Advancing AMA Policy on Lifestyle Medicine

The American College of Preventive Medicine (ACPM) put forth a resolution at the American Medical Association’s House of Delegates (AMA HoD) Interim Meeting in Honolulu, Hawaii this past week. Titled Lifestyle Medicine Education in Medical School Training and Practice, the resolution was adopted with amendments and now reads:

"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."

ACPM also put forth two other resolutions at the meeting, titled Increased death rate and decreased life expectancy in the United States and Social Determinants of Health in Payment Models. Many thanks to our AMA delegation—including Delegate Dr. Robert Gilchick, Alternate Delegate Dr. Jason Spangler, and Representative Dr. Wendy Braund—as well as to ACPM Member Dr. Stephen Jones, ACPM Government Affairs Manager Kate McFadyen, and all others who contributed to the work at this meeting. Pictured, left to right: Dr. Braund, Dr. Gilchick, Dr. Spangler and McFadyen.

New Blood Pressure Categories to Encourage Lifestyle Changes

Developed by the American Heart Association, American College of Cardiology, and nine other health professional organizations—including ACPM—new guidelines on the management of high blood pressure have been published in Hypertension and the Journal of the American College of Cardiology. The changes are designed to help providers and patients prevent further increases in blood pressure by treating the condition earlier with lifestyle changes and, in some cases, medication.

The report recommends that providers and patients now recognize blood pressure as:
- normal when below 120/80 mm Hg;
- elevated when systolic is between 120-129 and diastolic is less than 80; and
- high when systolic is above 130 or diastolic is above 80.

The classification of prehypertension has been eliminated and replaced with hypertensive levels, including Stage 1 (systolic 130-139 or diastolic 80-89), Stage 2 (systolic 140+ or diastolic 90+), and Hypertensive Crisis (systolic 180+ and/or diastolic 120+). These new categories are expected to result in nearly half of the U.S. adult population having high blood
pressure—with significant increases among adults under age 45. However, only a small increase in the number of patients who will require medication is expected.

Blood Pressure Categories

<table>
<thead>
<tr>
<th>BLOOD PRESSURE CATEGORY</th>
<th>SYSTOLIC mm Hg (upper number)</th>
<th>DIASTOLIC mm Hg (lower number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORMAL</td>
<td>LESS THAN 120 and</td>
<td>LESS THAN 80</td>
</tr>
<tr>
<td>ELEVATED</td>
<td>120 - 129 and</td>
<td>LESS THAN 80</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE</td>
<td>130 - 139 or 80 - 89</td>
<td></td>
</tr>
<tr>
<td>(HYPERTENSION) STAGE 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE</td>
<td>140 OR HIGHER or 90 OR HIGHER</td>
<td></td>
</tr>
<tr>
<td>(HYPERTENSION) STAGE 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYPERTENSIVE CRISIS</td>
<td>HIGHER THAN 180 and/or</td>
<td>HIGHER THAN 120</td>
</tr>
<tr>
<td>(consult your doctor immediately)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Final Physician Fee Schedule Released by CMS

On November 2, 2017, the Centers for Medicare & Medicaid Services (CMS) issued the Calendar Year 2018 Physician Fee Schedule (PFS) final rule, which included the final policies to implement the Medicare Diabetes Prevention Program (MDPP) expanded model starting on April 1, 2018.

In the rule, CMS finalized several key aspects of the program including but not limited to:
- MDPP supplier enrollment date
- Structure of ongoing Maintenance Sessions
- Payment Structure

Interested stakeholders are encouraged to register for a webinar overview of the final rule to be hosted by CMS on December 5, at 1:30 p.m. EST. In addition, CMS released a summary of the key aspects of the rule.

The MDPP will be a strong focus area of the ACPM’s continued partnership with the CDC Division of Diabetes Translation as we work with providers and health systems to encourage screening, testing, and referral to the program.

Feedback on the New Direction of CMS Innovation Center

ACPM responded to a Request for Information (RFI) and subsequent op-ed from Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma announcing the administration’s plans to lead the Center for Medicare and Medicaid Innovation (Innovation Center) in a new direction. Established in 2010 by the Affordable Care Act, the Innovation Center has allowed for the design and testing of new delivery system and payment reform models to change the way care is delivered and providers are reimbursed.

In its response, ACPM emphasized the crucial role the Innovation Center plays in catalyzing new thinking and evidence-based demonstration projects that enhance the prevention and management of chronic diseases. The statement also urges CMS to retain the Innovation Center as a vehicle to accelerate the transformation of health systems and enhance our population’s health.

ACPM Recognized as MFA Strategic Partner of the Year
ACPM was recognized as Medical Fitness Association’s (MFA) strategic partner of the year at its national conference in Orlando. ACPM Business Innovation Officer Barry Lipsy accepted the award on behalf of ACPM from MFA Marketing Chairman Kevin McHugh (pictured left).

ACPM entered into the strategic partnership with MFA in 2016 to advance our shared values of preventing disease and furthering population health. MFA’s mission of fostering opportunities for the development of medically integrated fitness centers aligns with ACPM’s evidence-based lifestyle medicine initiative which includes physical activity as a key element. MFA also seeks to support its efforts with evidence and has a significant initiative for its members to collect outcomes data.

**National Diabetes Heart Connection Day**

The Partnership to Fight Chronic Disease (PFCD) hosted the National Diabetes Heart Connection Day, a health observance briefing on Capitol Hill on November 9 to raise awareness of the co-occurrence of type 2 diabetes and cardiovascular disease (CVD). The event included insights from many perspectives of this important cause and highlighted areas where Congress can and should transition this awareness effort into action.

Rep. Elizabeth Esty (D-CT)—sponsor of the awareness day resolution in the House along with Rep. Rick Allen (R-GA)—addressed the crowd about the importance of this bipartisan opportunity in health care. Senators Bill Nelson (D-FL) and Marco Rubio (R-FL) had introduced the awareness day resolution in the Senate where it passed on November 8.

Speakers at the event also provided recommendations for team-based care coordination, reduced barriers for community health workers, increased leadership from elected official in cultivating social wellness norms that can bring community and employer gains, and for a paradigm shift in the education process from focusing on provider accountability to motivating self-care and health quality.

*ACPM is one of more than 30 organizations who pledged support for the recognition of National Diabetes Heart Connection Day.*

**Career Opportunity in Culinary Medicine**

The CHEF Coaching program seeks a candidate for an entry level, administrative position at the Institute of Lifestyle Medicine, Spaulding Rehabilitation Hospital. This is a remote position requiring a commitment of approximately 10-20 hours per month. After demonstrating proficiency, the candidate will be considered for advancement to a faculty position, which includes teaching, culinary coaching, and administrative tasks.

**RESEARCH / NEWS**

*Long-term Sustainability of Diabetes Prevention Approaches: A Systematic Review and Meta-analysis of Randomized Clinical Trials* — In adults at risk for diabetes, lifestyle modification and medications (weight loss and insulin-sensitizing agents) successfully reduced diabetes incidence. Medication effects were short lived. The lifestyle modification interventions were sustained for several years; however, their effects declined with time, suggesting that...
interventions to preserve effects are needed.” -- JAMA Internal Medicine

**Self-monitoring of blood pressure in hypertension: A systematic review and individual patient data meta-analysis.** -- PLOS Medicine

**Lifestyle changes—not medications—linked to sustained risk reduction for diabetes** -- Cardiovascular Business

**Blood pressure of 130 is the new ‘high,’ according to first update of guidelines in 14 years** -- The Washington Post

**WVU doctors create Center for Diabetes and Metabolic Health to halt chronic disease** - West Virginia University

**Island bleeding itself to death, says expert** -- The Royal Gazette (Bermuda)

**Relax, You Don’t Need to ‘Eat Clean’** -- “Many of the doctors and nutritionists who recommend avoiding certain foods fail to properly explain the magnitude of their risks. In some studies, processed red meat in large amounts is associated with an increased relative risk of developing cancer. The absolute risk, however, is often quite small. If I ate an extra serving of bacon a day, every day, my lifetime risk of colon cancer would go up less than one-half of 1 percent. Even then, it’s debatable. Nevertheless, we’ve become more and more susceptible to arguments that we must avoid certain foods completely. When one panic-du-jour wanes, we find another focus for our fears. We demonized fats. Then cholesterol. Then meat.” -- Aaron E. Carroll (The New York Times)

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**EVENTS**

**2nd National Conference on Prevention of Diabetes**
November 17-19; Atlanta, GA

**Pathways to Prevention Workshop: Methods for Evaluating Natural Experiments in Obesity**
December 5-6; Bethesda, Maryland

**SBM’s 39th Annual Meeting**
April 11-14, 2018; New Orleans, LA

**2nd International Symposium to Advance Total Worker Health**
May 8-11, 2018; Bethesda, MD

Preventive Medicine 2018
May 23-26, 2018; Chicago, IL

**Lifestyle Medicine: Tools for Promoting Healthy Change**
June 22-23, 2018; Boston, MA

**Lifestyle Medicine 2018**
August 17-19, 2018; Brisbane, Australia
Presentations and abstracts are now being accepted. To get the best rates, use the "spring18" promo code when registering by November 30.

**Lifestyle Medicine Certification Exam**
October 25, 2018; Indianapolis, IN
ACPM distributes lifestyle medicine news and updates each month. 
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