

ACLM Recommendations to White House Conference on Hunger, Nutrition and Health

- Work with NBME, ACGME, AAMC and other key stakeholder groups to extract stakeholder commitments to dramatically expand nutrition education and other lifestyle education across the spectrum of medical education to include UME, GME and CME.
- Direct HHS/CMS by Executive Order to address National Provider Identifier Point of Service number issues creating barriers to reimbursement of lifestyle medicine care delivered in community settings to address drivers/social determinants of health.
- Direct CMS by Executive Order to create a Technical Expert Panel (TEP) and work with them on the development of an Intensive Therapeutic Lifestyle Change model and expansion of Intensive Cardiac Rehab model as described below.
 1. **Intensive Therapeutic Lifestyle Change (ITLC):** Includes a shared medical appointment or group visit model to deliver comprehensive, high-value care in an integrated practice unit style for 12 weeks or more. Offer a global payment per session (\$130-150) with at least 12-15 60-minute sessions approved initially for all patients with qualifying conditions (hypertension, hyperlipidemia, CAD, obesity, and Type 2 diabetes). If after 15 sessions, patient health outcomes have been met specified parameters (per disease state), patient becomes eligible for monthly follow-up visits to maintain health behaviors for up to 22 sessions. Eliminate co-pays to enable LM services to be offered to all eligible beneficiaries.
 2. **Expand Intensive Cardiac Rehab (ICR) to cover 2-3 cardiac risk factors:** Instead of waiting until someone has a negative event such as myocardial infarction, coronary artery bypass surgery, and percutaneous transluminal coronary angioplasty to offer cardiac rehab, allow for **proactive** prevention of heart disease, the number one killer in the US. Eligible risk factors that should be added to the list include patients with a diagnosis of type 2 diabetes, hypertension, and hyperlipidemia. Waive co-pays for ICR individual sessions; patients living on a fixed or limited income who cannot pay co-pays for 72 sessions.
- Direct HHS/CMS by Executive Order to conduct a review of all Medicare Advantage and physician payment quality measures and payment models and report back within a year on those that reward/incentivize the treatment and reversal of chronic disease through lifestyle interventions. Such an EO should also direct the creation of a Technical Expert Panel (TEP) to advise the agency on the creation of such measures and models. The report back should include timelines for using the rule-making process to advance through notice and comment such measures deemed necessary and plans for the creation of such payment models. Create demo as described above
- Fully accept funding recommendations of the U.S. Department of the Air Force's chartered Lifestyle and Performance Measurement Working Group to provide lifestyle medicine education and certification to its medical and allied health professionals.

