

THE PIE=M PROJECT; development of a tool to support exercise as medicine in hospital care

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Background

- The prescription of physical activity in clinical care has been advocated worldwide through the 'exercise is medicine' (E=M) paradigm¹.
- E=M currently has no position in general routine hospital care².

Purpose

1. To perform an in-depth study of the current implementation status of E=M by studying barriers and facilitators that clinicians experience regarding the implementation of E=M in routine clinical care.
2. To develop a tool that can assist and facilitate prescription of individually tailored E=M advice based on the combination of individual patient characteristics and big data from earlier research.
3. To evaluate the feasibility of implementing E=M in at least four clinical departments of two Dutch hospitals.

References

- ¹Cowan RE. (2016) Exercise Is Medicine Initiative: Physical Activity as a Vital Sign and Prescription in Adult Rehabilitation Practice. Arch Phys Med Rehabil 97.
- ²Glasgow RE et al. (1999) Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Am J Public Health 89.

Methods

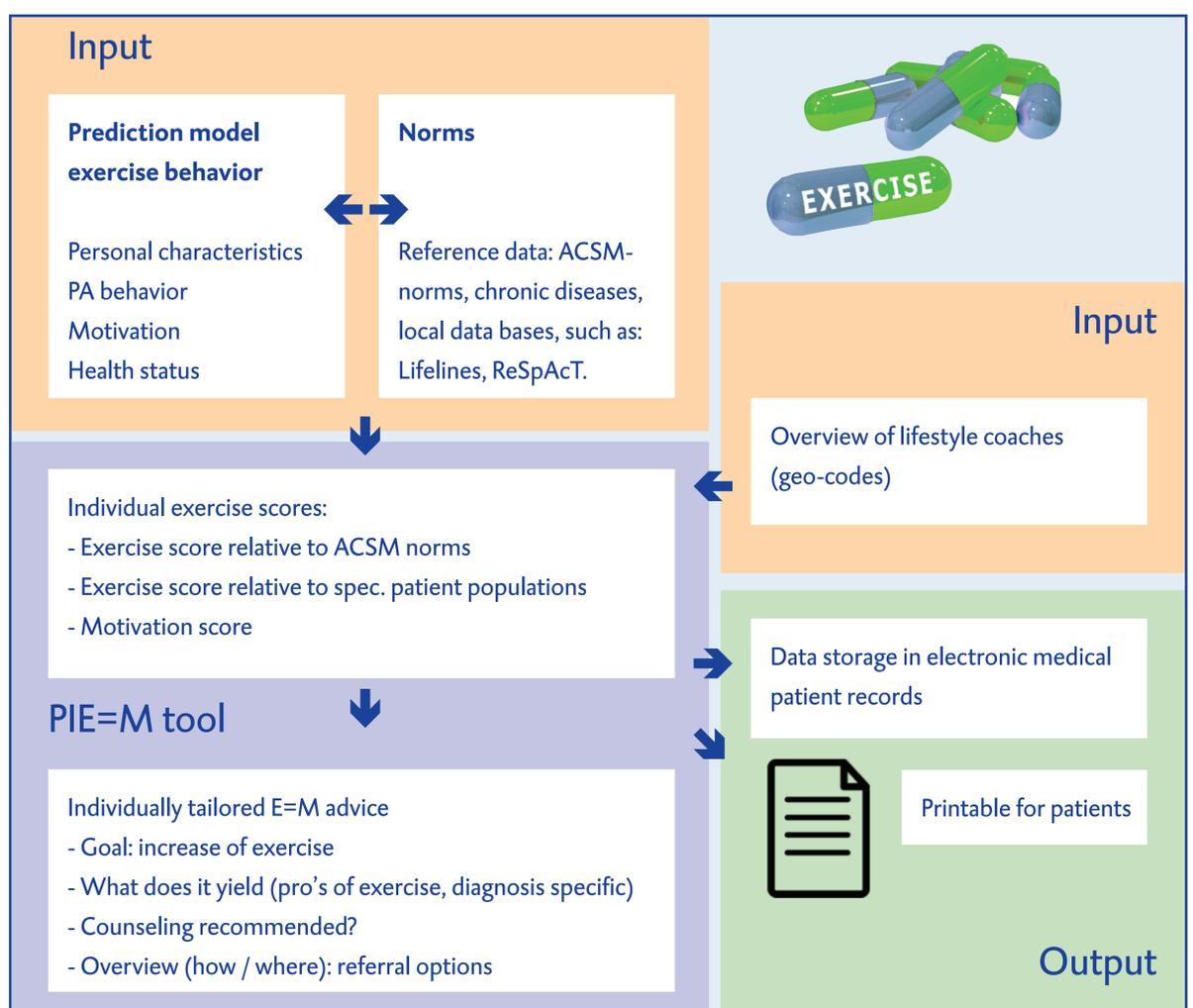
1. Quantitative and qualitative research to study the current implementation status of E=M in clinical care as well as its facilitators and barriers to implementation among clinicians and hospital managers
2. An E=M tool will be developed, using a prediction model, based on individual determinants of physical activity behavior and motivation, relative to existing standards and local big data
3. A pilot-study will be conducted with a process evaluation, which will integrate the tool in routine care.

Results

1. Insight in the current implementation status of E=M and in factors that influence the actual E=M implementation
2. E=M tool providing a tailored E=M prescription for patients as part of clinical care (figure 1)
3. Implementation strategy of the E=M tool for clinical practice.

Conclusion

This project envisages an extensive continuation of research on the implementation of E=M, supports the mutual decision making process of lifestyle referral of clinicians and provides insights which can be used to assist in implementing physically active lifestyle prescription in the medical curriculum.



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