

BACKGROUND

- Inadequate physical activity (PA) is a major risk factor for morbidity and mortality
- Exercise is Medicine (EIM) addresses primary care provider (PCP) barriers to PA promotion
- UCSD has tech-assisted decision support built into EMR to enable PCPs to integrate PA assessment, discussions, prescriptions, and referrals to health coaches into routine care
- Implementation science aims to reduce health inequities in areas like PA
- To improve the digital divide access and cultural differences, adaptations to EIM are necessary with multi-stakeholders for communities like the Student Run Free Clinic Project-SRFCP

STUDY OBJECTIVES

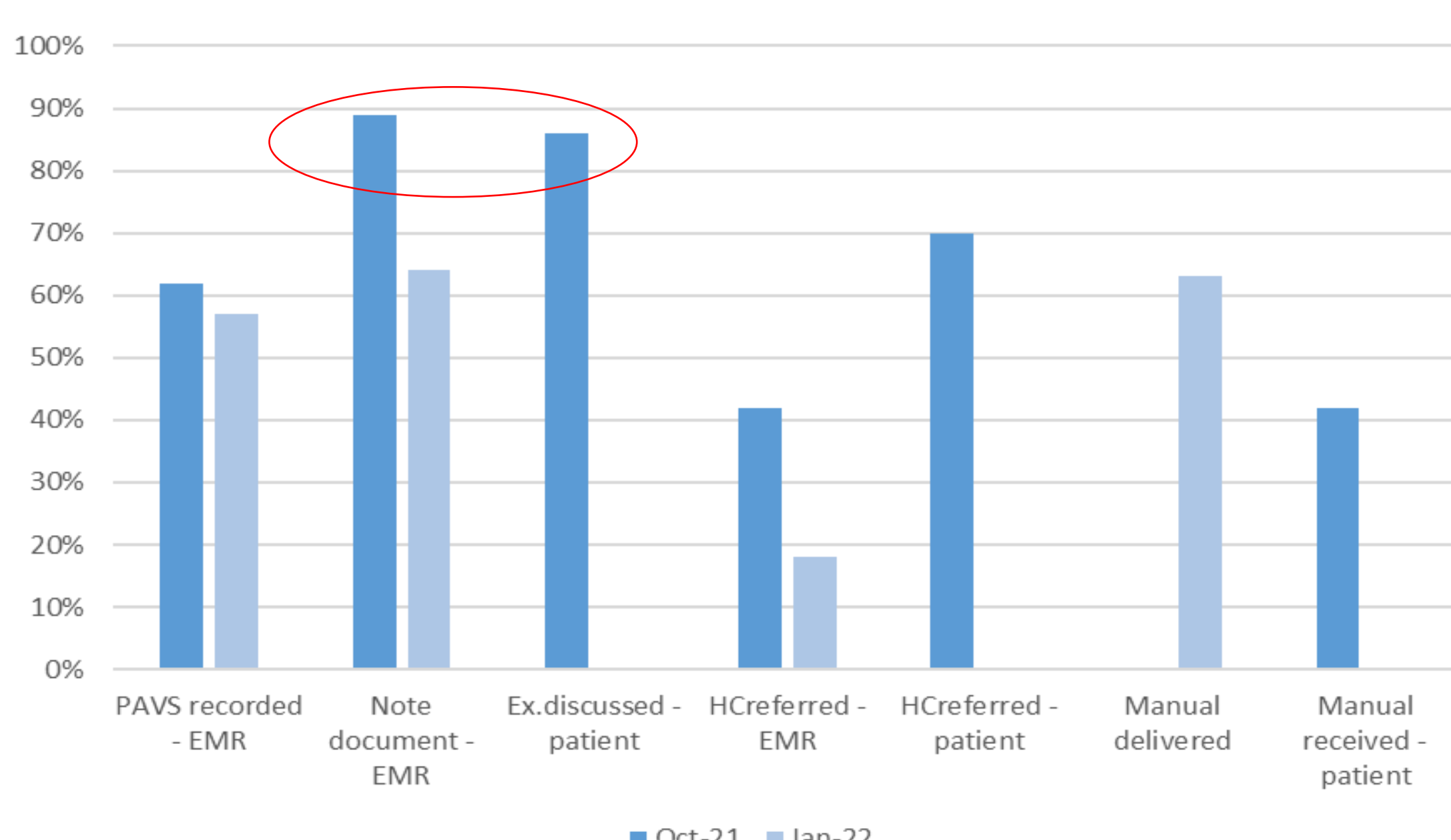
- To catalogue and analyze adaptations for implementing EIM into SRFCP using Framework for Reporting of Adaptations and Modifications Extended-Implementation Strategy (FRAME-IS)
- To plan and evaluate this implementation through RE-AIM approach with an equity lens
- To engage all stakeholders – students, patients, and implementation team in development

METHODS

- Catalogue adaptations in real time into Excel spreadsheet by reviewing meeting agenda
 - Use structured format of FRAME and FRAME-IS with minor modifications
 - Pre (starting 1/21) through initial (6/2021) until post-implementation (1/22)
- Track provider level data from EPIC (10/1/2021 -4 months and 1/26/2022 - 8 months)
 - Student surveys from their SRFCP pre-/post
- Patient opinions from survey (phone calls from promotoras) in summer 2021
- Assess viewpoint from implementation team (n=6) with Weiner scale questionnaire
 - Post-implementation meeting in 1/2022

RESULTS: REACH & ADOPTION

EIM Components EMR versus Patient Recall over Time



RESULTS:

ADAPTATIONS

Which component and/or intervention strategy is adapted?	EIM	Bicultural Manual	Bicultural Coach	Make HC appt	Deliver Manual/ Rx	Phone Survey	Medical Student as Provider	Total
Component-Discussion	1							1
Component-Manual		1						1
Component-Health Coach			1					1
IS-Facilitation				1	1	1		3
IS-Training							1	1
WHAT is modified?						1	1	2
Setting						1	1	2
Other: Workflow	1			1	1	1	1	5
Other: Translation/Culture/Language		1						1
What is the NATURE of the content, evaluation, or training modification?								
Tailoring to individuals	1		1					2
Condensing a component	1			1				2
Integrating with other programs	1			1	1	1	1	5
To enhance impact	1		1					2
To improve fit	1			1	1	1	1	5
What is the LEVEL for the modification?								
Organizational	1					1	1	3
Implementer				1	1			2
Clinician				1	1			2
Patient	1							1
WHO coordinates the decision to modify?								
Entire or most of team				1				1
Administrator	1					1	1	4
Researcher	1	1		1				4
HOW widespread is the modification for whom/what?								
Patients	1		1					2
Clinic unit	1			1	1	1	1	5
Organization								
What is the IMPACT?								
Reach	1		1		1			3
Adoption	1			1		1		3
Efficiency (maintenance)	1			1		1	1	4

CLINICAL EFFECTIVENESS

Change in PAVS Over Time by Gender, Diabetes, Hypertension, and Acceptance of Offer for Health Coaching

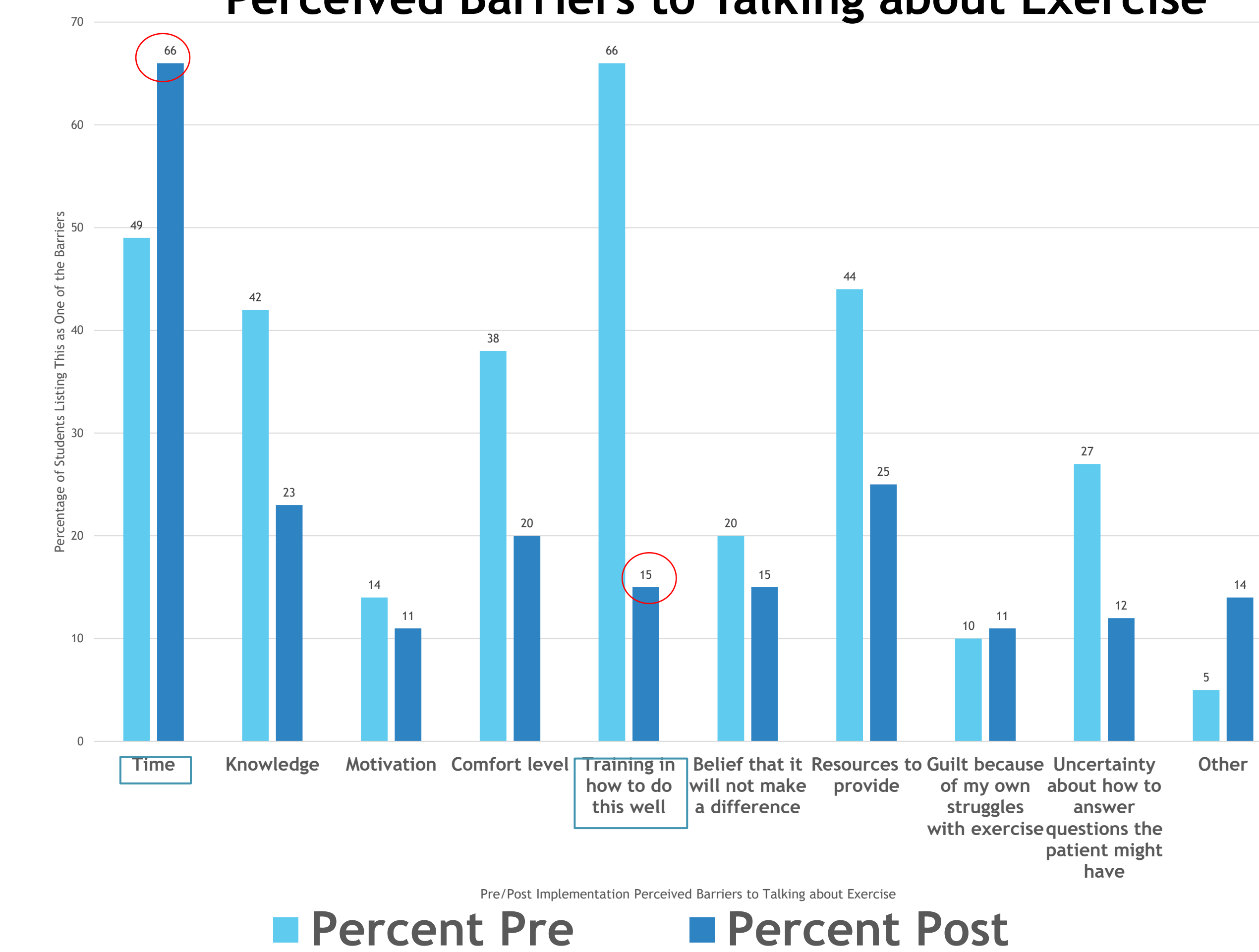
Demographics And Diseases	PAVS Scores Over Time (among patients with 2 PAVS)			
	Initial PAVS	Last PAVS (SD)	Change in Minutes	p-value
Overall	134 (116)	156 (124)	22	.012*
Gender:				
Female	132 (120)	149 (124)	17	.079
Male	141 (104)	179 (129)	38	.061
Diabetes				
Yes	135 (110)	152 (127)	17	.118
No	133 (124)	161 (124)	28	.048*
Hypertension				
Yes	124 (110)	149 (110)	25	.021*
No	153 (125)	170 (129)	17	.260
Health Coach Accepted				
Yes	124 (110)	137 (127)	13	.112
No	141 (118)	164 (120)	23	.081
missing	145 (135)	196 (134)	51	.275

SETTING and SUBJECTS

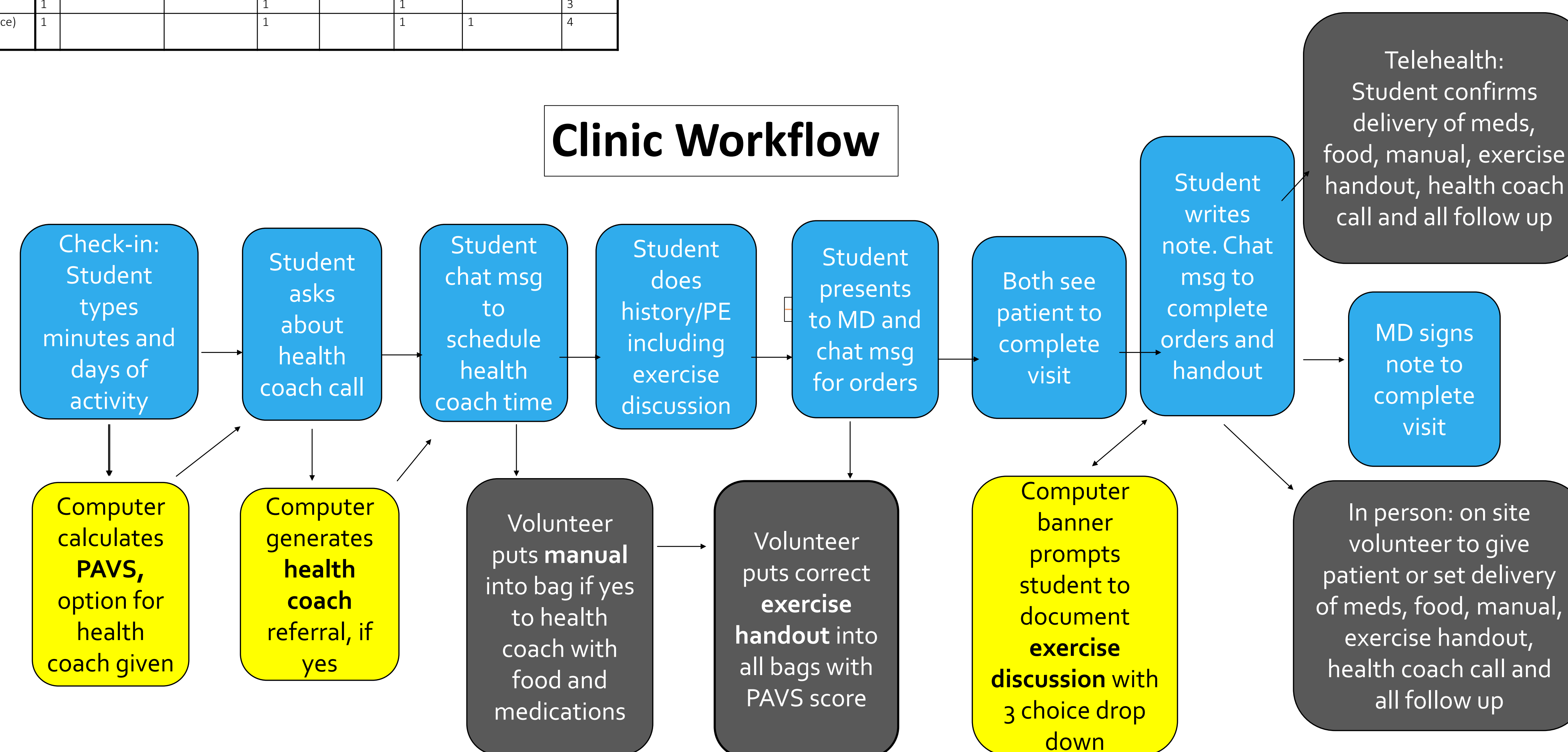
- Students (~120 annually) as physicians at the SRFCP
- Medical students supervised by volunteer clinical faculty (primary care and specialty) run a multidisciplinary practice to provide the wrap around healthcare with students from pharmacy, dental, acupuncture, social work, optometry,...
- Two UCSD faculty oversee managers and ancillary providers
- Clinics in San Diego - 5 days/week in schools and churches
- Patients (~400 served annually) without insurance
- Most (92%) are Hispanic, 75% female, over half with diabetes and/or hypertension (average age 56) – most monolingual Spanish communication, many lower educated
- Low-income workers with transportation challenges while caring for family members
- Most with poor computer literacy and no personal smartphone or household computer

RESULTS: IMPLEMENTATION & MAINTENANCE

Perceived Barriers to Talking about Exercise



Clinic Workflow



Acknowledgements

I would like to thank Dr. Linke for developing such a comprehensive physician friendly EIM intervention and her constant drive for excellence. Thanks to Dr. Rabin for sharing her passion for all things D&I and offering such encouragement. Drs. Johnson and Rodriguez exemplify what it is to be a physician-teacher: intelligent, caring, and resourceful – they have inspired thousands of students. Students like Kevin Dayao and coaches like Giovanna McLaughlin always go the extra step for their patients and research. Nothing could occur without our resilient kind patients and staff, especially Carol Eames. Finally, thank you to my family and friends for their love and support throughout my life.

CONCLUSIONS

- Adaptations catalogued in a blended FRAME-IS were planned in pre-implementation focused on streamlining workflow and integrating with other programs to improve fit at the clinic level to maximize reach, adoption, and clinical effectiveness
- Stakeholder goals of improving student's knowledge and decreasing barriers to exercise discussions were met while impacting patients to increase their PA by 22 minutes/week with 64% who found EIM helpful
- Implementation team found EIM appropriate, acceptable, and feasible
 - Reach – scaled up to SRFCP and measured contacts with patients
 - Effectiveness – maintained fidelity to improving PA of patients
 - Adoption – trained students to use EIM consistently
 - Implementation – worked with stakeholders to smooth workflow
 - Maintenance – co-created a quality improvement project that can endure