



February 9, 2026

HRSA Information Collection Clearance Officer
Room 13N82
5600 Fishers Lane
Rockville, Maryland 20857

Re: Health Resources and Services Administration (HRSA) Uniform Data System (UDS), OMB No. 0915-0193 – Revision

Introduction

On behalf of the American College of Lifestyle Medicine (ACLM), representing more than 15,000 physicians and health professionals committed to treating, reversing, and preventing chronic disease through evidence-based lifestyle medicine, we appreciate the opportunity to comment on the proposed updates to the HRSA Uniform Data System (UDS).

ACLM is the nation's only medical professional association dedicated to educating and equipping clinicians to treat, reverse, and prevent chronic disease through evidence-based lifestyle interventions—nutrition, physical activity, sleep, stress management, connectedness and avoidance of risky substances. For over 20 years, clinician members of ACLM have been promoting a transformed healthcare system with a focus on root-cause lifestyle medicine as a first-treatment approach. ACLM's vision is a world wherein lifestyle medicine is the foundation of health and all healthcare. The efficacy of lifestyle medicine (LM) transcends all healthcare specialties and the results are transformative, yielding health restoration in nearly every area of healthcare across the entire care continuum.

Most chronic conditions are largely driven by modifiable lifestyle factors, and clinical practice guidelines across cardiometabolic, cognitive, and obesity-related diseases consistently list lifestyle change as the first-line treatment approach. Yet, despite strong evidence that lifestyle interventions can address chronic disease, our healthcare system captures few standardized lifestyle measures and rarely embeds lifestyle medicine into routine care or payment models. This disconnect leaves a major gap between what evidence shows, what guidelines recommend, and what healthcare systems measure, reward, and deliver.

Health centers play a critical role on the front lines of chronic disease care, health disparities, and whole-person health. UDS modernization presents an important opportunity to better align measurement with outcomes that matter most to patients, communities, and the sustainability of the healthcare system.

1. Lifestyle Medicine Assessment Using Standardized Tools (HCPCS G0136)

ACLM strongly recommends inclusion of a standardized lifestyle medicine assessment within UDS reporting, leveraging existing, validated tools such as the ACLM Lifestyle Medicine Short Form Assessment (see attachment). This assessment aligns well with HCPCS code G0136 and enables systematic capture of upstream lifestyle risk factors, including nutrition, physical activity, sleep, stress, connectedness, and substance use.

Routine lifestyle assessment supports early identification of modifiable drivers of chronic disease, guides individualized care planning, and strengthens documentation of whole-person, preventive services already being delivered in HRSA-funded health centers. Including this measure in UDS would normalize lifestyle assessment as a standard of care, reduce documentation burden through standardization, improve comparability across health centers, and support consistent population-level tracking of modifiable risk factors central to chronic disease prevention and treatment.

2. Addition of Type 2 Diabetes Remission as a UDS Measure

ACLM urges HRSA to add Type 2 diabetes (T2D) remission as a reportable UDS outcome measure. Growing evidence demonstrates that T2D remission is achievable, particularly through intensive lifestyle interventions, yet current reporting frameworks capture disease prevalence without recognizing recovery or remission despite growing clinical consensus that remission is an achievable and meaningful patient-centered outcome.

Including remission as a UDS measure would align data collection with modern, outcomes-focused care, reward health centers for improving patient health rather than perpetuating only disease coding, and better reflect the impact of comprehensive, community-engaged lifestyle medicine programs. This measure would also support value-based care models by highlighting long-term improvements in glycemic control, reduced complications, and lower total cost of care.

ACLM recommends that diabetes remission be included in UDS measured as denominator (# of adults with diagnosed T2D) / numerator (# meeting remission definition with exceptions such as end of life/palliative/obstetric).

3. Medication Deprescribing as a Positive Clinical Outcome

ACLM also recommends the inclusion of medication de-escalation and deprescribing as a new clinical quality measure (Table 6B) or a new “other data elements” field that captures structured review and deintensification. Lifestyle medicine interventions frequently lead to improved biomarkers, symptom resolution, and disease remission, necessitating safe reduction or discontinuation of medications. Therefore, ACLM specifically recommends de-escalation and deprescribing be reflected in one of the three other data elements listed below:

- 1) Percent dose reduction or discontinuation of high-risk medications
- 2) Polypharmacy deintensification (% patients on five or more medications with Tier 1 medication after shared decision making)
- 3) Potentially inappropriate meds (PIMs): % stopping PIMs per Beers, Start/Stop, and/or guideline criteria (with exclusions as deemed necessary)

Regular reassessment and deprescribing of medications by interprofessional care teams reduce inappropriate or unnecessary medication use, minimize adverse effects, and prioritize patient engagement in lifestyle interventions to target underlying causes of chronic disease. Approaches that consider the whole person and prioritize person-centered care while emphasizing shared decision-making should guide both the prescribing and deprescribing of medications.

Current measurement systems often unintentionally penalize clinicians and health centers for deprescribing, despite clear benefits such as reduced adverse events, improved patient satisfaction, and lower medication burden. Capturing deprescribing as a quality outcome would better align UDS measures with evidence-based practice, patient goals, and responsible stewardship of healthcare resources.

4. Capture of HRSN/SDOH and Patient Support Services Related to Community-Engaged Lifestyle Medicine

ACLM supports enhanced UDS capture of Health-Related Social Needs (HRSN), Social Drivers of Health (SDOH), and patient support services, particularly those connected to community-engaged lifestyle medicine interventions. Lifestyle medicine programs delivered through health centers frequently integrate food access, nutrition education, physical activity resources, stress management, social connection opportunities, and health coaching, often in partnership with community-based organizations.

UDS data elements should reflect referrals to and utilization of services such as produce prescriptions, medically tailored meals, group medical visits, health coaching, community fitness programs, and other non-clinical supports that address root causes of chronic disease. Capturing these data in the UDS Enabling Services as a subcategory would provide a comprehensive picture of care delivery and support accountability for whole-person approaches.

HRSA's ability to demonstrate the value of community-based prevention and treatment strategies is evident, however there are other pertinent upstream drivers that are invaluable, including food security, housing security (currently only homelessness measured), transportation, financial strain, social isolation, caregiving, and legal needs.



Conclusion

Modernizing UDS to include lifestyle medicine assessment, disease remission, medication deprescribing, community-engaged HRSN, and patient support services will better align measurement with HRSA's mission to improve health outcomes and advance health for all. These updates would recognize the full scope of work occurring in health centers, support value-based transformation, and accelerate progress toward treatment, reversal, and prevention of chronic disease.

ACLM appreciates the opportunity to comment and stands ready to partner with HRSA to advance these priorities.

Sincerely,

A handwritten signature in black ink that reads "Padmaja".

Padmaja Patel, MD, DipABLM, FACLM
President, ACLM

A handwritten signature in black ink that reads "Susan Benigas".

Susan Benigas
Chief Executive Officer, ACLM