

November 27, 2019

SUBMITTED ELECTRONICALLY TO: Rural_Urban@mail.house.gov

Re: Ways & Means Rural and Underserved Communities Health Task Force Request for Information

Dear Chairman Neal, Ranking Member Brady, and Reps. Davis, Sewell, Wenstrup, and Arrington:

Thank you for the opportunity to provide these comments in response to the Ways & Means Committee's *Rural and Underserved Communities Health Task Force (Task Force) Request for Information (RFI)*. We appreciate the Committee's commitment through this Task Force to address the health inequities in rural and underserved areas that have long plagued our health care system, particularly those impacting minority populations.

The American College of Lifestyle Medicine (ACLM) is the only professional society dedicated to the clinical specialty of Lifestyle Medicine, which utilizes evidence-based training and practice in nutrition—a whole food, plant-predominant dietary lifestyle—regular physical activity, restorative sleep, avoidance of risky substances, stress management and positive social connection as a primary therapeutic modality for treatment and reversal of chronic conditions. ACLM provides curricula for pre-professional and graduate students as well as continuing medical education for providers through a vast array of online and conference learning opportunities. One such course, entitled *Reversing Insulin Resistance and Type 2 Diabetes with Lifestyle Medicine*, educates medical professionals on how intensive Lifestyle Medicine treatment can drastically improve the quality of life for diabetes patients while lowering costs by reducing the need for pharmacological interventions.

Lifestyle Medicine directly treats, and, in many cases, reverses the chronic diseases that represent 80 percent of health care costs today. Furthermore, this specialty is synonymous with value-based care as it lowers costs and results in superior patient outcomes by addressing the root cause of chronic disease.

Physicians are increasingly recognizing the value of Lifestyle Medicine, as evidenced by the 500 percent growth in ACLM's membership in the past five years. While physicians represent the

majority of our membership, they are now joined by nurses, physician assistants, registered dietitians, physical therapists, pharmacists, medical professionals in training, health coaches, health insurance actuaries and others reflecting the team-based approach that the more than 3,500 members of ACLM employ to help treat and reverse chronic disease in their patients.

As discussed in response to questions 1 and 2, we strongly believe that all patients should have access to Lifestyle Medicine, especially those in rural and underserved areas.

- 1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?*

The evidence is clear that chronic disease is directly related to lifestyle, particularly diet and exercise, which have resulted in millions of Americans being afflicted with multiple chronic conditions and dependent on pharmacological interventions designed to manage these conditions. This is especially prevalent in underserved areas where minority populations disproportionately suffer from chronic diseases such as Type 2 diabetes. According to recent Center for Disease Control and Prevention (CDC) data, members of minority populations such as Native Americans, African Americans and Hispanics are nearly twice as likely as white, non-Hispanics to suffer from Type 2 diabetes.

As opposed to addressing the cause of these chronic conditions, the health care system manages the symptoms along with medications and their side effects on the assumption that the condition itself is inevitably chronic and non-reversible. Lifestyle Medicine should be considered and deployed as a first option to treat and reverse these chronic conditions, obviating the need for management of symptom, medication, and medication side effects. For example, Type 2 diabetes has a devastating impact on the quality of life of 30 million Americans. Further, the current treatment (e.g., glucose monitoring and insulin) and associated costs are a major contributor to the country's health care spending (\$245 billion annually). Type 2 diabetes is the most common form of diabetes and primarily is caused by lifestyle behaviors, including unhealthy diet and inactivity.

Lifestyle Medicine is an evidence-based practice proven to reverse a multitude of chronic diseases and conditions, including Type 2 diabetes. Specifically, Lifestyle Medicine's long-term patient-oriented focus reduces total health costs and provides a higher quality of life for diabetic patients. Studies have shown that plant-based diet interventions demonstrate greater improvements in quality of life and glycated hemoglobin (HbA1c) control in diabetes populations than traditional diet and exercise programs and have also shown greater long-term adherence. Reversal rates with Lifestyle Medicine rival those produced through bariatric surgery, without the

complications of surgical intervention. The Lifestyle Medicine approach therefore not only improves patient outcomes compared to other treatment regimens, but also reverses Type 2 diabetes, and ultimately reduces or even eliminates the need for prescription drugs. In addition, Lifestyle Medicine also addresses, in a dramatic fashion, the number one cause of death for diabetics, which is heart disease.

While there clearly are factors outside of the health care system that have helped drive these population health issues, we believe the solution begins with addressing the root causes of disease through a Lifestyle Medicine approach.

2. *What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?*

Lifestyle Medicine relies on the holistic treatment of patients that can be delivered through a variety of physicians and other types of clinicians in a team-based approach, all with the primary goal of empowering patients, treating the underlying causes of disease, and addressing social determinants of health. There are two critical components of this team-based approach as shown in the Medicare Diabetes Prevention Program (MDPP): dietitian services and nutrition counseling. MDPP participation is low, in large part due to operational and reimbursement barriers, but patient outcomes have been encouraging. ACLM has extensive data showing that similar approaches are effective not just for treating and reversing diabetes, but for many other chronic conditions.

Further, based on the MDPP results and the experience of our members, we believe the most efficient and effective way to deliver Lifestyle Medicine is through group sessions, or Shared Medical Appointments (SMAs). This model provides patients a supportive environment with others working toward similar goals over the course of multiple appointments. We have found this to be the most effective way to deliver Lifestyle Medicine in a sustainable manner. ACLM's members are successfully deploying the SMA model in a variety of settings, including in many underserved areas.

Unfortunately, the health care system often fails to account for the practice of Lifestyle Medicine or even punishes its success by enacting barriers such as quality measures that focus on rewarding activities like drug adherence, rather than outcomes such as reversal of a chronic disease. These challenges are especially prevalent among the community-based clinicians who primarily treat the underserved populations.

We would be happy to provide Members of the Committee additional details on Lifestyle Medicine, including the data highlighting its success in reversing chronic diseases. We also would welcome the opportunity to further discuss the SMA model and the potential for addressing health inequities through elevating Lifestyle Medicine and scaling the SMA model. Please do not hesitate to contact us should you have any questions or if there is any information that would be helpful.

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