

Member Groups Requesting Changes:

None

Member Groups that Reviewed the Guideline, No Changes Requested:

HealthPartners Medical Group
Hudson Physicians
Allina Health Clinics
Mayo Clinic

Member Groups that Responded but the Guideline Does Not Pertain to Practice:

None

Sponsoring Health Plans Requesting Changes:

None

Sponsoring Health Plans that Reviewed the Guideline, No Changes Requested:

Medica

GENERAL COMMENTS:

1. I have only been able to read these guidelines briefly, they are consistent with my beliefs and I do not have any recommendations for change at this time. (Medica)
2. This was sent to all our providers for review. No changes were recommended. This guideline is used in the following way in our organization: (ie: full implementation, partially implemented, used as a resource, etc.) There is full implementation of this guideline at our clinic. (Hudson Physicians)
3. Important that we develop tools for our providers to easily and effectively encourage these healthy behaviors. Your work is appreciated. (Allina Health Clinics)
4. 1. Executive Summary – Clinical highlights
 - First bullet – specifically “a diet that emphasizes fruits and vegetables statement” is too simplistic. A person could emphasize fruits and vegetables and load them up with sugar, salt and fat –and suffer medical consequences. Instead suggest changing to “a diet that is based on least-processed foods, mainly plant-based foods (fruits, vegetables whole grains) with lesser amounts of lean protein (animal/dairy) and healthy fats.

Thank you for your comment. We incorporate these suggestions in our new version, which recommends the DASH or Mediterranean diets.

- Bullet 4 – Health care system redesign – this redesign should include support for clinician time/resources to work with the community be it to assist schools, worksites, grocery stores, restaurant/cafeteria efforts, government or agribusiness in food formulation.

Thank you for your comment. The work group agrees that clinician and community partnerships are essential promoting healthy lifestyles.

- Bullet 5 – when assessments are done, do something with them. From a nutrition standpoint access to health care professionals who have nutrition training/counseling skills is critical to achieve the aim of “improved” nutrition.

Thank you for your comment. Our guideline does discuss nutrition counseling as an available intervention.

5. Page 8 – Implementation Recommendation Highlights – bullet 2. Beyond height, weight and BMI, this bullet should address ALL of the lifestyle behaviors (smoking, alcohol, etc.).

Thank you for your comment. We also agree that systems which assess all behaviors need to be developed and have tried to make that more clear in this most recent edition.

6. Page 8 – Implementation Recommendation Highlights – bullet 3. Prescriptions and counseling for ALL lifestyle behaviors should be developed. There is a need to identify the right professionals (type and number) needed to provide nutrition training/partnering occur to help address the spectrum of nutrition needs. Health care does not have unlimited resources to meet an expectation to be “on call” for a chef to consult about a specific patient need.

Thank you for your comment. In this most recent edition we have incorporated the “5As” structure (Assess, Advise, Agree, Assist, Arrange) address these concerns; we hope that this is more helpful.

7. Page 18: Clinical interventions that reliably support health lifestyles must include the following components – (page 19):
 - Advice and brief counseling to ALL people identified as being likely to benefit
 - More in depth intervention for people identified as needing OR WANTING additional services or support.

Thank you for your comment. In this most recent edition we have incorporated the “5As” structure (Assess, Advise, Agree, Assist, Arrange) address these concerns; we hope that this is more helpful.

8. Pages 21-24 Improved Nutrition – whenever possible in this section goals should be qualitative and quantitative.
 - Enjoy food but eat less – is not particularly helpful in terms of a goal

- Avoid oversized portions – what is oversized?
- Switch to fat-free or low-fat milk – how much?
- Drink water instead of drinks that contain sugar, fat or alcohol. (Don't add sugar/fat to tea, coffee.)
- Reduce or eliminate sugar-sweetened drinks.....
- Limit portions of juice – to what?

Thank you for your comment. We have tried to make the nutrition section in this new version both more qualitative and quantitative in its narrative and recommendations.

9. Page 22 – The optimal goal for lean meat, poultry and fish is no more than 6 ounces WEEKLY. If following the AHA guidelines, fish would make up this amount – leaving nothing for lean meat & poultry. (Mayo Clinic)

Thank you for your comment. Our new 2015 version recommends the following: Meat and protein foods; four to six ounces daily; Fish and seafood should be consumed at least eight ounces per week; nuts, seeds and legumes should be consumed four ounces or more per week.

MEDICAL CONTENT:

None

SUPPORT FOR IMPLEMENTATION:

None

AIMS AND MEASURES:

None