

ACPM Announces Call for Diabetes Prevention Proposals

Submit your grant proposals by October 10!

ACPM announces a call for grant proposals for health care providers and health systems to develop new practice setting models that address the national type 2 diabetes epidemic. This grant program aims to increase awareness, screening, testing, and referral of patients with prediabetes to Centers for Disease Control and Prevention (CDC) recognized diabetes prevention programs to prevent type 2 diabetes.



ACPM will accept proposals in three provider categories:

- Community Health Centers, Federally Qualified Health Centers (FQHC), Rural Health Clinics and free/charitable clinics
- Independent Physician Associations (IPA)
- Integrated Delivery Systems (IDS)

Access the [proposal application](#) for additional information. The proposals are due by October 10, 2017.

ACPM Hosts Congressional Briefing on Lifestyle Medicine

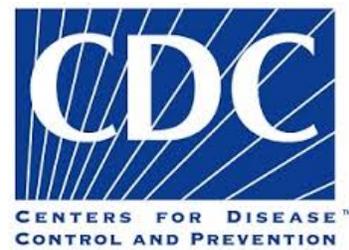
ACPM, in conjunction with the Lifestyle Medicine Education Collaborative (LMEd), held a [congressional briefing](#) entitled, "Transforming Medical Education to Prevent Chronic Disease." The briefing focused on the need to include training on nutrition, physical activity, and other lifestyle elements in medical school curricula and continuing medical education.



The briefing highlighted two bills currently in the House of Representatives: The [ENRICH Act](#), sponsored by Congressman Tim Ryan (D-OH-13) and Congressman Patrick Tiberi (R-OH-12), which would establish grants to medical schools to develop or expand integrated nutrition and physical education curricula; and the [EAT for Health Act](#), sponsored by Congressman Raúl Grijalva (D-AZ-3), which would ensure that federally- employed primary health care professionals have continuing education related to nutrition. Presentations were given by ACPM Executive Director Michael Barry, CAE; Dr. Jennifer Trilk, Co-Founder of LMEd; Dr. Douglas Kamerow, former Assistant Surgeon General; and Dr. Dexter Shurney, Chief Medical Director and Executive Director of Global Health & Wellness at Cummins, Inc.

Access the [video](#) which includes highlights from the briefing.

The [National Public Health Improvement Initiative \(NPHII\)](#) was an innovative program started by the Centers for Disease Control and Prevention (CDC) to infuse quality and performance improvement methods in health departments across the United States. During 2010–2014, NPHII provided funding and technical assistance to health departments in 48 states including the District of Columbia, multiple cities and U.S. territories.



Most federal public health funding supports programs that focus on specific diseases, health issues or population segments, known as categorical funding. NPHII complemented the CDC's categorical investments by allowing agencies to strengthen organization-wide capacities, systems, and processes.

Recently the CDC released a compendium - [Advancing Public Health: The Story of the National Public Health Improvement Initiative](#) - that describes NPHII's accomplishments, impact, and lessons learned. It also includes 71 stories from state, tribal, local, and territorial health departments that illustrate how NPHII funding improved their efficiency and effectiveness. Access the [infographic](#) on NPHII's accomplishments.

Clinical Practice Improvement Activities Performance Category within the Merit-Based Improvement Payment System

The [Merit-based Incentive Payment \(MIPS\) System](#) is one of two paths through which Medicare physicians and clinicians have a chance to be rewarded for better care. Under MIPS, there are four connected performance categories that will affect clinicians' Medicare payments – quality, **clinical practice improvement activities** (referred to as “improvement activities”), use of certified EHR technology (referred to as “advancing care information”), and resource use (referred to as “cost”).



The [improvement activities](#) performance category assesses how much clinicians participate in activities that improve clinical practice. Examples include ongoing care coordination, clinician and patient shared decision-making, regular implementation of patient safety practices, and expanding practice access. Under this clinicians will be able to choose from many activities to demonstrate their performance. This category also includes incentives that help drive participation in certified patient-centered medical homes and Alternative Payment Models (APM).

The activities are subdivided into nine categories: 1) Expanded Practice Access 2) Population Management 3) Care Coordination 4) Beneficiary Engagement 5) Patient Safety and Practice Assessment 6) Participation in an APM 7) Achieving Health Equity 8) Integrating Behavioral and Mental Health 9) Emergency Preparedness and Response.

Access the [fact sheet](#) and [slides](#) to learn more about these improvement activities.

[Online Course](#): Self-paced course which provides an overview of the MIPS Clinical Practice Improvement Activities performance category. This course is available for 0.5 AMA PRA Category 1 credits.

RESOURCES

Introducing PHRASES - Public Health ReAching Across SEctorS

The [de Beaumont Foundation](#) and [Aspen Institute](#)'s Health, Medicine and Society

(HMS) Program launched the [Public Health Researching Across Sectors \(PHRASES\) Initiative](#), a multiyear project designed to provide the tools and training public health practitioners need to effectively engage, communicate, and work with local partners, such as mayors, housing commissioners, hospital executives, and school superintendents.



Of note: The National Academy of Medicine held a workshop in December 2016, *Exploring Equity in Multisector Community Health Partnerships*. Recently NAM and has released this workshop's [proceedings](#). In this workshop, participants explored multisector community health partnerships that aim to address inequities and improve the health and well-being of communities.

National Academy of Medicine - Action Collaborative on Clinical Well-Being and Resilience

Every year in the United States, about 400 physicians take their own lives — a rate more than double that of the general population. Physicians experience high rates of depression, burnout, and poor work-life balance. These challenges are not unique to physicians. Nurses and other clinicians experience similar effects on performance, health, and well-being.



The National Academy of Medicine will build a [collaborative platform for supporting and improving clinician well-being and resilience](#) across multiple organizations, including clinician and consumer groups as well as health care organizations and policy making bodies. This “action collaborative” will provide the venue for a set of collaborative activities, grounded in evidence-based knowledge, to (1) assess and understand the underlying causes of clinician burnout and suicide, and (2) advance solutions that reverse the trends in clinician stress, burnout, and suicide.

OPPORTUNITY

Health Affairs Soliciting Articles on Culture of Health

With support from the Robert Wood Johnson Foundation, [Health Affairs](#) is planning two clusters of articles on topics surrounding the Culture of Health, which they plan to publish between late-2017 and mid-2018.

Health Affairs

Broadly, the Culture of Health initiative promotes health, well-being, and equity as national priorities, partly by encouraging behavior and policies that enhance opportunities for individuals to lead healthier lives. The initiative identifies roles for individuals, communities, commercial entities, and public policy that extend beyond the reach of medical care into sectors not traditionally associated with health, and encourages a comprehensive vision for health promotion through cross-sector collaboration.

Cluster 1: Exploring whole community initiatives in order to create healthier, more equitable communities, with a particular focus on how cross-sector partnerships and collaboration operate within these initiatives (**DEADLINE - September 1**)

Cluster 2: Balanced health investment portfolio - Builds new expectations to maximize health and well-being for all individuals, partly by re-conceptualizing health investments beyond

health care and how we pay for it to include integration of medical care, public health, and the social determinants of health principles into models that aim to produce health. **(DEADLINE - October 1)**

[Learn more](#) about each of the clusters manuscript submission requirements.

WHAT WE ARE READING

- [How to Get a Seat at the Table: Strategies for Incorporating Public Health in States' Healthcare Planning Activities](#): Published by ASTHO's [Integration Forum](#), this issue brief explores strategies that public health leaders can use to get to the table when legislators make decisions about health care in their states, and also discusses ways to influence those discussions and help craft cost-effective, evidence-based public health solutions that advance population health and economic growth.
- [Antibiotic Use in the United States 2017 - Progress and Opportunities](#): Improving the way we prescribe and use antibiotics, a concept referred to as "antibiotic stewardship," is critical for protecting patients from harm and combating antibiotic resistance. The CDC released this report that includes information about the current status of antibiotic use in health care settings, highlighting programs and resources to support stewardship
- [How CME is Changing: The Influence of Population Health, MACRA, and MIPS](#): Webcourseworks has released a white paper to explore the possibilities that population health, MACRA, MIPS and ACA will bring to the health care field and the direction of CME

EVENT

Register: Health Care Payment Learning and Action Network (LAN) Fall Summit on October 30, 2017

To help achieve better care, smarter spending, and healthier people, the Department of Health and Human Services (HHS) is working in concert with partners in the private, public, and non-profit sectors to transform the nation's health system to emphasize quality over volume. HHS launched the [Health Care Payment Learning & Action Network](#) to help advance the work being done across sectors to increase the adoption of value-based payments and alternative payment models.



[Reserve](#) your spot at the 2017 LAN Fall Summit. This year's event will offer learning, sharing, and inspiration to help you take action on alternative payment models!

ABOUT ACPM HEALTH SYSTEMS TRANSFORMATION PROJECT

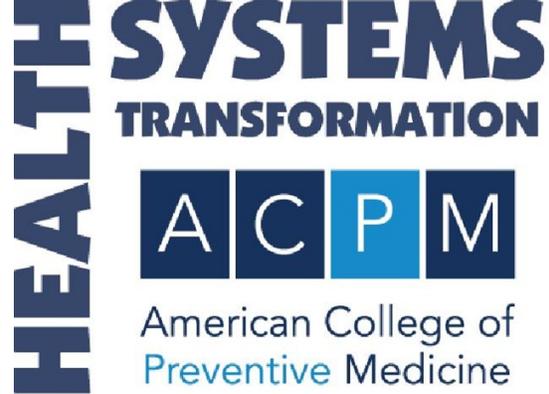
Learn More & Get Involved

ACPM defines Health Systems Transformation (HST) as a systems-based approach to improving population, community and individual health by incorporating the determinants of health

and increasing the efficiency and effectiveness of healthcare.

The Health Systems Transformation Project is from a cooperative agreement that ACPM has with the Centers for Disease Control and Prevention.

[Learn more](#) about our past and current efforts in HST.



Access our HST [fact sheets](#) , [resources](#) and [regional meetings](#); pages on [HST Learning Institute](#) and [HST webinar](#); HST Task Force member [bios](#); and past [newsletters](#).

[Access](#) recordings from the HST institute (February 2016) and HST webinar (June 2016). You will have to login with your ACPM account or create a guest account to access the recordings. You can also obtain CME/MOC credits for these learning modules.



American College of
Preventive Medicine



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