FROM THE ACLM PRESIDENT'S DESK

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Merging Lifestyle Medicine Onto the Health Care Freeway

Let me start by saying how honored I am to serve as the American College of Lifestyle Medicine (ACLM) president, a term that began in November 2020. When running for office, I knew that a major aim for me in lifestyle medicine was to merge lifestyle as medicine from the frontage road to the main lane of health care delivery. A medication or procedure-first approach simply must be surpassed by a lifestyle-first intervention approach to care in all patients, not merely those most health literate or affluent. When lifestyle-first interventions are just usual care, chronic disease prevalence, morbidity and mortality, and health care costs will all trend downward together. But how do we build that “on ramp” entering a complex health care delivery freeway, presenting our field as forward thinking rather than alternative thinking?

I believe our membership shares my passion and aim to track lifestyle medicine into a main lane position. We have seen the power of lifestyle interventions at personal and professional levels, and we want to share methods and expertise with a broader patient base. In line with that thinking, membership surveys have consistently identified the desire for better reimbursement, a reduction of barriers to implement lifestyle medicine

interventions, and a full recognition of lifestyle medicine as a viable field of medicine. In this journal's issue, let me share with you the journey and the accomplishments of the ACLM board directors and staff and key college members in building the “on ramp” to date.

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A first building block in these efforts was the enlistment of the Alston and Bird, Washington, DC, advocacy firm in which we were fortuitous to identify firm partners who shared a personal passion for lifestyle medicine through their own life-changing stories. Multiple members of the firm really understood and embraced the passion and the mission of our organization and were eager and able to leverage potential DC legislator and agency allies.

Early on, the ACLM advocacy team became very enlightened to the breadth

and depth of creating change in health care policy, sometimes overwhelmingly aware! There are many steps to merging lifestyle medicine into the main lane of our health delivery system and it is no easy feat. It means understanding the health care policy roadmap and the plenitude of committees, national

organizations, and influential legislators involved in crafting health care policy. It means shining a light on the obstacles and penalties lifestyle medicine practitioners face in measures such as Merit-Based Incentive Payment System (MIPS) when taking a lifestyle-first approach to patient care and the need to develop quality metrics that reward powerful lifestyle medicine outcomes over process. It means shining another light and cutting through “work-arounds” that lifestyle medicine practitioners face in billing and reimbursement for

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immersive lifestyle behavior change programs using shared medical appointments and group visits. It means changing the restrictive coding for lifestyle medicine team members such as nutritionists and health coaches who can help patients actualize their goals and desires.

From the patient perspective, it means breaking down obstacles such as high deductibles and widely variable insurance coverage for lifestyle-related medical care. It means helping to solve for social determinants of health through advocacy for healthy food in school meal plans and in the Supplemental Nutrition Assistance Program, and for the abolishment of food deserts.

Over the 2 years, a solid foundation of the “on ramp” has been built, leveraging Dr Dexter Shurney’s vision, Susan Benigas’ tenacity, and ACLM’s staff talent along with key regional ACLM members. Lifestyle medicine now has a recognizable name in Washington, DC, health care policy circles. We have identified kindred spirits in many legislators, Washington DC, agencies and organizations, committees, and advocacy groups similarly focused on chronic disease mitigation, food as medicine, lifestyle, and health care reform. Here is a sampling of the valuable results of our advocacy work to date:

- A meeting with the president and CEO of the National Quality Forum (NQF), Shantanu Agrawal, was fruitful, and recommendations were proposed for NQF’s endorsed measure sets along with a letter regarding MIPS.
- Meetings with congressional members and staff who are directly involved in areas of interest to ACLM such as telehealth waiver extension, reimbursement, quality measures, and health disparities.
- Meetings with NIH Nutrition Research Director, Chris Lynch, as he develops execution of the new 10-year strategic plan for NIH nutrition research.
- Conversations with Health and Human Services (HHS) departments including the Office of Disease Prevention and Health Promotion, which is responsible for dietary guidelines, physical activity guidelines, and Healthy People 2030.
- Conversations with the representative or staff for the Congressional offices of Representatives Hakeem Jeffries, Earl Blumenauer, Robin Kelly, and Senator Tim Scott among other key allies to our cause.
- Partnerships with the American College of Sports Medicine and the new Physical Activity Alliance in advancing common objectives along with designation by HHS as a National Youth Sports Strategy Champion.
- Approval of our application to the AMA Specialty and Service Society putting us on a track into the House of Delegates and full voting rights in 2023. This will strengthen the backbone in all of our efforts.

It has been said that change does not come *from* Washington, change comes *to* Washington. Change happens because people demand it. While ACLM leaders have made enormous progress building the “on ramp” for lifestyle medicine in Washington, the acceleration to get up that ramp must come from patients themselves. We must now further raise awareness and activate patients to demand a change because it is they whose health suffers most due to insufficient lifestyle medicine availability and implementation. The upcoming ACLM Type 2 Diabetes campaign, which includes the Diabetes Bill of Rights, will be a big step toward patient advocacy. Patient-facing public service messaging and documentaries on the near horizon

will also drive change in Washington policies affecting lifestyle medicine. Advancing patient advocacy must become another of ACLM’s lifestyle medicine strategies.

Never did I imagine all of the accomplishments of ACLM’s advocacy work over the past 2 years. We can and should celebrate these enormous successes and upcoming initiatives while recognizing that ongoing success will require years of dogged advocacy from all angles to fully join the health care delivery main lane. Please continue your work as lifestyle medicine ambassadors in your practices, local health care systems, and among your friends and family. Be poised to help us with your local political representatives and media in important ways such as site visits and interviews with your patients. And please reach out to me or a member of the Board of Directors or staff to share how you can help our advocacy efforts, and just imagine where we can go together!

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