



Integrating Lifestyle and Performance Medicine in Team-Based Care

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Air Force Capt. Matthew B. Diotte, P.A.-C., Dip A.C.L.M.



Air Force Captain Matthew Diotte graduated with his Bachelor of Science from the University of Denver in 2006 and his Bachelor of Science from the University of Nebraska Medical Center (UNMC) in 2017. He later earned his Master of Science in Physician Assistant Studies from UNMC in 2019 and became Certified by the American College of Lifestyle Medicine in 2021.

Captain Diotte is currently providing care to retirees, veterans, and dependents in the Primary Care setting at the 10th Medical Group in the United States Air Force Academy.

Captain Diotte is a Physician Assistant Champion of the Air Force Lifestyle and Performance Medicine Working Group which strives to transform healthcare delivery in the Air Force and Military Health System, focuses on behaviors as the root causes of disease and partners with patients to guide them in health.



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Dr. Regan A. Stiegmann earned her Bachelor of Science from the University of California in Santa Barbara in 2008 and her Doctor of Osteopathic Medicine from the Rocky Vista University College of Osteopathic Medicine in 2014. She also holds a Master of Public Health from the Uniform Services University of Health Sciences (USUHS) that she earned in 2017.

Dr. Stiegmann is Board Certified from the American College of Lifestyle Medicine since 2018, Board Certified from the American College of Preventive Medicine since 2019 and a Fellow of the American College of Lifestyle Medicine since 2020.

Dr. Stiegmann is currently providing Lifestyle Medicine and human performance optimization consultation services to the Department of Defense (DOD), Department of Veterans Affairs (VA), and civilian entities. She is a Veteran Champion member of the Air Force Lifestyle and Performance Medicine Working Group which strives to transform healthcare delivery in the Air Force and Military Health System, focuses on behaviors as the root causes of disease, and partners with patients to guide them in health.



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Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Describe and define Lifestyle Medicine (LM) and Lifestyle and Performance Medicine (L&PM).
2. Identify the impact of suboptimal lifestyle on death, disease, and readiness.
3. Summarize the six pillars of LM, and efforts done thus far to integrate L&PM within the Military Health System.
4. Explain how L&PM incorporates a team-based approach and how it aligns with Defense Health Agency's (DHA) Quadruple Aim.
5. Examine each clinical team within primary and specialty care for both patients and health care professionals to foster mental health, resiliency, chronic disease mitigation and enhanced quality of life and longevity.



Setting the Stage

WHY ARE WE HERE TODAY?



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Current State of Health – A Chronic Disease Epidemic

- Healthcare in US costs \$3.8 trillion annually
- 90% of these costs are attributed to treating patients with chronic conditions

Six in ten adults in the US have a chronic disease and **four in ten adults** have two or more.



HEART
DISEASE



CANCER



CHRONIC LUNG
DISEASE



STROKE



ALZHEIMER'S
DISEASE



DIABETES



CHRONIC
KIDNEY DISEASE

(Martin, 2021)
(Buttorff, 2017)

[cdc.gov/chronicdisease](https://www.cdc.gov/chronicdisease)



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Department of Defense (DoD) Lifestyle Expenditures



(pixabay.com)

Annually, US DOD spends:

\$ on OBESITY → \$1.5B

\$ on TOBACCO → \$1.8B

\$ on Musculoskeletal (MSK)-INJURY → \$3.7B

\$ on ALCOHOL MISUSE → \$1.1B

\$8.1 BILLION ANNUALLY

(\$8,100,000,000.00)

(National Center for Chronic Disease Prevention and Health Promotion [NCCDPHP], 2022)

(Harwood, 2009)

(Grimm, 2019)



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Unsustainable Health Trends in the DoD

Overweight and Obesity Rates in the Military:

1995 → 51%

2008 → 61%

2017 → 69%

2022 → ?%

(Post Pandemic)



dvidshub.net

(Meadows, 2018)



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Musculoskeletal Injury



cdc.gov/physicalactivity

Obesity Impairs Military Readiness

- 19% of active-duty service members had obesity in 2020, up from 16% in 2015.
- Between 2008 and 2017, active-duty soldiers had more than 3.6 million musculoskeletal injuries.
- One study found that active-duty soldiers with obesity were 33% more likely to get this type of injury.

One of the leading causes of medical evacuation from war zones is musculoskeletal injury

(Division of Nutrition, Physical Activity, and Obesity [DNPAO], NCCDPHP, 2022)



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Type 2 Diabetes in U.S. Active Duty (2003-2016)

- 5,800+ cases of Type 2 Diabetes Mellitus
- ~411 new Type 2 Diabetes Mellitus cases annually
- \$9,600+ additional cost in care per person per year



(pixabay.com)

(United States Air Force [USAF] Diabetes Center of Excellence [DCoE], 2017)



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Diabetes within the Veteran Population

- Type 2 Diabetes Mellitus prevalence is nearly X2 that of general population
- In a population study of over 12,500 Veterans, less than 33% had a HbA1C < 5.7
- According to this study, Veterans with HbA1C > 5.7, Total Cholesterol > 200, Triglycerides > 150 had a 5-fold risk of developing diabetes

(Davis, 2018)



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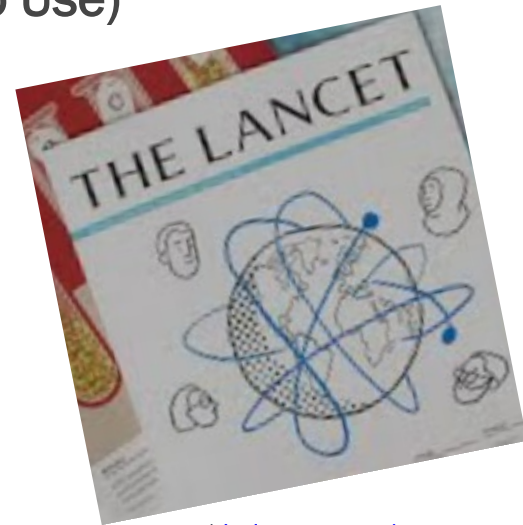


Poor Diet is the Leading Cause of Death & Disability

POOR DIET IS THE #1 LEADING CAUSE OF DEATH AND DISABILITY IN THE US
(Surpassing Tobacco Use)

Top killers related to LIFESTYLE:

- Heart Disease
- High Blood Pressure
- High Cholesterol
- Diabetes
- Cancers
- Stroke



thelancet.com/open-access

(Global Burden of Disease Study [GBD] 2017, Diet Collaborators, 2019)



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A Threat to National Security

CDC Centers for Disease Control and Prevention
CDC 24/7. Saving Lives. Protecting People™

[A-Z index](#)



[Advanced Search](#)

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

CDC > National Center for Chronic Disease Prevention and Health Promotion > Publications, Graphics, and Media
> Chronic Disease Fact Sheets



Home National Center for
Chronic Disease
Prevention and Health
Promotion

- About Chronic Diseases +
- About the Center +
- Budget and Funding +
- Our Impact +
- Chronic Disease Data +

Chronic Diseases and Military Readiness

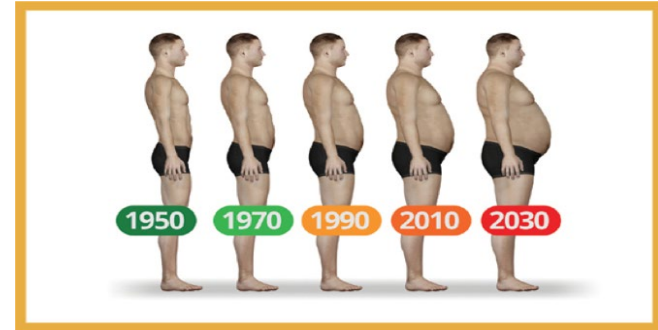
Preventing and controlling chronic diseases is a matter of national security.



CDC's Approach

- Promoting Better Nutrition and More Physical Activity
- Reducing Tobacco Use
- Preventing Binge Drinking

(NCCDPHP, 2022)



cdc.gov/chronicdisease



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What can be done?



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What is Lifestyle & Performance Medicine (L&PM)?

- LM \approx L&PM
 - LM is the medical sub-specialty
 - ✓ Civilian medicine uses term Lifestyle Medicine
- L&PM = LM in the military
 - A tactical military medical modality targeting prevention, treatment, and reversal of chronic disease as well as achieving sustainable human performance optimization
 - ✓ Applicable through the lens of readiness and deployability



(USAF L&PM WG)

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Simple (yet) Powerful Therapy



NUTRITION

Choose predominantly whole, plant-based foods that are fiber-filled, nutrient dense, health-promoting and disease-fighting



SLEEP

Lack of, or poor-quality sleep can lead to a strained immune system. Identify and alter dietary or environmental habits that may hinder healthy sleep



EXERCISE

Regular and consistent physical activity is an essential piece of an optimal health equation



SUBSTANCE
ABUSE

The well-documented dangers of any addictive substance use can increase risk for many cancers and heart disease



STRESS
MANAGEMENT

Identify both positive and negative stress responses with coping mechanisms and reduction techniques for improved wellbeing



HEALTHY
RELATIONSHIPS

Social connectedness is essential to emotional resiliency and overall health

(ACLM, LM Toolkit, 2020)



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CDC & WHO



World Health
Organization



Centers for Diseases Control and Prevention (CDC) and the World Health Organization (WHO) state that aging-related diseases, such as cancer, type 2-diabetes, and coronary heart disease, could be reduced between 40% and 80% just by **changing one's lifestyle.**

(World Health Organization [WHO], 2022)

(Centers for Disease Control and Prevention [CDC], 2022)

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6 LM pillars that prevent, treat, and reverse major chronic diseases

- 1  Whole-food, plant predominant diet
- 2  150 mins/wk of moderate exercise
- 3  8 hours of restful sleep
- 4  Daily relaxation time to lower stress
- 5  No Smoking
- 6  Regular connection to positive people



(ACLM, LM Toolkit, 2020)



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Traditional vs Lifestyle Medicine

Traditional/Conventional medicine	Lifestyle medicine
Treats individual risk factors	Treats lifestyle causes
Patient is a passive recipient of care	Patient is an active partner in care
Patient is not required to make major changes	Patient is required to make major changes
Treatment is often short term	Treatment is always long term
Responsibility is on the clinician	Responsibility is also on the patient
Medication is often the 'end' treatment	Medication may be needed, but the emphasis is on lifestyle change
Emphasizes diagnosis and prescription	Emphasizes motivation and compliance
Goal is disease management	Goal is primary/secondary/tertiary prevention
Less consideration of environment	More consideration of environment
Side effects are balanced by benefits	Side effects that impact lifestyle require greater attention
Involves other medical specialties	Involves allied health professionals
Doctor generally operates independently, on a one-to-one basis	Doctor is part of a team of health professionals

(Yeh et al., 2013)



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L&PM IS PREVENTION INTERVENTION

LEARN HABITS THAT WILL HELP YOU

PREVENT HEALTH ISSUES

BEFORE YOU DEVELOP HEALTH ISSUES



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Poll Instructions

Join by Web



- 1 Go to **PollEv.com**
- 2 Enter **CEPO**
- 3 Respond to activity

Join by Text



- 1 Text **CEPO** to **22333**
- 2 Text in your message



Audience Polling Question #1

What methods do you use in your practice to educate and guide your patients in achieving their health goals? Submit all that apply.

- A. Patient handouts / Models / Charts
- B. Books / Audiobooks / Cookbooks
- C. Podcasts / Mobile apps / Websites
- D. Social media / YouTube videos / Documentaries
- E. Demonstration (cooking, exercise, etc.)
- F. Other (PLEASE WRITE IN CHAT)
- G. NONE



Team-Based Care



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What is LM Team-Based Care?

- LM is a “team sport”
- Healthcare practices that systematically identify and effectively utilize local, national, or global resources for healthy lifestyle support
- Methods of connecting to resources may be modern or traditional



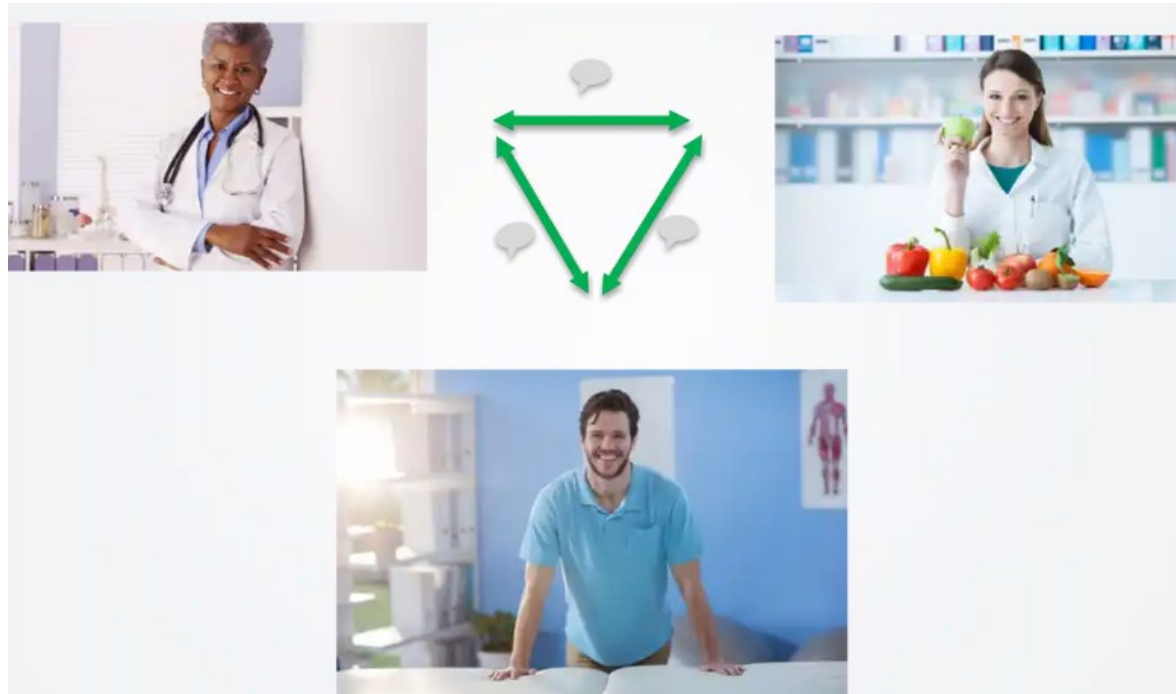
(lifestylemedicine.org)



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Improved Outcomes with Team Approach



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Who Else is Part of Your “Team”?



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Teamwork



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Health Wellness Coaching – Military OneSource

- How can a coach help me?
 - Weight management
 - Fitness
 - Nutrition
 - Health management
 - Stress management
 - Life transitions
- What does a coach do?
 - Help you create an action plan
 - Keep you on track
 - Cheer your successes



MILITARY
ONE SOURCE

Health and Wellness Coaching:
Your partner in well-being

Take command of your physical and mental fitness.
Meet your goals. Overcome stress.

The image shows a person's legs and feet wearing white sneakers, with hands tying the laces. A black water bottle is on the ground to the right. The background is a blurred outdoor setting.

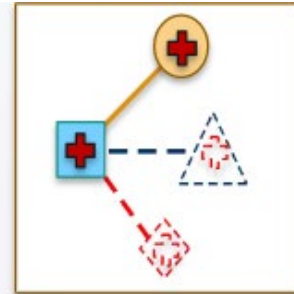
<https://www.militaryonesourceconnect.org>

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Improved Outcomes with Team Approach (cont.)

- Lay health educators (LHEs) facilitate translation of evidence-based health promotion
- Lifestyle modification in primary care:
 - Nurse involvement important to implementation
 - Lack of referral services threatens maintenance of lifestyle changes



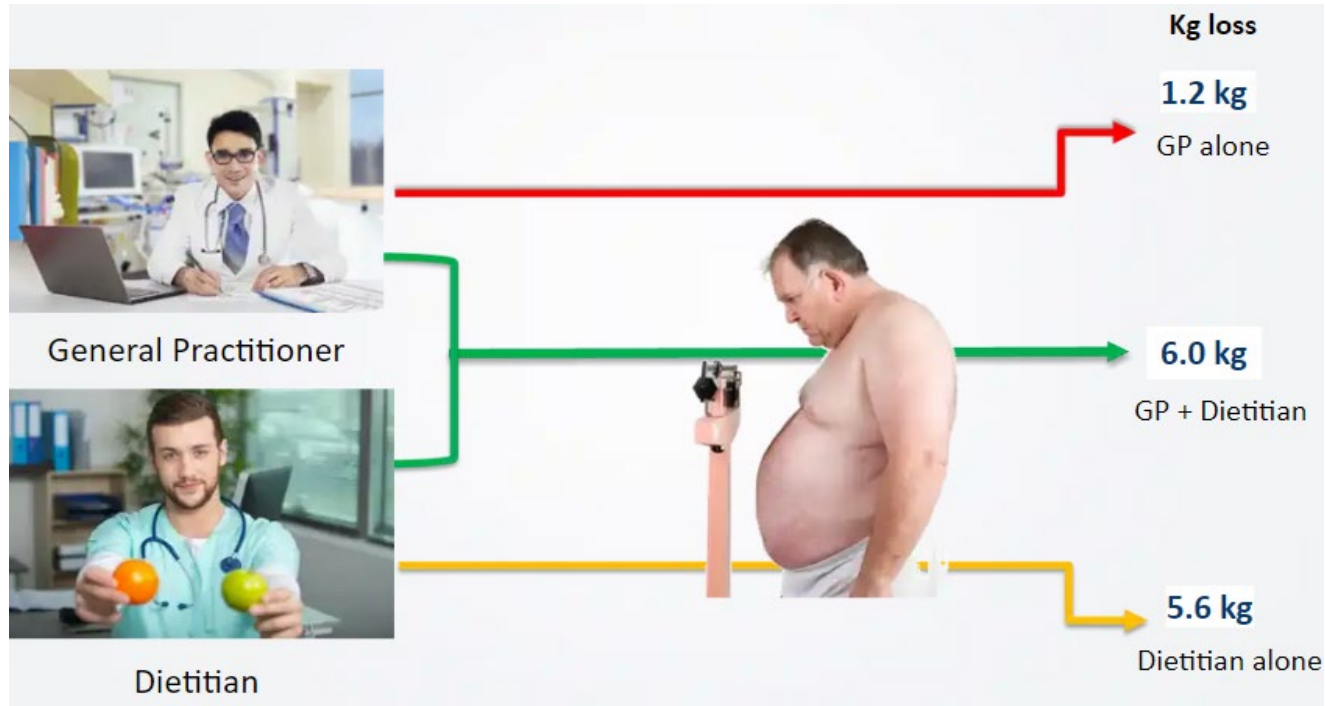
(<https://education.lifestylemedicine.org>)



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Example of Team Approach Effectiveness



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Join by Text



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Audience Polling Question #2

What other health professionals do you collaborate with or refer patients to in your practice?

- A. Health & Wellness Coach
- B. Life Coach / Executive Coach
- C. Fitness Trainer
- D. Behavioral Health Professional
- E. Registered Dietician / Nutritionist
- F. Community Health Programs (Diabetes Prevention Program, Young Men's Christian Association (YMCA), etc.)
- G. Military-Specific Prevention Programs

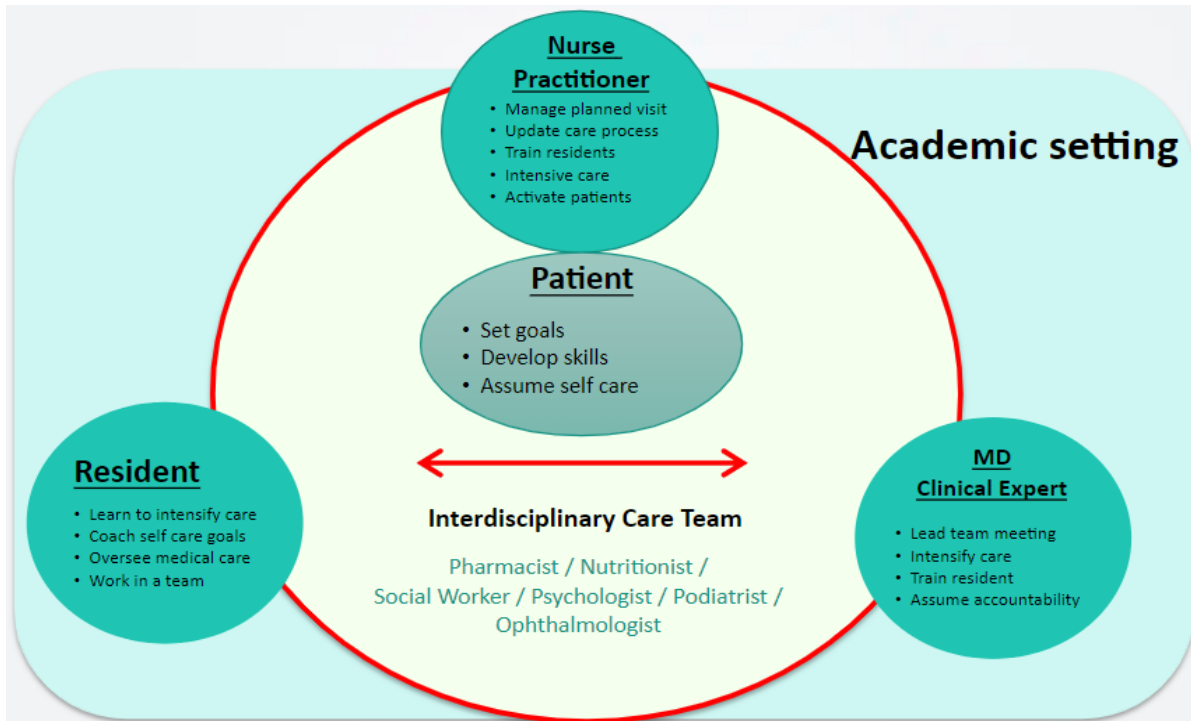


WHO: Innovative Care for Chronic Conditions

1. Support a paradigm shift
2. Manage the political environment
3. Build integrated healthcare
4. Align sectoral policies for health
5. Use healthcare personnel more effectively
6. Center care on the patient and family
7. Support patients in their communities
8. Emphasize prevention



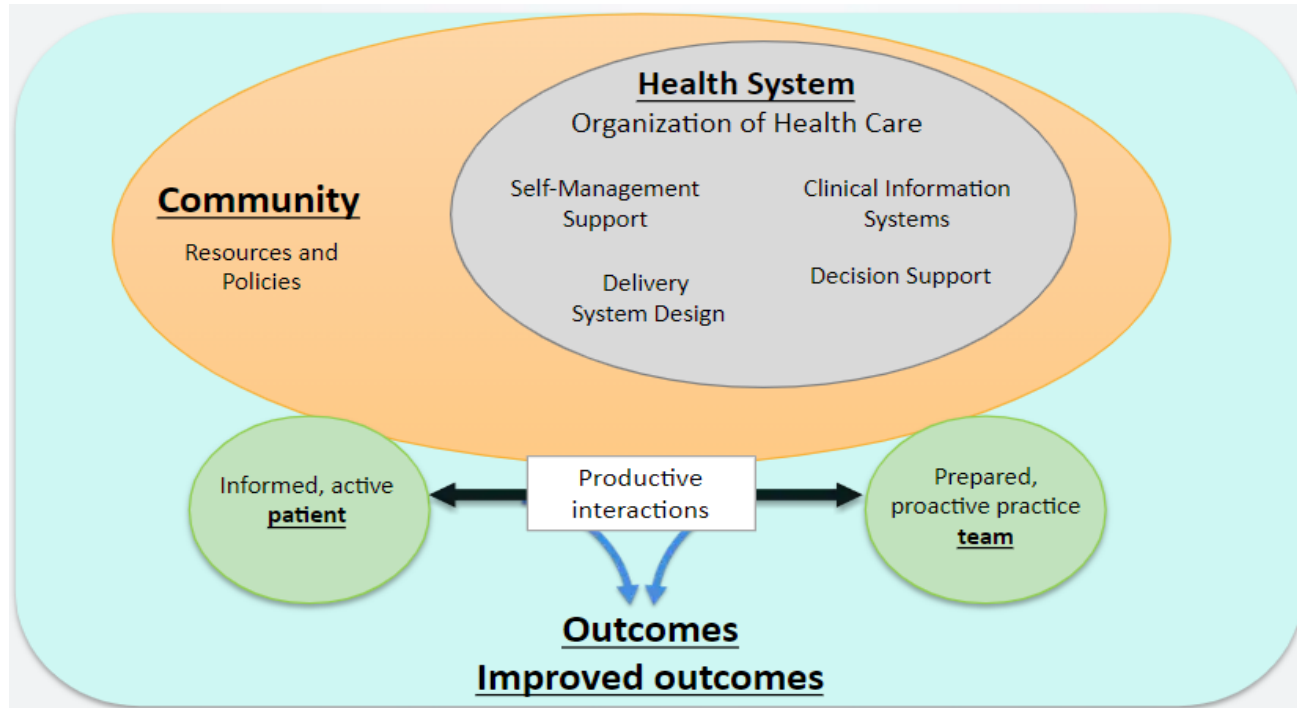
Collaborative Care Manager Model - Agency for Healthcare Research and Quality (AHRQ)



lifestylemedicine.org



Chronic Care Model (Ed Wagner) (Part 1 of 2)



(lifestylemedicine.org)

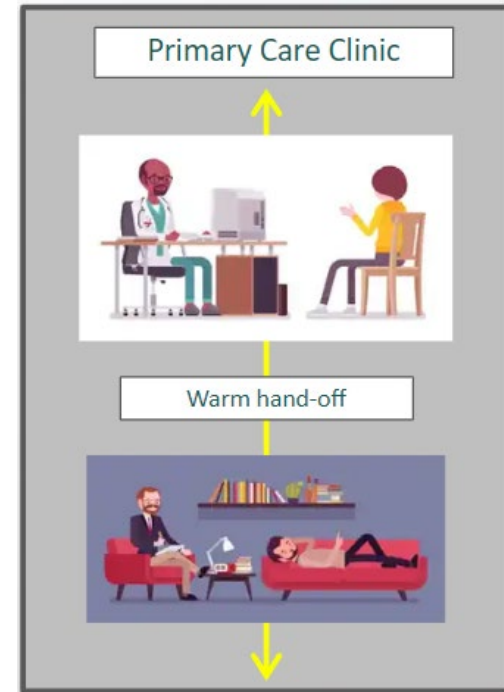


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Chronic Care Model (Ed Wagner) (Part 2 of 2)

- Value-based care in accountable care organizations, primary care medical homes and similar settings provides the opportunity for financially incentivizing such collaborative care
- Provides the support systems needed to achieve successful behavior change with lifestyle prescriptions



(lifestylemedicine.org)

Team Roles in Model Programs (Part 1 of 5)

- Ornish Program:
 - Medical Director
 - Registered Nurse
 - Exercise Physiologist
 - Stress Management Specialist
 - Registered Dietitian
 - Program Director
 - Chef/Food Services
 - Group Support Specialist
 - Administrative Assistant
 - Marketing Recruiter



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Team Roles in Model Programs (Part 2 of 5)



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- Registered Nurse:
 - Educational co-presentation
 - Biometrics Assessment
 - Continuity of care and follow-up of chronic condition
- Exercise Physiologist:
 - Physical Activity Readiness Questionnaire
 - Individual and group exercise supervision
 - Biometric Assessment
 - Fitness safety and principles presentation
- Health Coach:
 - Mechanism for implementation
 - Consistent source of social support through change
 - Built-in accountability



Team Roles in Model Programs (Part 3 of 5)



(lifestylemedicine.org)

- Stress Management Specialist:
 - Introduction to various mind-body techniques
 - Group facilitation and support
 - Participation with individual and group fitness instruction
- Registered Dietitian:
 - One-on-one nutrition counseling
 - Group presentation on nutrition guidelines
 - Recipe referral
- Chef/Food Services:
 - Experiential training in food selection and presentation



Team Roles in Model Programs (Part 4 of 5)



(lifestylemedicine.org)

- Group Support Specialist:
 - Facilitate social dynamic and group growth
 - Focus on lifestyle impact of intervention
- Administrative Assistant:
 - Scheduling, follow-ups, referrals, coordination of materials in the program
- Marketing Director:
 - Communication with providers and resources in the community



Team Roles in Model Programs (Part 5 of 5)

- Program Director
 - Master organizer responsible for making everything work
 - Manages the plan, manages the team, monitors metrics, etc.

- Divide and Conquer
 - Most will not have a full-time staff member for each of these roles
 - Divide roles/responsibilities among team members as appropriate



Team Building Checklist

- Right kinds of providers for the needs
- Passion/orientation of providers
- Health Insurance Portability
Accountability Act (HIPAA) issues
- Coverage/Affordability issues
- Sustainability issues
- Common language and systems issues



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A “Community” Resource Tool: The Internet

- Everything is “global” now
- Lean on RELIABLE and REPUTABLE national level resources
- Local – even this is increasingly connected via the web more than via traditional means



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Modern Methods of Connecting to Resources

- Digital technology/apps
- Companies offering lifestyle change support with their own systems and digital technology



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Systematically Identifying Resources

Organization Type	Condition	Modality	Examples
Government		Exercise	health.gov/paguidelines/
Professional Organizations			American College of Cardiology (ACC). American College of Sports Medicine (ACSM)
Non-profit	Insomnia		VA CBT Insomnia App https://myvaapps.com/#/cbti/
Commercial			Apps, WebMD
Consumer driven			Patient networks

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Community Resource Tools National Resources (Part 1 of 2)

American Cancer Society

<https://www.cancer.org>

(Stay Healthy tab)

CDC National Diabetes Prevention Program

<https://www.cdc.gov/diabetes/prevention/>

American Heart Association

<https://www.heart.org>

(Healthy Living tab)

CDC Physical Activity Resources

<https://www.cdc.gov/physicalactivity/index.html>

American Institute for Cancer Research

<https://www.aicr.org/>

(Prevention AND Survival tabs)

Million Hearts Initiative

<https://millionhearts.hhs.gov>



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Community Resource Tools National Resources (Part 2 of 2)

Chronic Care Management Resources

<https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/chronic-care-management.html>

CDC Resources for Diabetes

<https://www.cdc.gov/diabetes/index.html>

Sleep Resources

<https://www.sleepassociation.org>

Nutrition Resources

<https://www.nal.usda.gov>

<https://www.nutritionfacts.org>

<https://www.myplate.gov>

The Center for Mind-Body Medicine

<https://www.cmbm.org>



Stress and Emotional Health

<https://www.apa.org/helpcenter/index.aspx>

National Cancer Inst. Tobacco Control Resarch Branch

(800-QUIT-NOW – National Quitline Warehouse)

<https://www.smokefree.gov>

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Finding Local Resources for Healthy Lifestyles Support

- Patients
- People
- Networking
- Online



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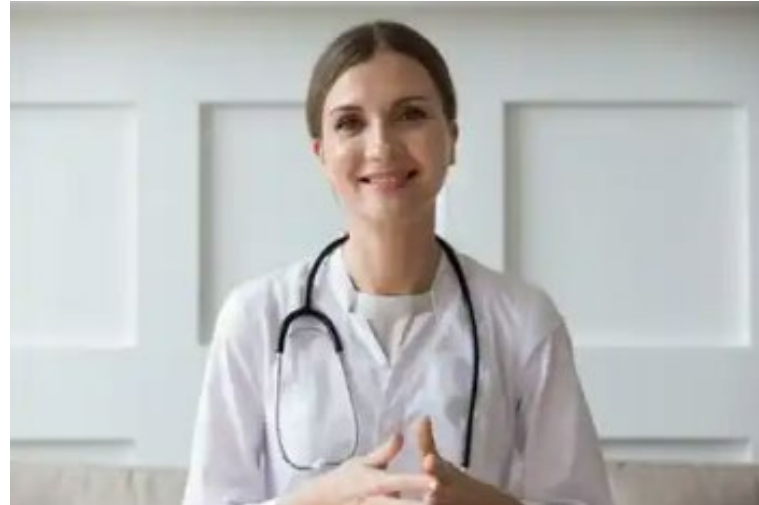


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Sources of Local Resources for Healthy Lifestyle Support

- Local healthy living programs
- Hospitals
- Natural grocers
- Public health department
- Schools
- City planners
- Accountable Care Organizations
- Employers



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DoD Specific Resources for Healthy Lifestyle Support

- Local Food Bank collaboration
 - JBSA/Fort Sam Houston partnering with the San Antonio Food Bank
- Screening campaigns for patients
 - Breast and colorectal cancer
 - Diabetes mellitus type II
- Cooking classes
 - In person or virtual
 - Wilford Hall Nutritional Medicine Department



Nutrition Kitchen Culinary Education



Airing OCONUS on American Forces Network

<https://www.airforcemedicine.af.mil/Nutrition-Kitchen/>

The infographic is divided into two main sections. The left section, titled "QUICK MEAL PREP TIMES", features two circular gauges. The top gauge is labeled "Breakfast/Lunch" and shows "15 MINUTES OR LESS (unless it's a batch cook recipe)". The bottom gauge is labeled "Dinner" and shows "45 MINUTES OR LESS". The right section, titled "RECIPES CHOSEN BASED ON CURRENT MEAL CHOICES", displays a variety of food items including a bowl of cereal, a stack of pancakes with fruit, a sandwich, a pizza, a plate of spaghetti with meatballs, and a taco.

(Air Force Medical Service, USAF L&PM WG)



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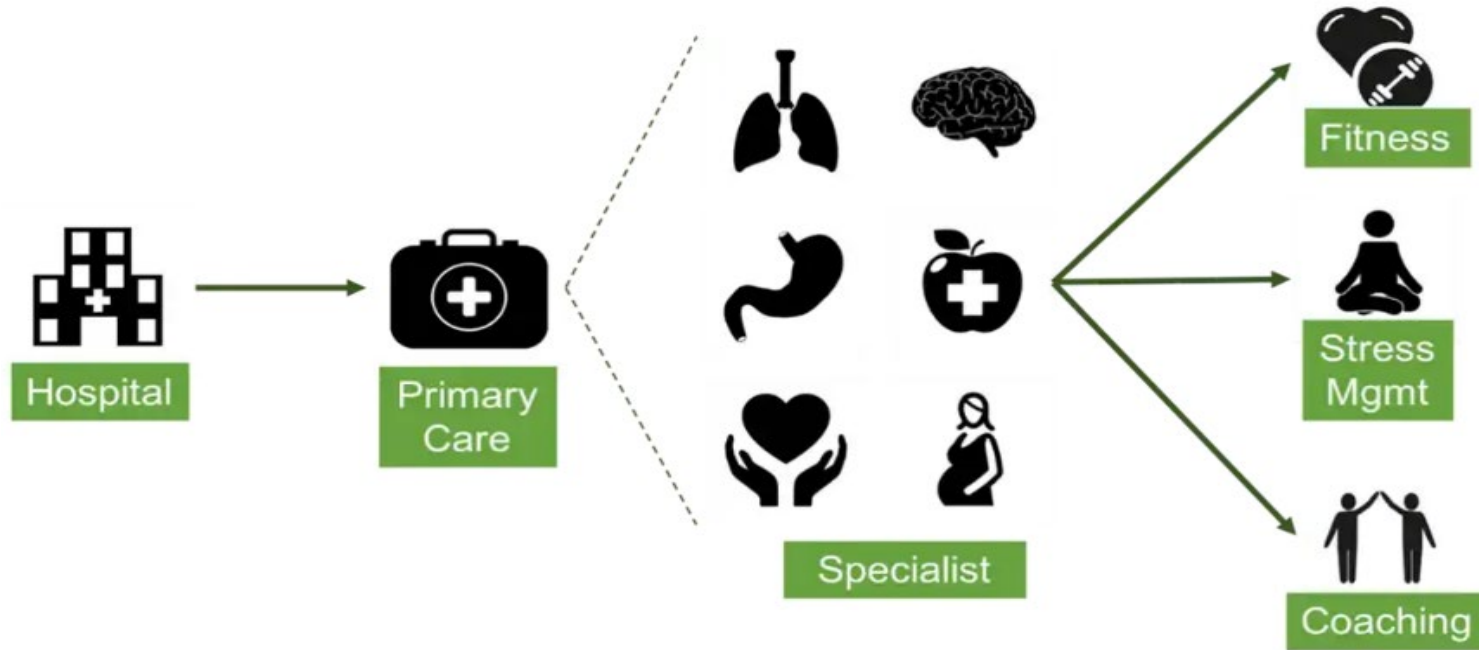


Specific Local Resources for Healthy Lifestyle Support

- Map of local healthy living resources
- Walk with a doc program
- Farmer's markets, community supported agriculture
- Community 5K runs
- Condition specific events (breast cancer)
- Cooking classes
- Stress management or mindfulness programs
- Fitness centers, YMCAs, community centers



Lifestyle Medicine Professionals as Community Resources



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Lifestyle Medicine Community Resource Connectors



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Group Visits (Part 1 of 2)



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Group Visits (Part 2 of 2)

- “Proven, effective method for enhancing a patient’s self-care of chronic conditions, increasing patient satisfaction and access to care, and improving outcomes”



([freepik.com](https://www.freepik.com))



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Group Visits: Benefits to Patients

- More time available for patients with provider
- Patient shares self-management tips
- Non-pharmacologic treatment
- Improved quality of care
- Decreased emergency room visits
- Improved self-management of chronic disease



Group Visits: Benefits to Clinicians

- More time spent with patient
- Resource efficiency
- Decreased risk of physician burnout
- Increased revenue

(Ostbye, 2005)

(Elflein, 2018)

(American Academy of Family Physicians [AAFP], 2020)



(pixabay.com)



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Structure of Group Visits

- Led by physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP)
- 2nd facilitator needed when provider is with patients
- Nurse gathers biometric data and draws labs
- Administrator helps arrange session, take notes, check patients in, schedule future visits
- Usually 2 hours
- At least 10-12 participants

(Lacagnina et al., 2021)

(Wadsworth et al., 2019)

(Meehan et al., 2006)



Group Visits: Diagnosis and Coding

- Only code for diagnoses addressed during group visit
- Use standard Evaluation & Management (E&M) codes
 - e.g., 99212 to 99214
- Codes based on *complexity* level of the individual visit, not on length of time spent with patient in group session time

(AAFP, 2020)



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Group Visits: Non-primary Providers

- Dieticians (RDs)/registered dietitian nutritionists (RDNs), psychologists, psychiatrists, nurses, social workers
 - CPT code 97804 for group dietitian visits for 2 or more patients for each 30 min of time
 - CPT code 90853 for group psychotherapy
 - CPT code 96153 for Health and Behavior (H&B) group intervention

(Gobble et al., 2019)

(Lacagnina et al., 2021)



Group Visits: Practice Pearls

- Complete forms and review charts before group visits
- Smart phrases/dot phrases/auto texts/copy & paste to minimize time spent charting
- Detailed documentation of private visit
- Provider delivers themed talk/lecture then spends time with each patient

(Lacagnina et al., 2021)



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What is the central goal of an effective health care team?



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L&PM in DHA Primary Care

- July 2022: Primary Care Clinical Community L&PM Working Group
- Primary Prevention Project in DHA FY24 Campaign Plan
- L&PM Concepts Align with DHA Quadruple Aim:



(DHA Quadruple Aim Performance Process: Transforming Performance Improvement, 2019)
 (ACLM: What Is Lifestyle Medicine?)

Improving Health and Building Readiness. Anytime, Anywhere — Always



Poll Instructions

Join by Web

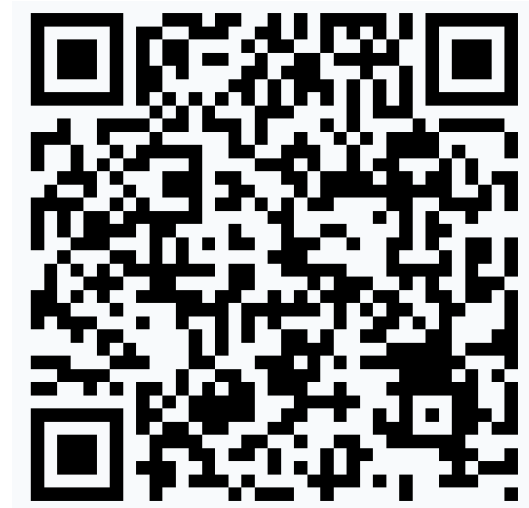


- 1 Go to **PollEv.com**
- 2 Enter **CEPO**
- 3 Respond to activity

Join by Text



- 1 Text **CEPO** to **22333**
- 2 Text in your message



Audience Polling Question #3

Which of the following lifestyle pillars do you want to improve THE MOST in your own life right now?

- A. Nutrition
- B. Physical activity
- C. Sleep
- D. Stress management and resiliency
- E. Social connections
- F. Avoiding risky substances, such as tobacco or alcohol



The American College of Lifestyle Medicine



AMERICAN COLLEGE OF
Lifestyle Medicine

www.lifestylemedicine.org

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How To Learn More



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Join the L&PM Coalition of the Interested

To join the AF L&PM WG Coalition of the Interested:

Complete this online registration survey
(you may have to use a personal device due
to DoD blockage of google forms)

<https://forms.gle/ATCPWEcobKyWJSs48>

For more information or specific
questions, contact the AF L&PM
Working Group:

LifestylePerformanceMed@gmail.com



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