

LIFESTYLE MEDICINE: WHAT EMPLOYERS NEED TO KNOW



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The latest numbers from the Centers for Disease Control (CDC) are staggering: nearly half of all adults in the U.S. have at least one chronic disease such as diabetes, heart disease or obesity and 25 percent have two or more. And while most employers are aware of the prevalence of chronic health conditions among employee populations and the high cost of treating them, what may not be clear is a way to move forward towards a healthier future.

The problem is not that we don't have medical interventions for chronic conditions—dozens of treatment guidelines for medical professionals have been well researched and are available to help patients make healthier lifestyle choices. But the alarming statistics from the CDC reveal that the current system is not solving the problem. Nothing short of a paradigm shift is needed to turn the tide in what some are calling a chronic disease “epidemic.”

Fortunately, there is momentum to engage patients in their own health without the use of medications or surgery, using an approach called Lifestyle Medicine (LM). It's a model of care that every employer, insurer, and health system should be interested in—one that is both evidenced-based and proven to prevent, delay and even reverse many chronic diseases.

WHAT IS LIFESTYLE MEDICINE?

As defined by the American College of Lifestyle Medicine, LM is the “evidence-based practice of helping individuals and families adopt and sustain healthy behaviors that affect health and quality of life.” This practice includes not only getting people to understand the importance of their lifestyle choices but also supporting them in making behavior changes.

LM addresses such key issues as getting enough exercise, following healthy eating principles, practicing stress reduction, not smoking, and limiting alcohol use. Programs are implemented with the care and support of an integrated team of health care professionals.

While this may sound simple enough, health care delivery is still very much tied to treating illness with medications and surgery over making healthy lifestyle choices or changes. In addition, there are a number of system-wide obstacles to overcome. In fact, our current health care system could be defined more accurately as a “sick-care” system. Given the situation, a major shift is needed not only in personal behavior but also in medical practice and reimbursement models that support a more holistic approach.

IS LIFESTYLE MEDICINE EFFECTIVE?

The short answer is yes. As early as the 1970s the medical community identified a strong correlation between heart disease and the effects of poor diet, lack of exercise and overall stress levels. The well-known Lyon Diet Heart Study (or Mediterranean diet)¹, served as additional confirmation that diet alone was a tremendous factor in reducing heart disease.

In response to a growing body of evidence, doctors began to develop lifestyle programs specifically designed to reverse heart disease such as the Pritikin Program. Nathan Pritikin's program, along with two other similar programs, are now covered by the Centers for Medicare and Medicaid Services (CMS) in what's now known as Intensive Cardiac Rehabilitation (ICR).



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Amazingly, these successful programs are based only on lifestyle changes, without medications. Medical research continues to expand dramatically in the area of lifestyle choices, confirming the critical impact of personal behavior on a wide variety of medical conditions.

An important milestone was achieved recently when the CMS and a number of regional and large health insurance companies (including Aenta, United, Anthem Blue Cross/Blue Shield) agreed to reimburse for programs that fall under the category of LM. Both ICR and the national Diabetes Prevention Program (DPP) are included.

Importantly, both of these programs provide not only education but also skill building around key lifestyle changes such as nutrition, exercise, relaxation, and social support. Programs are delivered in group settings, several hours per week for a period of months.

Participant outcomes have been impressive with both programs. For the DPP, participants were 34 percent less likely to progress from prediabetes to diabetes over a 10-year period. For ICR, outcomes included significant improvements in key metrics such as body mass index, cholesterol levels, blood pressure and most importantly, a decreased risk of a recurrent cardiac event. Interestingly, participants in ICR also experienced less depression.

Further success can be found in yet another evidenced-based program focused on lifestyle change, called the

Complete Health Improvement Program (CHIP). As with the ICR and DPP, CHIP participants make changes in key lifestyle areas: eating a predominantly plant-based whole-foods diet, participating in daily exercise, learning stress reduction techniques, and engaging in social support systems.

When offered in the workplace, CHIP was found to lower health care costs due to participants' decreased need for medications². There also was an 11 to 25 percent reduction in outpatient medical visits over the course of a year.

The outcomes from such programs continue to confirm that lifestyle changes can be implemented successfully and can positively impact participant health as well as lower health care costs. And the good news is that self-insured employers are among those organizations most likely to benefit from using a LM approach to health care—because costs go down when a defined population stays healthy.

WORKING TOGETHER, CREATING A BETTER MODEL FOR HEALTH

While LM offers the opportunity to turn the tide of the huge burden of chronic conditions, it's important to note that a number of key changes across the spectrum of care are needed to make this happen. System-wide issues that need to be addressed include³:

- Practitioners need to align themselves in teams—similar to optimizing delivery of other health care services such as surgery—to provide a variety of lifestyle services (e.g., mindfulness training, nutrition counseling) for enhancing health;
- Systems will have to be built to ensure that best practices in lifestyle medicine are being followed and not delivered haphazardly or by unqualified practitioners;
- Providers will need to bundle lifestyle services to address different disease states, such as diabetes and heart disease, and payers will need to reimburse for these programs. That being said, some programs, such as CHIP, are applicable to many diagnoses, making it difficult to categorize for reimbursement purposes;
- Providers must consider delivering lifestyle services as part of the treatment plan for many conditions, as well as the pre-operative and discharge plans instead of isolating lifestyle medicine as a separate unit.
- Health care teams will have to take some financial risk. It's likely to be an easier match within an integrated delivery network where the payer has a large influence on the health care services delivered to the member;

- Facilities need to be convenient for patients (e.g., support group locations and exercise facilities) and related programs need to be local to keep people coming back.

WHAT CAN EMPLOYERS DO?

System-wide changes may take years to implement, but there's a lot that employers can do in the meantime to make a shift toward lifestyle-change improvements for their workforce.

At Johns Hopkins Medicine, for example, we've launched a number of initiatives for our own employees to help positively impact their health. Some examples include:

- Building employee health into the business plan and holding our executives accountable for meaningful improvements;
- Lowering health insurance premiums for employees who don't smoke;
- Offering onsite employee health clinics that serve as a resource to address individual health and wellness needs;
- Offering comprehensive programs such as DPP and CHIP;
- Making healthy foods and beverages more readily accessible;
- Sponsoring walking events during work hours;
- Making lactation rooms more readily available for new mothers.

Self-insured employers are in a unique position to support the health of their employees and their dependents. Primarily, employers are at liberty to design their workplaces, policies, benefits and programs so that their employees find it easy to access and make healthy—and affordable—choices throughout the workday.

Once this support is in place, employers who offer onsite LM programs are bound to be impressed with the health improvements those participants gain and as well as the resulting decreased utilization of drugs, surgeries and other health care resources.

Offering these programs in the workplace also has the added advantage of creating a supportive social environment that will continue long after the program is over. And if the self-insured employer is a large enough factor in the community in which it resides, it can influence the delivery system by insisting that providers be compensated for these services (if the employer decides not to offer the program within its own confines).

And in another milestone for LM, in 2018 Blue Shield of California announced a unique collaboration with the American College of Lifestyle Medicine (ACLM). ACLM will provide LM continuing medical education and other training tools to the nonprofit health plan's in-network providers, recognizing that LM can treat and reverse chronic disease at its root cause. ■





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