AMERICAN COLLEGE OF Lifestyle Medicine

Lifestyle Empowerment Approach for Diabetes Remission

Planning Guide

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WELCOME

Welcome to your LEADR Program Planning Guide! In this guide, you'll find everything you need to recruit and enroll patients, plan and implement each session as a Shared Medical Appointment (SMA), and bill for insurance reimbursement.

STRATEGY & PLANNING

Before launching your first SMA, you want to plan for the logistics of your program delivery and execution. Often, the first step is to decide on your billing and reimbursement strategy to ensure the program is financially and operationally feasible for your practice. Once you understand the expected reimbursement, you can allocate time and resources accordingly. Thus, the recommended planning strategy is as follows:

1. **Delivery format** – decide on whether your delivery format will be in-person, virtual, or hybrid
2. **Billing strategy** – plan your billing strategy and estimate reimbursement
3. **Develop a program timeline**
4. **Identify and train** key faculty and staff
5. **Recruit, screen, and schedule** patients
6. **Session setup**
7. **Session implementation**
8. **Program evaluation**

DELIVERY FORMAT

LEADR can be delivered in an in-person, virtual, or hybrid format. You will want to think about your patient population and both their access to transportation and their comfort with technology as two considerations when choosing your format.

The program has moments in every session in which participants are asked to either turn to the person next to them or gather in a small group. We have included verbiage for both formats in the Facilitator Script at these places.

We strongly advise against creating a hybrid setting with both in-person and virtual participants at the same time. Previous experience has shown that this is awkward and engagement between participants there in-person with virtual participants is difficult. It also makes it difficult for the facilitator to focus on either group.

What can sometimes work well is to create a hybrid delivery format in which all participants meeting in-person for the first few sessions to establish their bond and connection, then to alternate with virtual and in-person meetings to enable people to be more flexible about the transportation. If you are doing live Teaching Kitchen demos or any kind of food tasting, you'll want to schedule the in-person meetings for those sessions.

You may wish to review the table on the next page to think about how you can best support success in virtual settings.

BEST PRACTICES FOR SUCCESSFUL VIRTUAL PROGRAMS

Table 1. Challenges and solutions for adapting to virtual settings

	VIRTUAL CARE CHALLENGES	VIRTUAL CARE SOLUTIONS
Communication	• Not all patients utilize virtual communication tools, such as the electronic medical record's portal	• Shared medical appointments (SMAs) can be directly scheduled into an electronic medical record, leading to utilization of standard communication strategies for regular care • Offering a pre-SMA virtual orientation session can help reduce communication barriers for the whole program ahead
Patient Engagement	• Some patients aren't as communicative or interested in a virtual setting • Group dynamics are hard to assess in a virtual setting • Patients can turn off their cameras	• Create a set of "ground rules" to share, including muting to avoid distractions and keeping camera on • Setting expectations for participation in registration emails and other communications before starting the first session, as well as emphasizing, again, the importance of participation during the first session would be helpful – namely, to participate as though you were there in person, to keep your camera on as much as possible, and to try to keep distractions to a minimum. • Make participation structured • ncourage people to share information in the chat if they do not want to speak
Content	• May be hard to stimulate discussion around certain content if the group lacks experience with that topic	• If a group expresses interest in a particular topic of discussion, be flexible with the time to spend more time on what the group wants.
Group Dynamics	• One patient can "dominate" the Zoom group	• Provide clearer instructions to patients about how long they each have to talk • Avoid breakout rooms but manage the group discussions more strictly • Again, refer to the ground rules and reinforce this at the beginning of each session

	VIRTUAL CARE CHALLENGES	VIRTUAL CARE SOLUTIONS
Technology and Materials	• People are home and some have kids or other distractions in background	• If possible, offer to do a group and/or individual test run with people beforehand to make sure everything works for them. • An assistant facilitator should respond to technical problems and support the main facilitator • Having the book in hand is critical – although the facilitator may be sharing slides on the screen, everyone in the group should also have printed materials with them that they can follow along with (only electronic materials does not work well). Do not start the first session until all the materials are in hand.
Accountabiity	• Some people have low computer literacy or trouble logging on. • People using a phone could not easily see the shared screen with the slides or the other people in the meeting	• Consider the use of Facebook or WhatsApp if allowed by your clinic or health system. • Assign "homework" with more reminders to keep people engaged between meetings. • Assign an accountability buddy for patients to check in, or have them choose their own, with: · Journal for self-monitoring? · Emails to all · Reminders to help them take the Moving Forward / goal exercises more seriously · Reminders to meet with accountability buddy

BILLING & REIMBURSEMENT

Overview

It is the responsibility of each provider to initiate appropriate billing for your patients, in consultation with your billing compliance team, if available.

We suggest following shared medical appointment billing model with the addition of standard diabetes screening at the start and end of the program. This also offers opportunity for group medical nutrition therapy (MNT) delivered by a registered dietitian nutritionist. Optional services can also be considered if deemed necessary for supporting best health outcomes for patients.

Reimbursement Approach

Best practices for billing shared medical appointments are established and used by many clinicians and health systems across the country. Shared Medical Appointments delivered by physician (MD/DO) and non-physician providers (NP/PA) can be billed using standard Evaluation & Management CPT codes 99213 and 99214 based on Medical Decision Making (MDM) (review Table 2: Level of Medical Decision Making (MDM).

Suggested Billing Strategy:

Up to 12 E&M visits codes 99213-99214 by a physician or advanced practice provider

- Group Preventive Medicine Counselling can be used if billing/coding team does not approve E&M codes – code 99412 (reimbursement will be much lower)

At least 3 Group MNT visits for T2D visits by an RDN – code 97804

- Bill for 3 more visits using 2nd referral for group MNT when there are changes in: diagnosis, medical condition, or treatment regimen – code G0271

Diabetes Screening for first and last visits of the program

- 82947 — Glucose; quantitative, blood (except reagent strip)
- 82950 — Glucose; post glucose dose (includes glucose)
- 82951 — Glucose; tolerance test (GTT), 3 specimens (includes glucose)
- 83036 — Hemoglobin; glycosylated (A1c)

Example financial calculators for delivering the full LEADR program to 12 patients are below. To review various billing scenarios, download our interactive financial calculator tool accessible at https://connect.lifestylemedicine.org/viewdocument/shared-medical-appointment-financia

Billing Scenario for a Practice with a Physician and/or a Registered Dietitian Nutritionist (RDN)

Description	CPT codes	Unit Type	Meetings	RVU	Total RVUs	Team RVU	CF (CMS)	$ per visit	Arrived Cohort	Revenue for all visits	Income Hours	Rate/hour
The cells below should be used to calculate potential revenue from an SMA when there is a Physician or a Registered Dietitian Nutritionist (RDN) is leading the group alone, without the help of another billable clinician. The physician billing scenario below is based on using either 99213 or 99214 E&M codes or a 99412 preventive medicine counseling code.												
E&M based SMA led by Physician, DO or MD	99213	Encounter	12	2.68	32.16		34	$ 1,095.44	12	$ 13,131.28	8	$ 1,640.16
E&M based SMA led by Physician, DO or MD	99214	Encounter	12	3.79	45.48		34	$ 1,546.32	12	$ 18,555.84	8	$ 2,319.48
Preventive Counseling SMA led by Physician, DO or MD	99412	Time based for every hour	12	0.75	9		34	$ 306.00	12	$ 3,672.00	8	$ 459.00
Medical Nutrition Therapy (group) led by RDN	97804	Time based for every 30 minutes	3	0.425	1.275		34	$ 43.35	12	$ 520.20	8	$ 65.03

Billing Scenario for a Practice with a Non-Physician Provider, NP, PA, ND (SMA) and/or a RDN

Practice with Non-Physician Provider	CPT codes	Unit Type	Meetings	RVU	Total RVUs	Team RVU	CF (CMS)	$	Arrived Cohort	Revenue for all visits	Hours	Rate/hour
The cells below should be used to calculate potential revenue from an SMA when there is a Provider (NP, PA, ND) or a Dietitian leading the group alone, without the help of another billable clinician. The Provider billing scenario below is based on either 99213 or 99214 E&M codes or a 99412 preventive medicine counseling code												
E&M based SMA led by Non-Physician Provider, NP, PA, ND (SMA)	99213	Encounter	12	1.278	27.336		34	$ 929.42	12	$ 11,153.09	8	$ 1,394.14
E&M based SMA led by Non-Physician Provider, NP, PA, ND (SMA)	99214	Encounter	12	3.222	38.664		34	$ 1,314.58	12	$ 15,774.91	8	$ 1,971.86
Preventive Counseling SMA led by Non-Physician Provider	99412	Time based for every hour	12	0.8375	7.65		34	$ 260.10	12	$ 3,121.20	8	$ 390.15
Medical Nutrition Therapy (group) led by RDN	97804	Time based for every 30 minutes	3	0.425	1.275		34	$ 43.35	12	$ 520.20	8	$ 65.03

Telehealth modifiers should be used when delivering SMAs virtually; use place of service (POS) 02 or 10 or modifier 95.

NOTE: As for all medical services billed to insurance, the potential out-of-pocket expenses must be considered. Patients may incur out-of-pocket expenses for CPT codes 99213 and 99214 in the form of deductibles, coinsurance, and copays. In the beginning of the year patients may not have met their annual deductible and may be responsible for the entire cost of each visit. Specialty outpatient services may incur higher copays than primary care providers.

Additional reimbursement options

Depending on the care plan of each patient in the program, other services might be considered and are outlined below.

Remote Patient Monitoring for continuous glucose monitoring analysis and interpretation

- 99091 Physiologic data review and planning by provider for 30 min. each 30 days
- 99453 Initial RPM set-up and patient education
- 99454 RPM device use each 30 days
- 99457 Remote Monitoring 1st 20 min. by staff
- 99458 Remote Monitoring each added 20 min

Health and Wellbeing Coaching (these codes may not be reimbursed – check with your organization and coach's credentials):

- 0593T group (two or more individuals), at least 30 minutes

Medication Therapy Management by Pharmacist or other Qualified Health Professional (these codes may not be reimbursed):

- 99605-7 individual

First visit - administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes – code G0136* if prepared/able to address SDOH needs that may inhibit ability to apply recommended care plan

Many other services are used to support patient care plans for chronic conditions, including diabetes and can be reviewed in ACLM's Reimbursement Roadmap.

Considerations and Resources

Before starting your SMAs, it is imperative to confirm with your colleagues who oversee billing and compliance that the codes that you plan to use will be approved by your clinic and/or health system. It is best to coordinate direct contact from your billing and compliance colleagues to insurance companies to ensure agreement about next steps. Notify patients interested in the program of potential charges and co-pays.

Documenting each session:

When writing a Shared Medical Appointment note with the intention of billing a 99213 or 99214 based on MDM, it is necessary to ensure that you meet E&M criteria published by the American Medical Association (AMA). To shorten documentation time, you can use the standard template with the description and learning objectives provided; in addition, you must also document patient-specific details, treatment plans and medically necessary and appropriate history and physical examination. The AMA offers a guide to help simplify outpatient documentation and coding.

Progress Notes Templates:

The following is a template for progress notes for a group visit based on medical decision-making using CPT code 99213. You will need to modify this for other codes.

LEADR – *** [SESSION #]

S - Subjective:

- Patient presents for follow-up in the LEADR shared medical appointment program regarding the following chronic condition: *** [CHRONIC DISEASE DIAGNOSIS]
- *** [HISTORY OF PRESENT IILLNESS].
- No acute concerns today.

0 - Objective:

- Vital Signs: *** [ENTER VITALS, IF APPLICABLE]
- Physical Exam: *** [INSERT EXAM FINDINGS, IF APPLICABLE]

A - Assessment:

- *** [CHRONIC DISEASE DIAGNOSIS]
- Status – stable, no acute exacerbations

P - Plan:

- *** [PATIENT-SPECIFIC LIFESTYLE AND/OR MEDICATION PLAN FROM 1-1 CHECK-IN]
- Follow-up: *** [INFORMATION ON NEXT SMA]

IDENTIFY AND TRAIN KEY FACULTY AND STAFF

SMAs require clinical workflows that are often novel to medical practices. Before launching your first SMA program, it is helpful to identify team members who will be essential to successfully operationalizing SMAs. Start by appointing a program lead; someone responsible for coordinating facilitators, patients, and managing administrative tasks. All participating team members should be trained on the purpose, structure, and function of SMAs. These team members can then assist in creating standard operating procedures, training key staff, and making updates to clinical workflows as the program grows.

SMA Scheduling and Reception (e.g. Patient Service Representatives)

- Group or class scheduling function in electronic health record
- Verifying consent forms
- Patient enrollment
- Verify patient onboarding tasks are completed

SMA Support Staff (e.g. MAs, RNs)

- Collecting pertinent vital signs and medication reconciliation in the SMA setting
- Distributing worksheets, workbooks, and name tags

Facilitators (e.g. physician leaders, trainees, allied health professionals)

- Roles during SMA sessions
- Documentation and billing

DEVELOP A TIMELINE

Program dates and times

Consider holidays and alternative programs/ events within your organization that may disrupt consecutive weekly classes

- Avoid Holiday heavy months (November/ December) Below are suggested dates with minimal holidays and no skipped weeks.
  - January 8th – March 26th (Thursdays)
  - April 7th – June 23rd (Tuesdays)
  - June 3rd – August 19th (Wednesdays)
- Local culture – religious schedules, large community events, etc.
- School and family schedules – season and holiday breaks
- Reoccurring day and time each week (i.e.. Tuesday 5:30-7:00pm)
- Staff availability
- Determine optimal times for patient visits (morning, afternoon, or evening)

Orientation periods

- Multiple sessions throughout the marketing and enrollment process
- 1 session per cohort the week prior to kickoff
- Virtual, In-person, or both?

Assign facilitators and support staff to each session

Enrollment schedule

- In-person or virtual
- Daily or weekly
- Identify clear enrollment process (SOP or Standard work)
- Onboarding requirements outlined (Surveys, lab work, etc.)

Pre- and post- assessments or data that need to be completed

New patient provider visits to establish care – ensure there is time in provider calendars to see these patients before the first session

Marketing plan

Talk to your marketing department (or designated person) for turnaround time on prints, visuals, and distribution

Discuss platforms and strategies

- Social media (Facebook, Instagram, Organizational, etc)
  - Story-driven
  - Education-based
  - Unique content to engage viewers and generate enrollment
- Strategic partnerships and collaborations
  - Small business
  - Community organizations and leaders
  - Cross-promote
- Interactive launch event
  - 'Diabetes bootcamp' – educational session on Diabetes and Healthy eating
  - Review orientation script and materials for more ideas
- Incentive-based referrals (consult your organization for guidelines)
- Printed materials
  - Posters
  - Flyers
  - Thrive cards
- Engage directly with your audience
  - Facilitators round throughout your organization or community to recruit participants
  - Offer sessions to provide an overview of the program to different departments and leadership

Timeline of creating and distributing materials – do you need 3-6 months of marketing or are you confident in enrollment over several weeks?

Considerations:

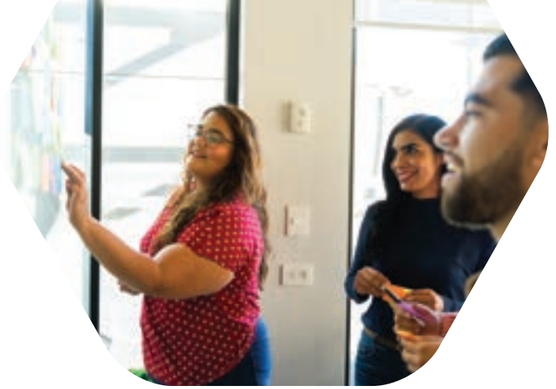
- Patient population – does your clinic have a large number of patients with Type 2 Diabetes or Pre-Diabetes? Would you need to expand into the community or additional clinics for participation?
- Engagement in clinic or community activities – are your patients actively engaged and prepared to enroll in wellness programs, or do they require additional support and motivation to initiate change?
- Partnerships and referrals from other providers – do you have close professional relationships with other community stakeholders to promote and refer to your program?

Suggestions:

- Give yourself 4-6 weeks to create marketing plans and materials
- Allow an additional 6+ weeks for marketing, promotions, enrollment and participant onboarding
- Take these timelines into consideration when determining your launch date (Adjust times to fit your organization needs and structure)

Team meetings

- Initial planning with project steering committee
- Weekly or Bi-weekly meetings during the planning process with steering committee
- Monthly meetings with all program facilitators, coordinators, and providers
- 6-week Evaluation
- 12-week (post-program) Evaluation
- Schedule check-ins for "as needed" discussions and updates



PATIENT RECRUITMENT

As you think through the recruitment strategy that you are going to put in place, there are several factors to consider that might impact who will – or will not – attend:

Who is your intended patient population?

- Is it all of your patients with pre-diabetes or type 2 diabetes or just a subset (e.g., with a certain diagnosis or from a specific demographic group)?
- If you are a part of a group practice, will you open this up to patients who are established with other clinicians in your group? Or only patients that you have personally seen?

Have any specific outreach and recruitment strategies worked well for your patient population in the past?

How many patients can you realistically support in each cohort?

- Factor in the number of participants your budget requires and can sustain (i.e. 5 to breakeven & 10 to profit)
- Will there be more than 1 cohort?
- Does your clinic, health system, or compliance guideline have a maximum number of patients a provider can see during the SMA?
  Discuss with administrators and legal as needed

Next, after thinking about your general approach to recruitment, consider the logistics of who will discuss the LEADR Program with patients and schedule patients once they express interest. This could be an administrator, medical assistant, or other members of the team. Additionally, consider how the patients will contact this person. For example, are you going to have a dedicated phone number or email address for the LEADR Program? Would your patients respond to flyers with a QR code, email, or phone number? Are they comfortable with email and smartphones, or would they prefer a phone call? What is the best process for your organization?

You may also want to consider online forms, such as JotForm or Google Forms, to collect initial interest questionnaires. This approach helps you quickly assess whether a patient meets your program criteria and efficiently gather demographic information.

After thinking through your intended patient population and some factors that might impact how you recruit and who will manage your recruitment efforts, you can consider some specific strategies that might work well for you and your patients:

Print materials - in the community, clinical setting, or through the mail.

- Flyer
- Poster
- Brochure

Referrals

- Your own patients
- Your colleagues' patients
- Send EHR message to directly "invite" patients to participate

Self-refer

- To your scheduling staff
- To the online scheduling site
- Online Registration Form Template
- Poster in clinic waiting area

Other

- Social media (authorization dependent)
- Community outreach events
- Resource fairs/orientations within your organization
- Organization or community-based pop-ups and rounding

PATIENT SCREENING

After prospective patients are recruited, they must be screened. Those who meet the inclusion criteria for the program can then be invited to enroll.

Patient Inclusion Criteria

There are no strict parameters for who you can or cannot include in your LEADR Program; it is your choice as the clinician to decide this. However, you might want to consider certain factors when patients express interest in joining the LEADR Program. Here are some suggested inclusion criteria:

- Prediabetes or type 2 diabetes mellitus diagnosis (or A1C >6.5)
- Not currently pregnant or plans to become pregnant over the program's duration
- 8+ years old
- Has virtual and technical capabilities (if you are running the program virtually)
- Ability to commit to most session dates and times
- Understanding of co-pays and deductibles (depending on their insurance)
- Availability and desire to establish care with new provider (if not a current patient)
- Readiness to change
- Specific demographic (i.e. Organization team member, location of residence, etc.)

Screening

Consider using some of these items to guide screening for prospective patients.

- Diagnoses
- Ability to attend in-person sessions
- Ability to complete required onboarding tasks/ appointments
- Interest and commitment in actively engaging with the group
- Comfort with technology if for a virtual group
- Comfort with sharing personal medical information in a confidential, group setting

What if someone does not qualify?

It can be a disappointment for prospective patients who do not meet the inclusion criteria for the program. As a result, you can consider having other programming or be ready to refer them to other programs or providers that might be of use to them as an alternative.

Patient Enrollment

After a patient is screened and determined to be eligible for the program, it is time to invite them to enroll.

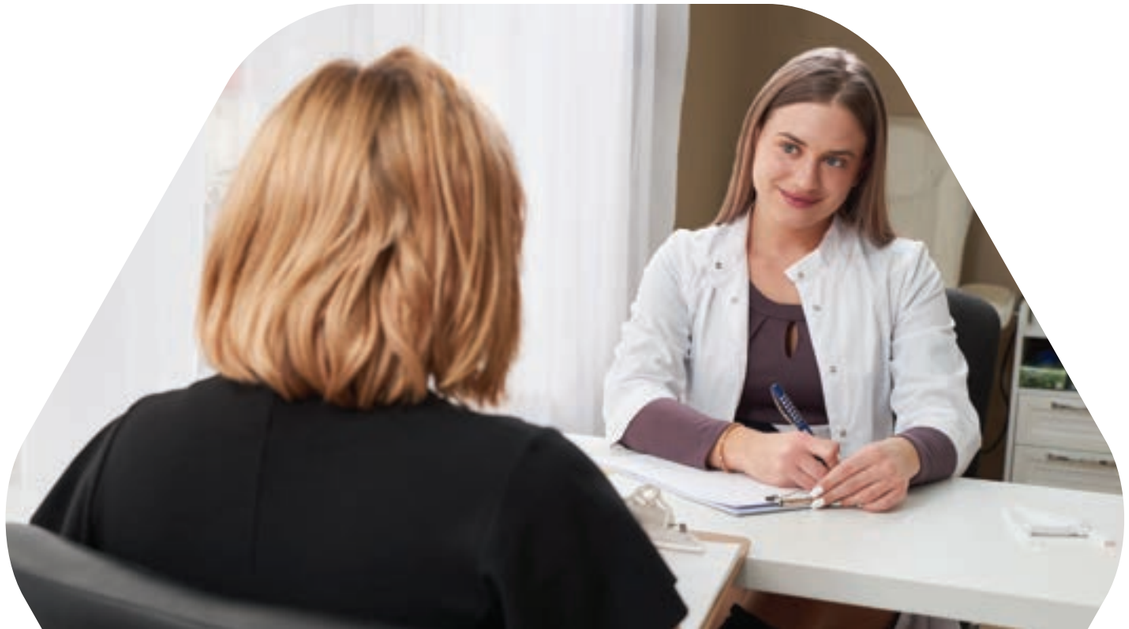
New Patients

If the patient is new to your practice (i.e., has not been seen previously by you or a colleague), follow your practice process for registering a new patient. Due to billing requirements, consider having a 1-1 visit with new patients to your clinic or practice so that they are "established" before you start LEADR. Remember to consult with your billing team.

Patient Enrollment Information

Share a patient enrollment sheet with all new patients. The sheet should include:

- Information on program cost, including any co-pays and deductibles (depending on insurance)
- Orientation meeting location, date, and time (if you are offering one)
- Session location (or link to telehealth platform) and meeting dates and times
- Invitation that families are invited to attend sessions, if this is possible in your setting
- Any materials the patient needs to complete before the first session
- Any materials they will be provided (workbook, notebook, weekly meal, etc.)
- A list of items the patient needs to bring to the first session (insurance card, identification, etc.)



SESSION SETUP

Very generally, sessions are designed to be an hour and a half. Times will vary depending on numbers, staff and Teaching Kitchen implementation. Patient engagement and socialization will hopefully grow throughout the program; this may impact the length of the session as well. Allow adequate time prior to the start of the program to secure a location or virtual telemedicine platform, gather necessary materials, and prepare for each session.

Telehealth Capabilities (For Virtual Groups Only)

Ensure that you have the telehealth capabilities up and running for HIPAA compliant virtual Shared Medical Appointments. You should ensure that the telehealth platform that you plan to use is approved by your clinic or health system.

Reserving Your Location (For In-Person Groups Only)

- Choose a location that is large enough for the number of expected patients as well as family members who are invited to attend. Also consider parking availability (and cost) and nearby bathrooms for patient use.
- Make sure the location has adequate audio/visual capabilities for your needs and size; consider presentation of videos and movies.
- If you plan to collect vital signs or carry biometric screenings of patients before or after sessions, ensure that the location is equipped and approved for your staff to do so.
- If you plan to carry out the teaching kitchen segments live during the sessions, ensure that the location is equipped and approved for food preparation.
- Plan to reserve the space for additional time before and after each session to allow for setup and clean up.
- If your location has the technological capability to stream the session live on a telehealth platform, consider offering your SMA in a hybrid format (virtual or in-person). Again, we suggest a hybrid format that means in-person attendance for some sessions and virtual attendance for others, but never both at the same time. This option can allow for higher attendance.

Communicating With Patients Before Program Begins

Before each session, it is recommended to send patients several reminders. Here is the recommended reminder schedule:

TIME BEFORE EACH SESSION	REMINDER METHOD
Day of Enrollment	E-mail & EHR Scheduling
1 Week	E-mail
3 Days	Phone call
24 Hours	Text message

Pre-session reminder templates are provided for each session in the Session Implementation Section (see below). Templates can be added to your EHR messaging platforms. If you do not already have permission to contact patients through email, phone, and text message, consent must be obtained prior to sending reminders.

Group Discussion

Group interactions offer patients the opportunity for positive social connection and can be one of the most powerful elements of shared medical appointments. Group discussion throughout the sessions offers participants an opportunity to relate to one another, offer support, and celebrate progress.

Your Facilitator Script indicates how to facilitate groups discussions in the in-person or virtual format.

For a single facilitator and up to about 12 patients, the simplest way to facilitate group discussion in a way that encourages social support and allows for individual assessment is to start each SMA session with a question prompt and ask each patient to share a brief update with the billing medical provider and the group. Consider referencing the SMART goals they create at the end of each session. Patients should be comfortable sharing in the group setting and advised of the SMA format prior to being enrolled.

Telehealth note: For virtual participants, synchronous audio and video capability is required. Patients should be advised that they are required to provide their update with their video turned on.

When two or more facilitators are present, patients can be broken into two or more groups for group discussion. However, consideration must be given to ensure compliance with medical decision making, documentation, and billing.

Some ideas for a second facilitator include:

1. Medical trainee (MD/DO/PA/NP student, resident, or fellow) acts as 2nd facilitator.
2. 2nd facilitator is an allied health provider (e.g. RD) who will bill for the service, and documentation will be required.
3. 2nd facilitator is an allied health provider OR another team member who will NOT be billed for the service.

For the delivery of an E/M visit to a patient that is observed by other patients, many SMA providers opt for group discussion and provide patients with the opportunity for individual discussions at each session.

Additional Support

Additional support outside of the session meetings can be vital to a patient's success. If you can offer additional support to patients through a virtual or in-person support group, set this up prior to the program start so that patients may opt in immediately upon enrolling.

Again, please ensure that all additional support services that you plan to offer (e.g., Facebook or WhatsApp group) are approved by your clinic and/or health system rules and regulations related to patient confidentiality, data sharing, etc. You should also clarify whether inter-session patient interactions have any other medical-legal implications that need to be addressed before starting.

After getting approval, consider the following:

1. Will patients meet up in person or virtually?
2. How often will patients meet up?
3. Will someone from the healthcare team facilitate or monitor these?
4. Will there be guided questions or prompts for patients to use?

Your clinic may want to offer ongoing support after the program is over, by creating a group or page or in-house communication avenue for those who have completed the LEADR program, to continue to offer tips, recipes and challenges to support one another in the long-term.

SESSION IMPLEMENTATION

Workflow of Sessions (In Person Only)

Each session should have a similar workflow so that patients know what to expect. Below is a recommended session workflow:

1. **Set up space and all session materials before patients arrive** (name tags, workbooks, pens, etc.)
2. **Team member (e.g., medical assistant, registered dietitian, or nurse) checks in patients** before the session begins
3. **Team member (e.g., medical assistant or nurse) collects vital signs for each patient** before, during, or immediately after session – please note that vital signs are not needed for billing
4. **Begin the session on time**, even if some patients are late. For patients who arrive late, ensure that there is a team member who can let them in without disrupting the session
5. **Utilize a timer or clock** to stay on track with session schedule
6. **End session on time**
7. **Consider reserving extra time after the session** for patients to approach facilitators in a relaxed setting, ask questions, and build rapport.

Communicating With Patients After Each Session

Send a follow-up patient portal message or email after each session, and include the following details:

- How to contact your practice and/or the provider between sessions
- Reminder of the location, date, and time of support group meetings (if you are offering them; see above)
- Changes in health status that patients should watch for, and how to contact their provider if any changes arise, such as from lowered blood sugar or blood pressure:
  - Lightheadedness or dizziness
  - Confusion
  - Low energy or fatigue
  - Weakness
  - New headache
- How patients can communicate a question or concern that may arise in-between sessions (MyChart, email, etc.)

Protocol For Missed Visits

If a patient misses a session, take the following steps:

- Contact the patient by phone, email, or text message to check in and send any materials they missed. Ask if they have any questions about the materials.
- Communicate to the patient that they should attend the next session, assuring them that missing a session does not affect their enrollment in the program.
- Make sure they have the correct date, time, and location for the next session.

LEADR GROCERY TOUR GUIDE

Shopping for Remission on a Budget Outline

Optional field trip for staff-members to lead outside of meetings, or as an individual or group exercise

- Non-billed session/field trip
- An exercise to cover in Session 10, after the Smart Grocery Shopping section
- Suggest a date and time for the group to meet at a grocery store, ideally between Sessions 10 and 11.
- Once the date and time have been established, be sure to check online and in the circulars for store specials on the day of the tour.
- Collaborate with local grocery stores and organizations to provide this experience if possible.

Planning Guide Text: LEADR Grocery Tour Guide: Shopping for Remission on a Budget (non-billed field trip)

You or a team member may want to lead an optional, (non-billed), grocery store tour outing held outside of sessions, at a local grocery store, one easily accessible to most participants. You can organize with the store staff to have a guided tour and take participants around, as they go through exercise prompts in each category, or have a trained team member facilitate.

1. **Pick a local grocery store that allows tours** and request a group tour from the manager or staff member. Alternatively, you can do a tour with one of your team members, but make sure to clear it with the manager.
2. **Pick a date for participants to meet at the store**, potentially after Session 10 when we cover shopping and label-reading.
3. **Plan for a two-hour time frame**.
4. **Mention the outing to participants a few times** in Sessions 1-9, particularly Session 9.

   Request that they choose a recipe from the LEADR Teaching Kitchen collection that they'd like to prepare which they can shop for while there.
5. **Use the optional Grocery Tour Guide text** in the Facilitator Script added to Session 10 to guide the exercise.

Prepare for the Tour

- Decide if you or a team member will lead the tour
  - If a store member, explain that you will be asking the group questions in each section that pertain to their diabetes remission program
  - If a member of your staff, go through each section, starting with Produce, and follow the Script. Allow time for participants to answer Workbook questions pertaining to each question.
- Ask the staff in advance if they have printed store maps to supply to participants
- Ask the store manager in advance if photos of the tour are allowed

During the Tour

- Make sure to gather the names of all store staff members who help on the tour
- Go through the workbook questions together for each section
- Allow for questions during the tour but ask for them to be short, and limit the time taken
- Make sure to take a photo of the group
- In closing, walk outside the store as a group and allow each participant to share something that they learned during the tour that will help in their remission goals
- You can choose to answer the ending Workbook questions together, or as homework

Tips

- Ask participants to use hand carts only, as the buggies will take up too much room for a group tour
- We have learned that it is best to conduct a grocery store tour without children present, though this may cause an undue burden on your participants
- If children are present you may want to limit the tour size, and/or bring coloring pages of fruits and vegetables as activities
- Some stores are happy to offer children an apple or banana, which may be worth asking for.
- Ask store staff in advance if they have pictures of fruits and vegetables that they can give to the kids, or bring some of your own
- Make sure to control questions and limit the tour to no more than two hours

SESSION-SPECIFIC INFORMATION

Each session will require preparation beforehand. Below is a list of supplies and notes for each session. Additionally, make sure the facilitator has a copy of the Facilitator Guide and Participant Manual. Ensure they have read through each session before it begins and are familiar with the exercises the participants have and will complete.

Planning Guide Supplement: Pre-session emails

It is a good idea to send regular emails in advance of session, both to give people a sense of what will happen during the session, and to remind them to come. You can personalize these messages to fit your practice and may consider integrating them into your EHR for consistency.

ENROLLMENT CONFIRMATION EMAIL

Subject Line: LEADR Program Enrollment Confirmation

Congratulations!

*You have successfully enrolled in the **Lifestyle Empowerment Approach for Diabetes Remission (LEADR)** Program! The (YOUR CLINIC) is excited to be a part of your Type 2 Diabetes reversal journey.*

Before getting started there are a few onboarding items that need to be completed. Ensure the steps below are completed before (date)

1. ***Establish care** with a Lifestyle Medicine Provider – list provider(s)*
2. ***Have your labs drawn in the last 3 months** (Lipid Panel, A1C, Fasting Glucose, and Fasting Insulin)*
   If you need your labs ordered, please reach out (YOUR CLINIC)
3. *Scheduled to complete the **pre-program survey** on (date; virtually or in-person)*
4. ***Watch the Forks over Knives movie**, free online. There will be a discussion about the movie at the first session. Link: https://www.forksoverknives.com/the-film/*

Attached you will find the program schedule for the [date] cohort led by [Facilitator 1] and [Facilitator 2].

At the start of the program, you will receive a [change based on your plan] participant manual to guide you through the program. We will also provide you with a healthy meal at each session to keep you full and focused on learning. [clinic dependent – see below for example]. [describe team i.e. dietitians, providers, etc.] are here to support you through this journey. We look forward to seeing you soon!

In good health, (YOUR NAME)

ORIENTATION SESSION PRE-SESSION EMAIL REMINDER

Subject Line: EADR Orientation & Screening Session

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our Orientation meeting will be (DATE, TIME, AND LOCATION).

This orientation session will also be a special movie (night/day)! We will watch the inspirational documentary Forks Over Knives and share our thoughts.

In this pre-session, we will cover:

- *An orientation of the LEADR program*
- *Screening of the film, "Forks Over Knives," the health journey of others like you*
- *Brief Forks Over Knives Discussion*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 1 PRE-SESSION EMAIL REMINDER

Subject Line: Let's Get Started with Diabetes Remission

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Getting Started with Diabetes Remission*
- *Your Health Vision Statement*
- *Success stories from people just like you*
- *The Diabetes Remission Plate*
- *Common Nutrition Myths*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 2 PRE-SESSION EMAIL REMINDER

Subject Line: Follow Your Roadmap to Healthy Eating

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Enjoy, Adapt, Explore: The Diabetes Remission Roadmap*
- *Teaching Kitchen: Breakfasts*
- *Eating on a Budget, including food benefits*
- *Committing to Your Health*
- *Learn our foundational tool for remission success: Setting SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 3 PRE-SESSION EMAIL REMINDER

Subject Line: Change Your Lifestyle; Transform Your Health

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Our first Full Plate Living Segment: Getting Whole Fiber Foods onto Your Plate*
- *Whole Grains to Live By*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 4 PRE-SESSION EMAIL REMINDER

Subject Line: Keep Track of Water, Fiber, and Fat

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Full Plate Living: The Water Fiber Principle*
- *All About Beans*
- *Cooking with Grains and Beans*
- *Teaching Kitchen: Nourish Bowls, and Burgers*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 5 PRE-SESSION EMAIL REMINDER

Subject Line: Enjoy a Full Plate Towards Your Diabetes Remission Goals

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Diabetes Education: The Basics*
- *Full Plate Living: Meal Makeovers and Beverage Challenge*
- *Teaching Kitchen: Filling Salad Blueprint*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 6 PRE-SESSION EMAIL REMINDER

Subject Line: Nourish Yourself with Whole Foods, Sleep, and Stress Reduction

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Diabetes Education: How Much Fiber is in That Food?*
- *Teaching Kitchen: Filling Salad Blueprint*
- *The Important Pillars of Sleep and Stress*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 7 PRE-SESSION EMAIL REMINDER

Subject Line: Power Up Your Lifestyle with Physical Activity

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Diabetes Education: Remission Mechanics*
- *Full Plate: Rev Up Your Healthy Life*
- *Diabetes Education: Exercise; Personal Fat Threshold*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 8 PRE-SESSION EMAIL REMINDER

Subject Line: Set Up Your Environment for Success

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Full Plate Living: Make Over Your Negatives*
- *Diabetes Education: Setting Up Your Environment to Support Your Goals*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 9 PRE-SESSION EMAIL REMINDER

Subject Line: Commit to Healthy Meals and Stay the Course

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Full Plate Living: Making the Most of Your Mornings, and Your Commitment*
- *Pantry Check-in and Upgrade*
- *Teaching Kitchen: Stir Fry, Cowboy Caviar, and Fruit Salad*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 10 PRE-SESSION EMAIL REMINDER

Subject Line: Master Shopping and Label Reading

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Diabetes Education: Decoding Food Labels*
- *Full Plate Living: Smart Grocery Shopping*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 11 PRE-SESSION EMAIL REMINDER

Subject Line: Plan Your Meals at Home and Away

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Diabetes Education: Meal Planning and Cooking*
- *Tips for Eating Out*
- *Full Plate Living: Restaurants*
- *Set Your SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

SESSION 12 PRE-SESSION EMAIL REMINDER

Subject Line: Prepare for the Journey Ahead

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

In this session, we will cover:

- *Diabetes Education: Remission Review*
- *Teaching Kitchen: Loaded Veggie Sandwich, Chickpea of the Sea, Quesadillas*
- *Preparing for the Journey Ahead*
- *Creating Safe Havens*
- *Setting Long-Term SMART Goals*

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

POST PROGRAM SESSION PRE-SESSION EMAIL REMINDER

Subject Line: Follow-Up Session: Continue Your Success

Thank you for joining our LEADR (INSERT PROGRAM NAME)! Our first meeting will be (DATE, TIME, AND LOCATION).

This session will give us a chance to survey your experience with the LEADR, and we will have another movie (night/day)! We gather more inspiration from a documentary all about plant-strong athletes: Game Changers, and have a chance to discuss. Please remember to bring your Workbook with you.

I'm looking forward to meeting you.

Sincerely, (YOUR NAME)

TEACHING KITCHEN SEGMENTS AND MATERIALS

Note: The Teaching Kitchen segments are assigned in the following sessions, but these are suggestions. If it is feasible for you to run a live cooking demo, feel free to schedule them in whichever sessions work for you. The first four recipes intentionally start with breakfast, to give people some options for new ways to start the day. **Use the attached Grocery Shopping Template to prepare for your next demonstration day.**

- **Session 2:** All Breakfasts
  Oatmeal Two Ways
  Tofu Scramble Tacos
  Fluffy Pancakes
  Sweet Potato Toast
- **Session 4:** Nourish bowls and Bean Burgers
- **Session 6:** Filling Salad Blueprint
- **Session 9:** Easy Veggie Stir Fry
  Cowboy Caviar
  Tropical Fruit Salad
- **Session 12:** Loaded Veggie Sandwich
  Chickpea of the Sea
  Sweet Potato & Black Bean Quesadillas

SESSION 2: ALL BREAKFASTS

OATMEAL TWO WAYS

TEACHING KITCHEN SUPPLIES

- Large saucepan
- Knife
- Cutting board
- Big cooking spoon or spatula
- Measuring cups
- Measuring spoons
- Large bowl
- Bowls and spoons for serving
- Napkins
- Airtight jar for overnight oats

INGREDIENTS

- ½ cup dry rolled oats
- 1 cup of water
- ¼ teaspoon cinnamon (or more, depending on taste preference)
- 1 small banana, sliced or chopped into bite-size pieces
- 4 strawberries, sliced
- 2 tablespoons chopped walnuts

Optional: 1 teaspoon maple syrup or
1 chopped date to sweeten

TOFU SCRAMBLE TACOS

TEACHING KITCHEN SUPPLIES

- Paper towels or absorbent kitchen towel
- Heavy object such as a cast iron skillet, cutting board, or stack of books
- Knife
- Cutting board
- Measuring cups
- Measuring spoons
- Fork
- Large Skillet
- Spatula
- Plate
- Plates and forks for serving

INGREDIENTS

- 1 package 14-16 oz organic tofu, extra-firm
- 4 tablespoons water
- 1 onion, chopped
- 2 garlic cloves, minced
- 1 medium zucchini, finely chopped
- 1 teaspoon chili powder
- 1 teaspoon cumin, optional
- ½ teaspoon turmeric
- Black pepper to taste
- 2 teaspoons reduced-sodium soy sauce

For Serving:

- Avocado, sliced
- Salsa
- Sliced lime to squeeze
- Corn or whole-grain tortillas

FLUFFY PANCAKES

TEACHING KITCHEN SUPPLIES

- Blender
- Non-stick skillet
- Measuring cups
- Measuring spoons
- Spoon
- Spatula
- Plates and forks for serving

INGREDIENTS

- 2 large, ripe bananas
- 2 cups rolled oats
- 1 teaspoon cinnamon, optional
- 2 cups unsweetened non-dairy milk
- 2 teaspoons vanilla extract
- 2 teaspoons baking powder
- 2 tablespoons apple cider vinegar
- Pinch of salt

SWEET POTATO TOAST

TEACHING KITCHEN SUPPLIES

- Knife
- Cutting board or mandolin
- Oven or toaster oven
- Airtight Container
- Plates for serving

INGREDIENTS

- 2 large sweet potatoes, round in shape

Optional Toppings:

- Peanut butter and banana slices
- Sliced avocado, salt pepper and fresh lemon wedges to squeeze
- Almond butter, blueberries and cinnamon
- Hummus and sliced cucumber
- Guacamole and sliced tomatoes

SESSION 4: NOURISH BOWLS AND BEAN BURGERS

NOURISH BOWLS

TEACHING KITCHEN SUPPLIES

- At least 14 bowls to accommodate the number of bowl ingredients you plan to have for the build-your-own bowl bar
- Knife
- Cutting board
- Serving spoons
- Can opener
- Measuring cups
- Measuring spoons
- Bowls and forks for serving

INGREDIENTS

Leafy greens
- Lettuce
- Kale
- Spinach
- Sprouts
- Spring mix
- Shredded cabbage/ Brussels spouts

Other Veggies
- Tomatoes
- Artichoke hearts
- Broccoli
- Cauliflower
- Carrots
- Bell pepper
- Cucumber
- Green beans
- Red onion
- Zucchini
- Summer squash
- Snap peas

Protein
- Beans – garbanzo, black, kidney…
- Lentils
- Edamame
- Organic tofu
- Organic tempeh

Fiber-rich Carbs
- Whole grains
  - Quinoa
  - Brown rice
  - Millet
  - Farro
- Whole grains
- Sweet potato
- Winter squash
- Corn
- Peas
- Fruit
  - Berries
  - Apples
  - Oranges

Healthy Fats
- Avocado
- Olives
- Nuts
  - Almonds
  - Pistachios
  - Walnuts
- Seeds
  - Pumpkin
  - Sesame
  - Hemp
- Hummus
- Dressing

Toppers
- Lemon/lime juice
- Fresh herbs
  - Mint
  - Parsley
  - Cilantro
  - Chives
- Nutritional yeast
- Vinegar
  - Balsamic
  - Apple cider
  - White
- Spices blends
- Salsa

BEAN BURGERS

TEACHING KITCHEN SUPPLIES

- Food processor or potato masher
- Large bowl
- Large spoon
- Measuring cups
- Measuring spoons
- Baking sheet
- Oven
- Spatula
- Plates for serving

INGREDIENTS

- 4 15-oz cans black beans, drained
- 1 cup quick oats
- 1 cup barbecue sauce

Optional:
- Salt and pepper to taste
- Additional herbs and spices (rosemary, parsley, chili powder, cumin, etc.)

SESSION 6: FILLING SALAD BLUEPRINT

FILLING SALAD

TEACHING KITCHEN SUPPLIES

- Knife
- Cutting board
- At least 8-10 serving bowls to accommodate the number of salad ingredients you plan to have for the build-your-own salad bar
- Measuring cups
- Measuring spoons
- Salad tongs
- Servings spoons
- Blender
- Jar or bowl for mixing balsamic dressing
- Bowls and forks for serving

INGREDIENTS

Leafy greens

- Romine
- Spring Mix
- Baby Spinach
- Butter lettuce
- Greens mix with endive and arugala
- Cabbage mix/ coleslaw
- Red leaf lettuce

Vegetable Options

- Romine
- Spring Mix
- Baby Spinach
- Butter lettuce
- Greens mix with endive and arugala
- Cabbage mix/ coleslaw
- Red leaf lettuce

Smart Carbs Options

- Brown or wild rice
- Quinoa
- Corn
- Peas
- Squash
- Mangos
- Blueberries
- Apples or citrus

Protein Options

- Chickpeas
- Tofu, firm
- Black beans
- Edamame
- Tempeh
- Green Peas
- White/butter beans

Salad Dressing Options (refer to LEADR recipe list)

- Lemony
- Balsamic
- Hummus
- Raspberry
- Peanut
- Cashew Ranch

SESSION 9: EASY VEGGIE STIR FRY, COWBOY CAVIAR, & TROPICAL FRUIT SALAD

EASY VEGGIE STIR FRY

TEACHING KITCHEN SUPPLIES

- Bowl
- Measuring spoons
- Measuring cups
- Large skillet or wok
- Knife
- Cutting board
- Baking sheet
- Oven
- Pot or rice cooker
- Spatula
- Bowls and forks for serving

INGREDIENTS

- Tempeh
- 1 Onion
- 1 Bell pepper
- 2 Carrots
- 1 bunch broccoli
- 2 tablespoons tamari or soy sauce
- 1 teaspoon garlic powder
- Pepper, 1/2 teaspoon or to taste (optional)

COWBOY CAVIAR

TEACHING KITCHEN SUPPLIES

- Can opener
- 2 mixing bowls
- 2 serving spoons
- Colander
- Knife
- Cutting board
- Spoon
- Measuring cups
- Measuring spoons
- Oven or toaster oven

INGREDIENTS

- 2 cups Black beans
- ½ cup Corn
- 1 tablespoon Cilantro (optional)
- 2 Garlic cloves
- 4 tablespoon red onion, chopped
- Red bell pepper, chopped, 1/4 pepper each
- Salsa, 2 tablespoons each
- Chili powder, .38 tsp a serving
- Cumin, 1/2 tsp a serving
- Lime juice, from 1.5 lime
- Salt to taste

TROPICAL FRUIT SALAD

TEACHING KITCHEN SUPPLIES

- 2 mixing bowls
- 2 serving spoons
- Colander
- Knife
- Cutting board
- Spoon
- Measuring cups
- Measuring spoons
- Oven or toaster oven

INGREDIENTS

- ½ cup shredded coconut
- 2 cups pineapple chunks, fresh or canned, 1/2 cup each
- 2 cups mango chunks, fresh or frozen
- 2 cups strawberries, sliced
- Lime juice from 2-3 limes
- 1 5 oz pack mint leaves, thinly sliced

SESSION 12: OADED VEGGIE SANDWICH, CHICKPEA OF THE SEA, & SWEET POTATO & BLACK BEAN QUESADILLAS

LOADED VEGGIE SANDWICH

TEACHING KITCHEN SUPPLIES

- Knife
- Cutting board
- Toaster or toaster oven
- Plates for serving

INGREDIENTS

- Whole grain bread, 2 slices each
- Hummus, 1/4 cup each
- Tomato Slices, 2 each which equals a large slicing tomato
- Spinach, 1/2 cup each
- Carrots, 1/2 cup grated each
- Cucumber, 4 slices each
- Alfalfa sprouts
- 1 teaspoon garlic powder
- Pepper, 1/2 teaspoon or to taste (optional)

CHICKPEA OF THE SEA

TEACHING KITCHEN SUPPLIES

- Mixing bowl
- Potato masher or fork
- Colander
- Knife
- Cutting board
- Toaster or toaster oven
- Plates for serving

INGREDIENTS

- 1 can chickpeas
- 1 tablespoon Dijon mustard
- ¼ cup plant-based yogurt (or hummus)
- ¼ teaspoon Old Bay seasoning
- 1 large carrot
- 1 celery stalk
- ¼ cup red onion, chopped
- ¼ cup sunflower seeds, toasted
- 2 teaspoons salt and pepper combined, to taste
- 1 head romaine lettuce
- 2 tomatoes, sliced
- 1 avocado

SWEET POTATO BLACK BEAN QUESADILLAS

TEACHING KITCHEN SUPPLIES

- Knife
- Cutting board
- Saucepan
- Fork
- Mixing bowl
- Measuring cups
- Measuring spoons
- Grill pan or skillet
- Plates for serving

INGREDIENTS

- 2 medium sweet potatoes
- 1/2 cup salsa
- 2 teaspoons chili powder
- 2 teaspoons cumin (optional)
- Lime juice from 1 lime
- 4 tablespoons nutritional yeast
- 2 cups black beans
- Salt and pepper to taste
- 4 tortillas, whole wheat
- 1 cup yogurt, plant-based (optional topping)

PATIENT TRANSITION PLAN

As the program concludes, patients are feeling energized and motivated by their progress. This is a pivotal moment for your team to harness that momentum and reinforce healthy habits, celebrate achievements and guide next steps to ensure lasting success.

Program Achievements

- Spent 12+ weeks learning how to manage their diabetes with nutrition and exercise.
- Joined a supportive community
- Open-minded and willing to change their lifestyles to better their health and wellbeing
- Tried new foods and bought new groceries to support their lifestyle changes

Evaluations

- Establish a follow-up 1:1 appointment with each patient (determine feasibility and appropriate timeframe based on provider recommendations)
- Continue to encourage patients to track their progress and reassess their SMART goals between appointments
- Consider the process for patients to reach out to facilitators with questions or support once the program has concluded.

  Email, MyChart, Phone, etc.

Ongoing Programs

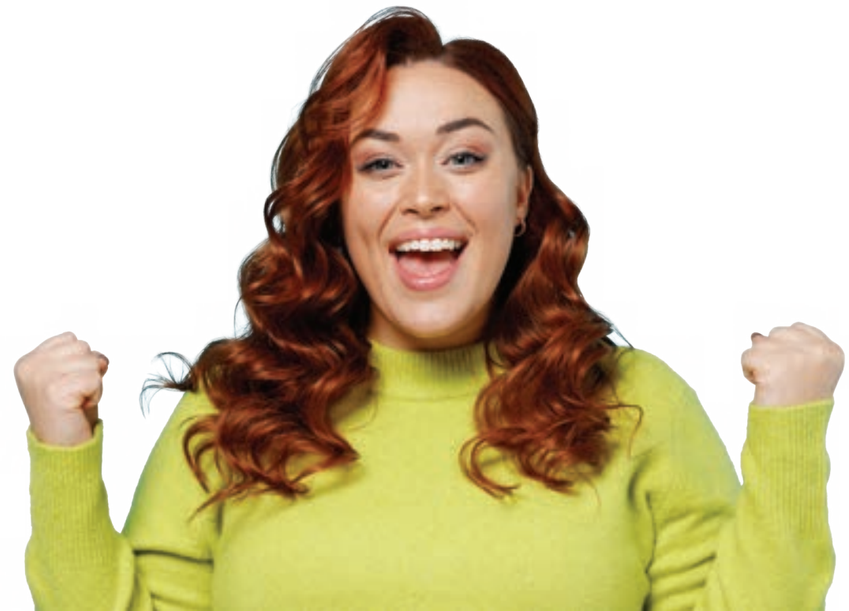
Explore ongoing programs and support groups available through your clinic, healthcare system, or community that can help sustain long-term lifestyle changes.

- Diabetes support groups
- Food is Medicine program
- Diabetes or Lifestyle education sessions
- Community outreach events
- Exercise is Medicine program

Ongoing Programs

Include resources participants can use after the session concludes. These materials should reinforce key concepts, provide actionable steps, and offer tools for continued success.

- Tip sheets
- Reflection questions
- Links to additional resources
  - Recipes
  - Education resources to support change
- Consider all 6 Pillars of Health when creating this document



PATIENT GRADUATE GUIDE LAYOUT

This guide brings together all the components of the patient's transition plan you developed, offering key concepts and practical strategies for ongoing success. It serves as a roadmap to keep patients engaged, apply learned skills, and access additional resources as needed. Adapt to fit your community.

Congratulations

*On behalf of the [clinic, department or organization], we want to congratulate you on your successful completion of the **Lifestyle Empowerment Approach to Diabetes Remission** program (LEADR)! You have invested 12 weeks into transforming how you eat, shop, cook, and move. By embracing new ways to fuel your body, boost your confidence, and protect your long-term health, you've built the foundation for a sustainable, healthy lifestyle.*

Looking Ahead Together

This section is optional depending on what evaluations and testing you want patients to complete at the end of the program.

- Survey deadlines
- Lab work deadlines
- Follow-up appointment dates
  - Personalize for each patient

Keep the Momentum Going

Momentum is the secret to lasting wellness. Lock in those important appointments now and honor them like promises to yourself. Every effort today builds progress for tomorrow. You've got this!

1. **Schedule your follow-up appointment** with your Primary Care or Specialty provider
2. **Set a reminder** to have your labs checked regularly with your provider
3. **Sign up for another program**
   a. [Insert program opportunities here]
      [Description of program]
4. **Continue to set weekly SMART goals**
   a. Daily habit checklist
   b. Weekly planning time to assess your progress and establish new goals for the week
5. **Track your progress**
   a. Nutrition logs
   b. Exercise trackers
   c. Sleep journals
6. **Revisit your LEADR workbook** for ideas, inspiration, and guidance

Stay Inspired

Your wellness doesn't stop at our door! There are many community and online resources to help keep you motivated and on track. Explore the options we have compiled for you that will complement your care and empower each pillar of your healthy lifestyle journey.

PHYSCIAL ACTIVITY

- **Hospital system/organization fitness center**
- **Community Wellness Resources**
  - Cultural Arts & Recreation Centers
  - City Parks & Recreation
  - County Parks & Recreation
  - State Parks & Recreation
- **Outdoor walking trails**
  - In city limits
  - In county limits
  - In state limits
- **Local fitness centers, boutique gyms, group fitness programs & adult/senior recreation leagues**
  - Explore deals or partnerships through your organization or insurance company
- **Resources at your fingertips**
  YouTube
  - Get Fit with Rick
  - Grow with Jo
  - Yoga with Adrienne

  iPhone/Android Apps
  - Apple Fitness
  - Nike Training Club
  - FitOn
- **Website**
  - Fitness Blender https://www.fitnessblender.com
  - ACE Fitness https://www.acefitness.org

NUTRITION

- **Visit with a Registered Dietitian**
- **Local clinics that support healthy eating (Lifestyle Medicine, Medical Nutrition Therapy, etc.)**
- **Culinary classes and cookbooks**
- **Fork Over Knives Website**
  - https://shop.forksoverknives.com
  - Recipes, meal planning guide, cooking courses, & more
- **Websites for Healthy Recipes**
  - eatingwell.com
  - cleaneating.com
  - www.loveandlemons.com
  - www.minimalistbaker.com
- **Healthy eating groups**
  - Local Churches
  - Facebook groups
  - Community centers
- **Grocery store tours**
  - Learn how to shop at the grocery store with savings and health in mind
  - Local organizations may host these or you can put one together [see LEADR Grocery Store Guide]

RESTORATIVE SLEEP

- **Sleep Foundation**
  - https://www.sleepfoundation.org
- **12 Tips for Better Sleep Hygiene**
  - https://www.healthline.com/health/sleep-hygiene

POSITIVE SOCIAL CONNECTIONS

- **Diabetes Support Groups**
  - Does your clinic have the capability for this?
  - Local health departments often have a monthly group
  - American Diabetes Association https://diabetes.org
- **Create a positive online platform or page with your fellow cohorts**
  - Connect with your support team at home (church, family, friends, etc.)

STRESS MANAGEMENT

- **Local counseling services**
- **The American Institute of Stress**
  - https://www.stress.org/resources/
- **Resources at Your Fingertips**
  - **iPhone/Android Apps**
    Calm: Meditation & Sleep App
  - **YouTube**
    Breathing Exercises
    Stress Relief Playlist
- **Practice Self-Care**
  - Light candles & take a bath
  - Go for a walk outside
  - Sing & Dance
  - Read & journal
  - Connect with what makes you happy
- **Positive affirmations**
  - "My wellbeing is my priority, and I choose it with love"
  - "I release what no longer serves me and welcome what nourishes me"
  - "I am grateful for the small steps that lead to big changes"
  - "I am capable, worthy, & ready to shine"
  - "Consistency is my superpower"
- **Deep Breathing Exercises**
  - https://www.healthline.com/health/breathing-exercise

AVOID RISKY SUBSTANCES

- **Mental Health Hotline** Call 988
- **Substance Abuse & Mental Health Services Administration** https://www.samhsa.gov/
- **National Institute on Alcohol Abuse and Alcoholism** https://www.niaaa.nih.gov/

COMMON CHALLENGES & HOW TO OVERCOME THEM

- **Lost Motivation**
  - Revisit your "why" and write down reasons you started the journey
  - Set one small, achievable goal for today (add 1 extra vegetable to your meal, go for a 5-minute walk, etc)
  - 5-minute rule: always give yourself at least 5 minutes of a planned activity before you quit https://cogbtherapy.com/cbt-blog/end-procrastination-5-minute-rule
- **Setbacks**
  - Progress takes time and does not happen in a straight line. "Setbacks don't define you; they refine you"
  - Reflect on what triggered the setback and plan 1 positive step forward
- **Time Limitations**
  - Start with a micro-habit, even 5 minutes of mindful breathing or movement
  - Identify habits that are easy to integrate into your current routine (stretching at the copier, standing during a virtual meeting, walking while on the phone with friends, etc)
- **When to Seek Professional Help**
  - If you experience any health concerns (blood sugar related and beyond), mood changes, persistent fatigue, or any other symptoms you are worried about contact your healthcare provider

We're Here for You

Our team remains committed to supporting you, even after the program has ended. Connect with any of the team members who have guided you over the past 12 weeks or contact our front desk at [number] for additional resources.

- Coordinator Contact Information
- Facilitator Contact Information
- Additional clinic numbers and addresses

Reflect & Commit

Take a moment to reflect on what you've learned, identify the habits you want to keep, and set meaningful goals for the future. Write down your biggest takeaway and personal commitment to reinforce your motivation and create a clear roadmap for continued success.

Biggest Takeaway from the LEADR program:

One Habit I Commit to Maintaining:

My Long Term Goal:

AMERICAN COLLEGE OF
Lifestyle Medicine

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