Preventive Medicine: Focusing Upstream

Our Impact

• ACPM is a national medical specialty society that represents physicians who work at the unique intersection of clinical care and population health.

• ACPM members have both an MD (or DO) and MPH and are trained to care for both individuals and populations.

• Lifestyle Medicine is a core concept of Preventive Medicine

Agenda

1. What is Lifestyle Medicine
2. The LM Core Curriculum
3. Case Study – MDPP
4. Legislative Policy and LM
5. Federal Initiatives on LM
6. Staying In Touch
Our Agenda

Providers
Prescribing
Behavior
Change & LM
As a Frontline
Therapy

"Give it to me straight, Doc. How long do I have to ignore your advice?"

SECTION A:
Lifestyle Medicine

1. Definition of LM
2. Overview of LMCC
3. Why the LMCC is Needed
4. Sectors Utilizing LMCC

Lifestyle Medicine is the evidence-based therapeutic approach to prevent, treat, and reverse lifestyle-related chronic diseases. It uses comprehensive lifestyle interventions to address underlying disease risks, thereby decreasing illness burden and improving clinical outcomes within value-based medicine.

Lifestyle Factors

- Nutrition
- Physical Activity
- Stress Management
- Sleep
- Social Support
- Environmental Exposures
- The Invisible Backpack
The Lifestyle Interventions

**NOURISHMENT**

**MOVEMENT**

The Lifestyle Interventions

**RESILIENCE**

- Sleep
- Stress Management
- Rest / Renewal
- Emotional Wellness – the “taproot”

The Lifestyle Interventions

**CONNECTEDNESS**

- Social Supports
- Spiritual Supports
The Lifestyle Medicine Competencies Curriculum

- Offered since June of 2016
- Owned by the American College of Preventive Medicine (ACPM) and the American College of Lifestyle Medicine (ACLM)
- 9 modules, 30 curricular hours with additional special topic electives
- 6 Electives - Medical Nutrition Therapy, Culinary Medicine and CVD and Stroke Prevention
- Online via an E-Learning Portal
- Designed as introduction to the basics in LM for Physicians and Clinicians

Enrollment Fees
- Individual and Group rates
- Complete curriculum or specific modules
- Special Year Residency & Medical School offerings

The Lifestyle Medicine Competencies Curriculum Content

1. 15 Core Competencies
2. Nutrition
3. Physical Activity
4. Sleep Health
5. Emotional Wellness / Stress Reduction
6. Tobacco Cessation
7. Alcohol Use Risk Reduction
8. Coaching Behavior Change
9. Basic and Advanced Weight Loss & LM Article Reviews

Electives
- Medical Nutrition Therapy
- Culinary Medicine
- CVD and Stroke Prevention in Underserved Populations
- Brain Health / 6|18 (Fall 2018)

Genesis of the Lifestyle Medicine Program

A Blue Ribbon Panel of 8 professional medical societies convened in 2010

ACPM AMA
ACLM ACP
AAP AOA
ACSM AAP

Findings: A key impediment to improved care is a gap in physicians’ education and training about lifestyle factors that lead to many of the leading chronic diseases.
The 15 Physician Competencies

A practicing primary care physician should possess the following knowledge, skills, attributes and values:

A. Leadership (2 competencies)
   • Promote healthy lifestyle behaviors
   • Practice healthy lifestyle behaviors

B. Knowledge (2 competencies)
   • Demonstrate knowledge that lifestyle can positively affect health outcomes
   • Describe ways in which physicians can effect health behavior change

C. Assessment skills (3 competencies)
   • Assess social, psychological, and biologic predispositions
   • Assess readiness to change
   • Perform lifestyle medicine focused history, physical and testing

D. Management skills (4 competencies)
   • Use nationally recognized practice guidelines
   • Establish effective relationships with patients
   • Collaborate with patients and their families to develop specific action plans like lifestyle medicine prescriptions
   • Help patients manage and sustain healthy lifestyle practices including referrals as necessary

E. Office and community support (4 competencies)
   • Have the ability to practice in interdisciplinary and community teams
   • Apply office systems and technologies to support of lifestyle medicine
   • Measure processes and outcomes
   • Use appropriate community referral resources to support implementation of healthy lifestyles

Genesis of the Lifestyle Medicine Program

Physician Competencies for Prescribing Lifestyle Medicine

JAMA, July 14, 2010
AMA HOUSE OF DELEGATES RESOLUTION

...urge physicians to acquire and apply the 15 clinical competencies of lifestyle medicine, and offer evidence-based lifestyle medicine interventions as the first and primary mode of preventing and, when appropriate, treating chronic disease within clinical medicine.

Adopted by American Medical Association House of Delegates, Chicago, June, 2012 (AMA Policy H-425.972)

USING THE AMA TO ADVANCE LM

FALL 2017 Resolution:
“Resolved, that our American Medical Association support policies and mechanisms that incentivize and/or provide funding for the inclusion of lifestyle medicine and social determinants of health in undergraduate, graduate, and continuing medical education.”

WHY IS THIS IMPORTANT?
The AMA establishes policy on health, medical, professional, and governance matters for its 170 societies. Accepted resolutions become official policies of the AMA and define its organization stance on issues.

LMCC Initial Development Funded by The Cummins Corporation

Cummins LiveWell Center
- 28,000 sq ft facility
- Opened July, 2016

Goals:
- Better outcomes
- Lower cost
Why This Program is Needed

- Fills the Gap In Physician training
  - Per the Blue Ribbon Panel: Doctors themselves cited inadequate confidence and lack of knowledge and skill as major barriers to counseling patients about lifestyle interventions
  - Medical School and Residency Programs generally do not address Lifestyle Medicine in their programs
- Engaging patients to take responsibility for their care via an effective physician-patient collaboration can have a substantial impact on health outcomes
- Meets a pre-requisite for the American Board of Lifestyle Medicine's new Lifestyle Medicine certification

New Board Certification

It supports the Medicare Access and CHIP Reauthorization Act (MACRA)
- Supports/teaches team-based care
  Modules cover critical lifestyle-driven topics with guidance on how to incorporate knowledge into clinical practice
- Trains clinicians to better influence patient behavior to modify lifestyle factors to prevent, reverse or mitigate progression of lifestyle-driven chronic diseases:
  - Diabetes (e.g.: via changes in diet, physical activity, sleep)
  - Stroke/cardiovascular disease (e.g.: via diet, activity, stress reduction)
  - Obesity (e.g.: via diet, stress reduction, activity, sleep)
  - Preventable Cancers (e.g.: smoking cessation)
- Medicare NOW covers DPP as a preventive service beginning in April 1st, 2018
  LMCC includes modules on screening & testing for pre-diabetes with referrals to DPP programs

https://ablmc.co/
Program Beneficiaries

• Physicians
• Clinician/Care Team Members including:
  • Nurses
  • Nurse Practitioners
  • Physicians Assistants
  • Diatitians
  • Physical Therapists
  • Health Coaches
• Students/Residents and Faculty, as part of a residency program
• Designed as an introduction to LM, not for advanced practitioners

Program Beneficiaries

Private Sector Program Adoption

• Cummins Corporation: training for all clinical staff supporting its LiveWell Center on-site clinic
• 27 Preventive Medicine Residency Programs
• 3 Major Integrated Health Systems
• 1,200 physicians/clinicians

Private Sector Program Adoption

Government Sector Program Adoption

• This Lifestyle Medicine Core Competencies program underpins training for CDC programs:
  • WISEWOMAN cardiac and vascular education
  • Centers for Medicare Medicaid Innovation/ CMS Million Hearts Innovation Awardees:
    • Provided as a grantee benefit to all 516 participating clinical practices
  • Accepted for promotion via NIH’s Foundation for Advanced Education in the Sciences 2017 course catalogue

Government Sector Program Adoption
SECTION B: CASE STUDY ON LM

1. The OPP and Medicare

Prediabetes: A Growing Epidemic

- 29 million Americans have diabetes
- 84 million American adults have prediabetes
  - That’s more than 1 in 3 adults
- 9 out of 10 adults with prediabetes don’t know they have it

Prediabetes:

- A cardio-metabolic risk factor in which plasma glucose levels are above normal but not high enough to diagnose type 2 diabetes. It is defined as having an initial A1C result between 5.7 and 6.4%, or other blood test noted below, and no prior diabetes diagnosis.
  - 3-5 times higher risk of developing type 2 diabetes*
  - Increased risk of cardiovascular disease and death

National Diabetes Prevention Program

- Evidence based intervention targeted to individuals diagnosed with pre-diabetes. The primary goal is weight loss and behavior change.
- Delivered in community, health care settings, and virtually by a trained lifestyle coach.
- The Centers for Disease Control and Prevention (CDC) administers the formal recognition process of organizations who would like to participate in the DPP under the Diabetes Prevention Recognition Program (DPRP).
Medicare DPP (MDPP)

• Currently 25% of Americans 65 or older have type 2 diabetes and almost 50% of Medicare beneficiaries have pre-diabetes.
• This costs tax payers roughly $104 billion per year in additional Medicare spending.
• By 2050, diabetes prevalence is projected to increase 2 to 3 fold if current trends continue.

GAME CHANGER
• April 1, 2018 - Coverage Starts
• Physicians Need to Screen and test for prediabetes and refer to DPP, MDPP

The LMCC HELPS:
• Trains physicians and clinicians to focus on prediabetes as a lifestyle condition
• Proactively screen for prediabetes
• Focuses from medication management to the whole person

Medicare and Diabetes Prevention

SECTION C: Legislation & Policy
1. Legislative Focus on LM
2. Federal Government Initiatives on LM
Legislation We’re Following

1. ENRICH ACT
2. EAT FOR HEALTH ACT
3. PHIT ACT

ACPM & LMED LM HILL BRIEFING
• JULY 2017
• http://www.acpm.org/page/lmbriefing

Supports Legislative Initiatives

• ENRICH Act – The Expanding Nutrition’s Role in Curriculums and Healthcare Act

H.R. 1413 is a bipartisan bill establishing a grant program to integrate nutrition and physical activity education into medical school curricula.

• PHIT Act – The Personal Health Investment Today Act

H.R. 1267 & S.482 is a bipartisan bill to promote physical activity and prevent illness by offering a medical care tax deduction for individuals for qualified sports and fitness expenses such as gym memberships, sports equipment, and program fees.

• EAT for Health Act – The Education and Training for Health Act of 2017

H.R. 1634 would require federal agencies to develop new guidelines and procedures for integrating nutrition into continuing education requirements for federally-employed primary care health professionals. It would require covering the role of nutrition in the prevention, management, and reversal of obesity, cardiovascular disease, diabetes, or cancer.

U.S. Government Sector Initiatives

• MILLION HEARTS
• CDC 6|18
• CMMI
• CDC NIOSH TOTAL WORKER HEALTH
Accelerating Evidence into Action

Collaboration between public health, health care purchasers, payers, and providers to support the adoption of evidence-based interventions

High-burden health conditions 6 18
Evidence-based interventions that can improve health and save money

www.CDC.gov/sixeighteen

Six High-Burden Health Conditions

- High-burden
- Costly
- Preventable
- Scalable
- Purchasers & Payers
- Improve health and control costs using the evidence

Eighteen Evidence-Based Interventions

- Reduce Tobacco Use
- Increase Access to Care
- Improve Mental Health
- Prevent HIV/AIDS
- Improve Health Outcomes
- Strengthen Public Health Systems
State Medicaid – State and Local Public Health Department Implementation in 2017 – 2018

Key
- Year 1 states
- Year 2 states, cities*
- Year 3 states, cities*

CLOSING: Stay In Touch
1. Newsletter
2. American Journal of Preventative Medicine
3. Upcoming Events

Stay Informed: http://www.acpm.org/page/newsletters

Washington Update
Washington Update is a monthly newsletter detailing ACPM’s advocacy and legislative work. This newsletter gives an overview of events in Washington that impact preventive medicine, as well as actions ACPM has taken in the Administration, on the Hill, and with our partners to advocate for our legislative priorities.

Lifestyle Medicine Newsletter
Lifestyle medicine is a scientific approach to decreasing disease risk and illness burden by utilizing lifestyle interventions. ACPM provides the latest lifestyle medicine news, trends, opportunities and programmatic updates through a monthly email newsletter to physicians and allied health professionals.
Medical Journal

The American Journal of Preventive Medicine is the official journal of the American College of Preventive Medicine. It publishes articles in the areas of prevention research, teaching, practice and policy. Original research is published on interventions aimed at the prevention of chronic and acute disease and the promotion of individual and community health.

In Their Own Words

Why Recommend the Lifestyle Medicine Core Competencies Program

Testimonial 1
Testimonial 2

http://www.acpm.org/page/lmreviews

The Prescription of the Future

Exercise
Frequency: four times each week
Intensity: heart rate between 100 and 140
Time: at least 30 minutes each session
Type: walking

Nutrition
Type: cruciferous vegetables such as broccoli, kale and Brussel sprouts
Amount: 1 serving (1/2 cup cooked, 1 cup fresh)
Frequency: once daily