



ACPM American College of Preventive Medicine

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



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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

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Our Agenda

Providers

Prescribing Behavior Change & LM

As a Frontline Therapy

SECTION A: Lifestyle Medicine

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

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Lifestyle Medicine - Defined

Definition
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	Social Support
Physical Activity	Environmental Exposures
Stress Management	<i>The Invisible Backpack</i>
Sleep	

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The Lifestyle Interventions

NOURISHMENT



MOVEMENT




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The Lifestyle Interventions

RESILIENCE

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



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The Lifestyle Interventions

CONNECTEDNESS


- Social Supports
- Spiritual Supports



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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

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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)

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Genesis of the Lifestyle Medicine Program

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




ACPM	AMA
ACLM	ACP
AAFP	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.

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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

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The 15 Physician Competencies



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

- 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

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Genesis of the Lifestyle Medicine Program

COMMENTARY

JAMA, July 14, 2010

Physician Competencies for Prescribing Lifestyle Medicine

Liana Limon, MD, MPH
Mark Johnson, MD, MPH

THE LEADING CAUSES OF DEATH FOR ADULTS IN THE United States are related to lifestyle—tobacco use, poor diet, physical inactivity, and excessive alcohol consumption.¹ US residents with these risk factors have plenty of room for improvement—including those who are asymptomatic and those living with chronic dis-

patients are advised to lose weight only 30% of the time during regular examinations, a proportion that improves only slightly to 32% if a patient already has obesity-related comorbidities.² Furthermore, only 28% of smokers reported that health care professionals had offered them assistance to quit smoking in the past year.³ Findings such as these reveal 2 important facts. Physicians cannot ascribe the entire responsibility for inadequate lifestyle changes to their patients, and clinicians must accept some responsibility for deficiencies in the quality of health care. Acknowledging the

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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]


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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.




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LMCC Initial Development Funded by The Cummins Corporation



Cummins LiveWell Center

- 28,000 sq ft facility
- Opened July, 2016



Goals:

- Better outcomes
- Lower cost

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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**

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New Board Certification



<https://ablm.co/>

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Why This Program is Needed



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 modulate 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

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Program Beneficiaries



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

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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**



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Government Sector Program Adoption



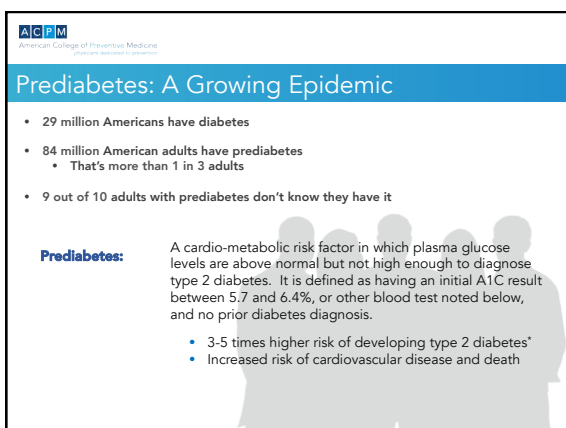
- **This Lifestyle Medicine Core Competencies program underpins training for CDC programs:**
 - WISEWOMAN cardiac and vascular education
- **Centers for Medicare Medicaid Innovation/ CMS Million Hearts Innovation Awardees:**
 - Provided as a grantee benefit to all 516 participating clinical practices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





**SECTION B:
CASE STUDY ON LM**

1. The DPP and Medicare

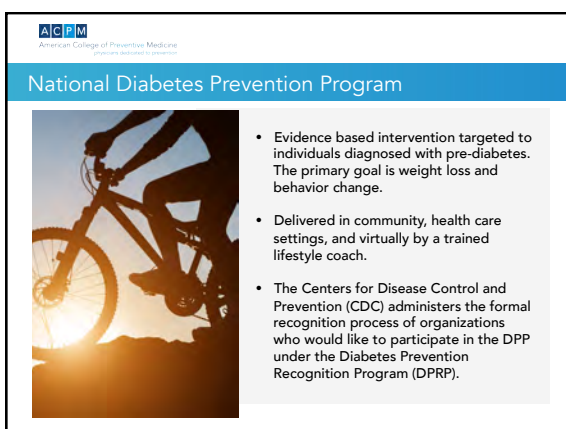


Prediabetes: A Growing Epidemic

- 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).

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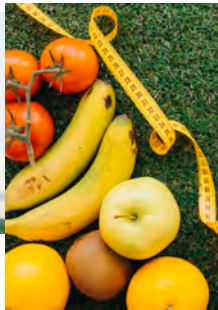
Medicare DPP (MDPP)



- 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.

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Medicare and Diabetes Prevention



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

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SECTION C: Legislation & Policy



1. Legislative Focus on LM
2. Federal Government Initiatives on LM

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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>

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Supports Legislative Initiatives



- **ENRICH Act – The Expanding Nutrition's Role in Curricula 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 deductions 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.

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U.S. Government Sector Initiatives



- **MILLION HEARTS**
- **CDC 6|18**
- **CMMI**
- **CDC NIOSH TOTAL WORKER HEALTH**



Six High-burden Health Conditions



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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

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Six High-Burden Health Conditions

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

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

- REDUCE TOBACCO USE
- CONTROL ASTHMA
- PREVENT HEALTHCARE-ASSOCIATED INFECTIONS (HAI)
- CONTROL BLOOD PRESSURE
- PREVENT UNINTENDED PREGNANCY
- PREVENT DIABETES

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Eighteen Evidence-Based Interventions

REDUCE TOBACCO USE

- Expand access to evidence-based tobacco cessation treatments, including individual, group, and telephone counseling and FDA-approved cessation medications in accordance with the 2008 Public Health Service Clinical Practice Guidelines.
- Remove barriers that inhibit access to covered cessation treatments, such as quit sharing and group substitution.
- Promote increased utilization of covered treatment benefits by tobacco users.

PREVENT HEALTHCARE-ASSOCIATED INFECTIONS

- Require antibiotic stewardship programs in all hospitals and skilled nursing facilities.

PREVENT UNINTENDED PREGNANCY

- Remainure providers for the full range of contraceptive services (e.g., screening for pregnancy-related, barrier, long-acting, or injectable, or intrauterine device (IUD) or other contraceptive devices) and follow-up for women of child-bearing age.
- Remainure providers of health systems for the actual cost of IUD or other contraceptive devices in order to provide the full range of contraceptive methods.
- Remainure for immediate postpartum initiation of LARC by self-initiating placement for LARC (non-sterile, non-invasive).
- Remove administrative and logistical barriers to LARC (e.g., remove pre-approval requirement of step therapy restriction and manage high acuity and stocking costs).

CONTROL ASTHMA

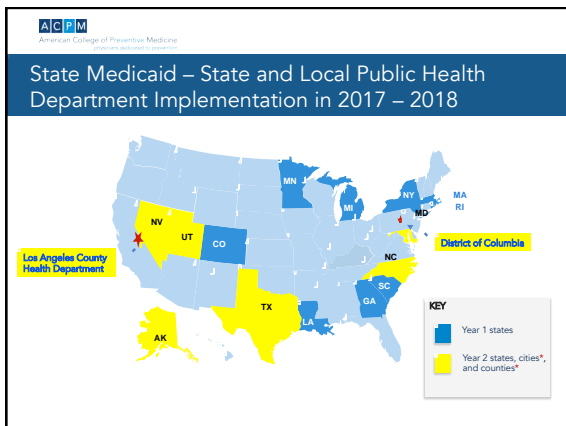
- Promote evidence-based asthma medical management in accordance with the 2007 National Asthma Education and Prevention Program guidelines.
- Promote strategies that improve access and adherence to asthma medications and devices.
- Expand access to intensive self-management education for individuals whose asthma is not well controlled with guideline-based medical management alone.
- Expand access to home visits by trained professionals or qualified health workers to improve self-management education and reduce home asthma triggers for individuals whose asthma is not well controlled with guideline-based medical management and intensive self-management education.

CONTROL HIGH BLOOD PRESSURE

- Promote strategies that improve access and adherence to anti-hypertensive and lipid-lowering medications.
- Promote a team-based approach to hypertension control (e.g., physician, pharmacist, lay health worker, and patient shared).
- Provide access to devices for self-measured blood pressure monitoring for home use and create individual, provider, and health system incentives for compliance and meeting of goals.

CONTROL AND PREVENT DIABETES

- Expand access to the National Diabetes Prevention Program, a lifestyle change program for preventing type 2 diabetes.
- Provide counseling to abnormal blood glucose in those who are overweight or obese as part of a cardiovascular risk assessment.



**CLOSING:
Stay In Touch**

1. Newsletter
2. American Journal of Preventative Medicine
3. Upcoming Events

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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 preventative 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.

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Medical Journal

AJPM American Journal of Preventive Medicine
A Journal of the American College of Preventive Medicine and the American Society for Preventive Medicine

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.

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In Their Own Words



Why Recommend the Lifestyle Medicine Core Competencies Program

[Testimonial 1](#)

[Testimonial 2](http://www.acpm.org/page/feature)
http://www.acpm.org/page/feature

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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

The LM Prescription of the Future




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



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



Emotional Well-Being:
Gratitude: write down 3 people for whom you are grateful; **Frequency:** once a week
Support: visit sister; **Frequency:** biweekly
Meaning: volunteer at SPCA; **Frequency:** monthly



For More Information

Visit:
www.ACPM.org/lifestyle-medicine

Send Questions/ Feedback / Stay Connected to:
LMCCinfo@ACPM.org
dpere@acpm.org

