

## Physical Activity in Older Adults

The Centers for Medicare and Medicaid Services (CMS) monitors the quality of care of beneficiaries enrolled in Medicare Advantage plans. One method of measuring the quality of care is by surveying beneficiaries through the Health Outcomes Survey (HOS), which surveys beneficiaries on self-reported outcomes measures at the beginning and end of a 2-year period.

One area of focus of the HOS survey is physical activity. Physical activity has been shown to improve quality of life regardless of age, chronic disease, or disability. It can prevent many of the health problems that seem to come with age, such as heart disease, stroke, type 2 diabetes, depression, and some cancers. It also helps muscles grow stronger to allow individuals to keep doing day-to-day activities without becoming dependent on others<sup>1</sup>.

The results of the survey determine the score that a health plan receives for the Healthcare Effectiveness Data and Information Set (HEDIS) measure: Physical Activity in Older Adults (POA). The POA measure is comprised of two questions, and reports the percentage of Medicare beneficiaries 65 years of age and older who:

- 1. Spoke with a doctor or other health provider about their level of exercise or physical activity.***
- 2. Received advice to start, increase, or maintain their level of exercise or physical activity.***

As you can see the questions ask about conversations beneficiaries have had with their doctors regarding physical activity, **with one specifically asking if they have received any advice from their doctors**. You can help your patients answer **yes** to these question by doing the following<sup>2</sup>:

- **Assess** - Inquire about their level of exercise or physical activity and determine what level of physical activity is safe and appropriate.
- **Advise** - Recommend they should aim to do at least 150 minutes of moderate-intensity physical activity a week, based on their ability. Chair-based exercises may be advisable for frail older people, for example.
- **Agree** – Initiate the decision making process and reinforce the value of starting, increasing, or maintaining physical activity by setting reasonable expectations and goals.
- **Assist** - Provide the patient with a written prescription, printed support materials, self-monitoring tools (pedometer, calendar), or Internet-based resources.
- **Arrange** - Schedule a follow-up visit, provide telephone or e-mail reminders, or refer the patient for additional assistance.

It is recommended to be very specific by providing patients an exercise recommendation, directing them to find something they will find fun, and following up with their progress at every visit. Remember to include Exercise Counseling on your claim if you do counseling on physical activity during a patient visit.

### Sources -

<sup>1</sup> "Physical Activity | CDC." Centers for Disease Control and Prevention. September 28, 2017. Accessed June 06, 2019. <https://www.cdc.gov/physicalactivity/index.html>.

<sup>2</sup> Meriwether, Rebecca A., Jeffrey A. Lee, Augusta Schroeder LaFleur, and Pamela Wiseman. "Physical Activity Counseling." American Family Physician. April 15, 2008. Accessed June 06, 2019. <https://www.aafp.org/afp/2008/0415/p1129.html>.