

Journal of the Monroe County Medical Society • Seventh District Branch, MSSNY

The BULLETIN

February/March 2024



LIFESTYLE MEDICINE

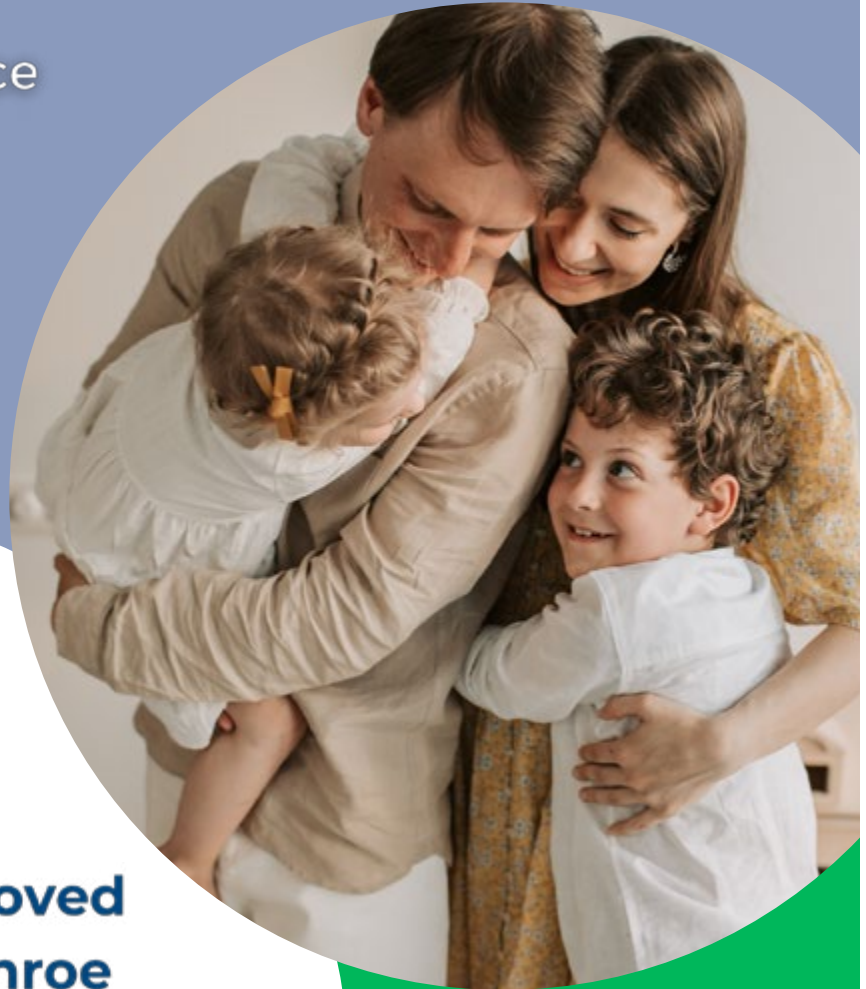
In this issue: Jumpstarting Your Health with Lifestyle Medicine Health • Integrative Psychiatry and Lifestyle Medicine • The Transformative Power of Lifestyle Medicine in Achieving the Octuple Aim • Sleep: A Powerful Pillar of Health • Plant-Based in Rochester • The Six Pillars of Lifestyle Medicine • The Lifestyle Medicine Toolbox





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The BULLETIN

February/March Vol. 90 No. 1
Monroe County Medical Society
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Letter from the Chief Executive Officer

Dear Members & Friends of the MCMS Family,

Let me begin by wishing you and your families a very happy and healthy 2024! It is unbelievable that we have started yet another new year and with that, many of us have set specific goals such as leading a healthier lifestyle, losing weight, taking up a new hobby or interest and many more. Regardless, this time of the year can be the start of new beginnings. As we strive to make positive changes, I encourage us to reflect on the past for lessons learned; the present, with gratitude; and the future, with hope.

We chose the theme of this edition of The Bulletin with intentionality. "Lifestyle Medicine" is about making changes that will benefit us and can often prevent, or reverse, chronic health conditions. This edition includes excellent articles on this topic with encouragement and guidance from local subject matter experts. I am grateful for their contributions. In my research I found a scientific article in the [J Lifestyle Med. 2013 Mar; 3\(1\): 1–8. Published online 2013 Mar 31. PMID: PMC4390753. PMID: 26064831](#) which presents the advent of lifestyle medicine, the definition, why we need it and the differences between traditional/conventional and lifestyle medicine approaches in primary care.

As a Worksite Wellness Practitioner, I spent over a decade collaborating with employer groups at the local and national levels to implement effective wellness programs such as exercise, weight and stress management, healthy nutrition, smoking cessation and more. The ultimate goals included providing employees and organizational leadership with education, resources, and tools to improve, or to maintain, their health.

Setting genetics aside, I realized then that a major key to preventing chronic conditions and to leading a long and healthy life is for each person to make a commitment to oneself. How? By taking personal responsibility to make needed changes. In lifestyle medicine, it is important to include one's primary care physician as a key partner on the journey to better health.

Thus, lifestyle medicine is defined in many ways and has changed with time, however, its role in the treatment and rehabilitation of disease as well as prevention is essential. For those who have made a commitment and investment in themselves...congrats! Carry on!

For those wanting to make healthy lifestyle changes, this is the time do so. Wait no more! I encourage you to partner with your primary care physician for support and guidance...you are worth it and deserve to be the healthiest you in 2024 and beyond.

As always, I am grateful to all of you and thank you for your continued support of the Monroe County Medical Society.



Lucia Castillejo, MS
**Monroe County
Medical Society**
Chief Executive Officer
lcastillejo@mcms.org

Upcoming Events

Grand Rounds: Syphilis in Pregnancy

Wednesday, February 21, 2024

7:30 AM - 8:30 AM

Virtual

E/M Chart Auditing for Physician Services

Tuesday, March 05, 2024

9:00 AM - 12:00 PM

Virtual - PMI

Using Modifiers to Improve Claim Accuracy

Tuesday, March 05, 2024

1:00 PM - 4:00 PM

Virtual - PMI

Certified Medical Office Manager

Wednesday, March 06, 2024 -

Thursday, March 14, 2024

4 sessions

Virtual

Spring Fling

Wednesday, March 6th, 2024

5:30pm - 7:30pm

Genesee Brew House

Ask The Carrier

Wednesday, April 10, 2024

7:00am-2:00pm

RIT Inn & Conference Center

Transition of Officers:

New MCMS Board Celebration

Wednesday, May 8, 2024

5:30pm-7:30pm

Max's at Eastman Place

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Editor's Page

Stephen E. Presser, MD
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Treat the Human Being, Not the Diagnosis

Doctors are not paid to keep people well. Modern medicine teaches medical students in hospitals to treat the ill patient. Lifestyle medicine teaches prevention of illness. The concept of changing a lifestyle to improve one's health is not new. Hippocrates used changes in diet and exercise to treat illness.

The term "lifestyle medicine" was used in 1989 by Wynder in the article "Cancer Control and Lifestyle Medicine." The founder of this field is credited to Hans Diehl of the Lifestyle Medical Institute, Loma Linda, California, where he is clinical professor of preventive medicine at Loma Linda University, School of Medicine.

Lifestyle medicine is an evidence based approach that uses behavioral interventions to prevent, treat and manage chronic illness.

There are six foundations.

They are:

1. Nutrition (plant based)
2. Exercise
3. Sleep
4. Stress management
5. Avoidance of alcohol, narcotics and smoking
6. Positive social interactions.

The illnesses that are prevented/treated are:

1. Hypertension
2. Heart disease
3. Stroke
4. Diabetes
5. Obesity
6. Metabolic syndrome
7. Substance abuse

Lifestyle interventions can reverse, cardiovascular disease, and type two diabetes. The key to this, of course, is to change behavior. Lifestyle medicine can improve non-contagious illness.

As a medical specialty, lifestyle medicine is in its infancy. It will need to evolve, be recognized and be reimbursed appropriately. I commend the pioneers who are trying to prevent and reverse illness. Our current system is based mainly on illness treatment and not health maintenance. More time to the patient needs to be devoted to the six pillars of lifestyle medicine.

All medical schools will need to include this in the curriculum. When I attended medical school in 1975, a nutrition course did not exist, but the faculty created one for us by our request. Physicians will need time, resources and personnel, to devote to teaching the six pillars of lifestyle medicine to the patients and helping them adapt to it.

Can an entire healthcare economic corporate system of hospitals, government, insurance, and pharmaceutical companies, willingly adapt to a system that is based on providing health as opposed to a system that requires a disease diagnosis for reimbursement? Lifestyle medicine reminds us that we are treating a human being and not a diagnosis.



Hemant Kalia, MD, MPH, FIPP
President
Monroe County Medical Society

President's Page

Lifestyle Medicine

Lifestyle medicine, a field that emphasizes the use of evidence-based lifestyle therapeutic approaches to prevent, treat, and manage chronic diseases, has gained momentum in the past decade.

The American College of Lifestyle Medicine (ACLM) and the American Board of Lifestyle Medicine (ABLM) are at the forefront of providing education and certification in this area. ABLM offers board certification, which distinguishes physicians as having achieved competency in areas such as nutrition, exercise, rest, and social connectivity. The American Board of Preventive Medicine (ABPM), a member board of the American Board of Medical Specialties (ABMS) also offers a sub-specialty certification in Lifestyle Medicine. This certification indicates that a physician has mastered the science to apply evidence-based, whole-person, prescriptive lifestyle therapies.

The history of lifestyle medicine's development and the significance of board certification in this field demonstrate

its growing importance in addressing the root causes of chronic diseases. The collaboration between various organizations and the increasing number of certified professionals globally reflect the rising recognition of lifestyle medicine as an essential approach to improving patient outcomes and overall public health.

The impact of lifestyle medicine in urban communities is significant, as daily habits and practices profoundly affect both short-term and long-term health and quality of life. Lifestyle medicine has the potential to significantly improve many chronic conditions, such as coronary heart disease, type 2 diabetes, and hypertension.

This current edition of the Bulletin explores the evolution of this sub-specialty in our community and elucidates all the available resources.

JUMPSTARTING YOUR HEALTH WITH LIFESTYLE MEDICINE HEALTH

BY BRUCE POLLOCK

Rochester Lifestyle Medicine Institute (RLMI) launched its unique 15-Day Whole-Food Plant-Based Jumpstart Program in mid-2018 as an in-person nutrition education program for Rochester area residents. In late 2018, 2019, and early 2020, each month 20-25 Rochesterians came together for 3 or 4 sessions over two weeks to learn how to adopt a whole-food plant-based (WFPB) lifestyle to lose weight; lower blood pressure, cholesterol, and glucose; and generally feel healthier.

In 2020, after the Covid pandemic hit, RLMI staff designed an innovative approach to offer Jumpstart via Zoom with Google classroom materials and online RLMI staff support. The Zoom-based program has seven sessions, with an Orientation session, a Day 1 Diet kickoff session, a cooking training session, two medically facilitated check-in sessions for participant support, a potluck recipe sharing session, and a Day 15 graduation day.

During the live in-person program, RLMI staff weighed Jumpstart participants, took their blood pressure, and did

a finger-stick to get their cholesterol and glucose levels. When Jumpstart went online, RLMI relied on Jumpstart participants reporting their biometrics, lab results, and quality of life indicators (energy, sleep, mood, and pain) via pre- and post-questionnaires.

RLMI staff monitor program results each month and at the end of each year, RLMI staff assess overall Jumpstart program efficacy. Last year, RLMI compared the post-pandemic 2022 online program effectiveness with the pre-pandemic 2019 in-person results and found that the online program was as effective as the in-person program. The good thing about proving that the Zoom-based program is as good as the in-person program is that it makes Jumpstart more available and affordable, while maintaining program quality.

RLMI assessment of the 2023 Jumpstart program shows very similar results to prior years. Here is an overview of Jumpstart 2023.

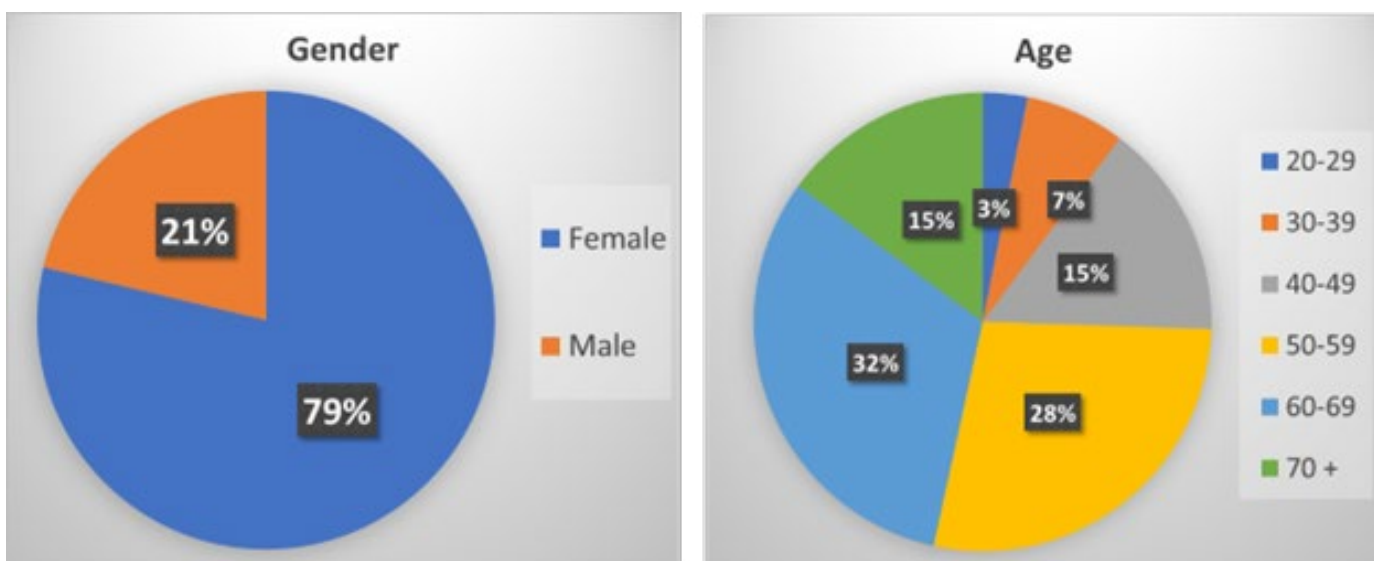


Figure 1

In 2023, RLMI had 540 Jumpstarters or an average of 45 participants per month from 38 states, Washington DC, and 4 countries. The online program has doubled the number of people RLMI supports and dramatically expanded the geographic footprint well beyond Rochester. Most participants (79%) were women in their 40's, 50's, 60s and 70s. (Figure 1, previous page)

A total of 429 participants (79%) reported their pre-existing conditions prior to taking Jumpstart. Here are the most reported medical conditions:

- High Cholesterol / Hyperlipidemia 58%
- High Blood Pressure / Hypertension 47%
- Diabetes / Pre-Diabetes 36%
- Depression / Anxiety 32%
- Arthritis 27%
- Reflux / GERD 22%
- Chronic Pain 18%
- Autoimmune Disease 17%
- Constipation 10%

A total of 474 participants (88%) reported their weight and height prior to taking Jumpstart. Here is the Body Mass Index (BMI) calculated for these participants:

BMI	Percent of Participants	
Obesity – Category 3	40 +	10%
Obesity – Category 1 & 2	30.0 – 39.9	40%
Overweight	25.0 – 29.9	27%
Healthy Weight	18.5 – 24.9	23%

RLMI analyzed the 2023 Jumpstart program effectiveness via scatter plots and charts that show the changes in biometrics and lab results. Note: RLMI only included those participants who reported their pre- and post-Jumpstart results via online questionnaires.

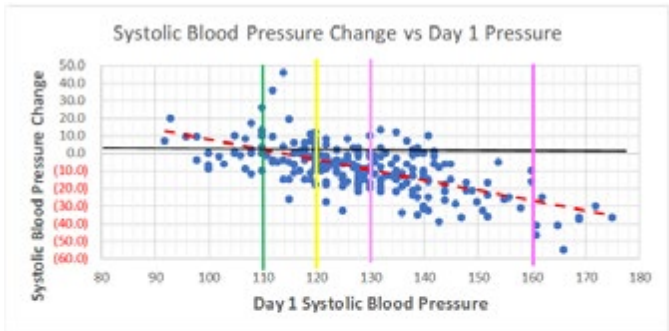
Here are the results:

Weight Change for 347 participants (64% of total participants). The average weight change was a loss of 5.3 lbs in two weeks. Individuals who weighed more before the program lost the most weight, on average. Individuals with weight over 300 lbs lost an average of 10.5 lbs in two weeks.



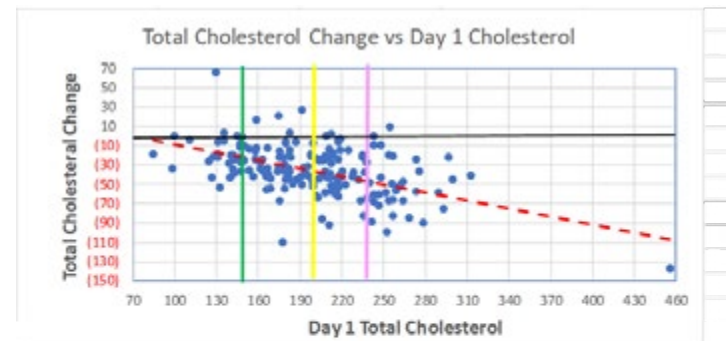
Day 1 Weight	No. of Participants	Weight Change	Ave. Weight Change (lbs)	No. with a Reduction
300 - 390 lbs	8	-14 to -4 lbs	(10.5)	8
250 - 299 lbs	25	-20 to +7 lbs	(9.5)	23
200 - 249 lbs	90	-16 to +9 lbs	(6.3)	83
150 - 199 lbs	152	-12 to +2 lbs	(4.8)	142
100 - 149 lbs	72	-8 to +3 lbs	(3.1)	63
Overall	347	-20 to +9 lbs	(5.3)	319

% of JS Partcpts | 64% | | 92%



Day 1 Systolic Pressure	No. of Participants	Systolic BP Change	Ave. Pressure Change	No. with a Reduction
160 - 180	11	-55 to -10	(34.3)	11
140 - 159	37	-39 to +10	(18.4)	34
130 - 139	53	-35 to +13	(10.0)	42
120 - 129	75	-33 to +12	(6.8)	59
110 - 119	50	-26 to +46	1.1	20
55 - 109	22	-12 to +20	1.5	8
Overall	248	-55 to +46	(8.1)	174

% of JS Partcpts | 46% | | 70%

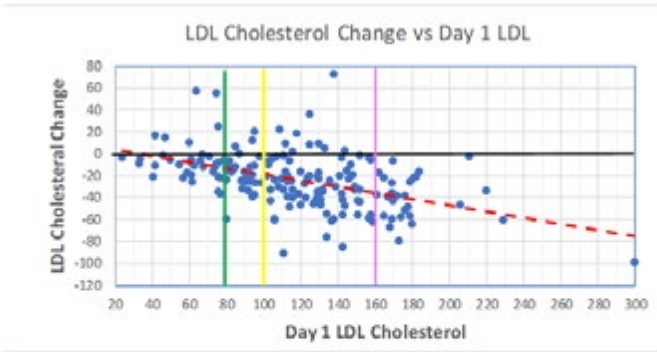


Day 1 Cholesterol	No. of Participants	Cholesterol Change	Average Change	No. with a Reduction
241 - 460	35	-159 to +9	(57)	34
201 - 240	57	-93 to +2	(39)	55
151 - 200	56	-110 to +27	(30)	52
85 - 150	33	-54 to +65	(19)	29
Overall	181	-159 to +65	(36)	170
201 - 460	92	-159 to +9	(46)	89

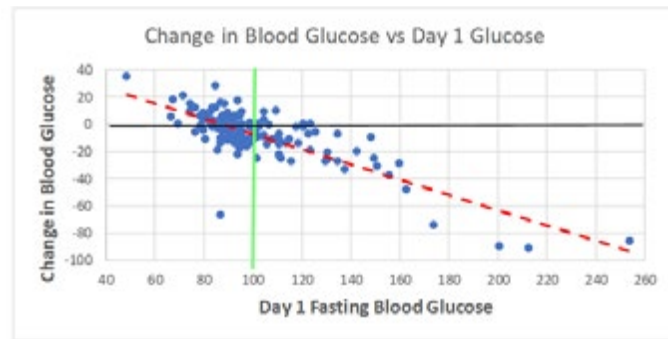
% of JS Partcpts | 34% | | 94%

Decrease in Systolic Blood Pressure for 248 participants (46% of total participants). The average decrease was 8.1 points in two weeks. Individuals with higher blood pressure realized a larger impact. The 11 participants with systolic blood pressure over 160 had a reduction of 34 points, on average, in two weeks.

Decrease in Total Cholesterol for 181 participants (34% of total participants). The average decrease was 36 points in two weeks. Individuals with higher total cholesterol realized a larger impact. The 35 participants with cholesterol over 240 had a reduction of 57 points, on average, in two weeks.



Day 1 LDL Cholesterol	No. of Participants	LDL Change	Average Change	No. with a Reduction
161 - 300	28	-99 to -3	(42)	28
101 - 160	88	-91 to +72	(27)	78
81 - 100	25	-40 to +20	(16)	21
61 - 80	39	-60 to +57	(8)	33
Overall	180	-99 to +72	(24)	160
101 - 300	116	-99 to +72	(31)	106
% of JS Partcpts	33%			89%



Original Glucose	No. of Participants	Glucose Change	Average Change	No. with a Reduction
140 - 255	11	-91 to -10	(49.2)	11
101 - 139	41	-33 to +10	(11.0)	34
49 - 100	91	-67 to +35	(1.4)	45
Overall	143	-91 to +35	(7.8)	90
% of JS Partcpts	26%			63%

Decrease in LDL Cholesterol for 180 participants (33% of total participants). The average decrease was 24 points in two weeks. Individuals with higher LDL realized a larger impact. The 28 participants with LDL cholesterol over 160 had a reduction of 42 points, on average, in two weeks.

Decrease in Fasting Glucose for 143 participants (26% of total participants). The average decrease was 7.8 points in two weeks. Individuals with higher glucose levels realized a larger impact. The 11 participants with a glucose level over 139 had a reduction of 49 points, on average, in two weeks.

Quality of Life Indicators

At the end of each Jumpstart program, RLMI asks participants how their quality of life has changed. This is part of the Day 15 questionnaire with a 10 point scale for 4 quality of life indicators: energy, sleep, mood, and pain. Here are the results for the 2023 participants who were experiencing serious issues with these aspects of life before Jumpstart, i.e. their energy level was less than 5; their sleep quality was less than 5; their mood was less than 5; or their pain was more than 5.

For the 105 participants who had low energy before Jumpstart, 90% had more energy afterwards.

For the 105 participants who had poor sleep before Jumpstart, 84% slept better after taking Jumpstart.

For the 73 participants with a poor mood before Jumpstart, 86% had a better mood afterwards.

For the 109 participants with significant pain before Jumpstart, 67% had less pain.

Dietary Lifestyle Changes

After each Jumpstart program every month, RLMI asks participants about their plans for their future diet. Here are the results of that question:

Quality of Life Changes for those with QOL Issues

	For Those with QOL Issues				No. of Participants	
	Before	After	Change	% Positive	Before	After
Energy<5	3.2	6.8	3.6	90%	105	12
Sleep<5	3.1	6.2	3.1	84%	105	27
Mood<5	3.4	6.9	3.5	86%	73	11
Pain>5	7.3	5.2	-2.1	67%	109	50

Plans for your future diet?

366 responses (68% of total participants)

I will stay on a VLF WFPB* diet for the foreseeable future	20%
I will stay on a VLF WFPB* diet until I achieve a health goal	7%
I will stay on a WFPB diet adding back some high-fat plant foods	28%
I'll do my best to stay on a WFPB diet but may eat some food not on this diet	25%
I will continue to eat more WFPB foods, but plan to eat other foods once / week	17%
I am not sure whether I will stay on a WFPB diet	1%
I have decided this eating pattern is not for me	2%

* VLF = Very Low Fat (excluding nuts, seeds, avocado, coconut, etc.)
WFPB = Whole Food, Plant-Based

Summary of participants' future dietary plans:

Committed to a Whole Food, Plant-Based Diet (rows 1-3)	55%
Maintaining a primarily Plant-Based Diet (rows 4-5)	42%
Unsure / Not for me (rows 6-7)	3%

Summary

The analysis of the 2023 Jumpstart program results shows that most participants had positive biometric results (lower weight and blood pressure) and positive lab results (lower cholesterol and glucose). Most participants had a positive experience adopting a plant-based diet during the two-week program and will continue with this dietary lifestyle in the future.

Collaboration with Medical Providers

In the Jumpstart registration process, RLMI asks participants for permission to share their results with their medical provider (MP). If a participant gives this permission, RLMI sends their results report to their MP, so he or she can follow up with their patient to discuss their path to better health. The object of this collaboration is for the two-week, 11-hour Jumpstart program to support MPs' treatment plans for their patients.

About RLMI

RLMI is a nonprofit and federal tax-exempt organization. Jumpstart participant fees do not cover the whole program cost. Still, RLMI has always sought to make Jumpstart available to everyone: with Medicaid pricing; grants; and special cohorts for the underserved.

Value-based medicine (hopefully, the wave of the future) would reimburse programs like Jumpstart fairly, but until this new regime is in place RLMI takes these measures to keep Jumpstart viable:

- Engages in ongoing operational cost economies
- Spreads the word about plant-based nutrition to increase demand for Jumpstart
- Advocates for changes in the system of reimbursement
- Seeks donations and support for the program and the overall mission

To date, RLMI has reached more than 2,000 people with Jumpstart and the results show it has given most of those people added years of improved health. For RLMI, this makes every day of delivering Jumpstart program worthwhile.



Bruce Pollock is the Director of Partnership Development at Rochester Lifestyle Medicine Institute. He has an MBA from Harvard Business School, and was previously a Finance and Business Operations Manager at IBM. He is a graduate of the University of Rochester, where he was Phi Beta Kappa. He has followed a whole-food plant-based lifestyle for five years.

INTEGRATIVE PSYCHIATRY AND LIFESTYLE MEDICINE FACTORS

BY CHERYL L. TISLER, MD

Lifestyle Medicine is becoming more known recently to primarily treat chronic disease with focuses on the 6 pillars. These include plant-based nutrition, physical activity, stress management, avoidance of risky substances, restorative sleep, and social connections. Functional Medicine is usually focused on finding root causes of disease and includes natural remedies of diet and nutrition as its foundation. Integrative Medicine includes functional medicine to focus on evidence-based natural or holistic treatments and uses the best of conventional medicine. Integrative Psychiatry is a subset of Integrative Medicine.

Integrative Psychiatry includes environmental or lifestyle changes. It also is focused on bringing the patient back into balance (homeostasis) in mind-body-spirit, using the best of conventional psychiatry and evidence-based holistic/natural treatments. It also involves finding the root causes of psychiatric symptoms or behavior. When the body-mind-spirit is back in balance, the body innately knows how to heal itself. This is wellness. I never realized until a decade ago that there doesn't seem to be a definition or focus of wellness in conventional medicine. We were taught in medical school to just wait until a threshold is met before we diagnose and offer treatment. We also were taught diet and nutrition were unimportant. In integrative medicine and psychiatry, we can see early indications of a pattern towards disease, and we will address it.

Recently the use of the term 'Integrated' has been used to describe programs within the different levels of psychiatric care that try to be a little more coordinated. The system includes inpatient, partial hospitalization, intensive outpatient, individual, family, and group outpatient care, alcohol and substance use treatments including dual diagnosis, and other specialty (eating disorder), and chronic treatment modalities.

Integrative Psychiatry looks for root causes for focused treatment, uses natural treatments, if possible, but does not exclude medication or other conventional treatments. It might include some tests of saliva, urine, blood, stool, that are conventional and some that are evidence-based. Supplements, vitamins, herbs, or homeopathic medicines may be recommended but are not likely to work well if diet is not addressed. Other referrals are made depending on the situation to treatments like acupuncture, or energy therapies. Medication and psychotherapy are usually the treatment recommended during the acute phase of psychiatric illness, with natural treatments explored once the patient is more stable. Integrative psychiatry is about becoming part of a team with a patient to find an individualized path back towards balance in their health.

Over the last 35 years, the basics of psychiatry have had some additions made with more types of psychotherapy and newer versions of the same classes of medication. The names of psychiatry programs have managed to change from Psychiatry to Behavioral Health, to Mental Wellness, however, nutrition is still not a foundation in this field.

We have come far from the past of no rights for the mentally ill, to the more modern issues of shortage of psychiatrists and inpatient beds, and long ER waits. Currently some very ill psychiatric patients have poor awareness of their symptoms and must deteriorate to the point of suicidal or homicidal thinking before they can be forced into treatment. This contrasts with the past when some healthy people were forced into hospitals based on someone else's word alone. People in communities or families have their own ideas or judgments about mental health symptoms. "Pull yourself up by the bootstraps", "Lock them up", "Just forget about it", "Stop thinking like that", or use society's

norm of coping with alcohol or drugs. Mental illness causes more isolation just when people need more social support. People are pushed away, seen as weak, or seen as having difficult behaviors that bother others.

Most people think mental illness is all in the mind. Some of the more recent findings over 30 years are that the mind has a direct effect on the body (psychosomatic illness). Even seizures are worse when the mind is stressed. Most know about how anxiety causes gastrointestinal symptoms, but it could be headaches, colds, back pain – wherever your weakest link will break is where your symptoms manifest with stress.

It also works in the other direction, where your body creates mind symptoms. You could have gastrointestinal symptoms or other physical manifestations of dis-ease, which can produce psychiatric symptoms or illness like anxiety or depression or worsening of usually mild or stable psychiatric symptoms. In fact, in hospital settings, more than half of people admitted for MI or stroke, or other medical conditions have also developed clinical depression.

Spiritual health also affects mental and/or bodily health, and this also goes in the other direction.

On an overall basis, lifestyle medicine for mental wellness is tailored, individualized per person, and changes at different points in time for them.

There are some evidence-based factors that apply to most people. For example, an important lifestyle factor especially in severe psych illness is getting enough and good quality of sleep. The longer someone does not have enough sleep, the more likelihood they will lose their mood stability.

Exercise by moving the body physically through walking, yoga, dance, or Tai Chi is also important. There are multiple studies that show walking or exercise has anti-depressant effects through the endorphin and monoamine hypothesis. Dr. Michael Craig Miller of Harvard Health noted that the hippocampus, that helps regulate mood in the brain,



is smaller in people with depression. He showed that exercise supports nerve cell growth in the hippocampus, improving nerve cell connections, thus relieving some depression. Other studies show actual improved cognitive functioning when children go out into nature.

Food affects mood. Most have heard of the gut flora or microbiome by now and have heard of probiotics. Our gut flora of microbes is our garden and are necessary to flourish and maintain health with food being most important to the gut and brain health. The Mediterranean diet or a whole food plant-based diet can lower inflammation in the gut with studies that show lowering inflammation can also help with depression.

Having a social network for support and healing is essential at home, work, for love and play, but many factors tear this apart. Since people tend to be isolated by or from others due to mental illness, the pandemic worsened this due to restrictions on socialization. Since then, more people work from home using online technology, including many therapists who use telepsychiatry now. Early childhood trauma and attachment issues, which are captured by larger traumas on ACE scores (Adverse Childhood Events) impact the growth of the brain, thus creating most of the mental “illnesses” we have. Preventing and helping to clear the effects of trauma individually and through the multiple generations is essential to have a true preventative program for Mental Wellness.

Deficiencies, or root causes, are important to correct as this helps the body achieve balance so that all the metabolic processes (like conveyer belts in a factory) run smoothly.

If you had a leak in your roof, you would want to prioritize fixing it. If you had 12 leaks in your roof and only fixed 4 of them, have you fixed your roof? Sometimes one small change can have a profound effect on someone's mental symptoms, while someone else may show no difference after 4 or more changes. This depends on each person's individual root causes. Guiding, teaching, becoming a team member with anyone with mental illness requires many simple, basic environmental recommendations such as sleep, exercise, food/nutrition, nature, managing stress reactions, relationships, and social supports, and avoiding tobacco, alcohol, and drugs if possible. They will also likely need psychotherapy (talk therapy), medication or supplements as nutraceuticals, and may need a specific level of treatment that depends on their acuity level and the types of support that they have. An evaluation by an Integrative Psychiatrist offers both conventional psychiatry evaluation and treatment, plus the philosophy and treatments in the natural/holistic arena. These two modalities can then be combined in a tailored fashion, while looking for root causes that can be treated.



Cheryl L. Tisler MD is an Integrative Psychiatrist currently in solo private practice in Rochester, NY. She received her undergraduate degree from Weber State College (now University) in Ogden, Utah, and her medical degree from the University of Utah. She completed a general adult, child, and adolescent psychiatry residency over 5 years at the University of Rochester. She has experience working over the last 30 years in multiple levels of service in county and hospital clinics, inpatient, outpatient, substance abuse, and two private practices in addition to teaching medical students. Over the last 10 years through her private practice she continues to learn from many modalities to integrate conventional psychiatry with evidence-based holistic treatments (what used to be called complementary or alternative medicine).

Highland Park, Rochester, NY, in January 2024 by Jen Casasanta



JEN CASASANTA
PHOTOGRAPHY

The Transformative Power of *Lifestyle Medicine* in Achieving the *Octuple Aim*

BY TED BARNETT, MD, FACLM

In this article, I propose the adoption of an Octuple Aim for Healthcare: Incorporating the individual; the general population; future generations; caregivers; health and environmental equity; financial sustainability; compassion to all beings; and the health of the planet (Figure 1-pg 18).

If the goals are achieved, healthcare costs would likely decline significantly, and overall population well-being would be significantly enhanced.

In addition, I propose that Lifestyle Medicine, with its reliance on a whole-food plant-based diet and low-tech, low-cost therapies is the medical specialty best situated for achieving the goals of the Octuple Aim.

In my decades of experience as a physician, I have seen firsthand how powerful lifestyle changes can be in transforming health.¹ This principle is profoundly relevant in the context of the Octuple Aim in healthcare, a proposed expansion of our healthcare goals. I believe that the integration of Lifestyle Medicine into this framework is not just beneficial; it is essential.

In 2008, Berwick described the Triple Aim of the Institute for Healthcare Improvement. This framework is an approach to optimizing health system performance, proposing that healthcare institutions simultaneously pursue 3 dimensions of performance: improving the health of populations, enhancing the patient experience of care, and reducing the per capita cost of health care.²

In 2014, in an article entitled “From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider,” Bodenheimer and Sinsky propose a fourth aim, “improving the work life of health care clinicians and staff—that, like the patient experience and cost reduction aims, must be achieved in order to succeed in improving population health.”³

In 2021, Itchhaporia, adding Health Equity, described the Quintuple Aim in “The evolution of the Quintuple Aim: Health equity, health outcomes, and the economy.”⁴

In 2023, Alami called for creating a “Sextuple Aim” by adding Environmental Sustainability to “(1) quality and experience of patient care; (2) population health; (3) quality of work and satisfaction of healthcare providers; (4) equity and inclusion; and (5) cost reduction”⁵

In 2019, in an article entitled “Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems,” the authors state, “Because food systems are a major driver of poor health and environmental degradation, global efforts are urgently needed to collectively transform diets and food production... achieving this goal will require rapid adoption of numerous changes and unprecedented global collaboration and commitment: nothing less than a Great Food Transformation... Healthy diets have an appropriate caloric intake and consist of a diversity of plant-based foods, low amounts of animal source foods, unsaturated rather than saturated fats, and small amounts of refined grains, highly processed foods, and added sugars.”⁶ A very readable summary of the Eat-Lancet Commission article can be downloaded [here](#).

The Octuple Aim through the Lens of Lifestyle Medicine

1. Individual Health and Well-being

At the core of Lifestyle Medicine is the belief that individual health is deeply personal and profoundly transformative. Simple lifestyle changes, such as adopting a whole food, plant-based diet, engaging in regular physical activity, and managing stress, can lead to remarkable improvements in personal health and well-being.

2. Population Health and Well-being

On a broader scale, Lifestyle Medicine is about creating a healthier society. By promoting lifestyle changes at a community level, we can significantly reduce the incidence of chronic diseases, improve quality of life, and decrease healthcare costs.

3. Future Generations' Health and Well-being

By instilling healthy habits today, we are setting the stage for the health of future generations. Lifestyle Medicine not only teaches skills that address current health issues, but it also provides a blueprint for a healthier future, while leaving a healthier planet for generations to come.

4. Caregiver Health and Well-Being

Healthcare providers and unpaid caregivers often face immense stress and burnout. Lifestyle Medicine can offer them tools for self-care, including stress management techniques and nutritional guidance, enhancing their capacity to care for others while taking care of themselves.

Additionally, healthcare providers can experience a profound improvement in their outlook and overall well-being as they witness patients actually recover from their chronic conditions.

5. Health and Environmental Equity

Lifestyle Medicine has the power to democratize health. By emphasizing low-cost, accessible interventions, it can help bridge the gap in health disparities, ensuring that healthy living is not a privilege but a right for all.

Currently, persons in underserved communities are more likely to receive substandard care and, due to social determinants of health, more likely to follow lifestyle patterns that result in poor health. These communities also often bear the brunt of pollution and environmental degradation. While societal and political decisions can alter our environmental footprint and reduce some of these negative impacts, we can also help these communities from within by offering accessible, affordable programs for lifestyle change.

6. Financial Sustainability

According to the Centers for Medicare and Medicaid Services, "U.S. health care spending grew 4.1 percent in 2022, reaching \$4.5 trillion or \$13,493 per person. As a share of the nation's Gross Domestic Product, health spending accounted for 17.3 percent."⁷

From another source published in 2020, "In the last 20 years, the prevalence of chronic disease in the United States has grown by a steady 7 to 8 million people every 5 years. Today, chronic disease affects 50% of the population,

and its care consumes more than 85% of health care costs⁸

By emphasizing prevention and addressing the root causes of chronic diseases, Lifestyle Medicine can significantly reduce healthcare costs. This proactive and preventive approach can alleviate the burden on the healthcare system, making it more financially sustainable in the long term.

7. Compassion to All Sentient Beings

A core tenet of Lifestyle Medicine is compassion, which extends to all living beings. This approach, with its advocacy of a plant-based diet, inherently promotes a more humane and ethical treatment of animals, aligning with a broader vision of health and empathy.

8. Planetary Health

The health of our planet is inextricably linked to our own health. Lifestyle Medicine advocates for choices that support the environmental sustainability of our planet, recognizing that the well-being of each individual is connected to the health of the Earth.

A whole-food plant-based diet is not only key to helping to stamp out chronic disease; if widely adopted, it would substantially reduce the greenhouse gas emissions associated with producing animal products while simultaneously allowing a significant portion of land to be returned to the wild.

Embracing the Challenges and Opportunities

Integrating Lifestyle Medicine into the framework of the Octuple Aim is not without its challenges, but it also presents unparalleled opportunities.

Challenges

1. Behavioral Change: Lifestyle Medicine, with its emphasis on longer appointment times, coaching and creation of community, is well-positioned to help individuals improve long-standing habits.
2. Access and Education: Providing widespread access to resources and education about Lifestyle Medicine is crucial.
3. Healthcare Integration: Integrating Lifestyle Medicine into current healthcare practices requires a paradigm shift in medical training and practice.

Opportunities

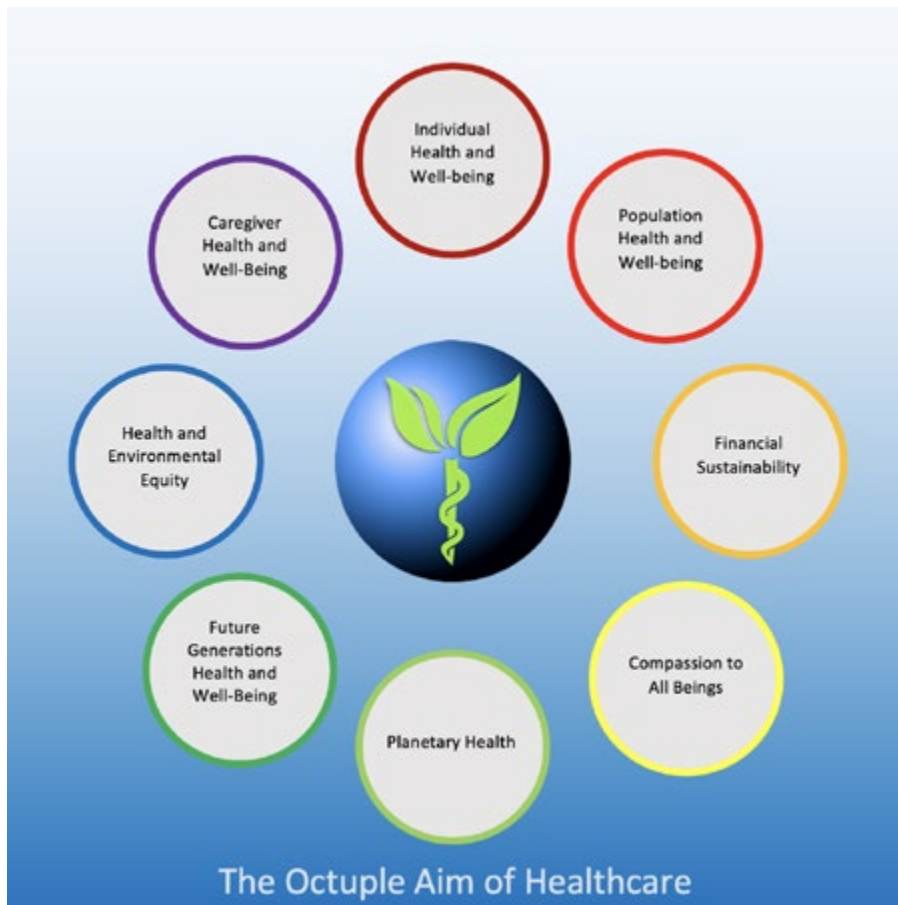
1. Preventive and Curative Power: Lifestyle changes can prevent and even reverse many chronic conditions, reducing the burden on healthcare systems.

2. Cost-Effectiveness: Lifestyle interventions are usually less costly than traditional medical treatments.
3. Empowerment: Empowering individuals to take control of their health can lead to improved health outcomes and a greater sense of well-being.
4. Community and Global Health: Promoting healthy lifestyles can lead to stronger, healthier communities and contribute to global health.

Conclusion

This article advocates for factoring in all eight of the goals enumerated in the Octuple Aim when making health care and lifestyle-related choices. Embracing those goals while integrating Lifestyle Medicine into the healthcare system is more than a strategy; it's a necessity for a healthier, more compassionate, and sustainable future. It's about understanding that the choices we make every day can profoundly impact our health, the well-being of others, and the planet we share. By embracing this comprehensive approach, we can transform the landscape of healthcare and create a world where life is enjoyed by all sentient beings, and good health is accessible and achievable for everyone—and aren't these the goals of a civilized society in general?

FIGURE 1



[References: 1] Friedman SM, Barnett CH, Franki R, Pollock B, Garver B, Barnett TD. Jumpstarting health with a 15-day whole-food plant-based program. *Am J Lifestyle Med.* (2022) 16:374–81. doi: 10.1177/15598276211006349 [2] Berwick DM, Nolan TW, Whittington J. The Triple Aim: care, health, and cost. *Health Aff (Millwood).* 2008;27(3):759–769. [3] Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med.* 2014;12(6):573–576. doi: 10.1370/afm.1713. [4] Itchhaporia D. The evolution of the Quintuple Aim: Health equity, health outcomes, and the economy. *J Am Coll Cardiol.* 2021;78:2262–2264.[5] Alami H, Lehoux P, Miller FA, et al. An urgent call for the environmental sustainability of health systems: a 'sextuple aim' to care for patients, costs, providers, population equity and the planet. *Int J Health Plann Manage* 2023; 38: 289–295.[6] Willett, W. et al. Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems. *Lancet* 393, 447–492 (2019) [7] <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical> (accessed 2/3/2024) [8] Holman HR. The Relation of the Chronic Disease Epidemic to the Health Care Crisis. *ACR Open Rheumatol.* 2020 Mar;2(3):167-173. doi: 10.1002/acr.2.11114. Epub 2020 Feb 19. PMID: 32073759; PMCID: PMC7077778.



Dr. Ted Barnett, known as the “High-Tech Doctor with Low-Tech Solutions,” he is an Interventional Radiologist, Mammographer, Body Imager, and senior partner with Borg and Ide Imaging in Rochester, NY, where he has practiced since 1986. Like any good parents, Ted and his wife Carol performed an experiment on their children—in 1991, they became vegan. The experiment worked! All three children are now remarkably healthy and charming adult vegans (and their youngest even won a Grammy)! As a fellow and former board member of the American College of Lifestyle Medicine (ACLM), Dr. Barnett is dedicated to transforming the practice of medicine using the principles of Plant-Based Nutrition and Lifestyle Medicine. Dr. Barnett received his undergraduate degree in 1976 from Yale and his medical degree in 1980 from Tufts, where he also completed his Diagnostic Imaging residency, and became board-certified in 1984. 11 years later, in 1995, he became one of the first physicians board-certified in Vascular & Interventional Radiology after passing the inaugural examination given by the American Board of Radiology. 22 years later, in 2017, he became one of the first 204 physicians board-certified in Lifestyle Medicine after passing the inaugural examination of the American Board of Lifestyle Medicine. In March 2020, adapting to the realities of the pandemic, Rochester Lifestyle Medicine Institute began delivering its monthly ACLM-certified 15-Day Whole-Food Plant-Based Jumpstart using Zoom and the Google Classroom. As of January 2024, the program has reached over 2000 people in 44 states and 9 countries.

Sleep:

A Powerful Pillar of Health

BY JANE DORSEY, FNP-C

Sleep is a process of restoration, as necessary as water yet treated like dessert. In Lifestyle Medicine, sleep is one of a number of areas where our individual choices can be central to health.

Restorative Sleep

Good sleep could be defined as being able to fall asleep in 10 to 30 minutes of lying down in a quiet dark room, waking perhaps once during the sleep-time (such as to use the bathroom) and able to return to sleep. Waking occurs at the end of sleep-time without an alarm and at around the same time every day, feeling refreshed and alert throughout the day and evening, without reliance on medications or stimulants.

The Inner Sanctum

The sleep environment is best as a quiet, dark place without another's snoring, or interruption from a partner or pet. Optimally there is no noise/light from electronic devices. There would be no sounds with modulation like music or talk radio. "Grey" or white noise from a fan can be helpful as can earplugs (even one ear plug) and a comfortable eye cover.

From the research in human sleep, we know that most human adults require 7.5 to 9 hours of sleep per 24 hours. As mentioned above, we may function with less sleep but there are subtle and overt effects in the short- and long-term. This includes how we age.

Some individuals need more sleep in the wintertime than in the summer. Maintaining the same wake time seven days a week is an important first start in re-entraining our own circadian rhythm.

Keeping the same wake times, seven days a week, is also important for treating the difficulties of initiating and

maintaining sleep or DIMS. Bright light in the morning helps entrain the normal sleep wake-cycle: suppression of our sleep promoting chemicals including melatonin, and boosting our wake-promoting chemicals such as serotonin. In the evening it is important to avoid bright light and/or stimulation from electronic devices.

Exposure to light outdoors can help regulate the sleep wake cycle. "Under the open sky" for 30 minutes per day can later increase our slow wave sleep, which boosts our ability for tissue repair.

Insomnia

Insomnia is difficulty initiating and/or maintaining sleep, acute lasting a few days or chronic lasting months. Insomnia can arise from a number of causes, over short and long periods of time. Insomnia includes any problems getting to and maintaining sleep, waking refreshed and maintaining alertness throughout the wakeful period, without reliance on medications for sleep or stimulants while awake.

Taking medications for sleep can sometimes be useful in the short term. The medication may help a person stay on a sleep wake schedule, while working on the issues which have interfered with sleep. Some prescribed medicines, and over-the-counter antihistamines such as those contained in combination with acetaminophen or ibuprofen "PM" medications can reduce the resistance to sleep. These substances do not correct the mechanisms which produce sleep.

Cognitive behavioral therapy for sleep, (CBT for sleep), is a highly effective means to "teach the brain how to sleep again", or to re-entrain the circadian rhythm. The process often includes a short period of sleep restriction and stimulus control. This process involves making changes that may have taken many years to form.



Supplements of melatonin might serve a purpose in the short term; melatonin can shorten the time it takes to fall asleep but only increases sleep quality 2.2%. Our own intrinsically produced melatonin is most important in helping to regulate the timing of our sleep and wake. Supplemental melatonin does not put us to sleep; melatonin is one of several hormones we produce for getting into and maintaining sleep.

Cheap Sleep: Sleep That Is Less Restorative

Caffeine and alcohol can be sleep robbers.

Caffeine negatively affects our sleep quality, blocking our adenosine receptors. We can go to sleep with caffeine in our system, 10-11 hours after the last caffeine intake, but the sleep is more fragmented and less restorative. Even mildly caffeinated sleep is without the ability to get into stage 3, delta sleep, or deep sleep. Also, we may lose out on stage 3 sleep on nights with an insufficient amount of sleep time. During stage 3 sleep, there is production of long delta waves, these can be seen on the EEG or electroencephalogram; there is coordination of slowed

heart rate with the long delta waves, and a slow pulsation of cerebral spinal fluid within the brain. This is helping to “wash out” the accumulated metabolites of the wake-time or daytime activities.

Alcohol is a sedative; it interferes with our ability to get into and maintain restorative sleep. Like some sleep promoting medications, alcohol can knock down the resistance to sleep initially but does not allow us to achieve good quality sleep. In particular, alcohol suppresses REM or Rapid Eye Movement sleep, which plays a role in memory consolidation, emotional processing, and dreaming.

Sleep Apnea

Sleep apnea occurs with or without snoring. Sleep apnea is one of the most common sleep abnormalities, often causing disrupted sleep, wake-time fatigue and sleepiness. Airflow is restricted in the throat, in the upper airway. Diagnosis is made with sleep testing at home or in a sleep clinic. Untreated sleep apnea is associated with significantly increased cardiovascular risk such as stroke and heart attack. The treatment of nasal CPAP is continuous

positive airflow (plain air pressure) which keeps the upper airway open. Playing the didgeridoo, or "Didge for sleep" has been shown in several studies to effectively strengthen musculature, reduce sleep apnea snoring.

Insufficient Sleep Takes its Toll

Some might say that achieving a sufficient amount of good quality sleep every 24 hours is common sense. Yet in the modern world what seems like commonly understood, sensible recommendations, are not easily applied in day-to-day life. Demands on our time and attention, along with a multitude of responsibilities, can certainly increase the difficulty of getting enough good quality sleep on a nightly basis. There can be a sense of bravado in the statement, "I'm getting by on 4 hours of sleep". In reality, the lack of sleep is a signal this person may not be at their best in many ways: this includes to operate a motor vehicle (or any machinery), to process information, form clear memories, recover from injury, mobilize an immune response to microbial onslaughts or to low grade allergens in the environment.

Cambridge Brain Sciences group is one of several groups reporting on cognitive impairment from extended wakefulness. Awake 18 hours, the brain has the impairment of a 0.1% alcohol impairment: this is the Blood Alcohol Content or BAC of impaired driving (in some places the BAC of impaired driving is 0.08%). We can have momentary lapses in alertness, without warning, without awareness, with the eyes open or closed. If operating machinery, including driving, it is important to pull over to take a break. Caffeine, cold air, ice cubes, nicotine, chewing candy gum or food, loud music are not sufficient to continue, are not a substitute for one or more power naps. It is essential to pull off the road, to take a nap, a walk, to let someone else drive. A second nap could still be needed; as difficult as it may seem at the time, to be late is better than to cause harm, injury, to be the reason for an accident.

We may cope with inadequate quality and quantity of sleep, but we are not functioning at our best. Over time, the lack of sleep does take its toll. Inadequate sleep time also increases the levels of the stress hormone cortisol in the body, which interferes with normal glucose metabolism. The effects are seen in weight gain (and difficulty losing extra weight) abnormal blood sugar levels, and development of diabetes.

The researcher Matthew Walker describes the "sticky" by-products of normal daily brain metabolism, beta-amyloid and tau proteins, building up in the unrested brain. These metabolites of a "normal day's work" can accumulate and affect cognitive function. Researchers are looking at the relationship of inadequate sleep to Alzheimer's, dementia, and other diseases of the brain.

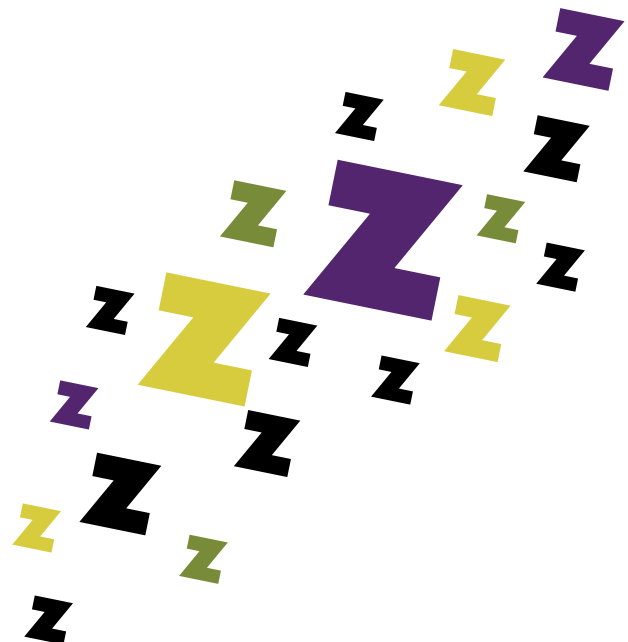
All the pillars of health in lifestyle medicine are interconnected, and even a small gain in one area can bring about changes in other areas of our health. Be sure to support your pillar of sleep!

Resources

www.cdc.gov/NIOSH
Blume, C., TedX talk, on-line, "How Daylight Can Help Sleep"
Cambridge Brain Sciences, now Creyos Health "credibility is our ethos".
Frates, B. and Bonnet, J., et al., (2021) *Healthy Learning* (2nd edition). Monterey, CA. American College of Lifestyle Medicine.
Walker, M. (2017) *Why We Sleep*. New York, NY Simon and Schuster,, p. 112, 134-140



Jane Dorsey, FNP-C is a diplomate of the American College of Lifestyle Medicine and a board-certified family nurse practitioner, with a Masters of Science in Nursing and Acupuncture. She has specialized in sleep medicine since 1999, and is a member of the American Academy of Sleep Medicine.



MCMS's First Ugly Sweater Party

On Wednesday, December 13, 2023 the MCMS held its first "Ugly Sweater Mix & Mingle" at Rohrbach's Restaurant and Brewery on Railroad Street in Rochester. Members and guests wore their fabulous, gaudy, sparkly, fuzzy, UGLY, most ridiculous holiday style while mixing and mingling with colleagues and friends. Appetizers and drinks were included. Fun was had by all and there is a strong likelihood we will do it again in 2024!



Celebrating Dr. McIntyre

On Wednesday, January 17th, at the Hilton Garden Inn in Pittsford members kicked off the new year with appetizers, and dessert with the MCMS. We also celebrated Dr. Jack McIntyre for his many years of service as Chair, MCMS Quality Collaborative.





PLANT-BASED IN ROCHESTER: MAKING IT HAPPEN

BY CAROL BARNETT, PHD, JD

Let's Go Plant-Based!

Pretty much everyone agrees that we should incorporate more plants into our diet or go completely plant-based. Let's review the reasons, which are so compelling.

Why Plant-Based?

The scientific and medical case for a plant-based diet gets stronger every day. The Academy of Nutrition and Dietetics (formerly the American Dietetic Association) released a position paper on vegetarian diets in 2016, stating that a completely plant-based diet is adequate for human health, and that "Vegetarians and vegans are at reduced risk of certain health conditions, including ischemic heart disease, type 2 diabetes, hypertension, certain types of cancer, and obesity"—the diseases that kill most Americans. A plant-based diet can reverse heart disease, with results that are quantifiable with imaging such as angiograms and PET scans. A plant-based diet can reverse type 2 diabetes. A plant-based diet may halt the progression of early-stage prostate cancer. And a plant-based diet is good for brain health.

For these reasons and more, the American College of Lifestyle Medicine recommends following a plant-based or plant-predominant diet as one of the six pillars of health.

Protecting the environment, preserving the planet

Not only is plant-based better for your health, it's better for the planet. A plant-based diet—which uses fewer resources, pollutes less, and generates less greenhouse gas than animal agriculture—is starting to be widely recognized as a powerful tool to effect climate change and save our planet, while saving human lives and the lives of animals at the same time. Films like "Cowspiracy" and "Seaspiracy" address the topic in detail; and mainstream films like "Breaking Boundaries" place dietary choices alongside other more widely-recognized drivers of climate change like population growth and transportation.

A two-way street for motivation

We try to persuade people to try a plant-based diet for a whole complex of reasons: for their health, for the animals, and for the planet. Even from a medical standpoint this makes sense: we know a plant-based diet is better for the person eating it; and if it makes the planet more liveable, that helps the person as well, even if that effect is a little more indirect and generalized. In fact, there are a number of medical journal articles and initiatives devoted to ameliorating the adverse human health effects of climate change.

But it's even more complicated and interesting than that. Since it's clear that a plant-based diet is good for the planet, we can convey that message to people and then they will be doubly motivated to eat plant-based—in other words, their personal health decision will be reinforced. You might even say that telling people about the environmental benefits of a plant-based diet, as well as the reduction in animal suffering that it brings, is medically indicated. I'm indebted to my husband Ted Barnett, MD for this concept; in fact, when we taught a course in Plant-Based Diet in Rochester NY from 2012-2020, we took this holistic approach, gradually introducing some of the reasons for eating a plant-based diet, other than benefits to personal health.

How to make it happen? A little biography ...

Assuming we all agree that a more plant-based world would be desirable, for a whole host of reasons, how do we get there?

Let me take this opportunity to tell you something about myself. For more than 30 years, my husband Dr. Ted Barnett and I have been vegan. We have run the Rochester Area Vegetarian Society, now the Rochester Area Vegan Society, for more than 25 years; and from 2012 to 2020 we taught an in-person plant-based diet course (with food samples!) at least twice a year. In 2015, Dr. Barnett founded Rochester

Lifestyle Medicine Institute to promote positive lifestyle change including the adoption of plant-based diet.

And a little story

I remember once talking to a woman who cooked and ate a plant-based diet on the Ornish plan, to support her husband who had heart disease. This woman was quite bitter and resentful. The Ornish diet, as some readers may know, is a very low-fat diet which at that time excluded almost all animal products (and now excludes them entirely). While it is stricter in some ways than the average plant-based diet, it still allows for plenty of culinary variety and delight: so I was dismayed at this woman's grudging attitude.

But I have never forgotten it; and I take it as my personal mission to spread the word that a plant-based diet is joyful and delicious. Sure, there's resistance: the meat-based culture dies hard. But we just need to reach critical mass with the ever-increasing number of people who willingly embrace plant-based diet, and this choice will become more mainstream and normal, and more doable than ever.

How to bring this about? In a post-COVID world, there are both remote and in-person ways to reach people with this life-saving message.

Spreading the word remotely

I'm sure you can think of many ways that people everywhere, including in the Rochester area, can get plant-based information and support, with little or no expenditure and just a few resources including internet service and a library card.

Books

There's been an explosion of plant-based guides and cookbooks. The Happy Herbivore series by Lindsay S. Nixon is one of our favorites: these books are reasonably priced with easy recipes and a photo to accompany every recipe. For other good titles, just search "vegan" or "plant-based." You can access books free (at your local library) or cheaply (library book sales, online vendors, etc.).

Websites

There are several vegan websites that will send you a free vegan starter guide, including Animal Outlook, PETA, Plant Based Treaty, Veg Kit, Vegan Kit, and Veganuary.

There also are scores of plant-based cooking websites where you can get unlimited free recipes. A few favorites are www.happyherbivore.com, www.sustainablediet.com, www.thevegan8.com, and lighter.world. Don't miss [Forks Over Knives](#) where you can get free recipes, an inexpensive app with constant flow of new recipes,

books, and magazines.

[Swich](#) has free plant-based cooking videos and [PlantPure Kitchen](#) has free online cooking classes. [YouTube](#) is a virtually endless source of plant-based learning. For good recipes as well as laughs, go to "Plant Perfect Guidelines."

The following websites are indispensable sources of health information on plant-based diet:

[Nutrition Facts](#) (Michael Greger, MD)

[Physicians Committee for Responsible Medicine](#) (Neal Barnard, MD)

[Center for Nutrition Studies](#) (T. Colin Campbell, PhD)

[Dr. McDougall](#) (John A. McDougall, MD)

[PlantPure Communities](#)

Films

A few favorites: "Forks Over Knives," "PlantWise" (only 45 minutes) "The Game Changers," and "What the Health."

Online instructional programs

RochesterLifestyleMedicineInstitute offers Zoom-based programs that are available to people everywhere. The 15-Day Whole-Food Plant-Based Jumpstart launches people on this new way of eating with clear instructions and recipes, professional support, and a community of peers including an optional buddy program. RLMI also offers cooking classes, individual and group coaching, the Lift Project to cultivate happiness. These programs are priced to be accessible and RLMI operates on a nonprofit basis. RLMI also offers a free Lifestyle as Medicine lecture series for up-to-date information on lifestyle change including diet. RLMI also offers CMEs free or at a nominal cost to health professionals.

Other online plant-based programs include PCRMs free 21-Day Kickstart, and the free CNS Kitchen community offered by the Center for Nutrition Studies. CNS also offers a Plant-Based Certification program through eCornell for those wishing to have a credential in this area.

Spreading the word in person

Every community has plant-based resources and Rochester has a wealth of assets in this area. See Jasmin Singer's VegNews article, "[Why Rochester, New York Is The Best Small City in America for Vegans.](#)"

Restaurants and other Plant-Based Businesses

The Rochester area boasts at least a half dozen all-vegan restaurants, including The Natural Oasis, The





Red Fern, and New Ethic Pizzeria. Rochester even has a vegan butcher (Grass Fed) and a vegan cheese maker (Spirit and Abundance).

A number of other restaurants, while not all-vegan, offer vegan options, such as Owl House and Voula's; and most restaurants can come up with a vegan option with a little advance warning and often rise to the occasion admirably. Rochester's vegan awareness is so high that many mainstream eateries have vegan options, including Nick Tahou's (home of the original garbage plate), Sticky Lips Barbecue, Dogtown Hots, Tom Wahl's, and Bill Gray's. While the offerings at these restaurants may not be the healthiest of plant-based options, they are arguably healthier than the meat-based alternative, and convey the message that plant-based food is normal and can be delicious and even decadent.

Plant-Based Meal Delivery

Sweet Pea Plant-Based offers fresh whole-food plant-based (oil-free) meals for pick-up and delivery. Owing to a grant from Grow New York, Sweet Pea is expanding into regional delivery of its meals. Sweet Pea also offers a package of meals paired with nutrition counseling services. Effortless Healthy has plant-based options.

Supermarkets

There are plenty of plant-based ingredients and meals at Rochester's two health food stores, Abundance and Lori's, and many plant-based options in every supermarket if you know what to look for (canned beans, frozen brown rice, and jarred salsa can make a meal). You can get plant-based "Meals To Go" at Wegmans, and vegan options at Wegmans food bars.

Cooking classes

Plant-based cooking classes are offered from time to time in continuing education programs. Chili Recreation has "Plant-Based Cooking with Barb" on Wednesdays, 11:30-12:30.

Coaching

Whole Abundance offers both virtual and in-person coaching. Spirit and Abundance offers "educational resources for adopting a plant-based lifestyle & offer consulting services for recipe development."

Community

The Rochester Area Vegan Society is open to everyone, regardless of whether they identify as vegan. RAVS's motto is, "You don't have to be vegan, as long as you eat vegan when you're with us."

Conclusion

We've come a long way towards a world that is plant-based-friendly. When it comes to going and staying plant-based, Rochester, New York is a great place to be.

Sources on the benefits of a plant-based diet for disease prevention and reversal:

[Cancer](#)

[Diabetes option 1](#)

[Diabetes option 2](#)

[Heart Disease option 1](#)

[Heart Disease option 2](#)

[Weight Loss](#)

[Overall health benefits from plant-based option 1](#)

[Overall health benefits from plant-based option 2](#)



Carol Barnett, PhD, JD has been plant-based for more than 30 years. She is on the team of Rochester Lifestyle Medicine Institute, which offers plant-based programs, including the 15-Day Whole-Food Plant-Based Jumpstart, certified by the American College of Lifestyle Medicine.

LESSONS IN LIFESTYLE CHANGE: *WHY WE CAN'T JUST FOCUS ON FOOD*

BY KERRY GRAFF, MD

In lifestyle medicine, we talk a lot about food. This focus makes sense because improving what a patient puts on the end of their fork typically benefits their health more than improving any other area of their lifestyle. Not only is what we eat extremely powerful “medicine,” it is also where most Americans are furthest from what is optimal. The healthiest, longest-living populations on the planet are all eating 80% or more of their calories from whole plants: fruits, vegetables, whole grains, beans, potatoes, nuts and seeds. In contrast, the average American gets only about 10% of their calories from whole plants. (If you would like to see how your diet stacks up, go to www.4Leafsurvey.com and take a free, 2-minute survey!)

According to both the US Centers for Disease Control and Prevention and the World Health Organization, about 80% of all the medical misery experienced here in the US is due to what we choose to do (or not do) in three key areas:

- Fingers (toxic substance exposures like smoking, drug use and alcohol)
- Forks (diet)
- Feet (physical activity)

That is a whole lot of self-inflicted disease!! In addition to these three major areas of lifestyle habits, there are three additional lifestyle “pillars” that should also be evaluated in a patient who is contemplating making lifestyle change:

- Sleep (how much, and of what quality)
- Stress (how much, and how well is it handled)
- Love (healthy relationships, sense of purpose, and positive motivators)

While typically Sleep, Stress and Love have only a minor direct effect on overall health, performing poorly on any of these pillars is highly likely to have the indirect effect of sabotaging a patient’s ability to make significant, lasting

lifestyle changes with their Fingers, Forks, and Feet. Below are a couple of case examples to illustrate what can go wrong when the focus is primarily on food and these more “minor” lifestyle habits are not adequately addressed.

Case 1:

A 45-year-old obese male patient with hyperlipidemia and diet-controlled diabetes is seen in your office post discharge from the hospital after having a heart attack and stent placement to his LAD. Numerous subclinical blockages were also seen on his angiogram. You confirm that he has already been started on all the appropriate medications, which he is tolerating. He verbalizes that he is very motivated to improve both his diet and exercise habits because he is “terrified of having another heart attack and dying.” You talk to him about the very low-fat version of the whole food plant-based diet, which is the only diet that has been shown to reverse heart disease. He is excited to start on this immediately. He has cooking skills as well as time to prepare meals, and you suggest that he take the 15-Day Whole Food, Plant-based Jumpstart Program through the Rochester Lifestyle Medicine Institute. At his 3 month follow up appointment, he states that he completed the Jumpstart Program and followed the diet for 2 months but stopped eating this way about a month ago. He is back to eating all the meat, cheese, and processed foods that caused the heart attack in the first place. He also reports that while he started cardiac rehab once he was cleared by his cardiologist (6 weeks after his heart attack), he hasn’t been attending regularly since the first week. He says that he was motivated to eat a healthy diet and exercise for the first two months because he thought about dying every day, but that made him so anxious and depressed that he really didn’t feel like living anyway, so he felt he might as well enjoy all those tasty but “bad-for-him” foods he used to eat! He mentions that when he gave them up, he felt like he lost his best friend. When you ask about his support system, he tells you that he is single with no children, has no close friends, and isn’t in regular contact with the

remaining members of his family of origin, although he used to be close to his brother and his niece and nephew before they moved to Washington state a few years ago. He previously belonged to a bowling league, which he really enjoyed. He did not keep in touch with his buddies from the league after his work hours changed and he was unable to participate, nor did he bother to rejoin the league when his work schedule changed again and no longer conflicted.

Lesson #1: Always start with Love! Fear is a terrible motivator for more than 2 months. Make sure patients both have and focus on the positive motivators in their lives as they make lifestyle improvements.

What should have been included in the initial recommendations for this patient? In addition to being referred to the Jumpstart Program, he should have been told that fear-based motivators don't typically last more than a few months and been strongly encouraged to reconnect with his brother, niece, and nephew as soon as possible. A plane trip to visit them in person followed by weekly zoom visits after the trip would have been optimal. He should have also been encouraged to reach out to his previous bowling buddies and consider rejoining the bowling league. To be able to make healthy lifestyle changes that will last, he needs to remember and then focus on WHY he wants to be alive.

Case 2:

A 63-year-old male patient presents to the office for follow up on obesity, hypertension, diabetes, and hyperlipidemia. Other than a recent weight gain of 25 pounds, his medical conditions are currently well managed with medication, but he hates taking all of them. He states that he just switched to a much less demanding job and now that he isn't working such long hours, he wants to improve his admittedly terrible diet and would like your suggestions. He expresses how much he loves his wife (who is very supportive of him making dietary changes), as well as his kids and grandkids. He would like to do what he can to try to be around for all of them for as long as possible. Both he and his wife enjoy cooking and have skills in the kitchen. You do an initial dietary intake and determine that he is getting about 10% of his calories from whole plants, with 40% of his calories from fat. You recommend that he use the Forks Over Knives Plan book and the 4Leaf Survey tools (available at www.4leafglobal.com) to gradually improve his diet as he is willing and able. You also notice in his chart that he was referred to the sleep clinic for suspected sleep apnea, but you do not see any report. You ask if he ever completed the sleep study, and he sheepishly admits that he never called the sleep center back to get scheduled. While he is sure that he does have significant sleep apnea because his wife tells him he stops

breathing frequently at night, he was hoping to lose weight so that he didn't have to use a CPAP machine. He is frustrated that instead of losing weight, he has gained another 25 pounds. He reports getting about 6 hours of sleep a night due to staying up late after "catching a second wind" in the evenings. He doesn't nap but feels completely exhausted in the afternoons and typically drinks a Monster energy drink after lunch to keep him going. He drinks another Monster while crunching down an entire family-sized bag of potato chips to keep himself awake on his 45-minute commute home from his new job five days a week. He then eats dinner as well because he doesn't want his wife to know that he ate a whole bag of chips already! You discuss with him that all the calories in the potato chips are making him gain weight, which will only make his sleep apnea and all the rest of his medical issues worse. You also highly encourage him to stop the Monster drinks in the afternoon, which are likely interfering with him falling asleep at a reasonable time at night despite his overall level of fatigue, and to stop eating potato chips on the drive home! You ask your staff to set up his sleep study consult before he leaves the office, reinforcing to the patient how important it is to address his sleep apnea. He is set up for the soonest available appointment, which is in 3 months. Three weeks later you receive an ED report that he was in a bad car accident on his way home from work after falling asleep at the wheel.

Lesson #2: While sleep apnea typically improves with weight loss, it is often hard to lose weight (due to increased cortisol released during airway obstruction) until sleep apnea is adequately treated!

Lesson #3: Caffeine, sugary foods and drinks, and crunchy snacks are often used by sleep-deprived patients to help them stay awake, especially while driving. If these coping strategies are removed before the underlying sleep deprivation is addressed, you risk a catastrophic outcome!

What went wrong here? While the above recommendations regarding transitioning his diet were appropriate, there should have been a frank discussion with this patient about how caffeine and crunching were enabling him to stay awake on his drive home. He should have been allowed to continue to use the caffeine (only as much as was absolutely needed) until the sleep apnea was treated and he was no longer profoundly sleep deprived. (He could have been encouraged to switch the Monster drinks to unsweetened coffee to avoid the sugar load, however.) While the afternoon caffeine eventually should be discontinued, staying awake while driving is obviously the more critical need at this time! And rather than eating nothing on the drive home, crunchy carrot and celery sticks could have been recommended to replace the potato chips.

Case 3:

A 35-year-old female patient with obesity, anxiety, depression, and previous alcohol abuse (last use 6 years ago) presents in your office to discuss starting Wegovy for weight loss. She does not have diabetes. Her anxiety and depression have been controlled for the past four years on duloxetine. She expresses that her work and family life are good, and she is generally happy about life except for her weight, which has been slowly increasing each year since she started taking duloxetine.

Despite feeling that duloxetine has been the reason for her weight gain, she doesn't want to discontinue it and try something else because it has worked so well to control her anxiety and depressive symptoms. She sleeps well and is moderately physically active. She has not tried any sort of diet for weight loss recently but noted that she had a lot of cravings in the past when she attempted to lose weight with calorie counting. She doesn't think she would be able to lose weight without taking medication. On dietary review, she is vegetarian but eating mostly processed foods and cheese, getting only about 10% of her calories from whole plants. More than half of her calories are eaten in the afternoons and evenings as "snacks". You discuss that her health insurance requires her to actively participate in a behavioral modification program to be eligible for medication coverage. Unfortunately, her insurance does not consider working intensively with a lifestyle medicine specialist an acceptable program, so the initial plan to schedule a comprehensive lifestyle medicine consult was scrapped. A week later, she sends you a confirmation letter that she has enrolled in Weight Watchers, which is one of her insurance's approved behavioral programs. You submit the prior authorization paperwork for her Wegovy, which is approved a few days later. You send a prescription for the initial dose of Wegovy to her pharmacy and schedule a follow up for 4 weeks. A week before her scheduled follow-up appointment, she comes in for an urgent visit to discuss anxiety. She confesses that she started drinking again three weeks ago to help her deal with worsening anxiety and she had gotten another DWI. Both her marriage and her job are now at risk due to her relapse. She states that her previously well controlled anxiety had worsened significantly as soon as she started attending Weight Watchers, but seemed to increase further after the Wegovy was started. She hasn't been able to eat much due to nausea from the medication but is very happy about the 8 pounds she has already lost. She doesn't want to come off the Wegovy since she doesn't believe it was what started the worsening anxiety, and just wants you to treat her with additional medication. When you ask what healthy coping skills she uses to manage her anxiety, she replies "Isn't that what meds are for?"

Lesson #4: Many patients use calorie-dense food as a "drug" to cope with anxiety and/or depression, especially if they have a previous history of other substance abuse. If these patients have few healthy coping techniques available, taking away the food sets them up for returning to old addictions or to developing new ones.

What should have been done for this patient? Before referring this patient to a diet program or prescribing medication, a comprehensive look at her stress management skills with an assessment of how much she was using food to self-soothe should have been completed. The initial focus with this patient should have been strengthening her stress management skills, not diet or medication. Even though seeing a lifestyle medicine specialist wouldn't have qualified her to receive the medication per her insurance, an initial consult appointment should have been recommended and completed prior to prescribing Wegovy. At this follow up appointment, both Wegovy and Weight Watchers should be stopped, and she should be referred to a program that treats both mental health and alcohol abuse.

Think these cases are a bit far-fetched? Well, I can attest that they are not, as they are all based on real cases from my former primary care practice before I pivoted to exclusively practicing lifestyle medicine. These epic "fails" resulted when I did not take the time to fully address these patients' lifestyle habits. Due to other work demands, most physicians today are severely constrained in their ability to do the counseling that they know their patients both need and deserve. If you are one of those physicians, please continue to inform your patients how much their habits (especially their diet!) matter to their overall health. But, in addition, please consider referring them to a lifestyle medicine specialist for a comprehensive evaluation.



Dr. Kerry Graff is dual board certified in family and lifestyle medicine and currently sees patients for lifestyle medicine consultations through Love.life Telehealth. You can find out more about her practice at www.kerrygraffmd.com.

THE SIX PILLARS OF *LIFESTYLE* *MEDICINE*

BY DEBORAH CHIELLI, APRN, NP-C, DIPACLM

Introduction

In an era when chronic disease is so prevalent, the conventional healthcare model is increasingly seen as inadequate. The American College of Lifestyle Medicine (ACLM) promotes an evidence-based shift towards first-line prevention and treatment of disease through lifestyle interventions centered around six key pillars: whole food plant-predominant diet, physical activity, restorative sleep, stress management, social connection, and substance avoidance. This model is not only scientifically valid and vital for patient health, but it is also essential for revitalizing physician satisfaction and reimagining a safe, equitable, sustainable healthcare system based on the foundations of medical science, common sense, and the Hippocratic oath.

The Epidemic of Chronic Diseases and Current Healthcare Shortcomings

Chronic non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases, and cancer are the leading causes of mortality globally. The modern healthcare model, which evolved to respond to acute injuries and infectious diseases, falls short in addressing this epidemic of NCDs. It tends to focus on treating symptoms rather than addressing the underlying lifestyle behaviors and social determinants that create and contribute to these diseases. This gap leads to poor outcomes, recurring healthcare use, and escalating costs.

The Six Pillars of Lifestyle Medicine

ACLM has identified six pillars of behavior change that Lifestyle Medicine practitioners and their patients can use to achieve vibrant health.

Whole-Food Plant-Predominant Diet

The science of nutrition has long emphasized the profound impact of dietary habits on health and well-being. Among various approaches, the whole-food, plant-based (WFPB) eating pattern has gained prominence for its potential to prevent and treat the underlying causes of a majority of chronic diseases. This dietary pattern emphasizes fruits, vegetables, legumes, whole grains, nuts, and seeds, and contrasts starkly with the Standard American Diet (SAD), characterized by high intake of ultra-processed foods, refined grains, and animal products high in saturated fats. Transitioning from a SAD to a WFPB diet has been shown to offer considerable health benefits across various populations, including those living in regions known for their longevity, such as the Blue Zones.

Epidemiologic and clinical evidence, and the recommendations of all major guidelines, from the American College of Cardiology (ACC) to the International Agency for Research on Cancer (IARC), support a plant-predominant dietary pattern. Cardiovascular disease remains the nation's number one cause of death, and a WFPB dietary pattern is proven to largely prevent, treat and reverse this killer. Obesity is a critical public health issue associated with numerous health complications, and WFPB diets are associated with lower body mass indices (BMIs) and have proven to be more effective for weight loss than diets high in animal and processed foods. The incidence and prevalence of type 2 diabetes are rising globally, with significant health and economic impacts, and WFPB diets markedly reduce the incidence of type 2 diabetes **and** are shown to have the capacity to reverse it. The incidence of cancer is high—in particular, gastrointestinal cancers are on the rise among America's young adults, and dietary patterns rich in plant foods are associated with a lower risk.

Dietary screeners include, the 24-hour Dietary Recall, Food

Record Profile, Food Frequency Questionnaire Profile, and the National Cancer Institute provides links (<https://dietassessmentprimer.cancer.gov/profiles/>), An ever-expanding bounty of resources, includes RLMI's 15-Day Jumpstart, websites and resources from ACLM, Physician's Committee for Responsible Medicine, Forks Over Knives, Center for Nutrition Studies, Rochester Lifestyle Medicine Institute (RLMI) and more.

Physical Activity

Physical activity is a cornerstone of health and well-being, with substantial evidence supporting its role in preventing and managing chronic diseases. Despite its well-documented benefits, less than a fourth of adults meet both aerobic and muscle-strengthening physical activity guidelines, while the mortality risks of prolonged sitting now ranks it as “the new smoking.” Importantly, seven of the ten most common chronic diseases are positively influenced by physical activity, while regular physical activity is demonstrated to prevent 1 in 10 premature deaths.

The U.S. Department of Health and Human Services Physical Activity Guidelines are updated every ten years, providing specific guidance on the frequency, duration, and type of physical activity necessary to achieve or maintain optimal health, and it doesn't take much. For healthy adults, minimum recommendations per week are: 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity physical activity, plus 2 days of strength training for the major muscle groups.

Interestingly, studies show that physicians who exercise are more likely to recommend physical activity to their patients. The one-page “Physical Activity Vital Signs” by the American College of Sports Medicine is an excellent assessment tool for optimizing physical activity for provider and patient health.

Sleep

Sleep is often overlooked, yet it is foundational to other health behaviors, especially diet. Poor sleep has been associated with increased morbidity and mortality, impacting both short-term and long-term health, and presents significant challenges to public health and safety. Immediate effects of disordered sleep include reduced well-being and performance, while long-term consequences can lead to cardiovascular disease, hypertension, obesity, diabetes, immunosuppression, inflammation, cognitive impairment, and psychiatric disorders like anxiety and depression.

The epidemics of obesity and sleep disorders are

interlinked. Sleep disorders contribute to obesity, by affecting hormones like leptin and ghrelin, which regulate hunger, with an inverse relationship between sleep duration and central adiposity. Additionally, disordered sleep impacts the drivers of chronic disease, including insulin sensitivity, immune function, and systemic inflammation.

Importantly, healthy sleep is not merely absence of sleep disorders - it is a state of rest that allows the body to restore and repair at the cellular level. Quality sleep enhances learning, memory, mood, and overall daily functioning, enabling individuals to engage in other healthy behaviors.

Brief screening tools include the Epworth Sleepiness Scale and STOP-BANG Questionnaire. Sleep studies can be completed at home, and interventions range from sleep hygiene, to Cognitive Behavioral Therapy for Insomnia (CBT-I), to weight loss and treatment of sleep apnea.

Social Connection

Social isolation and loneliness are public health emergencies, with impacts comparable to other well-established risk factors, and the U.S. Surgeon General, Dr. Vivek Murthy has issued a call to action on this “public health crisis” which includes a framework for a “National Strategy to Advance Social Connection.”

Social connection is vital for physical and mental health, with research demonstrating that connectedness is a powerful determinant of health outcomes. Humans are inherently social beings, with a deep-seated need for connection, love, and belonging, the impacts of which go beyond emotional wellbeing. Positive effects on health include maintaining a healthy body mass index, controlling blood sugars, improving cancer survival, decreasing cardiovascular mortality, and enhancing overall mental health. Studies including the Blue Zones, the Ornish Heart Disease Reversal Program, and more, demonstrate the fundamental importance of social connectedness to health.

Screening can be as simple as the UCLA 3-item loneliness scale, or its longer form with 20 questions, with readily available resources, including AARP's Big & Mini and the Surgeon General's “Our Epidemic of Loneliness and Isolation 2023” report.

Stress Management

Stress is ubiquitous in modern society, and chronic stress is now correlated with numerous and diverse conditions, including coronary artery disease, heart failure, asthma, rheumatoid arthritis, psoriasis, and, notably, mental

illness. Stress affects physical health outcomes in two primary ways: through direct physiological consequences related to activation of the sympathetic nervous system, and through adverse health behaviors, resulting in poorer dietary choices, inactivity, disordered sleep, and substance use.

The 10-question Perceived Stress Scale (PSS) and others, offer both a screening and launching point for recommendations and referrals, with an abundance of resources, including Mindfulness-Based Stress Reduction, diaphragmatic breathing, meditation, cognitive behavioral therapy (CBT), and more.

Avoidance of Risky Substances

The avoidance of risky substances, including tobacco, alcohol, and other drugs, is a critical pillar of lifestyle medicine. Risky substances place a significant health burden on the individual, the family, and society. Tobacco is a leading killer, contributing to lung disease, cancer, and heart disease. Excessive alcohol is associated with liver disease and cancer. The tragedy of climbing rates of overdose deaths eludes interventions and haunts the nation, while prescription drug misuse continues as a public health issue. Over 106,000 Americans are lost to overdoses annually, and according to recent figures, the age-adjusted rate of overdose deaths rose by 14% from 2020 to 2021, primarily due to synthetic opioids.

Given our growing understanding of the neurobiology of addiction and the reward circuit, researchers are currently exploring specific behaviors around consumption of ultra-processed foods (UPF) as meeting diagnostic criteria for a substance use disorder. Drugs and drug-like substances such as UPF share neural pathways, and research is examining connections.

Screening tools, including AUDIT, CAGE, and DAST-10, provide a sound footing for next steps to interventions, including brief counseling, proven especially effective for alcohol, motivational interviewing, medications, and referral to inpatient and outpatient treatment.

A Hopeful Future: Transforming Health and Medical Practice

The integration of lifestyle medicine's six pillars heralds a revolutionary shift in healthcare, moving from a focus on disease to a holistic, health-centric approach. This paradigm shift allows healthcare providers to more effectively tackle the underlying causes of illness, enhance patient outcomes, and lower healthcare expenses. Such a model can bring greater professional fulfillment to physicians through positive patient outcomes and deeper



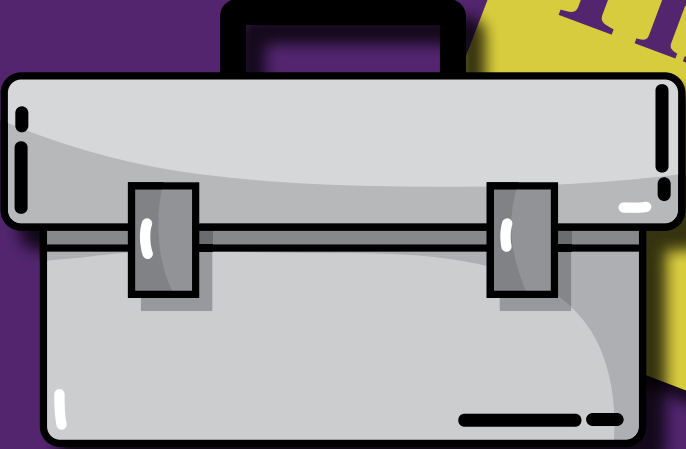
connections, and can set a hopeful trajectory toward a healthier, more sustainable national health landscape.

Lifestyle medicine addresses chronic disease epidemics by recognizing the complexity of human health, the common physiologic pathways underlying NCDs, the limitations of current medical practices, and the critical influence of our environment on health. Embracing this evidence-based, patient-centered strategy enables the medical community to transform healthcare. It fosters health and wellness at both individual and societal levels, promising a future where disease prevention is as paramount as treatment, ultimately leading to a more thriving, joyful, and sustainable world.

Chronic disease: surgery and pill are like mopping up the floor, lifestyle change is like turning off the faucet.



Deborah Chielli is a master's prepared Advanced Practice Nurse (APRN), certified in Adult-Gerontology by the American Academy of Nurse Practitioners (AANP) and in Lifestyle Medicine by the American College of Lifestyle Medicine (ACLM). She is a member of the nursing honor society, Sigma Theta Tau, and holds certificates in Plant-Based Nutrition from the Center for Nutrition Studies (CNS), Culinary Coaching from the Institute of Lifestyle Medicine (ILM), and is a Food for Life Instructor. With practice areas which have included primary care, gastroenterology, and veterans' health, Deborah is currently serving in a multi-faceted role at the Rochester Lifestyle Medicine Institute, is adjunct faculty to future nurse practitioners in a master's nursing program, and is part of the primary care team at Premise Health's Campbell's Snack plant. Passionate about lifestyle medicine, Deborah is a volunteer leader with ACLM, has presented at national conferences, and is a co-author for articles and chapters on lifestyle medicine topics. As a clinician, educator, and advocate, Deborah is committed to helping co-create a world where lifestyle medicine transforms the health of people and communities, brings new meaning to the practice of medicine, and helps heal the world.



The Lifestyle Medicine Toolbox

ASSEMBLED BY DEBORAH CHIELLI, NP, DIPACLM

American College of Lifestyle Medicine Resources

Resources Free to Non-Members

ACLM Patient Resources

<https://connect.lifestylemedicine.org/resources/resource-landing-page>

Six Pillar Handouts

Click on the link above to access all 6 pillar handouts:

- Optimal Nutrition
- Physical Activity
- Restorative Sleep
- Stress Reduction
- Positive Social Connection
- Avoidance of Risky Substances

ACLM Six Pillar Resources Continued

- [ACLM Dietary Spectrum](#)
- [Benefits of Plant-Based Nutrition White Paper Series](#)
- [Calorie Density Infographic](#)
- [The Benefits of Plant-Based Nutrition Summary](#)
- [First Steps to Health Restoration](#)
- [Food as Medicine Jumpstart Guide](#)
- [Green Smoothie Guide](#)

- [How to Make a Nourish Bowl](#)
- [Nutrition Myths](#)
- [Plant-Based Nutrition](#)
- [Social Connection Mapping Tool & Clinician Guidance](#)
- [Superfood List](#)
- [What is LM? Ways to Take Control of Your Health](#)
- [Whole Food Plant-Based Cost Comparison](#)
- [Whole Food Plant-Based Grocery List](#)
- [WFPB Eating on a Budget](#)
- [WFPB Plate - Adolescent/Child](#)
- [WFPB Plate- Adult](#)

ACLM Type 2 Diabetes

- [Lifestyle Pillars for Preventing and Treating T2D](#)
- [Type 2 Diabetes Bill of Rights](#)

ACLM Lifestyle Medicine and Cancer

- [Lifestyle Medicine for Cancer Handouts](#)
- [Lifestyle Medicine for Cancer Patients](#)
- [Breast Cancer Risk Reduction | Awareness to Action](#)
- [Optimizing Breast Cancer Survivorship with Lifestyle Medicine](#)

ACLM Women's Health

- [Breast Cancer Risk Reduction | Awareness to Action](#)
- [Gestational Diabetes Mellitus](#)
- [Improve Female Sexual Health](#)
- [Optimizing Breast Cancer Survivorship with Lifestyle Medicine](#)
- [Polycystic Ovary Syndrome](#)
- [Sleep During Pregnancy](#)
- [Sleep in Menopause](#)
- [Stay Healthy while Breastfeeding](#)

ACLM Pediatric/Adolescent

- [ACLM Superfood Scavenger Hunt](#)
- [Calm Kit Instructions for Kids](#)
- [Family Approach to Wellbeing](#)
- [Family Guide to Avoiding Risky Substances](#)
- [Infant Food Introduction](#)
- [LM Toolkit: Adolescent Mental Health](#)
- [Managing Stress in the Early Childhood Years](#)
- [Promoting Physical Activity in Young Children](#)
- [Sleep in Children](#)
- [SMART Goals for Kids](#)
- [Social Emotional Learning & Mindfulness for Kids](#)
- [Stay Healthy while Breastfeeding](#)

ACLM Behavior Change Tools

- [Habit Tracker](#)
- [SMART Goals Worksheet](#)

ACLM Other

- [Healthy Habits for a Healthy Brain](#)
- [Lifestyle Interventions to Decrease Overactive Bladder](#)
- [Optimize Effective Immune Response to Infection](#)
- [Take Time for Self-Care](#)

ACLM Spanish

- [Adult Whole-food Plant-based Plate](#)
- [Food as Medicine Jumpstart Guide](#)
- [Gestational Diabetes Mellitus](#)
- [Optimize Effective Immune Responses to Infection](#)
- [Lifestyle Medicine Prescription Pads *](#)
- [Polycystic Ovary Syndrome](#)
- [Provider Well-being](#)
- [Six Pillar Handouts](#)
- [Sleep During Pregnancy](#)
- [Superfood List](#)
- [Take Time for Self-Care](#)

ACLM Toolkits

- [Beyond the Numbers: A Lifestyle Medicine Approach to Pediatric Obesity](#)
- [Lifestyle Medicine Toolkit: Adolescent Mental Health](#)
- [Making a Case for Lifestyle Medicine in the Workplace](#)

ACLM Research, Evidence & Innovation

- [Expert Consensus Statement: Lifestyle Medicine in Primary Care \(link to AJLM\)](#)
- [Expert Consensus Statement: Type 2 Diabetes \(link to AJLM\)](#)
- [ACLM Position Statements \(link to main ACLM website\)](#)
- [A Family Physician's Introduction to Lifestyle Medicine](#)
- [Beyond Activities of Daily Living: The Intersection of Occupational Therapy and Lifestyle Medicine](#)

Documentaries and/or Websites:

- [Forks Over Knives](#)
- [The Game Changers](#)
- [Plantwise](#)
- [Code Blue](#)
- [Cowspiracy](#)

- [What the Health](#)
- [PlantPure Nation & From Food to Freedom](#)
- [Food, Inc.](#)
- [Fast Food Nation](#)
- [NutritionFacts.org](#)
- [Food Revolution Network](#)

Leaders to Follow (websites, YouTube, TedTalks, etc)

· Dr. T. Colin Campbell
· Dr. Caldwell Esselstyn
· Dr. Dean Ornish
· Dr. Michael Klaper
· Dr. Neal Barnard
· Dr. John McDougall
· Dr. Will Bulsiewicz
· Brenda Davis, RD
· Dr. Michael Greger
· Dr. David Katz
· Dr. Kim Williams
· Dr. James Rippe
· Drs. Ayesha and Dean Sherzai
· Dr. Dexter Shurney
· Dr. Garth Davis
· Dr. Sean Hashmi
· Dr. Monica Aggarwal
· Dr. Alan Goldhammer, D.C.
· Dr. Joel Fuhrman
· Dr. Wayne Dysinger
· Dr. David Donohue
· Dr. Hana Kahleova
· Dr. Ted Barnett
· Dr. Robert Breakey
· Dr. Michele Thompson
· Dr. Liana Lianov
· Michael Pollan
· Eric Schlosser
· Jeff Novick, RD
· Chef AJ

Rochester Area Lifestyle Medicine Leaders

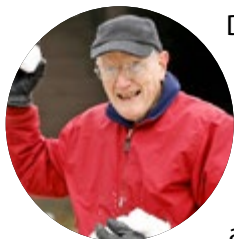
- Dr. Ted Barnett
- Dr. Susan Friedman
- Dr Thomas Campbell
- Dr. Erin Campbell
- Dr. Kerry Graff

Additional Resources

- [Rochester Lifestyle Medicine Institute \(RLMI\)](#)
- [Walk with a Doc](#)
- [Food For Life](#)
- [PlantPure Pods](#)
- [Full Plate Living](#)
- [Physicians Committee for Responsible Medicine \(PCRM\) Nutrition for Clinicians](#)
- [NutritionFacts.org](#)
- [Moving Medicine Forward with Dr Michael Klaper](#)
- [Plant-Based Prevention of Disease \(P-POD\) Nutrition & Lifestyle Medicine Conferences](#)
- [The Plantrician Project: Planting the seeds of change](#)
- [LMEd: Lifestyle Medicine Education](#)

IN MEMORIAM

John DeMocker, MD



Dr. John DeMocker, a long-time resident of Rochester, passed away on September 17th at his home in Gaithersburg, Maryland, at the age of 94. Born on September 6, 1929 in Schenectady, New York to Carroll and Mildred DeMocker, John grew up in Mount Morris. When he was seven, his three-year-old sister Muriel died from an ear infection, spurring from a young age John's interest in medicine. He was class president and valedictorian at Nunda High School where he excelled at sports, playing baseball, basketball and soccer. In 1947 he was awarded a four-year scholarship to the University of Rochester where he served as goalie on the soccer team. While studying towards a degree in medicine, he met nursing student Janice Delahooke at a school dance and the two fell madly in love. In 1951, they married in secret at a small church in Hemlock as it was forbidden at the time for nursing students to wed. To make ends meet while in medical school, John made extra money sitting overnight with patients in iron lungs and cleaning out salamander cages in the university's biology lab. That's right, salamander cages.

While interning in surgery in Chicago, John was drafted into the Air Force where he served at the air base in Wichita Falls, Texas, at the rank of captain. While at the air base, he performed so many tonsillectomies that he grew tired of both the Air Force and of surgery, so as soon as his two-year enlistment was up, he left both behind to return to Rochester to become a radiologist. By now the couple had three young children in tow. In all, John and Janice had nine children of varying quality. John himself delivered his seventh and most handsome child in the backseat of his Oldsmobile when he and Janice did not make it to the hospital on time. That child grew up to be a talented writer tasked with penning his father's obituary. In addition to his nine children, John leaves behind fourteen grandchildren and seven great-grandchildren, most of whom are improvements on their parents. When someone once asked if he was Catholic based on his large number of offspring, John replied, "No, I'm just a passionate Protestant."

John served the Rochester community for decades with his private radiology practice in Irondequoit and as a member of the faculty of the University of Rochester Medical School. He was a member of Asbury First United Methodist Church for over sixty-five years. He loved his family, who loved him back, and golf, which didn't. He took his family for frequent

trips to the Adirondacks where he was undisputed captain of the motorboat. He collected pastoral French paintings, enjoyed endlessly hitting baseballs for his sons to catch (or not), indulged the purchase and maintenance of pets of varying size and temperament to make his daughters happy, and promised his wife that he would provide better for his children than he was provided for. When Janice was assigned as a pastor to the church where they had been married, John spent countless hours renovating and improving the property.

His children remember how "Dear Old Dad" would jingle his keys by the door when he was ready to go and no one else was. He used his formidable deductive and analytical abilities to guess the contents of wrapped Christmas gifts, a skill so uncannily accurate his young children believed he had x-ray vision. His older children suspected he was x-raying the presents at this radiology practice in the days before Christmas. They recall his love of sledding and snowball fights, spirited games of backgammon and chess, and above all his kind but cleverly subversive sense of humor.

Everything John did, he did with professional dignity and without seeking attention or praise. Once, on a trans-Atlantic flight to Paris with his family in the late '80's, a call went out over the intercom asking if there was a doctor on the plane. John disappeared for a very long time, eventually returning and sitting back down without a word. When asked what happened, he answered, "Just a man with a medical problem." As the family deplaned, the pilot, flight attendants and the man's family were all waiting at the door to thank him. The man's heart had stopped and John brought him back with thirty minutes of CPR. That was the "medical problem" John quietly and modestly tackled.

John practiced medicine until he was 89 years old and at the time of his death, his illicit marriage to Janice had lasted over 72 years. He left the world a far better place than he found it which is the best any of us can do.

Gerald Warren Grumet, MD



Dr. Gerald Warren Grumet, psychiatrist who was an early predictor of the managed care crisis, dies at 85

Dr. Gerald Grumet, beloved father, grandfather, and physician, died on May 30, 2023, after a long illness. Dr.

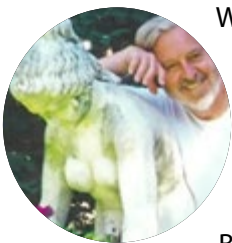
IN MEMORIAM

Grumet was a psychiatrist who spent the majority of his career in Rochester, New York. Gerald Grumet was beloved by his family, colleagues and patients for his devotion, creativity and sense of humor. He is survived by his daughter Amanda (Thomas), his son Jason (Stephanie), his daughter Jessica, and his grandchildren Isabella, Julia, Adam, Francesca, Aurelia, and Talia, as well as by his former wife Madeleine with whom he remained close. He is also survived by his brother Ross, a psychiatrist in Atlanta, GA.

Dr. Grumet grew up in NYC in Washington Heights, and made frequent visits to his old neighborhood. He attended The Bronx High School of Science (class of 1955), Columbia College (class of 1959) and The New York University Grossman School of Medicine (class of 1963). From 1964-67, he did his residency at The University of Rochester where he was an assistant professor. Dr. Grumet worked at Rochester General Hospital for 44 years where he served as the Director of Psychiatric Emergency Services. He also maintained a private practice and was appreciated by his patients and hospital colleagues for his insight and humor. He played the piano completely by ear and often entertained at hospital parties.

Dr. Grumet was a lifelong scholar who published articles in both medical and psychiatric journals with subjects ranging from Telephone Therapy, Eye Contact, and Laughter, to Bureaucratic Gridlock in Medicine. He was a pioneer in introducing telehealth therapy in the 1970's, and his 1989 paper, "Health care rationing through inconvenience: The third party's secret weapon," was published in the New England Journal of Medicine and predicted the managed care crisis. Dr. Grumet was featured on the cover of USA Today and continued to write about a psychiatrist's view of bureaucracy publishing a book titled, Taming the Bureaucrat.

William W. Cotanch, MD



William (Bill) Wayne Cotanch, born December 21, 1932, passed peacefully at home on November 12, 2023, with loving family by his side.

William is survived by his life partner of more than 35 years, Robert F. Barnish; son, Kurt Cotanch (Cheryl Morse); Kurt's mother, Margaret Cotanch; brother, Robert Cotanch; niece, Carlei Regan (Ryan and daughter, Charlotte); nephew, Bryan Cotanch (Natalie and children, Emma and Rowan); and by Robert's sister,

Susan Kunzmann (William) and brother, James Barnish. He was predeceased by his parents; sister, Lynn; and infant brother, David.

Bill was born to George and Frances (Gill) Cotanch of Fond du Lac, WI. Son of a railroad mechanic, Bill attended the University of Wisconsin where he earned his undergraduate degree, and in 1958, his medical degree. He was a member of Delta-Tau-Delta. William interned at Mary Fletcher Hospital Burlington, Vermont, 1958-59. There, he met Margaret, a pediatric nurse. They married in 1960 and their son, Kurt William, was born in 1961. From 1959-62, Dr. Cotanch served in the Navy as a flight surgeon at McGuire Air Force base. In 1962 William and family returned to Madison where he completed his residency in neurosurgery at University of Wisconsin School of Medicine and Public Health.

In 1967, Bill took a position as neurosurgeon in Rochester NY, where he practiced at Rochester General and Genesee Hospitals and held a teaching position at Strong Memorial. Highly regarded for his surgical skills, professionalism and caring, he was beloved by patients, hospital staff, nurses, and fellow surgeons.

Bill may be most remembered for his passion for life, music, art, entertaining and cuisine. He took to music early in life, learning piano, playing for children's dance classes, joining choirs and choral groups, and directing the med school chorals. Bill sang with numerous choral groups, and he especially enjoyed opera and Bach as well as Lawrence Welk. He played a range of instruments, including the piano and often hosted students from Eastman School of Music. He was fond of cooking, especially for others. The arts-crafts, gardening, and flower-arranging--came naturally to him.

Bill's character filled the room with wit, wisdom, and boisterous banter. His life was a banquet, filled with bouquets and a bounty of friends, a truly eclectic mix. He was a wonderful father, son-in-law, companion and friend.

A talented boy with rural roots, he made the most of life: skilled hands and sharp mind; humble yet firm; open hearted and open house; glitter and glam; exuberance and flare; bow ties and boas; binge knitting and boisterous baking; piano and song. Plumage too gaudy? Never, add more! More blossoms, more color, more laughs, more joy; he shared with all, graciously, patiently, generously. As he would say, "It is now time to go, so... say goodbye."

We extend a huge thanks and gratitude to all the friends and caregivers who cared for Bill, above and beyond.

Ask An Attorney

BY ERICKA B. ELLIOT, ESQ., UNDERBERG & KESSLER, LLP

With the proliferation of electronic health records, medical providers are facing new challenges in the form of phishing and ransomware attacks and other cyber threats. Indeed, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) has been active recently in settling multiple matters involving cybersecurity breaches and attacks.

Q What Is Phishing and Are Medical Providers at Risk?

A Phishing occurs when a third-party impersonates a legitimate organization via email or other electronic means, which entices the person to whom the communication is directed to click a link within the email or otherwise allows the third-party to gain access to or steal sensitive information.

Phishing is the most common type of cyberattack likely to result in a data breach and cause major financial implications for health care organizations. For example, on December 7, 2023, OCR announced a settlement related to a cybersecurity breach that affected almost 35,000 patients in Louisiana. The subject of the investigation was the Lafourche Medical Group (Lafourche), which provides emergency and occupational services, and laboratory testing. Lafourche was the victim of a phishing attack involving electronic protected health information (PHI). Lafourche reported the breach to HHS on May 28, 2021, advising that a third-party had gained access to an email account which contained PHI. OCR investigated and found that Lafourche failed to conduct a risk analysis to identify potential threats or vulnerabilities in its system that could allow for access to PHI. Risk analysis is required under the Health Insurance Portability and Accountability Act (HIPAA). The government also determined that Lafourche failed to implement any policies or procedures to review its electronic system activity to safeguard against cyberattacks. As part of the settlement, Lafourche agreed to pay \$480,000 and implement a corrective action plan to establish security measures, develop written policies and procedures to comply with HIPAA, and provide training to staff on HIPAA requirements.

Q What Is Ransomware and Are There Any Recent HIPAA/OCR Settlements?

A HHS defines ransomware as a “type of malware (malicious software) distinct from other malware,” which “attempts to deny access to a user’s data, usually by encrypting the data with a key known only to the hacker who deployed the malware, until a ransom is paid.” Ransomware attacks can be costly for medical providers, as well as result in a breach of HIPAA when disclosure of PHI is implicated. In October, OCR settled a matter with Doctors’ Management Services (DMS), a Massachusetts-based medical management company. On December 24, 2018, DMS identified unauthorized access to its network that occurred over one year prior, on April 1, 2017. DMS waited nearly four months after discovery to report the breach to HHS, in April 2019. In its investigation, the government found that DMS failed to analyze and ascertain the potential risks and vulnerabilities to PHI maintained within the organization. OCR also found that DMS failed to monitor its activity to guard against a cyberattack, and that the provider neglected to implement policies and procedures to ensure compliance with the HIPAA Security Rule. Pursuant to its settlement with OCR, DMS agreed to pay \$100,000 to implement a corrective action plan, implement a risk management plan, develop policies and procedures to comply with the Privacy and Security Rules, and provide training to its employees on HIPAA rules and compliance.

Q Has HHS Developed Any Steps to Assist Providers with Compliance?

A Yes, on December 6, 2023, HHS released a concept paper, which outlines its cybersecurity strategy for the health care industry. The paper amplifies the National Cybersecurity Strategy outlined by President Biden and focuses on strengthening resilience for medical providers and patients threatened by cyberattacks.

The December 2023 concept paper outlines four primary actions, including: (1) publishing health care and public health sector cybersecurity performance goals to help institutions implement high-impact cybersecurity practices; (2) providing resources to financially incentivize and implement cybersecurity practices; (3) implementing an agency-wide strategy to support greater enforcement of cybersecurity standards and accountability; and (4) expanding the “one-stop shop” within HHS for health care sector cybersecurity and developing the Administration for Strategic Preparedness and Response’s coordination role as a “one-stop shop” for health care cybersecurity.

Q How Can I Work Toward Compliance With HIPAA Rules While Ensuring My Networks Are Secure?

A Start by reviewing current policies and consulting with your IT security provider and attorney to ensure ongoing compliance with HIPAA Privacy and Security Rules. Protect your organization by assessing which assets are vulnerable, implementing appropriate security measures, establishing a regular review process, developing written policies for preventing a breach of PHI, and designing and implementing appropriate training for all staff.

Q What Should I Do if I Discover a Cybersecurity Attack or Breach?

A If a breach is discovered, you should consult with your IT services and security provider to secure the network and identify and address any vulnerabilities. You should consult with your attorney as soon as possible to discuss whether unsecured PHI was compromised and, if so, whether a breach report requirement is triggered under HIPAA.



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