Matrix - Lifestyle Medicine

The matrix below uses the physician competencies (and associated activities) developed by the American College of Lifestyle Medicine (ACLM) to identify the areas that are key to the practice of lifestyle medicine. The matrix does not include the Leadership (which focuses on the physician's life outside of the practice) and Knowledge (which focuses on the physician's understanding of lifestyle/whole person medicine) competencies since they are not influenced by payment models.

While the physician competencies are directed towards physicians and the payment models generally operate at the practice level, the LM competencies are used to highlight the types of activities that the payment model should allow the practice to support.

In today's healthcare payment environment, there are many versions of alternative payment models and organizational structures in practice. Some of these operational models combine different APMs. However, the matrix developed below addresses each model individually to identify the range of models that best align with the practices of lifestyle medicine or could align with lifestyle medicine.

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How Various Models Interact With Lifestyle Medicine Competencies

	Base Payment Models			Additional Payments		Organizational Structure		
LM Competencies & Activities	**Capitation**	**Episode-Based & Bundled Payment**	**Retainer-Based Practice**	**Shared Savings**	**Pay-for-performance**	**Accountable Care Organizations**	**Patient Centered Medical Homes**	**Group Visits**
	Single payment to physician or group per patient after attribution	Single payment per episode at the end of the episode or via FFS reconciliation	Membership fee? and monthly subscription payment	No payment, reconciliation against a cost benchmark after the period has ended; the benchmark may be calculated in different ways.	Payment after a measure has been met; based on individual or practice performance.	Varying payment approaches, including capitation and Shared Savings.	Generally FFS payments and possible care coordination payments.	Possible FFS payments - depending on the payer's policies.
Assessment Skill - Assess the social, psychological and biological predispositions of patients' behaviors and the resulting health outcomes - Assess patient and family readiness, willingness, and ability to make health behavior changes - Perform a history and physical exam specific to lifestyle-related health status, and order and interpret tests to screen, diagnose and monitor lifestyle-related diseases	Incentive to maximize the number of patients, though the practice may insulate physicians from this incentive. No incentive to spend time with the patient or the patient's family.	Does not address the decision of whether a procedure is needed or on prevention. Based on identifying a medical condition. Episodes have a defined beginning and end and, as currently implemented, do not support longitudinal relationship with the patient or the patient's family.	Smaller patient panel means more time can be spent with the patient, supporting the ability of the physician to meet the assessment competency.	The use of a shared savings model does not directly affect the physician's ability to meet the assessment competency.	The existence, definition and operationalization of P4P measures will affect the physician's ability to meet the assessment competency.	The operational practices of the ACO impact a physician's ability to meet the assessment competency. An ACO may incorporate patient centered practices, including a strong primary care function, which may support the assessment competency.	The patient centric approach to the model, including a multidisciplinary set of providers, supports the ability to meet the assessment competency.	While group visits are longer they do not allow for a complete assessment. However, a group environment may stimulate broader discussion compared to a one on one meeting.

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Management Skills - Use nationally recognized practice guidelines to assist patients in self-managing their health behaviors and lifestyles.(e.g. Diabetes Prevention Program, Intensive Behavioral Therapy for Obesity) - Establish effective relationships with patients and families to effect and sustain behavioral change using evidence-based counseling methods and tools and follow up - Collaborate with patients and families to develop written action plans - Help patients manage and sustain healthy lifestyle practices, and refer patients to other health care professionals as needed for lifestyle-related conditions. (e.g. group visits, SMAs)	- Does not affect the physician's ability and incentive to use nationally recognized guidelines to assist patients in management. - There is no incentive to spend time with the patient or patient's family and there may be a disincentive. - No incentive to develop effective relationships with a patient. - No incentive to refer outside the health system.	- Does not affect the physician's ability and incentive to use nationally recognized guidelines to assist patients in management. - Does not create incentives to establish relationships with patients and families. - Even with a chronic condition episode, there are no incentives to establish long term relationships with a patient. However, some programs (e.g Complete Health Improvement Plan, Diabetes Prevention Program) could be converted to bundles.	- Does not affect the physician's ability and incentive to use nationally recognized guidelines to assist patients in management. - With a smaller patient panel and less administrative distractions, the focus of this model is for the physician to develop a longtitudinal relationship with the patient that would support the management compentency. - There may be a disincentive to refer to specialists.	- Does not affect the physician's ability and incentive to use nationally recognized guidelines to assist patients in management. - Does not directly affect the physician's incentives or a physician's ability to establish relationships and work with a patient and the patient's family.	- Does not affect the physician's ability and incentive to use nationally recognized guidelines to assist patients in management. - The existence, definition and operationalization of P4P measures will affect the physician's ability to meet the management competency.	- Does not affect the physician's ability and incentive to use nationally recognized guidelines to assist patients in management. - The operational practices of the ACO impact a physician's ability to meet the management competency. An ACO may incorporate patient centered practices, which may support the management competency.	- Does not affect the physician's ability and incentive to use nationally recognized guidelines to assist patients in management. - The patient centric approach to the model, including a multidisciplinary set of providers, supports the ability to meet the management competency.	- Does not affect the physician's ability and incentive to use nationally recognized guidelines to assist patients in management. - Group visits may help physicians meet the management compentency. They can be designed for chronic disease management or for managing health behaviors.

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	Base Payment Models			Additional Payments		Organizational Structure		
LM Competencies & Activities	**Capitation**	**Episode-Based & Bundled Payment**	**Retainer-Based Practice**	**Shared Savings**	**Pay-for-performance**	**Accountable Care Organizations**	**Patient Centered Medical Homes**	**Group Visits**
Use of office and community support - Have the ability to practice in an interdisciplinary team of health care providers and support a team approach (e.g. teamlets) - Develop and apply office systems and practices to support lifestyle medical care including decision support technology - Measure processes and outcomes to improve quality of lifestyle interventions in individuals and groups of patients. - Use appropriate community referral resources that support the implementation of healthy lifestyles	Pure captivated system is focused on the number of patients attributed to an individual provider and is not focused on a team approach. There may be disincentives to refer outside the health system.	The focus is on coordination within an episode. To date, episodes have been focused on those with identifiable start and end (such as elective surgery).	Retainer-based practices are small with little support outside of the physician. This means that they do not have the resources to provide this type of support (interdisciplinary team, measures) to patients. However, they have the ability to refer, as appropriate to outside resources.	Does not directly affect the physician's incentives or ability to work with an interdisciplinary team or refer externally.	The impact of P4P depends on the definition of the measures and does not directly affect the physician's incentives or ability to work with an interdisciplinary team or refer externally.	The impact of the ACO structure on this competency depends on the composition of the ACO and the incentives created for physicians.	This model relies on an interdisciplinary team to provide services to a patient, and therefore supports the use of office and community support compentency.	Successfully operationalizing a group visit requires interaction and reliance on an interdisciplinary team

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APMs & LM Competencies & IT Related Transition Considerations

LM Competencies & Activities	Capitation	Episode-Based & Bundled Payment (VBP)	Retainer-Based Practice	Shared Savings (VBP)	Pay-for-performance (VBP)	Accountable Care Organizations (ACOs)	Patient Centered Medical Homes (PCMHs)	Group Visits (Shared Medical Appointments, Group Nutritional Medical Visits)
Assessment Skils	Requires an IT system that can track patients and attributions	Requires a system that can track patients.	Requires a system that can track patients.	Requires a system that can track patients.	Requires a robust IT system that can track patients as well as performance measure.	Requires a system that can track patients and attributions.	Requires an IT system that can track patients and can be used by physicians and other members of the team	Requires a system to manage visits, including a multidisciplinary team and a location.
Management Skills	Requires an IT system that can track patients.	Requires a system that can track patients, measures and split payments amongst providers.			Requires a robust IT system that can track patients as well as performance measure.	Requires an IT system that can track patients, any performance measures and split payments amongst providers.	Requires IT system that can track patients and can be used by physicians and other members of the team	Requires a system to manage visits, including a multidisciplinary team and a location.
Use of office and community support							Requires an IT system that can track patients and can be used by physicians and other members of the team	Requires a system to manage visits, including a multidisciplinary team and a location.

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