Culinary medicine: The new ‘in’ thing?

By Michelle Mudge-Riley, DO, MHA, MGMA member

Life in north Texas (where I live) just got a lot more fun. I’ve discovered culinary medicine and the value it brings to physicians, physician staff and patients. It started with some research I did for the Academy of Nutrition and Dietetics, Washington, D.C., on how much nutrition education physicians get in medical school and training. Not much, it turns out. Most medical schools didn’t provide more than 21 hours of nutrition education for doctors, according to a landmark 1985 report by the National Academy of Sciences, Washington, D.C.¹ Another study² published in the journal Academic Medicine in 2010 found that only 27% of medical schools provided the standard of 25 hours of nutrition education established by the National Academy of Sciences. Some medical schools provided even fewer hours.

That got me thinking: Doctors have a lot on their plates and nutrition news comes out on almost a daily basis. To determine how many practices talk with patients about their food choices and how that affects their health, I came up with the following questions:

• How many doctors are knowledgeable about the latest scientific evidence that distinguishes healthy foods?
• Do most practices successfully engage patients to improve their food choices and lifestyles and see improved patient outcomes?
• Can physicians serve as role models to engage and change the way their patients and staff think about purchasing, preparing and enjoying the right foods for best health?
• Do practice professionals know they can get reimbursed for group classes?

Then I learned about Dr. Gourmet³, also known as Timothy Harlan, MD, an internal medicine physician who was a chef before going to medical school. Harlan, who is the assistant dean of clinical services at Tulane University School of Medicine, New Orleans, and executive director of the Goldring Center for Culinary Medicine, wants to add teaching kitchens to all medical schools. The idea is that medical students and physicians who know how to cook and eat well will be more effective in talking about nutrition with their patients. He uses evidence-based data and culinary demonstrations to show how to prepare certain foods and create healthy, delicious meals that fit with the goals of decreasing chronic disease and associated risk factors for chronic disease. I jumped on that bandwagon.

Fast-forward eight months. I did a culinary demonstration at a group practice for a group of 20 patients — men and woman who were interested in substituting healthier ingredients for unhealthy ones. They wanted a tasty (and healthy) chocolate pudding. My goal was simple: Figure out how to create a healthy chocolate pudding. I wasn’t allowed to take shortcuts like using the sugar-free Jell-O brand pudding instead of the regular stuff. This had to be all natural, healthy and delicious.

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That event drew more than 20 patients, family members and a few doctors who wanted to learn how to combine the science of nutrition with the reality of delicious and healthy food. I was pleased to see many raised eyebrows when I explained that one of the ingredients was avocados. Yes, that’s right — avocados and unsweetened cocoa were the main ingredients in this all-natural chocolate pudding. Both contain a host of vitamins and antioxidants.

Culinary medicine is the latest method of teaching doctors and patients how to combine the art of cooking with evidence-based nutritional research to help people understand how to purchase, prepare and enjoy healthy and delicious meals.

This is the fourth article in a series. Read previous articles in this series: mgma.org/becoming-an-RD, mgma.org/hiring-an-RD.

1. National Academy of Sciences, Washington, D.C.
2. Academic Medicine in 2010
3. Dr. Gourmet, also known as Timothy Harlan, MD
It allows doctors to serve as role models and lets coaches engage patients and help them change behaviors to bring about measurable health outcomes for chronic diseases such as diabetes, heart disease and obesity. Doctors can get reimbursed by insurance companies for this training and reap the benefits of value-based reimbursement because they can report improved metrics in patients who have chronic diseases. And since 70% to 80% of chronic diseases (heart disease, stroke and diabetes) and more than 40% of cancers are preventable, who knows how many health issues could be avoided with just one group class.

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