

The Case for Diet as a Vital Sign



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As one of the leading specialists in preventative and lifestyle medicine and nutrition, Dr. Katz is the founder of both Diet ID and the non-profit True Health Initiative.

The Case for Diet as a Vital Sign

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President, True Health Initiative
Founding Director, Prevention Research Center, Yale University
Past-President, American College of Lifestyle Medicine

LabsLive

10/16/21







There's DIOL LIGOSTIO and everything else...

McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA.
 1993;270:2207-12

"Hospitals should include nutrition in any electronic health record"

Our Food Is Killing Too Many of Us

Improving American nutrition would make the biggest impact on our health care.

By Dariush Mozaffarian and Dan Glickman

Dr. Mozaffarian is dean of the Tufts Friedman School of Nutrition Science and Policy. Mr. Glickman was the secretary of agriculture from 1995 to 2001.



Aug. 26, 2019















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Abstract

Rationale for Clinician-

Rapid Diet Assessment Screening Tools for Cardiovascular Disease Risk Reduction Across Healthcare Settings: A Scientific Statement From the American Heart Association

Maya Vadiveloo, Alice H. Lichtenstein, Cheryl Anderson, Karen Aspry, Randi Foraker, Skylar Griggs, Laura L. Hayman, Emily Johnston, Neil J. Stone, Anne N. Thorndike, ... See all authors

Originally published 7 Aug 2020 | https://doi.org/10.1161/HCQ.000000000000094 | Circulation: Cardiovascular Quality and Outcomes. 2020;13

Abstract

It is critical that diet quality be assessed and discussed at the point of care with clinicians and other members of the healthcare team to reduce the incidence and improve the management of diet-related chronic disease, especially cardiovascular disease. Dietary screening or counseling is not usually a component of routine medical visits. Moreover,

THE LANCET

ARTICLES | ONLINE FIRST

Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

GBD 2017 Diet Collaborators •

Open Access • Published: April 03, 2019 • DOI: https://doi.org/10.1016/S0140-6736(19)30041-8 •



Summary

Introduction

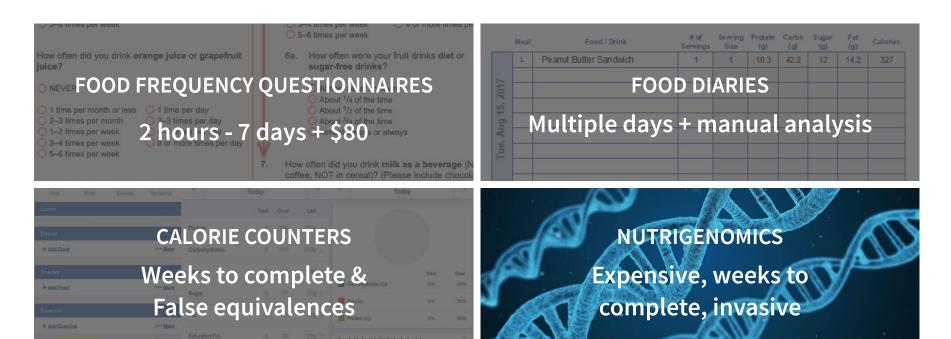
Summary

We manage...

...what we measure.

But today's tools to measure and manage nutrition are burdensome, time-consuming, and flawed

They're nearly impossible to fit in your workflow, limiting your potential impact.



To solve this need, we brought together world leading experts in nutrition and prevention...



Led by David Katz, MD



Walter Willett, MD, DrPH Harvard School of Public Health



Michael
Dansinger, MD,
MS
Tufts University



Christopher Gardner, PhD Stanford University



Gail Frank, DrPH, RD

CA State University



Mary Murimi, PhD, RD Texas Tech University



David Jenkins, MD PhD
Univ. of Toronto
Inventor of the
Glycemic Index



Linda Snetselaar, PhD. RD University of Iowa President of AND

And invented a new methodology for diet assessment

Use a simple, image-based module to get a 95% completion rate and quickly (in 1 minute) baseline your patients' nutrition needs

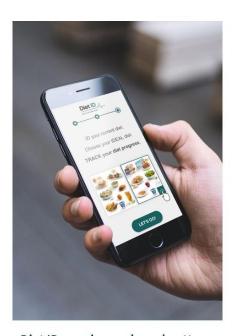


Like at the eye doctor...





...choose the more clear image

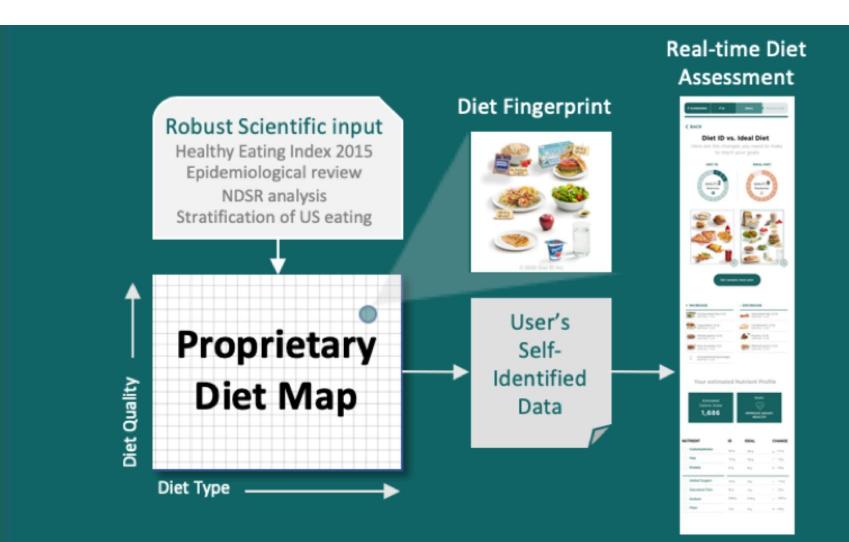


Diet ID uses image-based pattern recognition





...choose the image that looks more like how you eat routinely

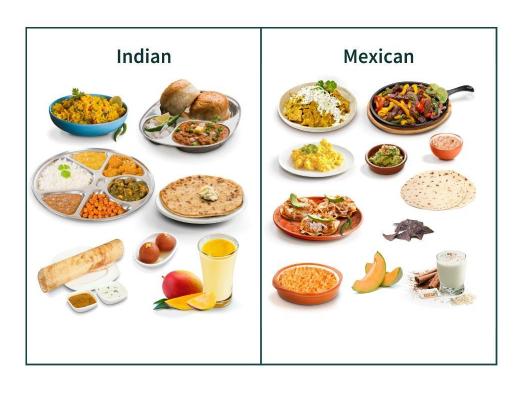


Find your Diet ID



We are expanding our offering to further personalize

Diet ID's core assessment represents how roughly 95% of Americans eat. We are always expanding our engine to accommodate diverse populations.



Ethnic populations

Latin American Diets
South Asian Diets
Fast Asian Diets

Therapeutic diets

Ornish Diet
Whole Food Plant-based Diet

Restrictive patterns

Keto Diet

The Patient & Provider Experience

Patients complete the assessment in as little as 1 minute on any web-enabled device

PATIENT



Patient completes image-based assessment to evaluate current diet quality, nutrient intake and food group intake.



Based on selected health goals, patient selects goal diet and receives detailed plan to improve diet.

PROVIDER

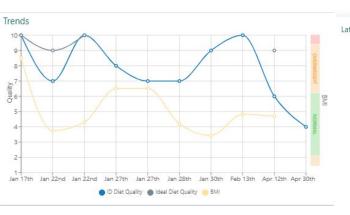


Clinician receives full analysis of current diet as well as specific nutrition plan for each individual as soon as patient completes assessment. Data is accessible via Diet ID's HIPAA compliant admin portal.





NUTRIENT	ID		IDEAL		CHANGE
Estimated Calorie Intake	2320 kcal		2320 kcal		0 kcal
(i) Carbohydrates	257 g	(44% of daily calories)	400 g	(44% of daily calories)	▲ +143 g
i Total Fat	101 g	(39% of daily calories)	55 g	(39% of daily calories)	▼ -46 g
(i) Protein	94 g	(16% of daily calories)	91 g	(16% of daily calories)	▼ -3 g
(i) Added Sugars	71 g	-0-	5 g	O	▼ -66 g
(i) Saturated Fat	33 g		7 g	-	▼ -26 g
(i) Sodium	4041 mg		1728 mg	─	▼ -2313 mg
(i) Dietary Fiber	16 g	-0-	79 g	──	▲ +63 g
(i) Cholesterol	443 mg		0 mg	O	▼ -443 mg
i Total Sugars	106 g		113 g		▲ +7 g







Food Group Changes		Detai	ls
♠ Increase Unsweetened beverages (Water) Plant-based meat alternatives Plant-based dairy alternatives William	hole grains		
➤ Decrease Fatty condiments (Cream, Creamy d Sweet / salty condiments (Sugar) Sweets & desserts (Sugar) Salty			
Food Group	Change in	Servin	ıgs
Fruit Juice	0.5 → 0.1	-0.4	
and the second s		-0.4	0
Fruit Juice	0.5 → 0.1	-0.4	0
Fruit Juice	$0.5 \rightarrow 0.1$ $0.3 \rightarrow 6.5$	-0.4 +6.2	0
Fruit Juice Fruit Vegetables	$0.5 \to 0.1$ $0.3 \to 6.5$ $2.1 \to 16.5$	-0.4 +6.2 +14.4	0
Fruit Juice Fruit Vegetables Fried Vegetables	$0.5 \rightarrow 0.1$ $0.3 \rightarrow 6.5$ $2.1 \rightarrow 16.5$ $0.4 \rightarrow 0.0$	-0.4 +6.2 +14.4 -0.4	6 6 6
Fruit Juice Fruit Vegetables Fried Vegetables Beans & Lentils	$0.5 \rightarrow 0.1$ $0.3 \rightarrow 6.5$ $2.1 \rightarrow 16.5$ $0.4 \rightarrow 0.0$ $0.0 \rightarrow 1.8$	-0.4 +6.2 +14.4 -0.4 +1.8	0 0 0
Fruit Juice Fruit Vegetables Fried Vegetables Beans & Lentils Nuts & Seeds	$0.5 \rightarrow 0.1$ $0.3 \rightarrow 6.5$ $2.1 \rightarrow 16.5$ $0.4 \rightarrow 0.0$ $0.0 \rightarrow 1.8$ $0.0 \rightarrow 2.2$	-0.4 +6.2 +14.4 -0.4 +1.8 +2.2	0 0 0 0 0
Fruit Juice Fruit Vegetables Fried Vegetables Beans & Lentils Nuts & Seeds Whole Grains	$0.5 \rightarrow 0.1$ $0.3 \rightarrow 6.5$ $2.1 \rightarrow 16.5$ $0.4 \rightarrow 0.0$ $0.0 \rightarrow 1.8$ $0.0 \rightarrow 2.2$ $0.2 \rightarrow 6.3$	-0.4 +6.2 +14.4 -0.4 +1.8 +2.2 +6.1	
Fruit Juice Fruit Vegetables Fried Vegetables Beans & Lentils Nuts & Seeds Whole Grains Refined Grains	$0.5 \rightarrow 0.1$ $0.3 \rightarrow 6.5$ $2.1 \rightarrow 16.5$ $0.4 \rightarrow 0.0$ $0.0 \rightarrow 1.8$ $0.0 \rightarrow 2.2$ $0.2 \rightarrow 6.3$ $5.8 \rightarrow 1.8$	-0.4 +6.2 +14.4 -0.4 +1.8 +2.2 +6.1	

0.0 → 2.0 +2.0 **(1)**

Plant-Based Dairy Alternatives

Results: Engagement with Assessment

Our assessment is the most simple, joyful dietary assessment, pairing frictionless user experience with accuracy

- Completion rate: 96%
 96% of those who register complete the assessment and receive results
- Time to complete: < 5 minutes

 No training required, and can be completed without any guidance
- Accuracy Rating: 90%+
 This is self-reported based on the prompt: "how accurate are your results?"
- Usable by a diverse population both young and old We successfully engage users across generations, with strong completion rates even among the 90+ population

Results: Time Saved by using Diet ID

Case Study: Lifestyle Medicine Group, Oregon. Dr. Gobble uses Diet ID to streamline workflow and drive efficiency.

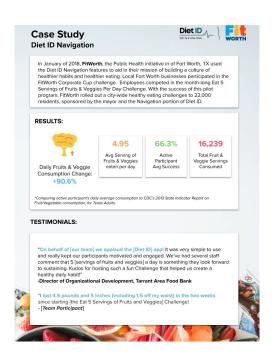


20 minutes per person saved

- The clinic saves 20 minutes per patient using Diet ID
- They have received 100% reimbursement for Medical Nutrition Therapy (CPT codes: 98702-98704)
- Per Dr. Gobble, "Diet ID not only takes less time to complete than other methods, it also engages the client as we explore better eating habits using the dietary quality score provided by Diet ID."

Results: Engagement with Navigation

Case Study: FitWorth, a City-wide public health initiative. The population included a university, a food bank, a health system, and a typical office.



Diet ID drove a 91% lift in fruit and vegetable intake

- Five employers enrolled, including a food bank, a school, and an office, demonstrating the flexibility of the tool
- Participants engaged 66.3% of the 30 day period, beating expectations
- We drove a 91% lift in fruits and vegetable intake, with most participants consuming 5 servings a day
- Several members self-reporting weight loss over the 30 day program

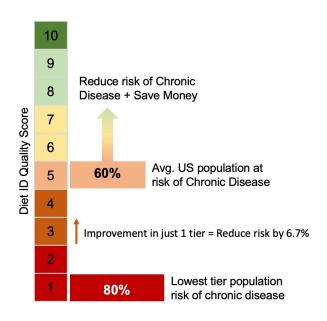
Results: Impact from using Diet ID

Case Study: A large fitness chain conducted a pilot of Diet ID with their members between Thanksgiving and New Year's Eve. Based on the pilot success, they are plugging Diet ID into their app to power their coaching program.



- 64%
 improved their diet quality
- 40%
 lost weight, while most people gain weight at this time of year
- 8.8 pounds avg. weight loss for those who lost weight
- 25 grams of sugar
 on average cut per day

The ROI of Using Diet ID: Save time and money while improving outcomes



- >20 minutes
 saved per patient just on the assessment
- \$25-\$34 reimbursement for Medical Nutrition Therapy
- Up to \$80
 saved per formal dietary assessment tools
- 6.7% risk reduction
 by improving diet quality just 1 tier
- Clinical programs require diet assessments for reimbursement
 Wellness Visits, DPPs, Cardiac Rehab, and other reimbursable engagements
 require assessments and/or personalized nutrition plans.





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Outline

Abstract

Introduction

The hypothesis

Evaluation of the hypothesis

Discussion

Conclusion

Declaration of Competing Interest

Acknowledgements

Funding

Contributorship

Ethical approval

References

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Medical Hypotheses Volume 140, July 2020, 109644



Dietary assessment can be based on pattern recognition rather than recall

D.L. Katz ^a $\stackrel{>}{\sim}$ ¹ \boxtimes , L.Q. Rhee ^a, C.S. Katz ^a, D.L. Aronson ^a, G.C. Frank ^b, C.D. Gardner ^c, W.C. Willett ^d, M.L. Dansinger ^e

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https://doi.org/10.1016/j.mehy.2020.109644

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Abstract



41
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Altmetric

Comparison of the Diet ID Platform to the Automated Self-administered 24-hour (ASA24) Dietary Assessment Tool for Assessment of Dietary Intake

Gabrielle Turner-McGrievy 🗷 🗓, Brent Hutto, John A. Bernhart & Mary J. Wilson

Received 20 Oct 2020, Accepted 05 Feb 2021, Published online: 11 Mar 2021

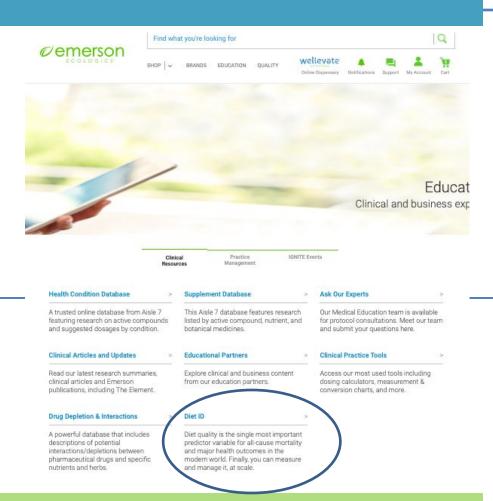
Check for updates

Ongoing Research Studies

- Kaiser Permanente In cardiac rehab and heart failure clinics evaluating efficacy of Diet ID in virtual disease management programs
- **Boston Heart Diagnostics** Phase 2 Validation (biomarkers)
- UC Davis Validation against biomarkers and 24hr recalls
- Fast Labs Study completed, currently doing a follow-up
- Henry Ford x MSU –pregnancy population
- Advent Health
- **Jefferson Health** delivered meals intervention targeting ~600 participants
- U of Washington Role of diet in traumatic brain injury (pilot)
- U South Carolina accepted for publication. Turner-McGrievy GM, Hutto B, Bernhart JA, Wilson MJ. Comparison of the Diet ID platform to the Automated Self-Administered 24-Hour (ASA24) Dietary Assessment Tool for assessment of dietary intake. *Journal of the American College of Nutrition. In press.*

Diet ID is available FREE through Emerson & Wellevate

Visit the
Resources
section under
"Education" in
your Emerson
Ecologics or
Wellevate
account



Diet ID is available FREE through Emerson & Wellevate

Getting Started is Easy

Share the link with patients and instruct them to complete their assessment. Be sure to include your email address for them to send their results back to you.

1

Send The Link

Utilize one of the sample emails below, or craft your own. Email the Diet ID link to you patient database, inviting them to create ar account, and get their nutrition assessmen & custom plan.

2

Review Your Patients' Results

Results will come to you by email directly from your patients and never include protected health information. Consider scheduling a 30-minute follow-up to review their results and discuss a nutrition & supplement plan based on the patient's current diet, goal diet, and the changes

3

Follow-Up

their results are in. Repeat the assessment in 3, 6 or 12 months to measure improvement or provide further support.

Diet ID is available FREE through Emerson & Wellevate

We give you everything you need to get started

Sample Emails

We've even created sample emails to promote Diet ID to your patients and manage the process—just cut and paste!











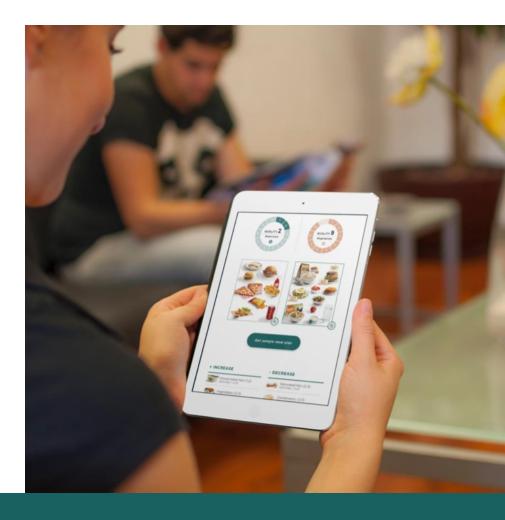
SAMPLE FOLLOW-UP EMAIL TO PATIENT THAT DIET ID RESULTS ARE IN

Send Email Now
Copy and Paste Email



In partnership with





Personalizing nutrition in the blink of an eye

Thank you -

It's not what we don't know about diet that most threatens our health; it's the constant, wild misrepresentations of what we do know.





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