

The Future of Lifestyle Medicine for Family Physicians

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Restoring health and providing true value-based care through lifestyle medicine offers both patients and clinicians a hopeful, healing alternative to chronic disease and disability management. Most chronic conditions that family practice clinicians treat are lifestyle-related, with type 2 diabetes, obesity, hyperlipidemia, and heart disease well recognized as prototypal lifestyle-related conditions.

The prevalence of obesity and diabetes has risen to epidemic levels under our watch over the past 3 decades.¹ Sadly, despite enormous pharmacologic advancements to address control of type 2 diabetes, a recent *New England Journal of Medicine* article reported worsening control of hemoglobin A1c since 2010.² Clearly, a lifestyle-first approach to identify and eradicate the root causes of these conditions must be undertaken if we are to address both their prevalence and their disabling impact on human health and well-being.

With the ravages of COVID-19 exposing the urgent need to bolster the foundational health of our nation against “underlying conditions” and the disproportionate prevalence of chronic disease vulnerabilities among our populations of color, the time is now to make lifestyle medicine the foundation of all health and healthcare. The steps to making that vision reality are clear:

- Medical and health professionals’ education and training at all levels need to include the evidence-based comprehensive lifestyle medicine curriculum that has been so sorely lacking. While this is start-

ing to take place (see “Lifestyle Medicine Education: Essential Component of Family Medicine” [p. S66]), it must be universal for clinicians to be equipped to meet the first recommendation of chronic disease guidelines—to address lifestyle. Rather than focusing most on meeting documentation requirements of electronic medical record fields, physicians must be capable of providing meaningful knowledge and resources for patient lifestyle change.

- The family physician may need to rethink traditional practice and care delivery. A team-based approach, shared medical appointments, physical provision of care outside the traditional medical facility, and other paradigm change will be necessary. The time is now to plan for practice changes that will allow family physicians to obtain successful clinical outcomes and achieve success in value-based or capitated contracts.
- Health policy, regulations, and reimbursement must be updated to incentivize outcomes rather than process, allow care to be brought closer to the patient, acknowledge all members of the healthcare team, and support care delivered in the best format for successful behavior change. Quality measures should not penalize medication de-escalation. National Provider Identifier (NPI) number requirements for care delivery location need expansion, especially if we are to truly address lifestyle-related chronic disease health disparities and social determinants of health. Electronic medical records and coding need to be inclusive of lifestyle medicine practice specifics. Work by the American College of Lifestyle Medicine (ACLM) is addressing these needs.

Interest in lifestyle medicine is trending upward, with interest shown by medical students,³ family medicine residents,^{4,5} practicing physicians, and large health systems.⁶ Recent articles^{7,8} show that increasing numbers of physicians are turning to lifestyle medicine practice as a career path away from burnout. This is a significant development, as a 2020 report from Medscape⁹ states that 42% of physicians

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reported being burned out in 2020. With career satisfaction waning, doctors are seeking alternatives to the status quo, thus gravitating toward lifestyle medicine—with a desire to treat root causes of disease, as opposed to focusing primarily on disease management.

Founded in 2004, ACLM has a rapidly expanding membership base of more than 7000 physicians and other health professionals across the United States, also serving as a primary voice within the World Lifestyle Medicine Council. Its members represent the broad diversity of the medical profession, reflecting the interdisciplinary “team-based” approach of lifestyle medicine clinical practice: physicians, specialty physicians, physician assistants, nurses, allied health professionals, researchers, educators, students, lifestyle medicine thought leaders, healthcare executives, and health coaches. ACLM provides live and online CME- and CE-accredited events and educational offerings¹⁰ across the medical education continuum, board and professional certification opportunities, clinical practice tools, patient education resources, networking opportunities, and advocacy—all designed to manifest the vision of lifestyle medicine becoming the foundation of health and all healthcare.

The contents of this supplement were not meant to be exhaustive, but rather to serve as an introduction to the concept of lifestyle medicine for family medicine physicians. Its definition, its current use in management of chronic diseases, and the practice itself were only briefly described. Nevertheless, the research findings detailed in this supplement—as well as pearls from the lifestyle medicine author experts—can be utilized immediately by readers.

It is likely that medical schools and residencies will increasingly incorporate comprehensive lifestyle medicine curricula into their training programs. However, our current workforce of family medicine clinicians is at the front line of managing decades-long epidemic levels of chronic disease and the current infectious disease pandemic. ACLM stands as a partner to family physicians to offer the resources and tools that are urgently needed to address chronic disease through a lifestyle, root-cause approach. This approach provides a pivotal path for true healthcare reform and health restoration for our nation. ●

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