliance (PAA)



## **Who We Are:**

*The Physical Activity Alliance is the nation's largest coalition dedicated to removing barriers to regular participation in physical activity.*

*We use our collective voice to lead efforts that create, support, and advocate for the policy and system changes that support active living for everyone.*



# PAA Board Member Organizations



# The Three Sectors of the Physical Activity Alliance

## National Physical Activity Plan

- Road Map for Implementing the Physical Activity Guidelines
- Tactics
- Strategies

## Policy & Systems Change

- Taking the NPAP Strategies/Tactics and translating into public policy solutions to address systems changes across the ten sectors

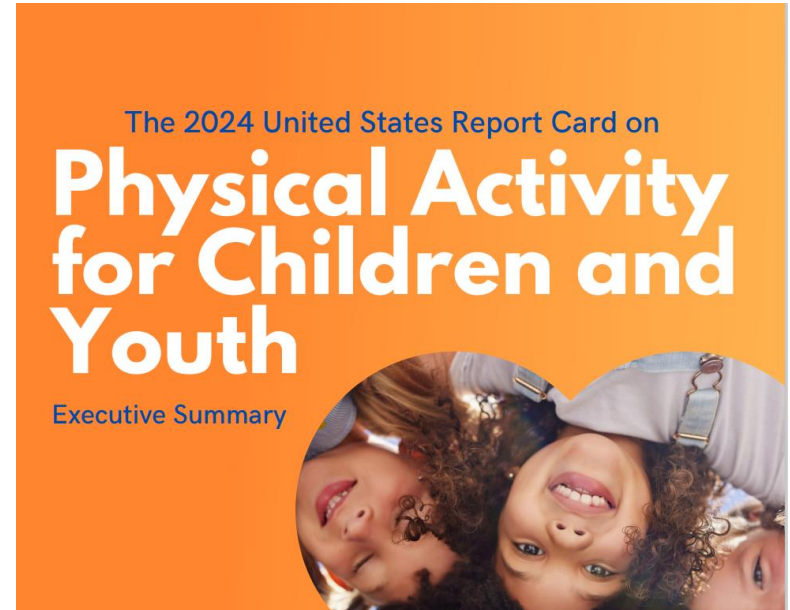
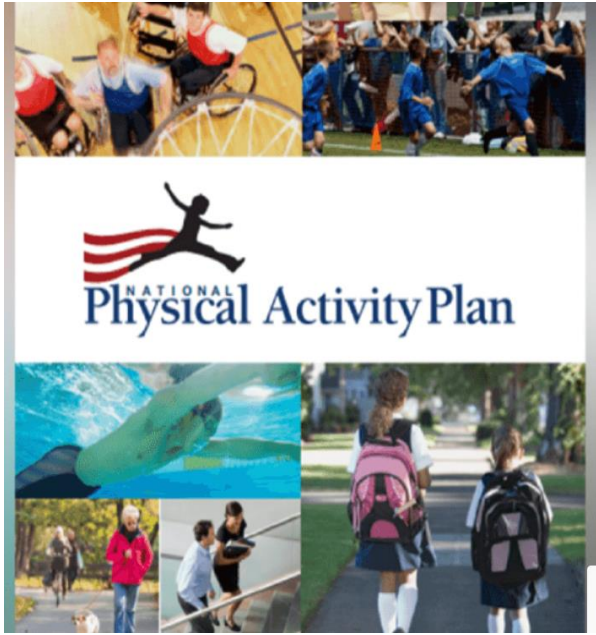
## Professional Development

- Webinars
- Public Health Certificate
- Grassroots Voices for Policy Change



# Major Initiatives: National Physical Activity Plan And the Youth Report Card

- Road map for Implementing the US Physical Activity Guidelines for Americans



# CEO Pledge

The CEO Pledge for Physical Activity is a social movement to make physical activity and healthy movement a cultural norm in workplace environments



Our goal is to impact at least 10 million people

Building a socio-cultural movement for healthy physical activity at work

# Memo of Understanding

- With US Department of Health and Human Services
  - Help Support Implementation of the US Physical Activity Guidelines for Americans; Coordinate our Work across the Physical Activity Space
  - Receive Funding from the Centers for Disease Control and Prevention to Support Active People Healthy Nation

<https://www.cdc.gov/physicalactivity/activepeoplehealthynation/pdf/Active-People-Healthy-Nation-At-a-Glance-508.pdf>





# It's Time To Move Campaign



## What is it?

Multi-year project that will empower health care providers to seamlessly **integrate physical activity clinical measures into patient care plans** and help make *physical activity assessment, prescription and referral* a standard of care

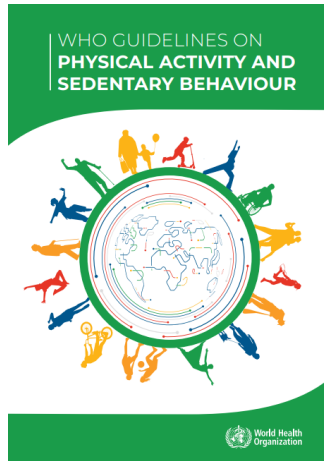
## Who is involved?





# Recommended Standard of Care

Numerous guidelines and recommendations promote the **importance of PA assessment, prescription, and referral** as a standard of care in clinical practice.



Exercise  
is Medicine®

AMERICAN COLLEGE  
of SPORTS MEDICINE®

# Solution: It's Time to Move Campaign

- A Multi-year, Multi-Pronged Effort



# Measure Standardization

•HL7 (“Health Level 7”) International is officially constituted as a standards development body under the American National Standards Institute (ANSI).



## Home page:

[https://confluence.hl7.org/  
display/PC/Physical+Activity](https://confluence.hl7.org/display/PC/Physical+Activity)



## Listserv (sign-up):

[https://www.hl7.org/myhl7/  
managelistservs.cfm](https://www.hl7.org/myhl7/managelistservs.cfm)



## Physical Activity FHIR IG (v.1 for Standardized Use):

[Welcome to the Physical Activity IG  
- Physical Activity Implementation  
Guide v1.0.1 \(fhir.org\)](#)



## Zulip Chat:

[https://chat.fhir.org/#narrow/  
stream/327137-Physical-Activity](https://chat.fhir.org/#narrow/stream/327137-Physical-Activity)

# Core Measures

*•These standards are validated in the peer-reviewed literature and are aligned with the most recent U.S.and WHO Physical Activity Guidelines*



## Muscle Strengthening Activity

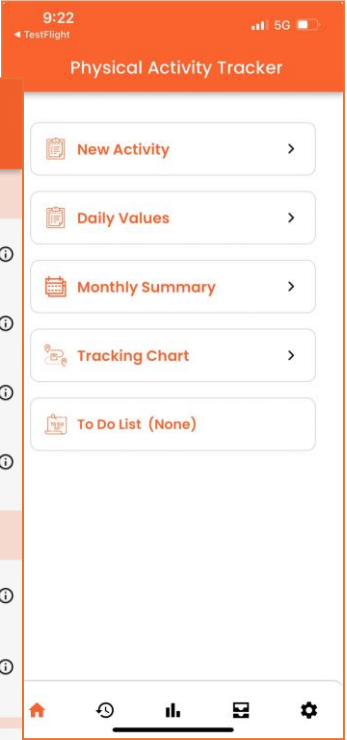
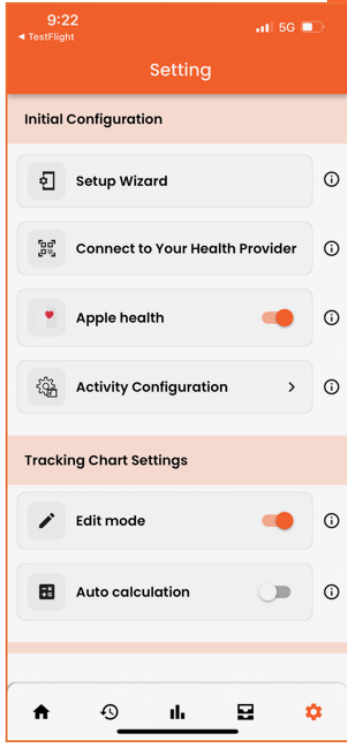
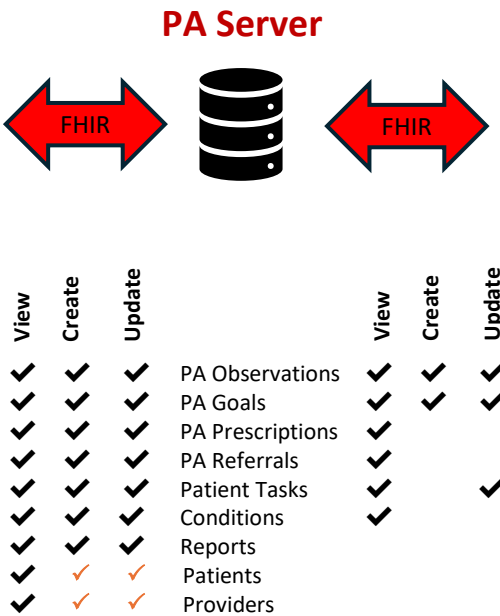
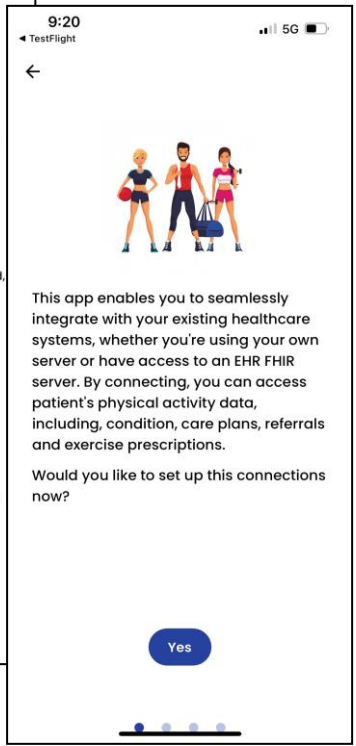
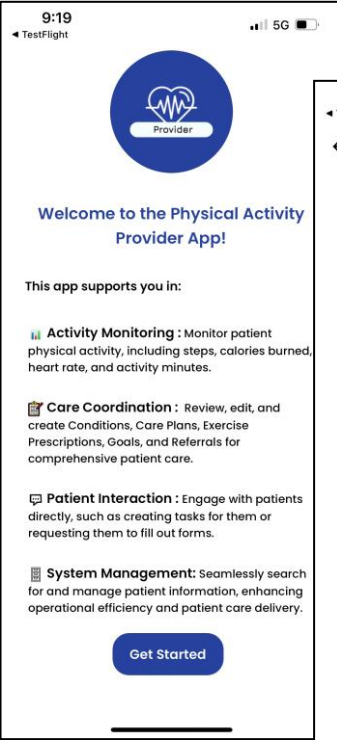
- As part of an average week, on how many days does the patient perform muscle-strengthening activities such as weight or resistance training?



## Aerobic Physical Activity

- For an average week in the last 30 days, how many days per week did the patient engage in moderate to vigorous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?
- On those days that the patient engages in moderate to vigorous exercise, how many minutes, on average, do they exercise
- Multiple days\*minutes to obtain total minutes of moderate to vigorous physical activity per week.

# Smart-Phone and Web-Based Apps for Patients and Providers for Physical Activity



# Beyond Patient Care

These standardized measures, when fully implemented, will also provide an important supplement to our national surveillance systems and research on the health and economic benefits of regular physical activity.



# Assistant Secretary for Technology Policy/Office of the National Coordinator



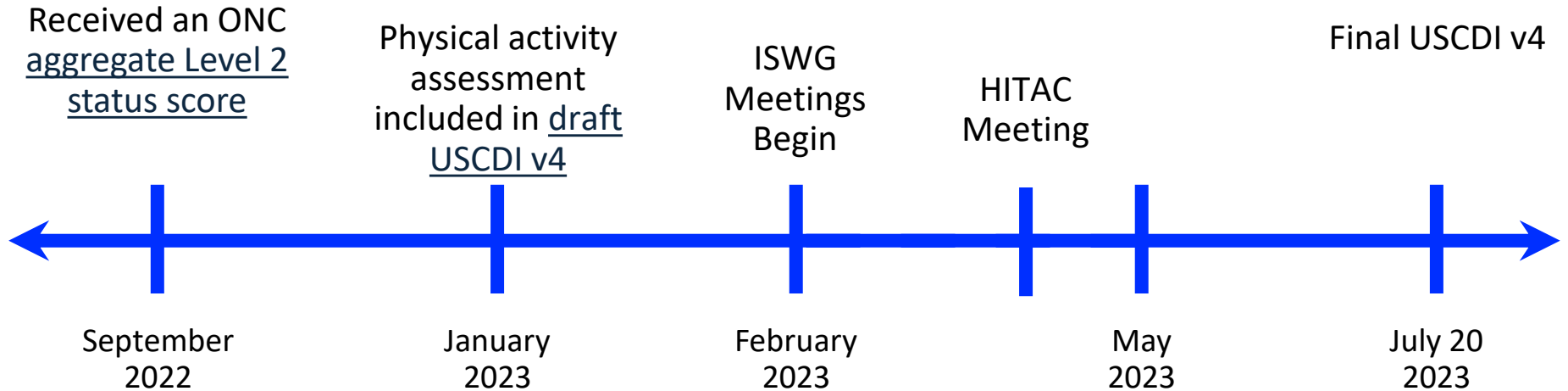
- ASTP/ONC is organizationally located within the **Office of the Secretary for the U.S. Department of Health and Human Services (HHS)**
- The principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.
- The US Core Data for Interoperability is a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange



# Physical Activity Status in the USCDI

• *U.S. Core Data for Interoperability*

*Voluntary inclusion for v. 4 starting in September 2025 and required for certification in 2026-27.*



Draft USCDI v4 Public Comment Period



# USCDI v. 5

## Health Status Assessments

Assessments of a health-related matter of interest, importance, or worry to a patient, patient's family, or patient's healthcare provider that could identify a need, problem, or condition.

- Health Concerns
- Functional Status
- Disability Status
- Mental/Cognitive Status
- Pregnancy Status
- Alcohol Use
- Substance Use
- Physical Activity ★
- SDOH Assessment
- Smoking Status





# U.S. Department of Health and Human Services

Enhancing the health and well-being of all Americans

## HHS Proposes HTI-2 Rule to Improve Patient Engagement, Information Sharing, and Public Health Interoperability

The U.S. Department of Health and Human Services (HHS), through the Office of the National Coordinator for Health Information Technology (ONC), today released the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) proposed rule for public comment. The HTI-2 proposed rule reflects ONC's focused efforts to advance interoperability and improve information sharing among patients, providers, payers, and public health authorities.

**PHYSICAL ACTIVITY ALLIANCE**

*MOVE WITH US*

# 2<sup>nd</sup> Round of White House Commitments

- White House Conference on Hunger Nutrition and Health

- [White House Challenge to End Hunger and Build Healthy Communities Commitments](#)
- <https://www.impacthunger.org/areas-of-impact>



## PHYSICAL ACTIVITY ALLIANCE:

**By 2028**, The Physical Activity Alliance commits to: **Integrating standardized measures for physical activity assessment into all electronic health records in the United States** to support to millions of patients on their journey toward active living. **Obtaining 1000 "CEO Pledges"** from the nation's largest employers to support the CDC's "Active People, Healthy Nation" initiative and help make physical activity and healthy movement a cultural norm in the workplace for 10 million workers in America.

**White House to spend \$1.7 billion to address hunger, health**



# Avalere Report

- Funded by the American Heart Association, Physical Activity Alliance, and American Council on Exercise
- Goal was to develop a strategic road map for market penetration into the payer community for supervised exercise therapy and food is medicine



# Updated IRS Guidance



As of March, 2023, [new guidance from the IRS](#) on flexible savings accounts/health savings accounts (FSA/HSAs) and fitness memberships/benefits

**Q10: Is the cost of a gym membership a medical expense that can be paid or reimbursed by an HSA, FSA, Archer MSA, or HRA? (added March 17, 2023)**

— A10: Yes, but only if the membership was purchased for the sole purpose of affecting a structure or function of the body (such as a prescribed plan for physical therapy to treat an injury) or the sole purpose of treating a specific disease diagnosed by a physician (such as obesity, hypertension, or heart disease). Otherwise, the cost of a gym membership is for the general health of the individual and is not a medical expense.

**Q11: Is the cost of exercise for the improvement of general health, such as swimming or dancing lessons, a medical expense that can be paid or reimbursed by an HSA, FSA, Archer MSA, or HRA?**

— A11: No, because the exercise, even if recommended by a doctor, is only for the improvement of general health. <https://fsastore.com/learn-fitness-expenses-fsa-eligible.html>

**PAA Webinar with IRS and other experts:** <https://youtu.be/8cvaTA8rrNM?si=rJnfjpnjHa7Qkr8c>

<https://www.irs.gov/newsroom/irs-alert-beware-of-companies-misrepresenting-nutrition-wellness-and-general-health-expenses-as-medical-care-for-fsas-hsas-hras-and-msas>

# Need to Carefully Define Benefit Design

As we talk to the regulatory agencies and look for penetration into the payer marketplace, we must be very specific about the benefit design we are asking for:

- For whom, for how long, how will the supervised exercise therapy be delivered (synchronously/asynchronously, individual/group), at what level of reimbursement
- Must have cost-effectiveness analyses
- Will be convening an expert advisory group to frame this out; will need expertise in health economics, insurance design, clinical care, patient care, digital health and supervised exercise therapy.



# Intersection Between Health Systems and Employers

1

Using Consistent  
PA Assessment  
Measures

2

Health Plan  
Benefit Design  
Connection to  
Worksite Health  
Promotion

3

Brain Health/  
Productivity

4

Volunteer/Civic/  
Community  
Engagement  
Opportunities

5

Safe Levels of PA  
at Work

6

Role Modeling by  
Leadership

• [CEO Pledge](#)

# Environmental Scan of Physical Activity Providers

- Athletic Trainer
- Clinical Exercise Physiologist
- Exercise Physiologist
- Group Fitness Instructor
- Health Coach
- Kinesiotherapist
- Medical Exercise Specialist
- Personal Trainer
- Physical Therapist
- Pilates Teacher
- Strength and Conditioning



[The United States Registry of Exercise Professionals \(usreps.org\)](http://usreps.org)

# Key Workstreams and Next Steps



## Upcoming Priorities

- *Strategic Road Map and Timeline for Quality and Performance Measure Development with NCQA*
- *Cost-Effectiveness Systematic Review*
- *Release of our Patient and Provider Apps*
- *North Carolina Collaborative with the goal of scaling nationally*
- *Roundtable on Benefit Design for the Exercise Prescription*
- *Pursue CMS Coverage Determinations (Fall Risk Reduction, Depression/Anxiety, Obesity Treatment)*

# Questions?



## **Laurie Whitsel, Ph.D., FAHA**

*National Vice President of Policy Research and Translation*

*American Heart Association*

*Senior Advisor – Physical Activity Alliance*

**Let's connect:**

Laurie.whitsel@heart.org

# Policy Approaches to Incorporating Exercise Oncology Services into Standard of Care

**Melissa Maitin-Shepard, MPP**

Policy Advisor, Moving Through Cancer

Founder and Principal, MMS Health Strategies, LLC



*October 16, 2024*



# About Moving Through Cancer



 **ACSM**  
EXERCISE IS  
**MEDICINE**®

Initiative led by  
Kathryn Schmitz, PhD, MPH



# MTC Agenda

> [Cancer](#). 2021 Feb 1;127(3):476-484. doi: 10.1002/cncr.33245. Epub 2020 Oct 22.

## Moving through cancer: Setting the agenda to make exercise standard in oncology practice

Kathryn H Schmitz <sup>1</sup>, Nicole L Stout <sup>2</sup>, Melissa Maitin-Shepard <sup>3</sup>, Anna Campbell <sup>4</sup>,  
Anna L Schwartz <sup>5</sup>, Chloe Grimmett <sup>6</sup>, Jeffrey A Meyerhardt <sup>7</sup>, Jonas M Sokolof <sup>8</sup>

Affiliations + expand

PMID: 33090477 PMCID: [PMC7899181](#) DOI: [10.1002/cncr.33245](#)

### Abstract

International evidence-based guidelines support the prescription of exercise for all individuals living with and beyond cancer. This article describes the agenda of the newly formed Moving Through Cancer initiative, which has a primary objective of making exercise standard practice in oncology by 2029.



# MTC Agenda Areas



# Policy, Funding, Sustainability

- Goal: Advocate for policies to ensure that all individuals living with and beyond cancer have access to affordable exercise and rehabilitation programming.



# Development of a Policy Agenda



*Journal of the National Cancer Institute Monographs*, 2023, 2023(61), 140–148

<https://doi.org/10.1093/jncimonographs/lgad002>

Monograph

## Looking back: a review of policy implications for exercise oncology

Mary A. Kennedy, PhD,<sup>1</sup> Melanie Potiaumpai , PhD, MPH,<sup>2</sup> Melissa Maitin-Shepard, MPP,<sup>3</sup> Christopher M. Wilson, PT, DPT, DScPT,<sup>4</sup> Anna Campbell, PhD,<sup>5</sup> Anna L. Schwartz, PhD,<sup>6</sup> Jessica Gorzelitz , PhD, MS,<sup>7</sup> Maxime Caru , PhD, PhD,<sup>2</sup> Chloe Grimmett , PhD,<sup>8</sup> Kathryn H. Schmitz, PhD, MPH<sup>9\*</sup>

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<sup>8</sup>School of Health Sciences, University of Southampton, Southampton, United Kingdom

<sup>9</sup>Division of Hematology and Oncology, University of Pittsburgh, Pittsburgh, PA, USA

\*Correspondence to: Kathryn H. Schmitz, PhD, MPH, Division of Hematology and Oncology, University of Pittsburgh, 5150 Centre Ave, Suite 549B, Pittsburgh, PA 15232, USA (e-mail: schmitzk@upmc.edu).

### Abstract

The evidence to support the benefits of exercise for people living with and beyond cancer is robust. Still, exercise oncology interventions in the United States are only eligible for coverage by third-party payers within the restrictions of cancer rehabilitation settings. Without expanded coverage, access will remain highly inequitable, tending toward the most well-resourced. This article describes the pathway to third-party coverage for 3 programs that address a chronic disease and utilize exercise professionals: the Diabetes Prevention Program, Supervised Exercise Training for Peripheral Artery Disease, and Cancer Rehabilitation. Lessons learned will be applied toward expanding third-party coverage for exercise oncology programming.



# Looking Back: Key Learnings

- Research
- Protocolization
- Exercise Professional Skills and Qualifications
- Policy window
- Implementation and Program Uptake



# Policy, Funding, Sustainability

- Multi-Pronged Approach:

- Incorporate physical activity screening and triage into EHRs
- Accreditation standards/ quality metrics
- Research agenda
- Pilot programs
- Medicare NCD

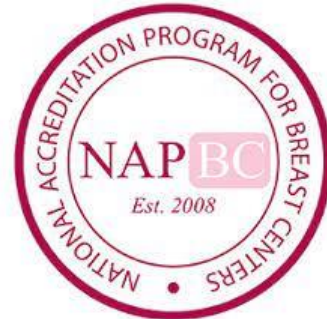


# Accreditation Standards: Commission on Cancer

- Standard 4.6 - Rehabilitation Services must be available throughout the cancer continuum with metrics to demonstrate this
- Standard 4.8 - Survivorship Services - Must be available and may include rehabilitation services and physical activity programs

# Accreditation Standards Revision: NAPBC

- New standards, recently adopted, will require accredited breast programs to declare a plan for
  - Functional evaluations prior to surgery, medical, or radiation oncology treatments (leading to referrals)
  - **Documentation of exercise recommendations in EMR during medical oncology care**
  - Exercise referrals at the point of survivorship
- Effective in 2024





# Research Agenda

- Expand evidence base for effectiveness and cost effectiveness for cancer exercise programs
- Consider outcomes of interest to payers
  - Health care utilization, hospitalizations, ED visits
  - Impacts on cancer and non-cancer outcomes
  - Cost and cost effectiveness
- Include details on population, protocol, and workforce



**We need more policy-relevant research!**

# Pilot Programs

- Provide proof of concept
- Help to build the evidence base for expanded coverage in specific populations

# UPMC Medicare QI Pilot

- Trial of 150 UPMC members age 65+ receiving chemotherapy at UPMC Hillman Cancer Center
- Matched to historical controls
- Participants will receive 12 weekly telehealth exercise oncology intervention sessions during chemotherapy treatment
- Outcome measures of interest: Health care utilization

# Ohio Medicaid Pilot

- Maple Tree Cancer Alliance is examining impact of a 12 week supervised/individualized exercise program for individuals with cancer and at least one other chronic disease (n=100)
- Outcome measures of interest: quality of life, fatigue, fitness outcomes



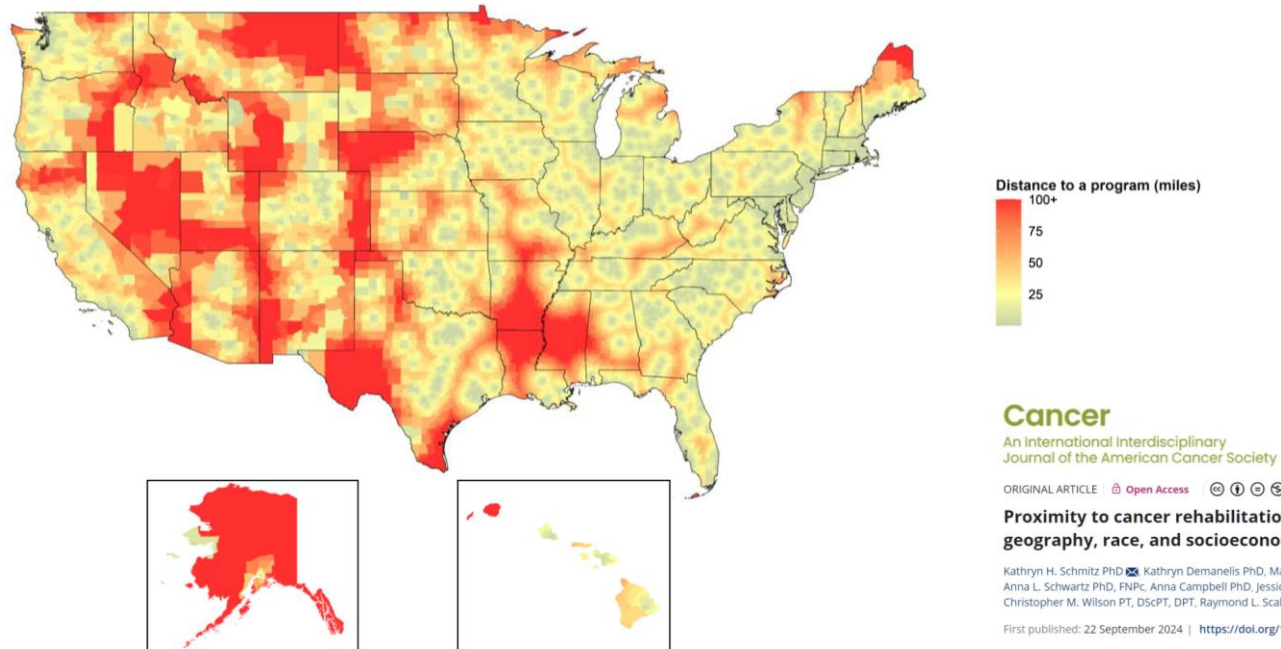
# Medicare NCD Application

- What is an NCD?
  - Official nationwide determination of whether Medicare will pay for an item or service
- Why Medicare?
  - 60% of people diagnosed with cancer each year are 65+
  - Older Americans are more likely to have other chronic conditions and/or mobility issues, falls
- MTC TF members have been engaging in conversations with CMS about an NCD for several years

# Medicare NCD Application Discussion Draft

- Would provide for Medicare coverage for exercise oncology services to improve cardiometabolic physical function
- For people with breast or prostate cancer, during or shortly after treatment, meeting specified clinical criteria
- Intervention to include
  - Assessment
  - Personalized exercise prescription
  - Supervised exercise sessions
- Supervised exercise training to be delivered by physical therapist or exercise physiologist
- Allow for virtual sessions

# Disparities in Access to Exercise Oncology Programs



Distance (miles) between the nearest exercise oncology or cancer rehabilitation program and the population center in each 2020 US census tract ( $n = 84,144$ ).

# Medicare NCD Application Supported By:

- American College of Sports Medicine (ACSM)
- American Society of Clinical Oncology (ASCO)
- American Physical Therapy Association (APTA)
- American Society of Breast Surgeons (ASBrS)
- American College of Lifestyle Medicine (ACLM)
- American Cancer Society (ACS) and American Cancer Society Cancer Action Network (ACS CAN)



# NCD Application Next Steps

- Submit revised working draft to CMS for discussion – Fall 2024
- Submit formal NCD application - 2025



# Please Connect With Us!



<https://www.exerciseismedicine.org/eim-in-action/moving-through-cancer/>



**Melissa Maitin-Shepard, MPP**  
Policy Advisor,  
Moving Through Cancer  
[MMSHealthStrategies@gmail.com](mailto:MMSHealthStrategies@gmail.com)



**Kathryn Schmitz, PhD,  
MPH, FACSM, FTOS**  
Founder, Moving Through  
Cancer  
University of Pittsburgh  
School of Medicine  
Hillman Cancer Center  
[schmitzk@upmc.edu](mailto:schmitzk@upmc.edu)



## Effects of Exercise in Patients with Metastatic Breast Cancer: Results of the PREFERABLE-EFFECT Study

December 3, 12-1 PM ET

The PREFERABLE EFFECT study aimed to investigate the effects of a 9-month supervised exercise program on patients with metastatic breast cancer. The RCT was performed in centers in five European countries and in one Australian center, and included 357 patients with metastatic breast cancer. During the presentation, results for the primary outcomes (fatigue and quality of life) will be presented as well as for several secondary outcomes and cost-effectiveness.

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### Anne May, PhD

Anne May, PhD's research focuses on optimal survivorship care for patients living with cancer with an emphasis on lifestyle interventions – from translational and clinical research to patient care. She is especially interested in effects of exercise in cancer patients, in the mediators of the effect and also in methodological aspects related to exercise-oncology research. She is the PI of several ongoing (inter)national multi-center exercise-oncology RCTs (PREFERABLE (H2020-funded), PACT, PERFECT, UMBRELLA-FIT and PAM). Moreover, she is the UMCU PI of the SCOPE project ('Lean body mass and treatment toxicity in patients with colon cancer').



To register, visit the EON Network webpage:  
<https://enicto.bsc.gwu.edu/web/enicto/eon-network>

