AMERICAN COLLEGE OF Lifestyle Medicine

SHARED MEDICAL APPOINTMENTS AND DIABETES SELF-MANAGEMENT EDUCATION & SUPPORT

IMPLEMENTATION MODELS

SPEAKERS

- Micaela Karlsen, PhD, MSPH (moderator) | American College of Lifestyle Medicine
- Mahima Gulati, MD | Uconn Health, Farmington CT
- David Michael, MD, DipABLM | ECU Health Lifestyle Medicine Clinic, Greenville NC
- Susie Houston, DNP, AGNP-C, CDCES, PWD, Chef | ECU Health Lifestyle Medicine Clinic, Greenville NC
- Prasanthi Tondapu, MD | Flower Mound Endocrinology Clinic

AGENDA

- Dr. Mahima Gulati – Lifestyle medicine diabetes care and recommendations
- Drs. David Michael and Susie Houston – SMAs, LEADR, and DSMES
- Dr. Prasanthi Tondapu – prerecorded video on LEADR & DSMES
- Questions

WHAT IS LIFESTYLE MEDICINE?

6 KEY DOMAINS OF HEALTH BEHAVIOR:

- Nutrition
- Physical activity
- Restorative Sleep
- Stress management
- Social connection
- Avoiding risky substances

lifestylemedicine.org

DIABETES CARE IN LIFESTYLE MEDICINE

MAHIMA GULATI

Richard M. Rosenfeld, MD, MPH, MBA, DipABLM,
Meagan L. Grega, MD, FACLM, DipABLM,
Micaela C. Karlsen, PhD, MSPH,
Abd Moain Abu Dabrh, MBBCh, MS, NBC-HWC,
R. Nisha Aurora, MD, MHS,
Jonathan P. Bonnet, MD, MPH, FAAFP, FACLM, CAQSM, DipABOM,
DipABLM, Lori Donnell, MBA, Stephanie L. Fitzpatrick, PhD,
Beth Frates, MD, FACLM, DipABLM,
Elizabeth A. Joy, MD, MPH, FACSM, FAMSSM, DipABLM,
Jane F. Kapustin, PhD, CRNP, BC-ADM, FAANP, FAAN,
Dawn R. Noe, RDN, CDCES,
Gunadhar Panigrahi, MD, FACC, DipABLM, FACLM,
Arun Ram, MD, MBA, FCP, Lianna S. Levine Reisner, MSOD,
Willy Marcos Valencia, MD, MSc, Lorraine J. Weatherspoon, PhD, RDN,
Jonathan M. Weber, MA, PA-C, Kara L. Staffier, MPH,
and Mahima Gulati, MD, FACE, FACLM, MSc

Clinical Practice Guideline

Lifestyle Interventions for Treatment and Remission of Type 2 Diabetes and Prediabetes in Adults: A Clinical Practice Guideline From the American College of Lifestyle Medicine

This guideline has been endorsed by the American Association of Clinical Endocrinology, American Academy of Physician Associates, American Association of Nurse Practitioners, American College of Clinical Pharmacology, Obesity Medicine Association, American Academy of Sleep Medicine, Association of Diabetes Care & Education Specialists, and National Board of Health and Wellness Coaches. It has been designated with an "Affirmation of Value" from the American Academy of Family Physicians and is supported by the Academy of Nutrition and Dietetics.

DOI: 10.1177/15598276251325488. Department of Otolaryngology, SUNY Downstate Health Sciences University, Brooklyn, NY, USA (RMR); Department of Community and Family Medicine, Kellyn Foundation, Tatamy, PA, USA (MLG); Department of Research, American College of Lifestyle Medicine, Chesterfield, MO, USA (MCK, KLS); Division of Nephrology and Hypertension/Division of General Internal Medicine, Mayo Clinic, Jacksonville, FL, USA (AMAD); Department of Medicine, Division of Pulmonary, Critical Care, and Sleep Medicine, NYU Grossman School of Medicine, New York, NY, USA (RNA); Department of Medicine and Division of Primary Care and Population Health, Stanford University School of Medicine/Movietime Clinic, Palo Alto Veterans Affairs, Palo Alto, CA, USA (JPB); SUNY Downstate Health Sciences University, Brooklyn, NY, USA (LD); Northwell, New Hyde Park, NY, USA (SLF); Department of Physical Medicine and Rehabilitation, Harvard Medical School/Spaulding Rehabilitation Hospital, Charlestown, MA, USA (BPF); Lore Health, San Diego, CA, USA (EAJ); Riverside Medical, Riverdale, MD, USA (JFK); Dawn Noe Nutrition and Consulting, Cleveland, OH, USA (DRN); Department of Internal Medicine, Eastern Virginia Medical School, Norfolk, VA, USA (GP); Sentara Cardiology Specialists, Virginia Beach, VA (GP); Department of Biomedical and Translational Sciences, Macon & Joan Brock Virginia Health Sciences, Eastern Virginia Medical School at Old Dominion University, Norfolk, VA, USA (AR); Plant Powered Metro New York, New York, NY, USA (LSLR); Department of Endocrinology and Metabolism, Cleveland Clinic, Cleveland, OH, USA (WMV); Department of Food Science and Human Nutrition, Michigan State University, East Lansing, MI, USA (LJW); Department of Medicine, Sections of General Internal Medicine and Endocrinology & Metabolism, Yale School of Medicine, New Haven, CT, USA (JMW); and Department of Medicine, Division of Endocrinology, Diabetes, Metabolism, UConn Health, Farmington, CT, USA (MG). Address correspondence to: Mahima Gulati, MD, FACE, FACLM, MSc, 135 Dowling Way, Suite 2, West Farmington, CT 06030 USA; e-mail: mahimagulati@gmail.com.

AMERICAN COLLEGE OF Lifestyle Medicine

LIFESTYLE INTERVENTIONS FOR TREATMENT AND REMISSION OF TYPE 2 DIABETES AND PREDIABETES IN ADULTS: A CLINICAL PRACTICE GUIDELINE FROM THE AMERICAN COLLEGE OF LIFESTYLE MEDICINE

MAHIMA GULATI, MD, FACLM, FACE, DIPABLM, MSCI, ECNU

PURPOSE AND VISION OF THIS CPG

- Provide actionable guidance to any clinician or healthcare professional in a community or outpatient healthcare setting involved in managing **non-pregnant adults** with T2D, prediabetes or a history of gestational diabetes mellitus (GDM).
- Promote **standardized, lifestyle-focused** clinical care
- Align with the **ACLM vision of root cause resolution**

AN INTERDISCIPLINARY TEAM OF AUTHORS

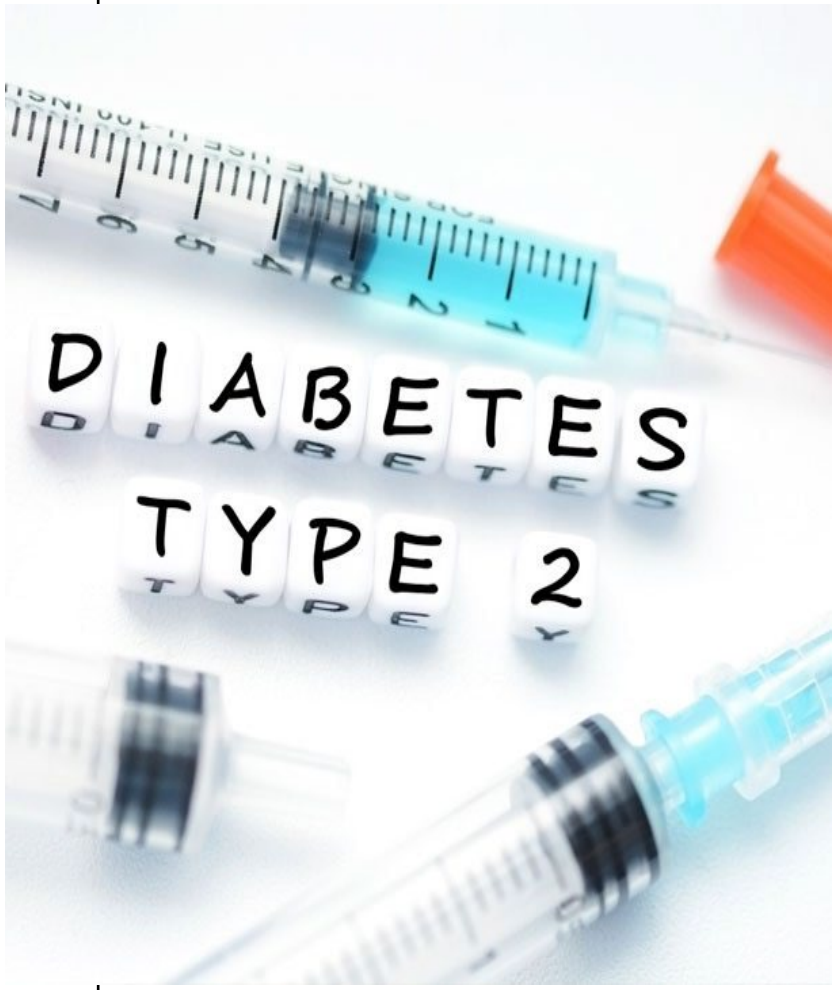
Guideline Leadership: Richard M. Rosenfeld (Methodologist & Chair), Meagan L. Grega (Family Medicine & Assistant Chair), Mahima Gulati (Endocrinology & Assistant Chair)
ACLM Staff: Micaela C. Karlsen, Kara L. Staffier

Guideline Development Group:
Abd Moain Abu Dabrh (Health & Wellness Coaching)
R. Nisha Aurora (Sleep Medicine)
Jonathan P. Bonnet (Family Medicine)
Lori Donnell (Consumer Advocate)
Stephanie L. Fitzpatrick (Psychology)
Beth Frates (Physiatry, Health & Wellness Coaching, Lifestyle Medicine)
Elizabeth A. Joy (Sports Medicine)
Jane F. Kapustin (Advanced Practice Provider)
Dawn R. Noe (Diabetes Care & Education)
Gunadhar Panigrahi (Cardiology)
Arun Ram (Clinical Pharmacology)
Lianna S. Levine Reisner (Consumer Advocate)
Willy Marcos Valencia (Endocrinology)
Lorraine J. Weatherspoon (Nutrition & Dietetics)
Jonathan M. Weber (Advanced Practice Provider)

ENDORSING/SUPPORTING ORGANIZATIONS

- This guideline has been endorsed by the American Association of Clinical Endocrinology, American Academy of Physician Associates, American Association of Nurse Practitioners, American College of Clinical Pharmacology, Obesity Medicine Association, American Academy of Sleep Medicine, Association of Diabetes Care & Education Specialists, and National Board of Health and Wellness Coaches.
- It has been designated with an “Affirmation of Value” from the American Academy of Family Physicians.
- It is supported by the Academy of Nutrition and Dietetics.

THE GLOBAL BURDEN OF TYPE 2 DIABETES



- Diabetes termed an *epidemic and defining disease of the 21st century* because of rising prevalence, and enormous depth and breadth of health impact
- Globally, about 1.3 billion people expected to have diabetes by 2050, with projected cost of type 2 diabetes over $1 trillion
- About 50% of US population has diabetes (13.2%) or **prediabetes (36.5%)**, making up 25% of total health care dollars
- 80% of all type 2 diabetes is preventable with lifestyle therapy.

Wang H et al, Partners in diabetes epidemic: a global perspective, World J Diabetes 14:1463-7. Editorial, Diabetes a defining disease of the 21st century, Lancet 2023; 401:2087. CDC, Nat'l Diabetes Prevention Coverage Toolkit, Cost & Value, 2024; https://coveragetoolkit.org/cost-value-elements/

Classifying Recommendations for CPGs: Oxford Center for Evidence-Based Medicine (OCEBM) Levels

Table 12. Aggregate Grades of Evidence by Question Type[a]

Grade	OCEBM Level	Treatment	Harm	Diagnosis	Prognosis
A	1	Systematic review[b] of randomized trials	Systematic review[b] of randomized trials, nested case-control studies, or observational studies with dramatic effect[b]	Systematic review[b] of cross-sectional studies with consistently applied reference standard and blinding	Systematic review[b] of inception cohort studies[c]
B	2	Randomized trials or observational studies with dramatic effects or highly consistent evidence	Randomized trials, or observational studies with dramatic effects or highly consistent evidence	Cross-sectional studies with consistently applied reference standard and blinding	Inception cohort studies[c]
C	3-4	Nonrandomized or historically controlled studies, including case-control and observational studies	Nonrandomized controlled cohort or follow-up study (postmarketing surveillance) with sufficient numbers to rule out a common harm; case-series, case-control, or historically controlled studies	Nonconsecutive studies, case-control studies, or studies with poor, nonindependent, or inconsistently applied reference standards	Cohort study, control arm of a randomized trial, case series, or case-control studies; poor quality prognostic cohort study
D	5	Case reports, mechanism-based reasoning, or reasoning from first principles			
X	NA	Exceptional situations where validating studies cannot be performed and there is a clear preponderance of benefit over harm			

RECOMMENDATION STRENGTH IS DETERMINED BY THE AGGREGATE LEVEL OF EVIDENCE AND THE BENEFIT-HARM BALANCE

Evidence Grade	Preponderance of Benefit or Harm	Balance of Benefit and Harm
A	Strong Recommendation	Option
B	Strong Recommendation / Recommendation	Option
C	Recommendation / Option	Option
D	Option	No Recommendation
X	Strong Recommendation / Recommendation	Not Applicable

DIABETES CPG: SUPPORTING EVIDENCE

126 Systematic Reviews, 107 Randomized Trials, 8 Guidelines, 6 Umbrella Reviews, 55 Observational Studies, 14 Review/Consensus Sources

physical activity
diet/nutrition
implementation
PA: aerobic exercise
PA: resistance training
LM General
stress/mental health
Diet: diet type/pattern
PA: HIIT
TECH CGM
PA: activity breaks, walking
Diet: food type/pattern
Diet: low carb
Diet: nutrition therapy/education

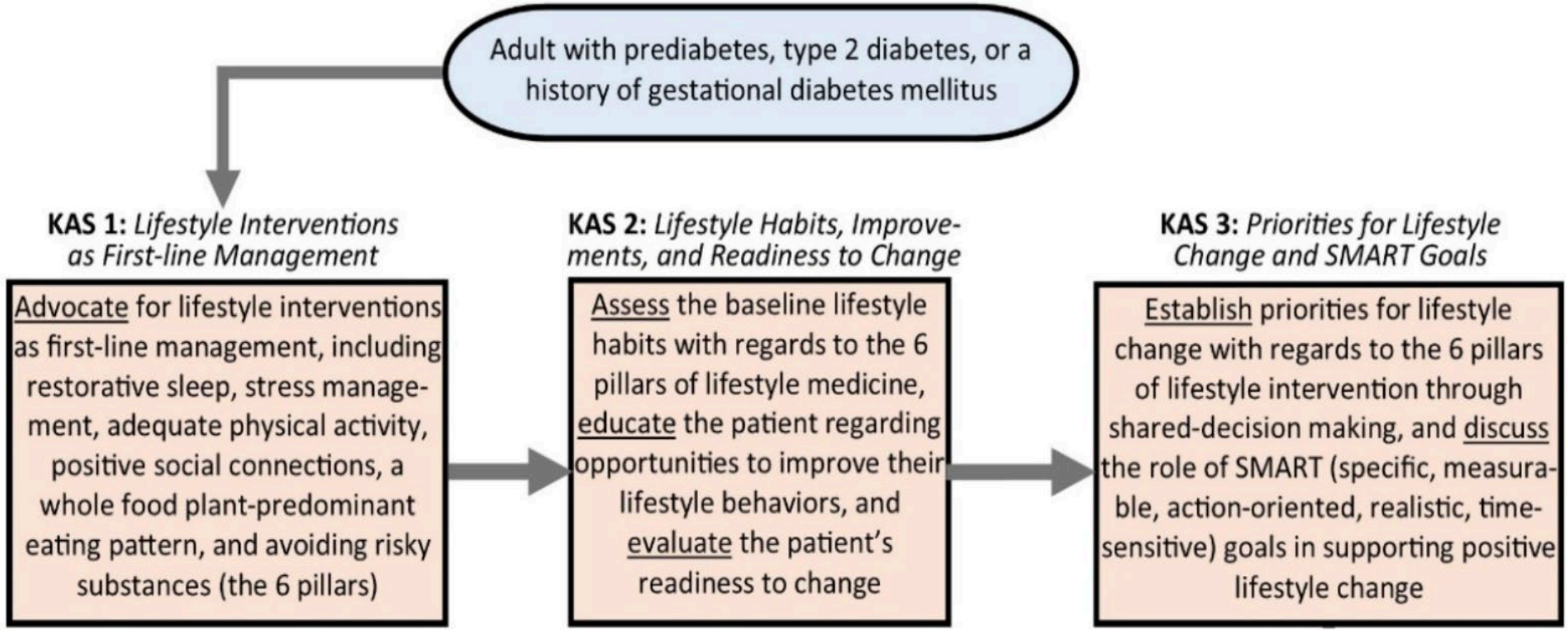
LM: DPP/ILI
SUPPORT: peer/family
IM: education
DM tech
IM: phone/texting
Diet: weight loss
Diet: energy restriction
IM: virtual/web-based
Diet: high protein
sleep
LM: diet + physical activity
TECH: Apps/digital
STRESS: anxiety/depression

STRESS: mindfulness/meditation
IM: behavior/CBT
SUPPORT: community
PA: yoga
IM: peer/social support
LM: weight reduction
SLEEP: General
substance use
IM: coaching
PA: mind/body, pilates
IM: groups/SMAs
IM: DPP/ILI
SUPPORT: group
STRESS: stress reduction

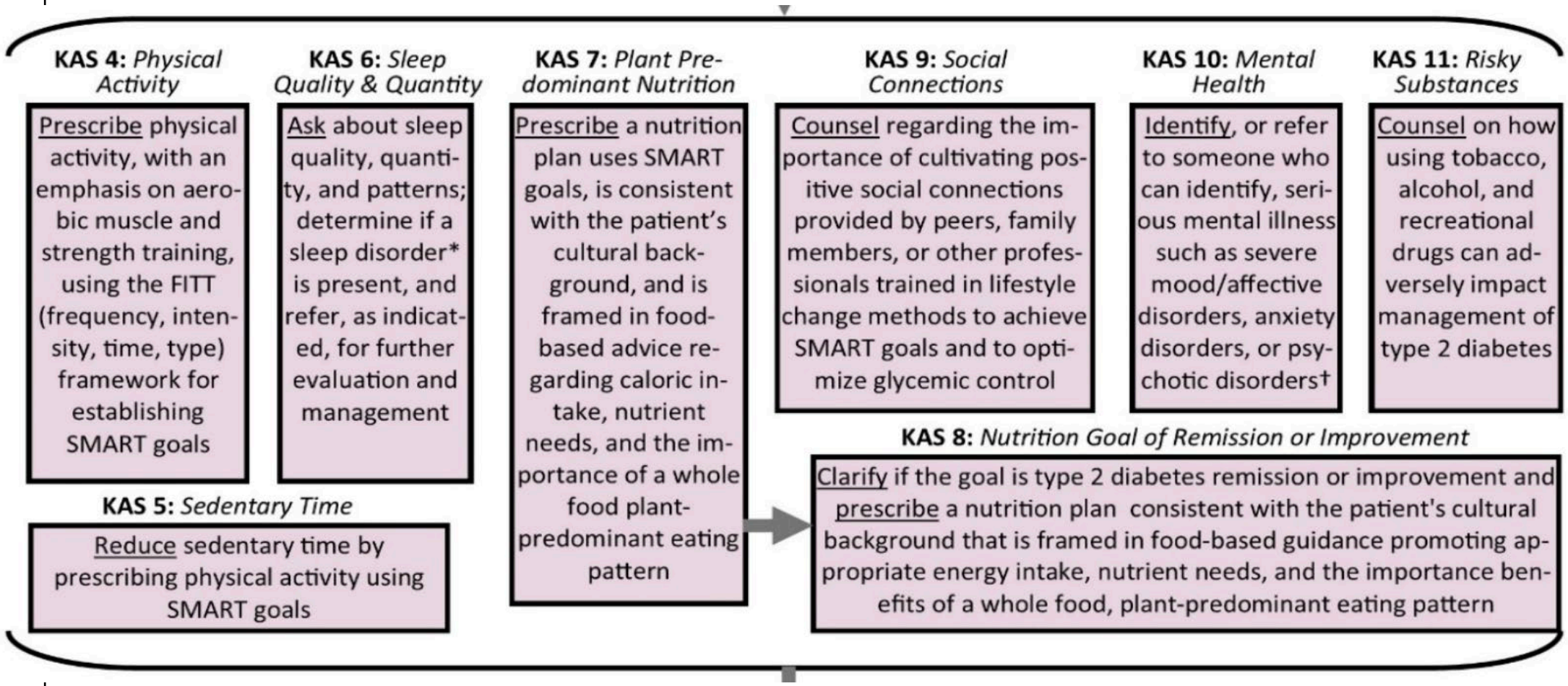
IM: cooking/culinary
TECH: physical activity
STRESS: mental health
Bariatric surgery vs LM
LM: LM gen
Diet: ketogenic
IM: miscellaneous
SUBSTANCE: alcohol
PA: Balance training
SLEEP: OSA/CPAP
STRESS: mood/coping
IM: multimodality
LM: miscellaneous
SUBSTANCE: smoking
Diet: plant-based

rayyan
INTELLIGENT SYSTEMATIC REVIEW

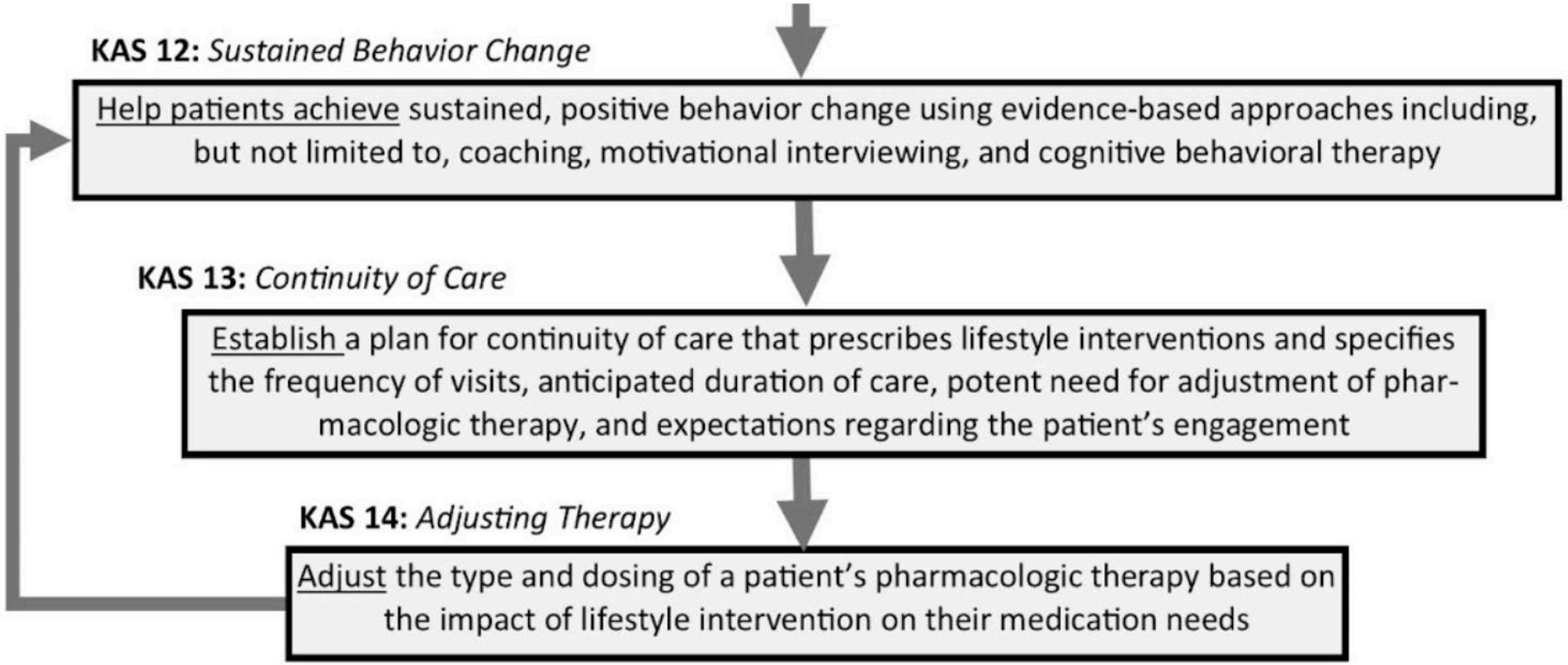
THE FIRST 3 KEY ACTION STATEMENTS IN THE GUIDELINE



Summary of Lifestyle Intervention Statements



Lifestyle Interventions for Diabetes Flowchart (3)



Rosenfeld RM, et al. Clinical Practice Guideline: Lifestyle Interventions for Diabetes in Adults (Draft)

AACE
Endocrine Practice™

ABSTRACT | VOLUME 26, SUPPLEMENT 2, 186-187, MAY 2020

Abstract #805290: Endocrinology Shared Medical Appointments: Boosting Revenue, Enhancing Patient Satisfaction: A Pilot From a Community Outpatient Practice

Mahima Gulati

DOI: https://doi.org/10.1016/S1530-891X(20)39616-6


An SMA in action

DELIVERY OF SMAs

- 90 minutes total duration, 7-8 patients each session.
- Documentation on Electronic health record afterwards (30-60 mins)
- Everybody signs consent forms for respecting everyone else’s privacy & confidentiality.

Flow of a typical SMA

- Culinary medicine/ demonstration of healthy hands-on cooking with our registered dietitian/ certified diabetes educator is an integral part of our LMSMAs: patients typically look forward to holding newer cooking tools e.g. a Y shaped peeler/ or a vegetable spiralizer/ trying interesting cooking methods or techniques e.g. massaging kale, or rolling flaxmeal with raisins and almond butter to make “balls” etc.
- Chair Exercises
- Breathing or body scan exercises/ mindfulness eating exercises
- Each SMA is dedicated to a certain pillar of the PAVING Wellness program.

HOW TO SET THIS UP?

- Identifying mentor/ sponsor
- Getting leadership support at health system
- Finding the right location (large space with some cooking capabilities/ virtual platform)
- Identifying key help (dietitian/ medical assistant/ IT support/ Behavioral health)
- Recruit patients (flyers initially, now word of mouth)
- Delivery structure
- Documentation
- Quality Improvement

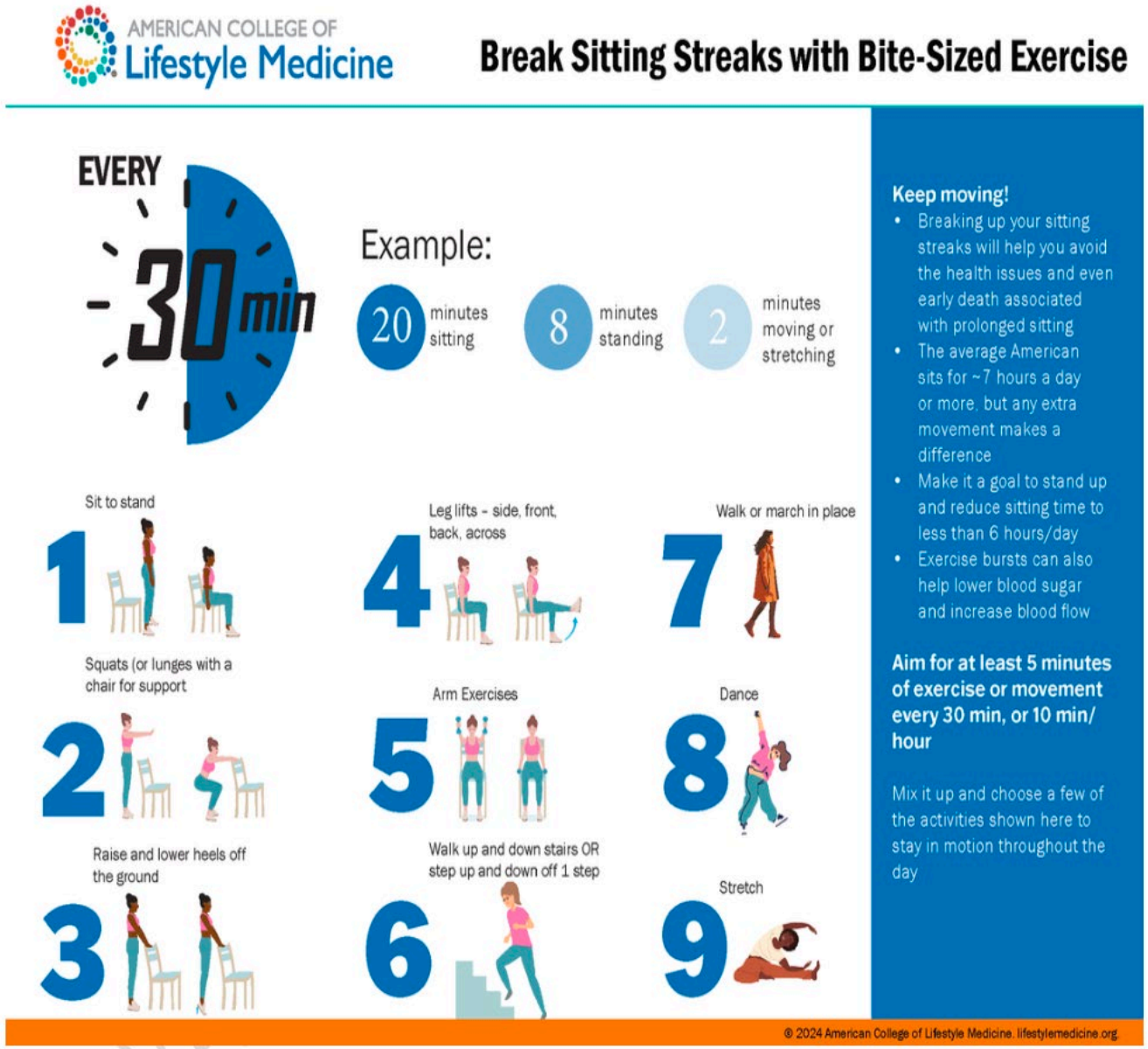


Figure 14. Breaking Sitting Streaks. Examples of how Exercise "Snacks" or "Bite-sized Exercise" regimens can be easily integrated into everyday activities by increased standing time and a few 2-to-3-minute exercise bursts throughout the day.

Easy Ways to Add Fiber

Common Ultra-Processed Foods

INSTEAD OF...

Half a bagel = 1 gram of fiber

A glass of juice = 1 gram of fiber

A handful of chips = 1 gram of fiber

A cup of white rice = 0.5 gram of fiber

A pudding cup = 1 gram of fiber

Total Fiber: 4 grams

Healthy Whole Foods

EAT...

1/2 cup of oatmeal = 4 grams of fiber

1 medium orange = 3 grams of fiber

A handful of nuts = 4 grams of fiber

1/2 cup of brown rice and 1/4 cup of beans = 6 grams of fiber

1 cup blueberries = 3 grams of fiber

Total Fiber: 25 grams

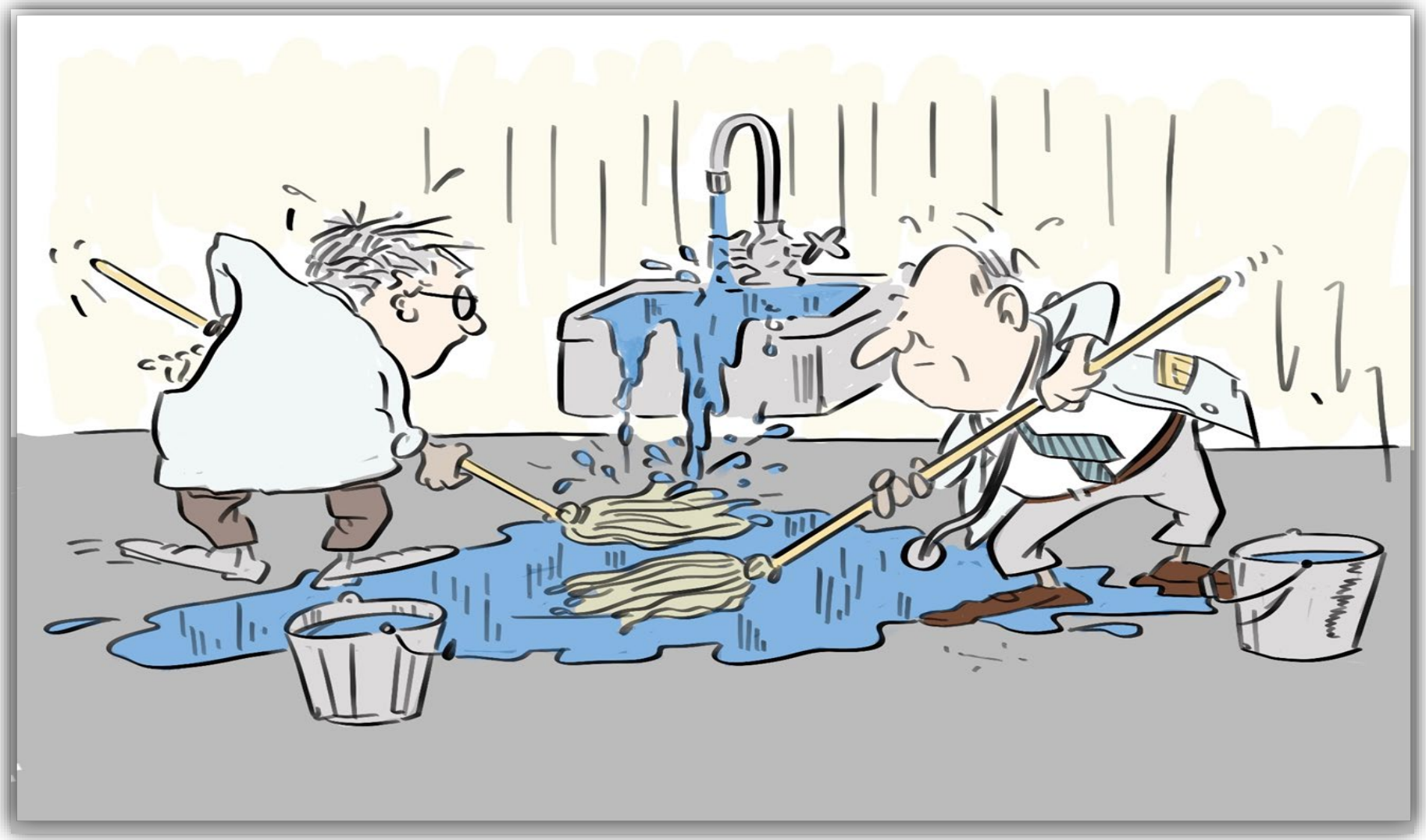
PATIENT FEEDBACK

- **I am not the same person I was prior to taking part in Lifestyle. I always had the tools but did not use them effectively. I have always been a positive person but I did not take care of myself. I felt everything and everyone came first. I always gave good advice but did not take my advice. I have changed, I now take care of myself, self care is a priority.**
- **This has been a process with encouragement from my Lifestyle family. Who would have guessed, that during Covid, a group of strangers via zoom, would be the best medicine for each other. Learning from each other, helping each other and challenging each other to be better people.**
- **I did know my life could be better, I just needed to be encouraged to be better; meal by meal, step by step, day by day and doing the self care necessary for myself. Again, thank you Lifestyle!**
- **Thank you for giving me the opportunity to become the better me. Feel free to share my words and my story with others.**

LIFESTYLE MEDICINE SHARED MEDICAL APPOINTMENTS AND DSMES

DAVE MICHAEL AND SUSIE HOUSTON

PRIMARY CARE



EASTERN NORTH CAROLINA (29-COUNTIES) VERSUS NC

In 2020, 18.95% of Eastern North Carolinians reported their health as “poor or fair” compared to 13.09% of citizens in the rest of the state.[1]
Age-related death rates are substantially greater in ENC that the rest of NC:

- Heart disease mortality is 15% greater
- Cancer (all sites) mortality is 2.9% greater
- Lung cancer mortality is 11.6% greater
- Colon cancer mortality is 14.0% greater
- **Diabetes mortality is 34.3% greater**
- Stroke mortality is 20.2% greater

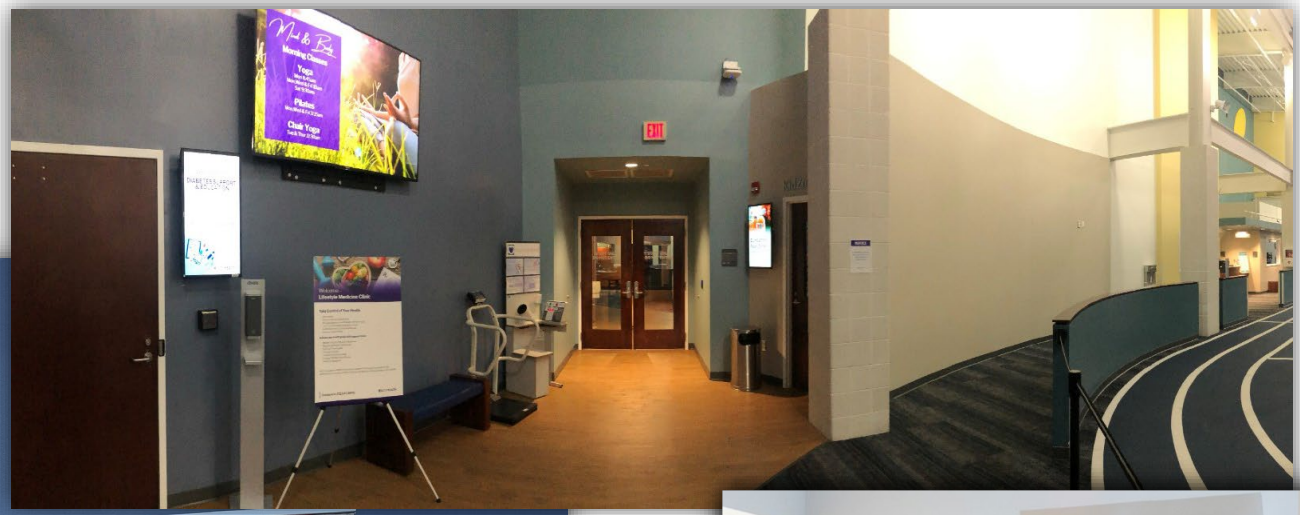
If ENC were a state, we would rank **44th**

https://hsrd.ecu.edu/regional-health-status/29-revised-county-08-16-22/; *[1] North Carolina Behavioral Risk Factor Surveillance Survey, 2020. Statistically significant at p=.05, 95% CIs for Eastern NC and Rest of NC are 15.62 – 22.28 and 12.63 – 15.06, respectively.*
[2] Mortality rates per 100,000 for the year 2019 (from NC SCHS’s Vital Statistics accessed via UNC-Chapel Hill’s Odum Institute).
[3] State and US Premature mortality (before age 75) rates per 10,000 for the year 2019 (from America’s Health Rankings analysis of CDC WONDER multiple cause of Death files). NC region estimates for 2019 (from NC SCHS’s Vital Statistics accessed via UNC-Chapel Hill’s Odum Institute).

ECU HEALTH LIFESTYLE MEDICINE CLINIC

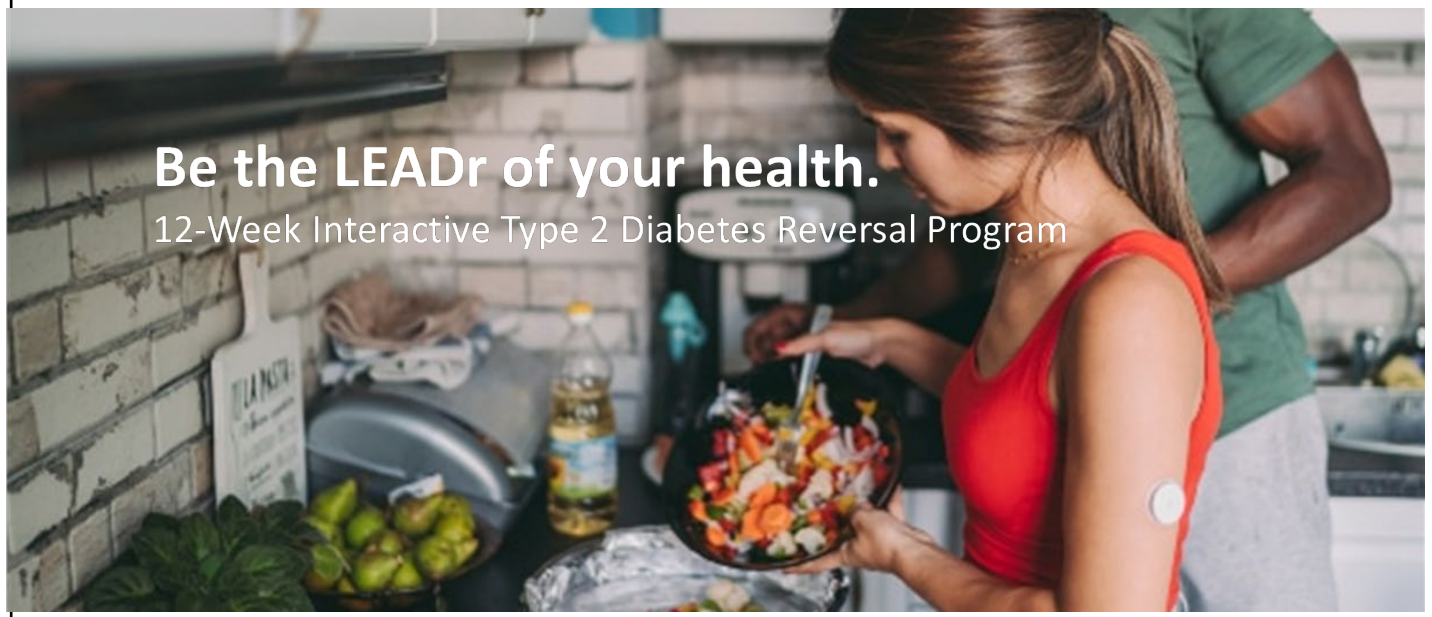
- ❑ **Shared Medical Appointments (SMAs)**
- ❑ **Exercise is Medicine**
- ❑ **Culinary Medicine Classes**
  - Dining with a Doc
  - Team Member Meal Demos
- ❑ **Lifestyle Empowerment Approach to Diabetes Remission (LEADR)**
- ❑ **Certified Health Coaches**
- ❑ **Oncology Survivorship Class**

ECU HEALTH LIFESTYLE MEDICINE CLINIC



OFFICE OF WELL-BEING
AUGUST 2025 – RESOURCES FOR TEAM & FAMILY MEMBERS

Lifestyle Empowerment Approach for Diabetes Remission (LEADr)



Program Qualifications

- 18+ years old
- Type 2 Diabetes Diagnosis
- ECU Health Team Member
- Spouses and dependents on ECU Health insurance plans
- Ready to make lifestyle changes

Tuesday Cohort

August 26 – November 25

5:30 p.m. – 7:00 p.m.

Thursday Cohort

August 28 – November 20

8:00 a.m. – 9:30 a.m.

LIFESTYLE EMPOWERMENT APPROACH TO DIABETES REMISSION (LEADR) FROM ACLM

A Shared Medical Appointment: Combining Lifestyle Medicine and DSMES Principles

Core Components
Lifestyle Focus: Emphasizes a **whole-food, plant-based diet**, physical activity, stress management, and other lifestyle pillars.

Structure:

12 weekly shared medical appointments led by trained providers.
4 are billed as established E/M provider visits.
6 will be billed as certified health coaching
3 will be billed as registered dietitian visits
Includes **group education**, **personalized coaching**, and **culinary medicine** elements.

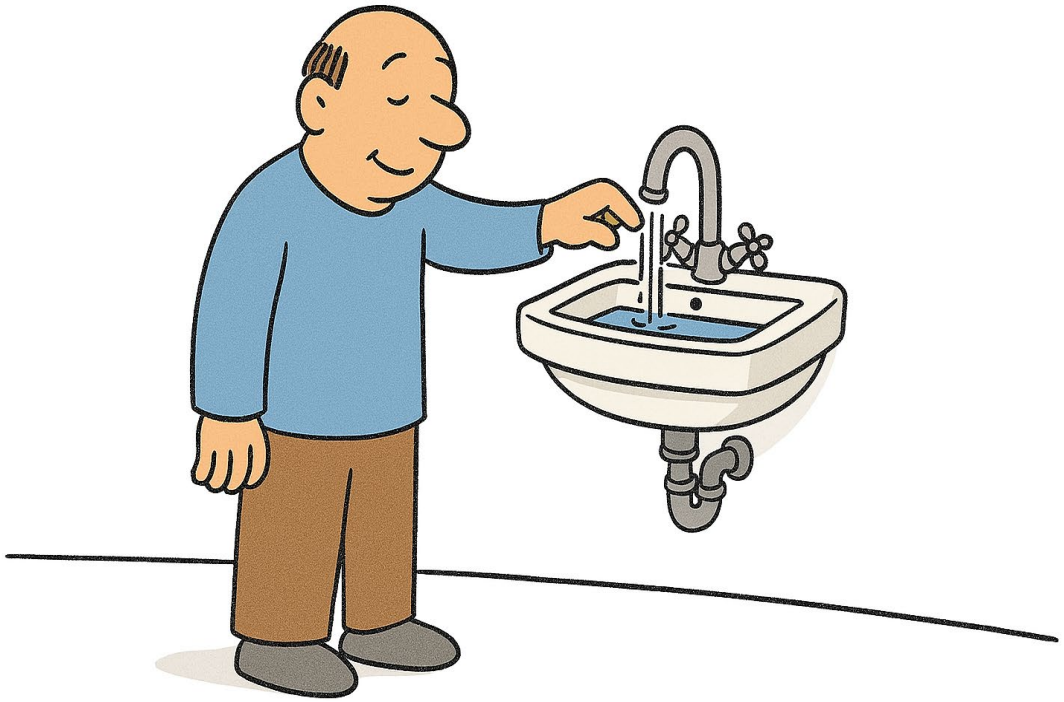
Supportive Features:

Free weekly healthy meal during sessions. Whole food plant-based meal provided. Some will include culinary medicine demonstrations.

Recruiting:

- ECU Health team members, spouses, and dependents on ECU Health insurance plans.
- Recently expanded to include community members with Type 2 Diabetes.

LIFESTYLE MEDICINE



Some of the most rewarding clinical decisions in my career have been assisting **patients in taking control of their health** and getting them off medications.

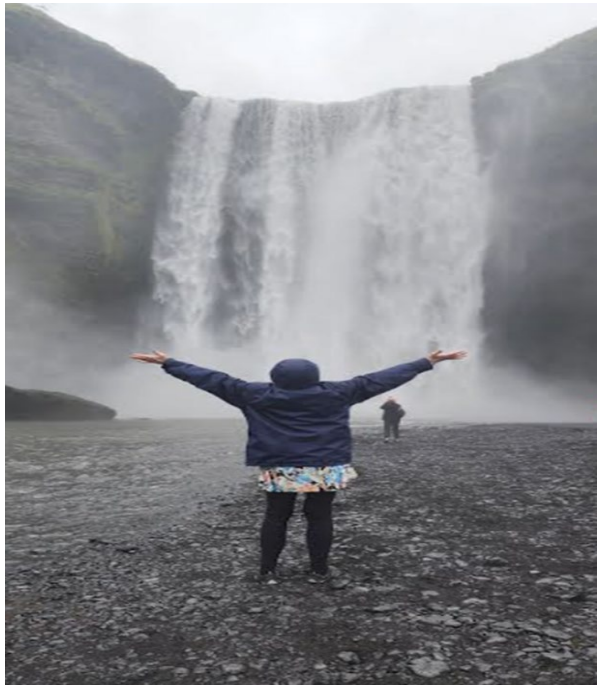
MY JOURNEY THAT GOT ME TO THIS FANTASTIC JOB AND CHATTING WITH YOU STARTED IN CANADA

- **…**
- **ECU Endocrinology Clinic x 8 yrs –** w/Dr. Robert Tanenberg -> fantastic mentors!
  - Registered Nurse (RN), Certified Diabetes Educator (CDE), Bachelor of Science of Nursing (BSN)
  - Diabetes Educator Boot Camp – Host, Coordinator, Presenter
- **ECU Health Wellness** x 10 yrs Lifestyle Nurse Specialist
  - RN, Certified Diabetes Care & Education Specialist (CDCES), BSN
  - 1:1 DSMES, diabetes education and support group activities
  - Initiated ECU Health Diabetes Prevention Program (DPP) in person/virtual
  - DPP Master Trainer

MY JOURNEY THAT GOT ME TO THIS FANTASTIC JOB AND CHATTING WITH YOU STARTED IN CANADA

- **2025 ECU Health Lifestyle Medicine Clinic provider since 10/2021**
  - Doctor of Nursing Practice (DNP), Adult Gerontology Nurse Practitioner (AGNP-C), CDCES, BSN, RN
    - 1:1 patient appointments, supported diabetes education/management for prediabetes, T1D, T2D, LADA, gestational diabetes
    - Involved in Culinary Medicine classes, utilizing ACLM materials, and SMAs

Still living … and working with diabetes!



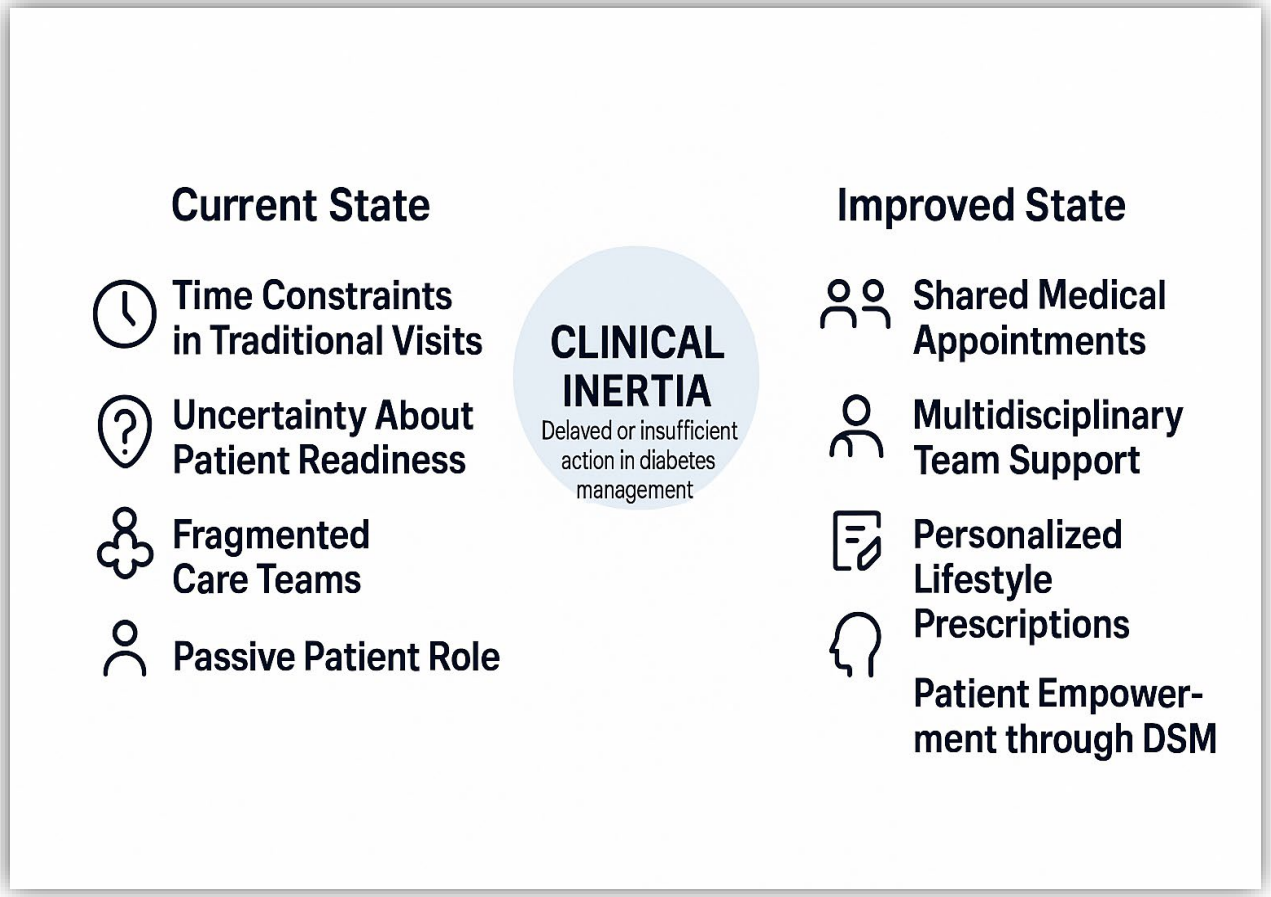
MY EXPERIENCE WITH DSMES AND LMSMA

Diabetes Self-Management Education & Support Meets Lifestyle Medicine Shared Medical Appointment

DSMES & LEADR COMPLEMENT EACH OTHER

Aspect	DSMES (Diabetes Self-Management Education & Support)	LEADr (Lifestyle Empowerment Approach for Diabetes Remission)
Purpose / Focus	Supports people with diabetes to manage condition, prevent complications, and improve quality of life	Targets remission through intensive lifestyle changes (nutrition, activity, behavioral empowerment)
Target Population	People with diabetes (Type 1 & 2, across lifespan)	Primarily people with Type 2 diabetes seeking remission
Approach	Education-based: self-monitoring, meds, coping, diet/activity guidance	Lifestyle medicine: whole-food plant-based diet, structured support, empowerment coaching
Strengths / Pros	• Evidence-based, improves outcomes (A1c, quality of life) • Widely recognized & accredited • Often covered by insurance • Flexible, adaptable to many settings	• Focuses on remission, not just management • Intensive support (team-based, group dynamics) • Emphasizes empowerment & sustainable lifestyle change • Holistic: diet, activity, mental well-being
Weaknesses / Cons	• Focuses mainly on management, not remission • Requires sustained engagement • Underutilized (many eligible patients don't enroll) • Funding/reimbursement challenges	• May be resource-intensive (staff, space, meals) • Remission outcomes vary (depends on individual adherence) • Less established in healthcare systems than DSMES • Insurance coverage may be limited
Best Fit / Use Case	When goal is ongoing management and education for broad diabetes populations	When goal is possible remission through lifestyle empowerment with motivated participants

REDUCING CLINICAL INERTIA IN TYPE 2 DIABETES



- Decreased A1C
- Improved patient experience
- Higher patient satisfaction
- Timely medication adjustments or deprescribing
- Lower health care costs
- Decreased provider burnout
- Decreased diabetes burnout (PWD)
- Improved quality of life
- Increased productivity
- Decreased absenteeism

DSMES ENHANCES LMSMA

- Providing structured education aligned with ADA/ADCES Standards of Care and Practice
- Reinforcing behavior change and self- management skills
- Offering metric-driven outcomes (A1C, BP, Weight, Medication)
- Supporting patient and clinic goals

SMA INTEGRATION POINT

- SMA ideal for delivering DSMES modules/classes in peer supported, provider led environment
- Conducted monthly or quarterly, aligning with LEADr curriculum content
- SMA could include:
- Medical review by provider
- DSMES module/class facilitated by educator
- SMART Goal setting/peer discussion with staff support

REFERRAL WORKFLOW

Trigger	Action	Responsible Party
Diabetes diagnosis or poor A1C	Refer to DSMES and enroll in LEADr	PCP, Endo, or care manager
Completion of initial DSMES	Continue into LEADr program	DSMES educator
Patient shows engagement decline	Re-engage via SMA with DSMES module	Care coordinator
LEADr patient needs education boost	Loop back to 1:1 DSMES or refresher group	LEADr team

SHARED CARE PATHWAY

1. **Entry Point:**
   - Referral from PCP or endocrinologist
   - DSMES intake + LEADr onboarding
2. **Initial Phase (0-3 months)**
   - 1:1 DSMES sessions OR group DSMES
   - SMA begins monthly with combined DSMES/LEADr
3. **Ongoing Care (3-12 months)**
   - LEADr program continues
   - DSMES touchpoints based on needs
   - Quarterly SMAs for check-ins, metrics, education
4. **Outcomes Tracking:**
   - Shared E.H.R. tracking A1C, BMI, Medication Management
   - DSMES and LEADr notes visible to both teams
   - Coordinated goal updates

HOW DSMES & LMSMA INTEGRATE

DSMES	LMSMAs
Focus on diabetes education, complication reduction & behavior change	Holistic lifestyle management and risk reduction
Delivered by RD or RN or Pharm D or CDCES or BC-ADM (interdisciplinary team) in a recognized program (ADA/ADCES)	Delivered by interdisciplinary team
Often structured as ADA/ADCES curriculum	May include coaching, group visits, tracking tools
Billing through DSMES codes (Medicare/insurance)	Often bundled, E&M codes, maybe grant-funded
Shorter-term (e.g. 4-8 sessions)	Longitudinal (weeks or months)

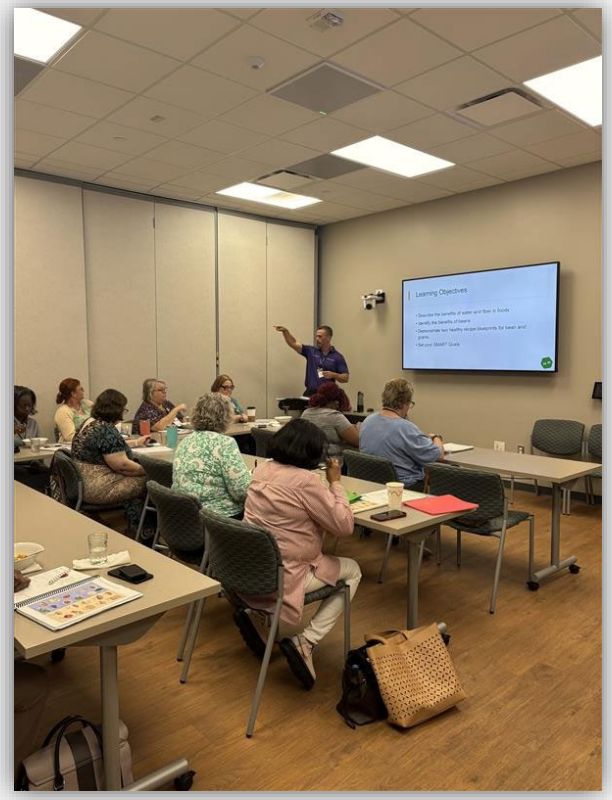
FOOD FOR THOUGHT

- **Consider intake for enrollment**
  - DSMES completed program
  - DSMES content awareness
  - Monitoring & Medications
  - PCP partnership acknowledgement
- **Add DSMES components to beginning of program for new clinic patients of SMA participants**
- **Consider separate LMSMA for populations with:**
  - Prediabetes – especially those with Prediabetes Risk Test Score > 5
  - New diabetes diagnosis - no medications, limited monitoring
  - Long standing diabetes diagnosis - > 5yrs

CLOSING THOUGHTS

- DSMES is invaluable to PWD – improving self-management skills and reducing diabetes complication
- Combining DSMES with LMSMA takes comprehensive, patient-centered approach to diabetes care to the next level
- DSMES offers foundational diabetes education and LM or LEADR offers additional support to sustained behavioral changes
- Shared pathways with clear definition, referrals, E.H.R. integration, interprofessional collaboration to ensure patients are at the center of their diabetes/health care plan and goals.

From ECU Health Lifestyle Medicine Clinic
Thank You!



AMERICAN COLLEGE OF Lifestyle Medicine

LEADR PILOT PROGRAM OCT 6, 2025

PRASANTHI TONDAPU, MD,DIPABLM

LEADR SITE LEAD

FOUNDER|CEO, DFW ENDOCRINOLOGY

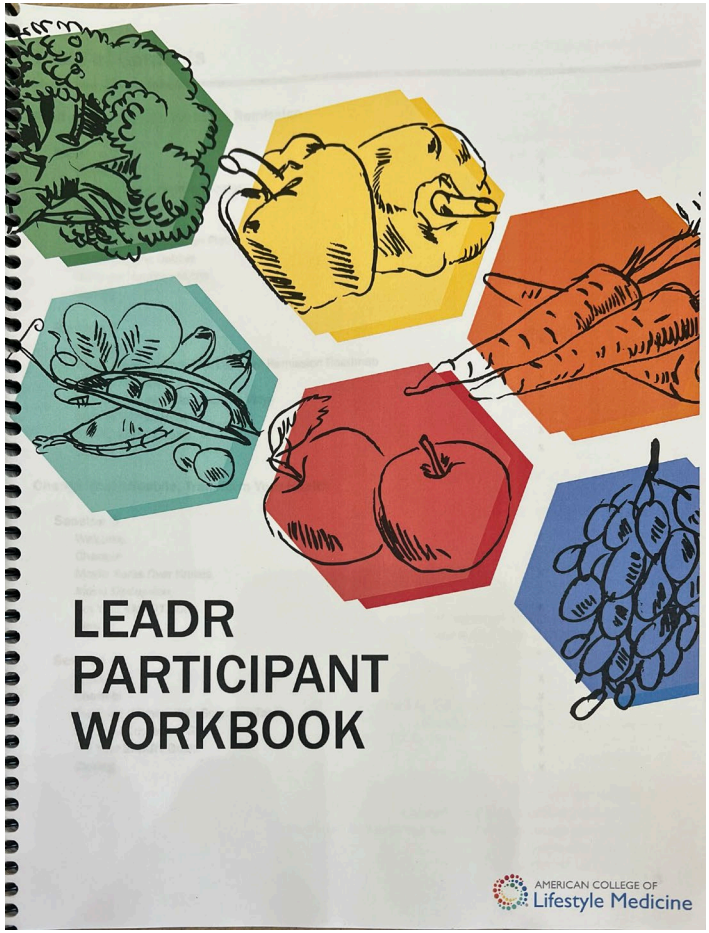
CLINICAL COORDINATOR ENDOCRINOLOGY, IM PROGRAM, MEDICAL CITY, FORT WORTH

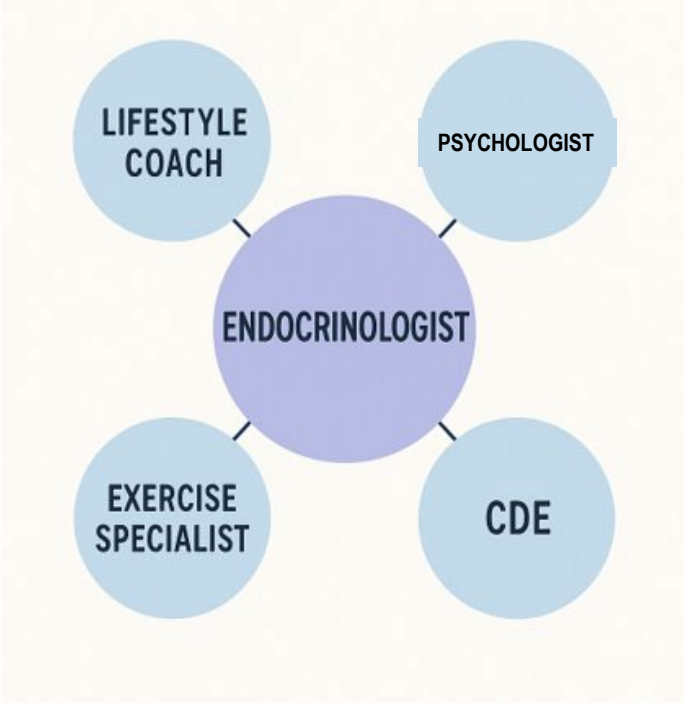
ASSISTANT PROFESSOR, TCU

LEADR: Lifestyle Empowerment for Achieving Diabetes Remission

- **Intensive Therapeutic Lifestyle program**
- Shared Medical Appointment(SMA) Model with SMART goal setting
- Curriculum by ACLM focused on WFPB diet
- Interactive 2- 2.5 hour sessions led by an endocrinologist
- Prescription and de-prescription as necessary

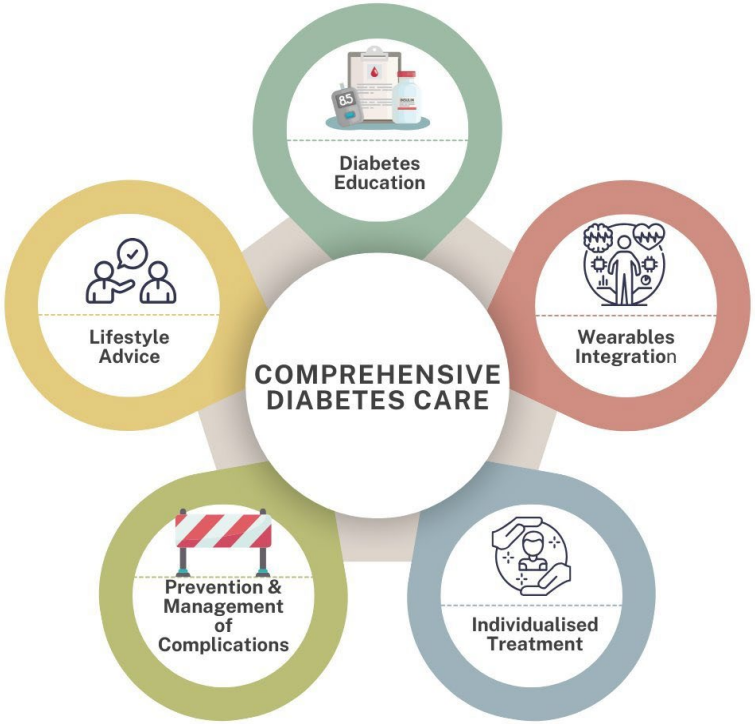
People, Tools &Technology

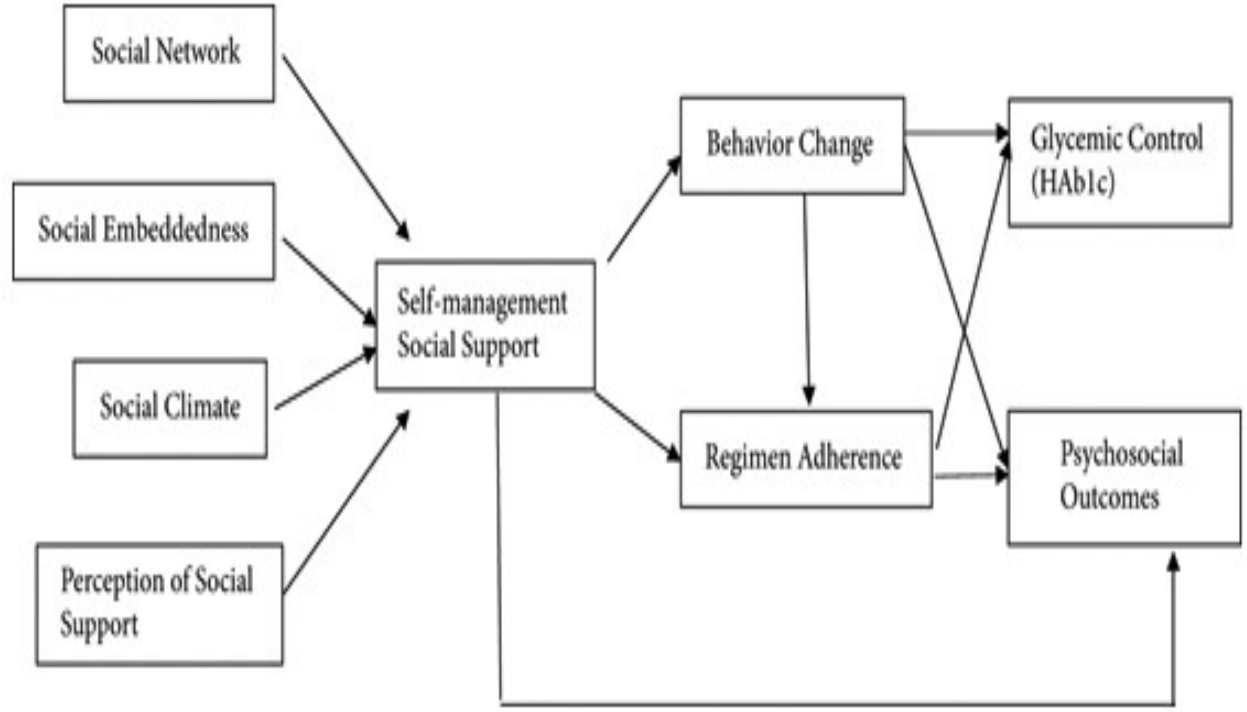




Continuous Glucose Monitoring (CGM)
Body composition (Inbody)

DSME + PEER SUPPORT IMPROVES GLYCEMIC CONTROL





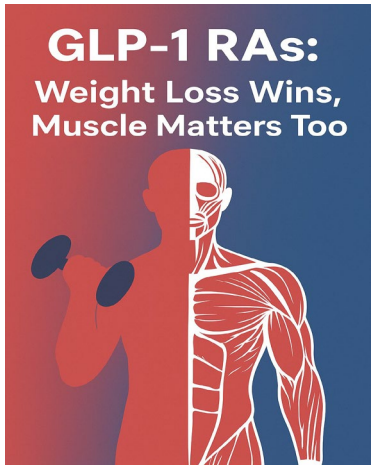
Azmiardi A et al. The effect of peer support in diabetes self-management education on glycemic control in patients with type 2 diabetes: a systematic review and meta-analysis. Epidemiol Health. 2021;43:e2021090. doi: 10.4178/epih.e2021090.Al-Dwaikat, Tariq N., Ali, Amira Mohammed, Khatatbeh, Haitham, Self-Management Social Support in Type 2 Diabetes Mellitus: A Concept Analysis, Nursing Forum, 2023, 1753982, 9 pages, 2023. https://doi.org/10.1155/2023/1753982

Tables where we share food, stories& more!

Shopping Tour/Reading labels

Building STRENGTH & CONNECTIONS

- Improves sugars, strength, balance and mood



- 60 mins/week resistance training: 27% decrease in all-cause mortality

Shailendra P, Baldock KL, Li LSK, Bennie JA, Boyle T. Resistance Training and Mortality Risk: A Systematic Review and Meta-Analysis. Am J Prev Med. 2022 Aug;63(2):277-285. doi: 10.1016/j.amepre.2022.03.020.

SMART GOAL setting

Step 1: Choose a Goal

This week, I will set a clear objective for myself because I want to achieve specific outcomes.

Step 2: Identify Your Reasons

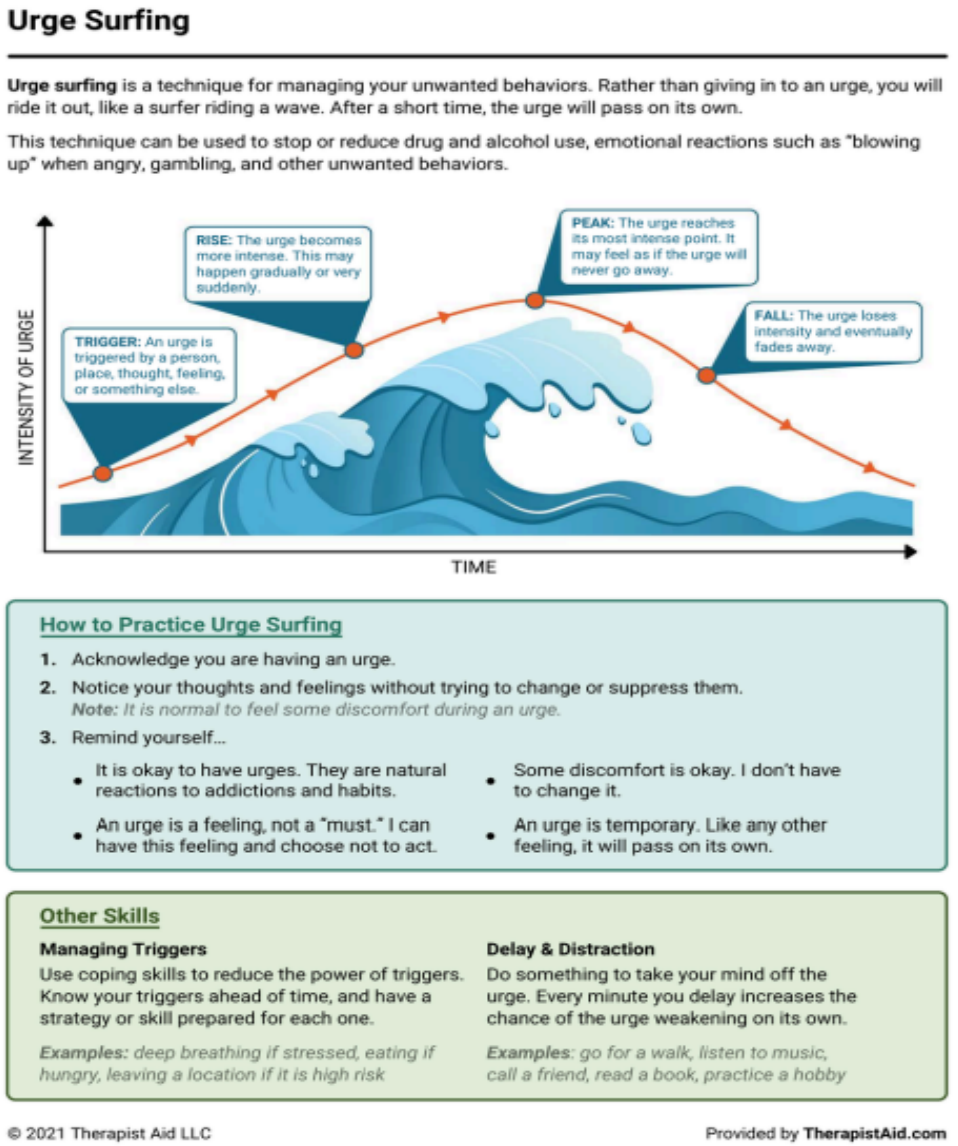
1. First reason for pursuing this goal.
2. Second reason that motivates me.
3. Third reason reinforcing my commitment.

Step 3: Anticipate Challenges

Consider potential obstacles or difficulties that might arise while working toward this goal.

Step 4: Develop Strategies

Outline the approaches or actions I will take to overcome these barriers and support my success.



Urge Surfing

Urge surfing is a technique for managing your unwanted behaviors. Rather than giving in to an urge, you will ride it out, like a surfer riding a wave. After a short time, the urge will pass on its own.

This technique can be used to stop or reduce drug and alcohol use, emotional reactions such as "blowing up" when angry, gambling, and other unwanted behaviors.

How to Practice Urge Surfing

1. Acknowledge you are having an urge.
2. Notice your thoughts and feelings without trying to change or suppress them.
   Note: It is normal to feel some discomfort during an urge.
3. Remind yourself...
   - It is okay to have urges. They are natural reactions to addictions and habits.
   - Some discomfort is okay. I don't have to change it.
   - An urge is a feeling, not a "must." I can have this feeling and choose not to act.
   - An urge is temporary. Like any other feeling, it will pass on its own.

Other Skills

Managing Triggers
Use coping skills to reduce the power of triggers. Know your triggers ahead of time, and have a strategy or skill prepared for each one.

Examples: deep breathing if stressed, eating if hungry, leaving a location if it is high risk

Delay & Distraction
Do something to take your mind off the urge. Every minute you delay increases the chance of the urge weakening on its own.

Examples: go for a walk, listen to music, call a friend, read a book, practice a hobby

Provided by **TherapistAid.com**

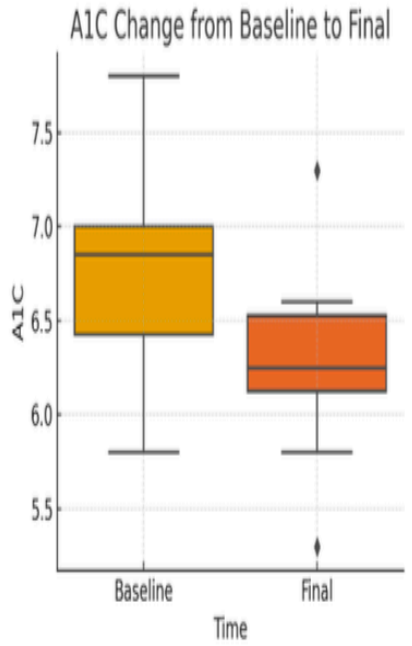
BASELINE CHARACTERISTICS N=17

- **Mean age**: 61.5± 13.5 yrs (Range 36-78)
- **Sex:** Male (59%), Female (41%)
- **Race:** White (65%), Black (17%), Asian (12%), Hispanic (6%)
- **Mean BMI:** 31.62(24-52)
- **Diabetes Classification:** Type 2 (88%), Type 1 (12%)
- **Average duration of DM :** 15 years(0-34 yrs)
- 70% (11/17)of participants were on insulin at the beginning

RESULTS N=17

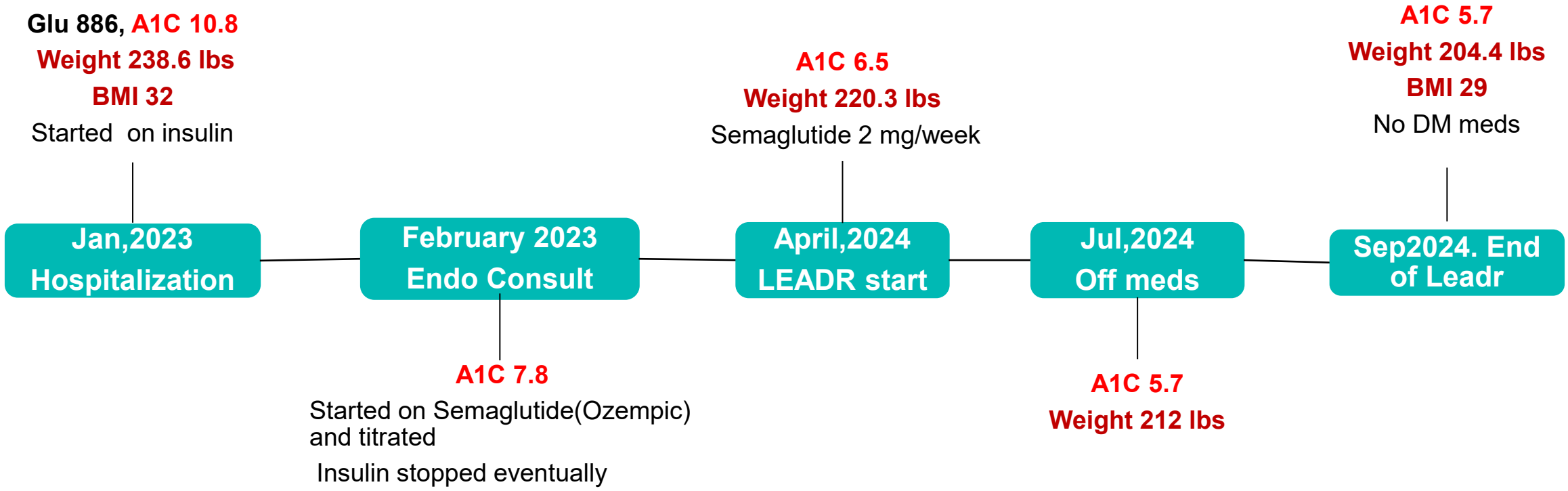
Significant improvements in **A1C: -0.5%** average

- Average **weight loss** of **6%, -13 lbs.** average
- **CC:Type 1 DM on pump lost 66lbs, minimal insulin** after a year, and able to live an active li
- Most of them had a **decrease in # of medications or insulin**
- **100% reported quality of life improvement**
- **No hospitalizations related to diabetes = fewer claims**
- **Family members** had a positive impact on weight and health

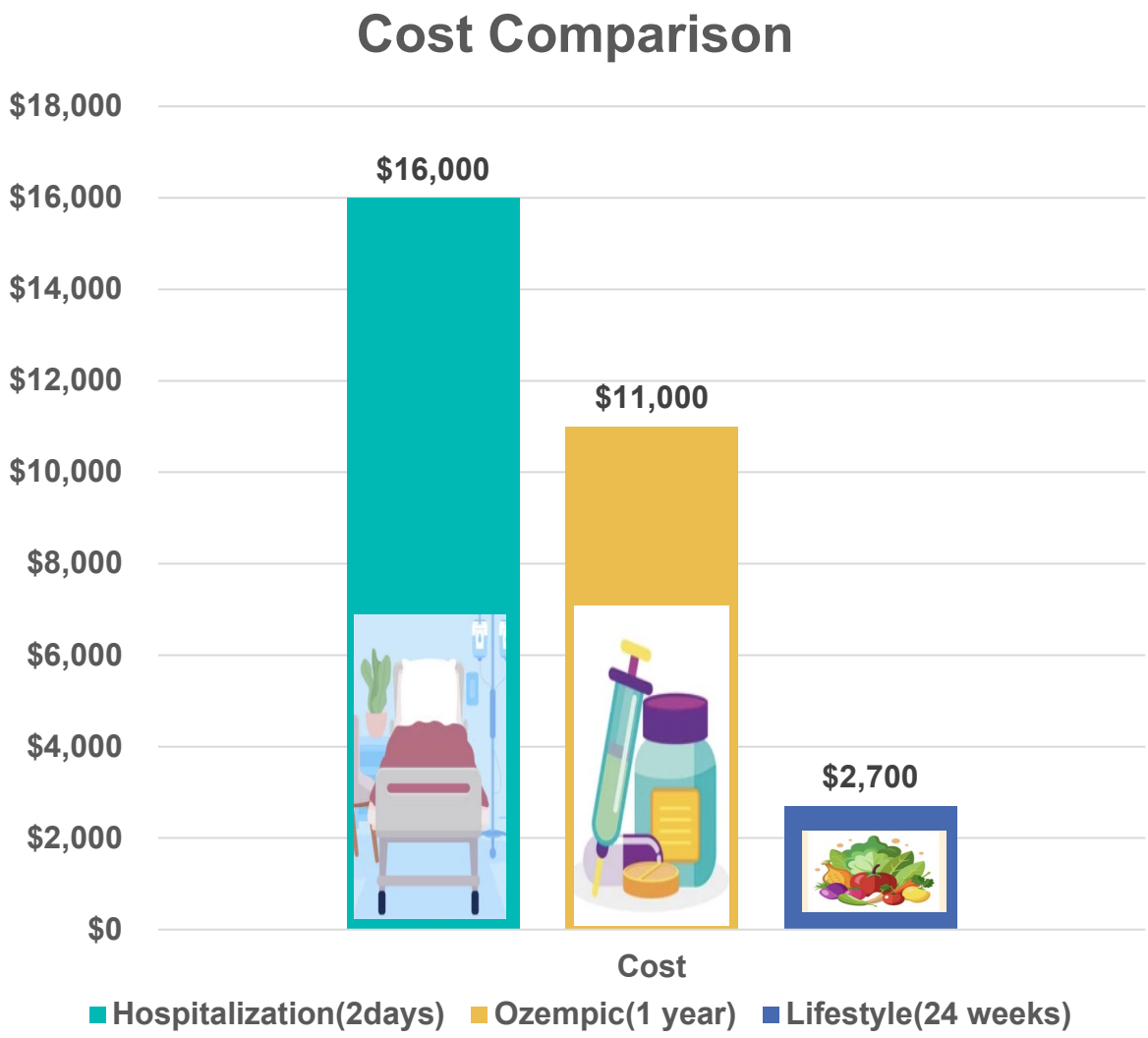


Box plot illustrating the decrease in A1C levels among participants after completing the LEADR program. Median A1C values improved, and variability narrowed at follow-up, indicating more consistent glycemic control post-intervention.

Case:65-year-old Black obese male with T2DM, HTN, CKD, hyperlipidemia, sleep apnea, and gout



Value of Sustainable Lifestyle Changes



One year after LEADR

DM: Last A1C 5.9% without any medications. No hospitalizations during the entire time since joining the program

HTN: Discontinued ½ meds and dose reduced on ARB .

HPL: Decrease in lipid medications

OSA: Sleeps well for 6-8 hrs. No snoring /sleep apnea.

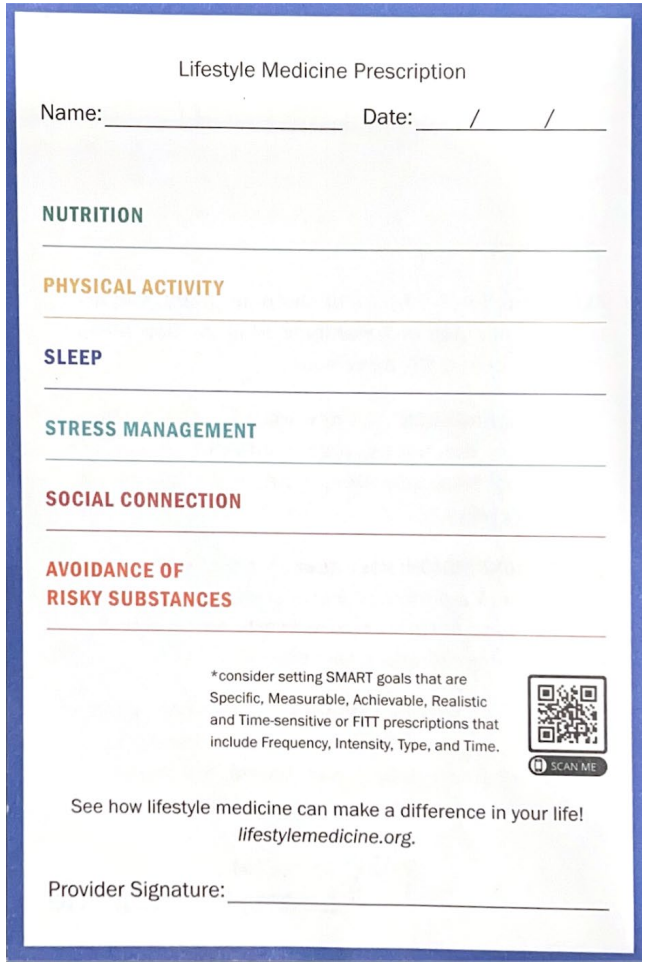
Gout: Uric acid improved from 6.5 to 4.4

Obesity: 20 lbs (10%)weight loss , 7% without meds. Body fat dropped from 27% to 22%

Clothing size: Coat 48R→42R, Shirt size XXL→L, Pant size 40→36

Enjoys playing pickleball daily and spends his time with family and friends.

Results of LIFESTYLE Rx depend on dose, intensity, frequency, length, and duration of diabetes



Lifestyle Medicine Prescription

Name: _____ Date: ___/___/___

NUTRITION

PHYSICAL ACTIVITY

SLEEP

STRESS MANAGEMENT

SOCIAL CONNECTION

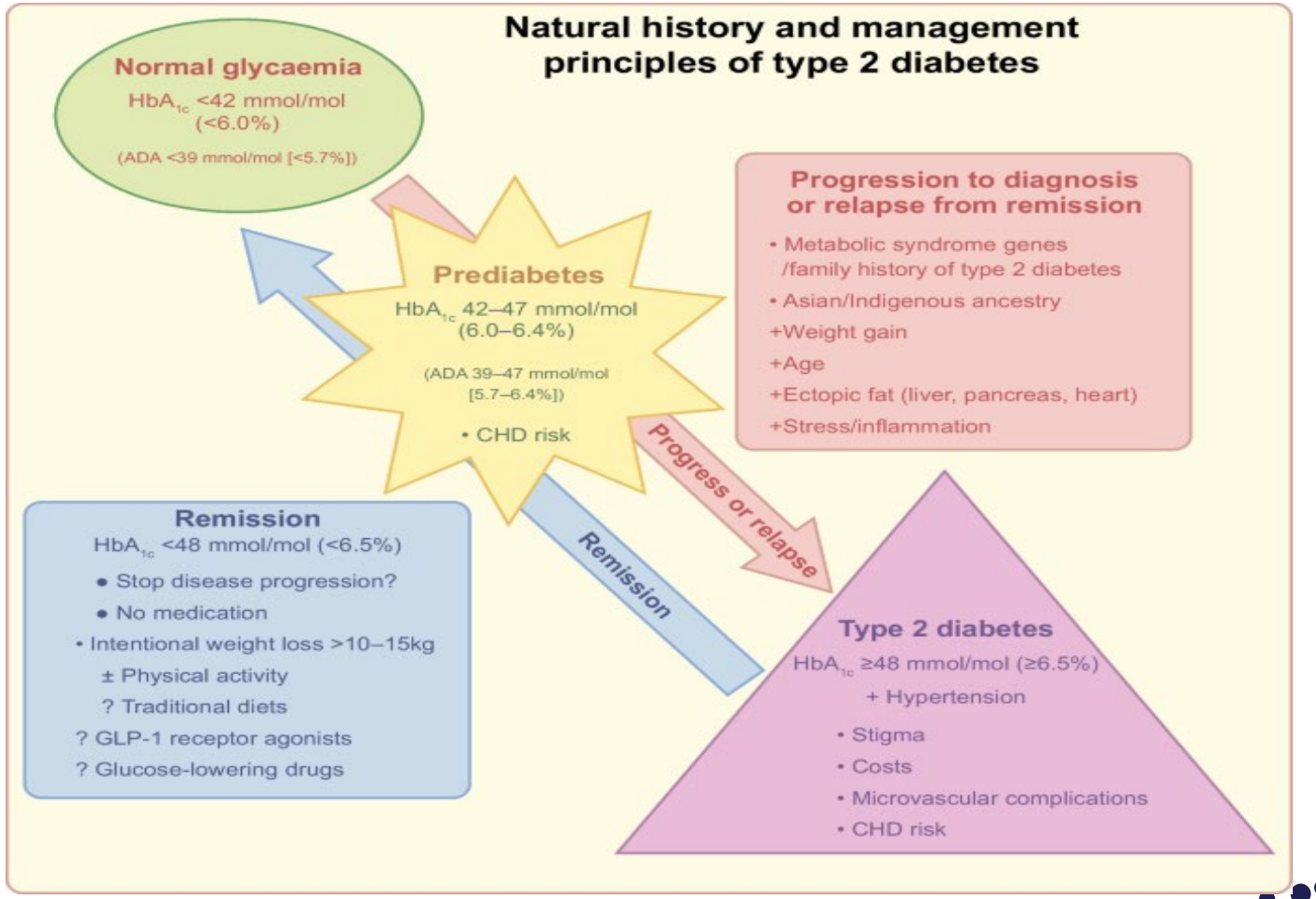
AVOIDANCE OF RISKY SUBSTANCES

*consider setting SMART goals that are Specific, Measurable, Achievable, Realistic and Time-sensitive or FITT prescriptions that include Frequency, Intensity, Type, and Time.

SCAN ME

See how lifestyle medicine can make a difference in your life! *lifestylemedicine.org.*

Provider Signature: _____



- Need supportive team with constant engagement to prevent relapse

Diabetologia (2024) 67:602–610

Thank you !

Email:ptondapu@dfwendocrinology.com

Linkedin:https://www.linkedin.com/in/prasanthi-tondapu-1760632

THANK YOU

Learn more about lifestyle medicine at
lifestylemedicine.org

Learn more about ACLM's Diabetes Remission Project at
lifestylemedicine.org/type-2-diabetes-remission/