FROM THE ACLM PRESIDENT'S DESK

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This article is one in a multipart series where the American College of Lifestyle Medicine's President, Dr Dexter Shurney, introduces a key person or organization that will take ACLM to the next level through one or more aspects of the "4 P" strategy: Policy, Partnership, Payment, and Public Relations. In this first article, Dr Shurney interviews Lifestyle Medicine's Economic Research Consortium's Micaela Karlsen.

DS: Having previously outlined the ACLM's "4 P" strategy, I will now begin a practice of interviewing the leadership at the helm of some of our key partnership organizations, so you have a better understanding of these partnerships and what we hope to accomplish through collaboration.

DS: What is the Lifestyle Medicine Economic Research Consortium and its mission?

MK: The Lifestyle Medicine Economic Research Consortium (LMERC; <https://lmeconomicresearch.org/>) is a collaboration between the American College of Lifestyle Medicine and the Lifestyle Medicine Institute, with the mission to "develop, guide, promote and drive a lifestyle medicine economic research agenda thru its Research Partners."

In other words, our purpose is to advance the case for lifestyle medicine practice through demonstration of the financial benefits of creating healthier citizens.

DS: How and when did you become involved with LMERC and what is your current role?

MK: I serve as director for this program, and I had the pleasure of being recruited by ACLM executive director Susan Benigas in late 2017, as I was finishing my PhD.

DS: Who are the key players within LMERC and what are their backgrounds?

MK: We have a highly accomplished advisory board (<https://lmeconomicresearch.org/advisory-board/>) that includes physicians, 2 actuaries, an attorney, corporate wellness and healthcare economic consultants, and 2 of the leading health economists: Eric Finkelstein from Duke Global Health Institute and Ron Goetzel from Johns Hopkins Bloomberg School of Public Health.

DS: What are some of the things LMERC has accomplished and what are you most proud of?

MK: Our first years' activities centered on the launch of our website (<https://lmeconomicresearch.org/>), which includes a small but growing repository of relevant publications, a selection of key resources for download, and a useful slide presentation on the costs of chronic disease for email subscribers. We then turned our attention to the development of a research team, in preparation for taking on research collaborations in the near future, and I couldn't be happier with the team we've assembled—as well

as our 2 health economists, we have a senior statistician and project manager. I am very excited about our position to contribute to the literature on lifestyle medicine/behavioral interventions and health care cost savings.

DS: What are you finding in your research and the data you have collected? Have there been any big surprises for you?

MK: The costs of chronic disease are very well characterized—we have clear, straightforward information on how much it costs (<https://lmeconomicresearch.org/wp-content/uploads/2018/08/LMERC-Homepage-Key-Stats.pdf>) to have such a sick population. We know that 86% of health care spending goes toward the exact problems lifestyle medicine can best solve—chronic disease conditions. One thing I was somewhat surprised to learn was that the Federal Congressional Budget Office estimates that as a nation we are headed for financial insolvency in the near future due to the rising costs of Medicaid and Medicare. They estimate that by 2050, those 2 programs will consume 20% of our GDP.

DS: What is on LMERC's agenda for 2019?

MK: Our plans for 2019 center around conducting new research—we have a few different initiatives in process and that includes some analyses of health care cost savings following a previously conducted lifestyle medicine-type intervention in a corporate context. Our initial efforts will be the CHIP program

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as CHIP has the longest history of participation and therefore the most long-term data. Following that, we hope to work with a variety of lifestyle medicine programs and partners. We would love to talk to other potential partners if there are companies with data who may be a good match.

DS: How will or do you measure the success of LMERC?

MK: While the literature on the cost of disease is well developed, there is very little published on medical practice or even community-based interventions that center on lifestyle changes and resulting health care costs. It's often difficult to access this data and tie it to participant behaviors or health outcomes, unless the context is a self-insured company that has internal access to their own data. If we can assist other companies in publishing their own results as well as sponsoring or conducting our own analyses on an ongoing basis, the prospects will be good for influencing the kinds of

treatment plans that are covered by insurance in the long term. In order to really change the landscape of medical practice and reimbursement, we need to speak to decision makers who would not otherwise be moved by potential health benefits, but to whom the bottom line will make a convincing argument.

DS: Are there other comments you wish to provide?

MK: It can seem like common sense that as we help people become healthier, we should be saving money, but in practice, it's not so straightforward to measure. There is a real need to publish new, high-quality papers on this topic to take the conversation from assumptions and theory to a discussion of how best to implement what we know works to improve health. Demonstrating that these financial gains are possible is a key element in garnering support from a broader base than currently exists for lifestyle medicine.

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