Reimbursement struggles for lifestyle medicine interventions pose significant barrier for health care practitioners

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A majority of health care physicians and other clinicians report being unable to receive reimbursement for lifestyle medicine interventions, despite the majority of guidelines for treatment and management of chronic disease identifying lifestyle changes as a first-line intervention,
according to results of a study published Nov. 5 in the *International Journal of Environmental Research and Public Health*.

In a survey of 1,286 practitioners, 55 percent reported not receiving any reimbursement for lifestyle medicine practices, while 27 reported some reimbursement and only 18 percent were reimbursed for all their lifestyle medicine interventions, according to research conducted by the American College of Lifestyle Medicine.

Survey respondents included physicians, nurse practitioners, physician assistants, physical therapists, dietitians and other clinicians.

Respondents shared specific examples of both clinician and patient barriers, including a Medicare patient who was denied coverage for a nutrition-focused weight management program in favor of a costlier surgical procedure, as well as receiving warning letters from insurance companies when patients' medication prescriptions are de-escalated following lifestyle medicine treatment due to a decreased need for drugs.

"Chronic disease management guidelines clearly recommend health behavior changes but many reimbursement barriers discourage or prevent health care practitioners from helping patients achieve those lifestyle changes," said Kelly Freeman, MSN, AGPCNP-BC, DipACLM, an author of the study. "If optimal health outcomes are truly the goal, more resources are needed to best illuminate the most impactful types of lifestyle interventions and how to successfully implement them in a sustainable manner."

Survey respondents recommended several changes that would improve their ability to practice lifestyle medicine. Reimbursement for increased time spent with patients, policy changes to incentivize improved health outcomes and lifestyle medicine-specific billing codes and better
electronic medical record capabilities were among the top suggestions.

The authors concluded by proposing a number of specific policy changes—some that could be implemented locally and others that may require state or national buy-in—to address the limitations of the current payment and reimbursement models. Proposals range from developing new quality measures that emphasize clinical outcomes and patient experience to address chronic disease remission and reversal instead of just chronic disease management, and removing specific location billing requirements so lifestyle medicine programming can be offered at locations where individuals gather, such as schools, churches and community centers.

"Now is the time to acknowledge that lifestyle medicine treatment is high-value care," said ACLM Director of Research Micaela Karlsen, Ph.D., MSPH. "Practitioners who are able to achieve outcomes such as type 2 diabetes remission, true improvements in well-being, and reductions in medications should be paid for their services in a manner that is commensurate with the value they provide."

Another recent study also published by ACLM in the International Journal of Environmental Research and Public Health found that the reversal of chronic disease through intensive, therapeutic lifestyle medicine intervention changes could result in significant health care cost savings and deserves further research to determine its full potential economic benefits.


Provided by American College of Lifestyle Medicine


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