AMERICAN COLLEGE OF
Lifestyle Medicine

June 28, 2023
Micky Tripathi, PhD, MPP
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor Washington, DC 20201

Dear Dr. Tripathi,

The American College of Lifestyle Medicine thanks you for the opportunity to provide feedback on draft US Core Data for Interoperability (USCDI) + Quality proposal.

Founded in 2004, the American College of Lifestyle Medicine (ACLM) is the non for profit medical professional society for physicians and other professionals dedicated to clinical and worksite practice of lifestyle medicine as the foundation of a transformed and sustainable health care system.

Lifestyle medicine is a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions including, but not limited to, cardiovascular diseases, type 2 diabetes, and obesity. Lifestyle medicine certified clinicians are trained to apply evidence-based, whole-person, prescriptive lifestyle change to treat and, when used intensively, often reverse such conditions. Applying the six pillars of lifestyle medicine—a whole-food, plant-predominant eating pattern, physical activity, restorative sleep, stress management, avoidance of risky substances and positive social connections—also provides effective prevention for these conditions.

According to the CDC, six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs. We know that most chronic diseases, an estimated 75-90%, can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking.

For this reason, the ACLM appreciates the inclusion of Physical Activity, Substance Use and Alcohol Use measures under the Health Status Assessments section of the USCDI version 4

draft. We also appreciate the previous inclusion of Stress, Nutrition Access, Social Isolation and Sleep Quality in previous versions.

We noted and appreciate the inclusion of a Nutrition and Diet section under level 2 data, which mainly covers the measurement of diet type in long term care settings, diet consistency, nutrition support, eating assistance, supplements and modifiers.

On your website for public comment you pose the question: *To what extent does the data element list contain a comprehensive list of data elements relevant to measuring quality for important health processes and outcomes? Are there additional data classes and/or elements ONC should consider for inclusion?* It is the position of the American College of Lifestyle Medicine that the assessment of overall diet quality is missing from the current proposed USCDI + quality measures, despite the strong correlation of diet to health outcomes and disease status.

Of the six pillars of lifestyle medicine, poor overall diet quality is the single leading cause of premature death in the United States today, causing an estimated 500,000 deaths each year. The massive health impacts of poor diet quality in the United States and globally and the potential for large reductions in healthcare costs and enhanced quality of life from population-wide improvements in diet quality provide a strong rationale to increase the delivery of diet assessment, education, and counseling by clinicians and other members of the healthcare team in diverse healthcare settings. Assessment of diet quality is essential to developing effective strategies and public policies to address malnutrition and achieve global nutrition safety.

Increased delivery of diet assessment and counseling by clinicians and other members of the healthcare team also aligns with the transformation of healthcare delivery in the United States to value-based accountable care and population health management. Measuring diet quality must depend on reliable dietary metrics developed to capture diet components, such as quality, adequacy, and diversity. Results of diet quality assessments must be easy to share across platforms. The process of integrating diet screener tools into healthcare is a complex but critical for improving primary and secondary prevention, as well as treatment and potential remission of existing chronic diseases.

A recent systematic review identified nineteen dietary metrics that have been validated against health outcomes and are widely used to address maternal and child health (MCH) and non-communicable diseases (NCD). Four metrics (Mediterranean Diet Score, Alternative Healthy Eating Index, Healthy Eating Index, and Dietary Approaches to Stop Hypertension) had convincing evidence of protective associations, mainly for all-cause mortality, cardiovascular diseases, type 2 diabetes, total cancer, and cancer mortality.

Three additional tools identified by the American Heart Association in a scientific statement on rapid dietary screeners used across healthcare settings include the Mediterranean Diet Adherence Screener (MEDAS) and its variations, the modified, shortened Rapid Eating Assessment for Participants (REAP), and the modified version of the previously validated Starting the Conversation tool.

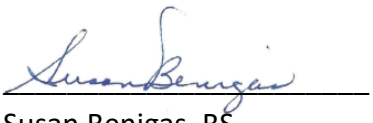
Several existing regular and rapid diet screener tools have been identified that meet theory- and practice-based validity criteria. Many of these tools have been integrated into Electronic Health Records, and provide immediate actionable dietary feedback.

The ACLM's recommendation is to incorporate a dietary screening measurement tool in order to accelerate efforts to make diet quality assessment an integral part of office-based care delivery. Regular diet assessment and recommendations based on validated clinical tools will help patients address the lifestyle changes they need for healthier lives and reduce the public health and economic burdens from a variety of chronic diseases linked to poor diet quality. The tools listed above are only mentioned as examples of the types of tools currently available to measure diet quality not as an endorsement of any commercial product, process, service, or enterprise by the ACLM.

The ACLM appreciates the opportunity to identify gaps in the current USCDI+ quality data elements list and would welcome the opportunity to collaborate with the ONC and other key stakeholders on the inclusion of dietary quality measurement tools into the USCDI+ quality measures in the future.

For questions pertaining to this feedback from the American College of Lifestyle Medicine, please contact Kaitlyn Pauly, MS, RD, DipACLM, Deputy Director of Practice Advancement and Administration, at kpauly@lifestylemedicine.org.

Sincerely,



Susan Benigas, BS
Executive Director
American College of Lifestyle Medicine

Padmaja Patel, MD, DipABLM
Chairwoman; Clinical Practice and Quality Committee
President-Elect
American College of Lifestyle Medicine

David Michael, MD
Acting Chief Medical Information Officer
Medical Director, Lifestyle Medicine Clinic
ECU Health

Kaitlyn Pauly, MS, RD, DipACLM
Deputy Director
Practice Advancement and Administration
American College of Lifestyle Medicine