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eTable 1. Comparison of the Operational Implementation of and Education Within a) SMAs and b) Individual Appointments

a.

| Shared Medical Appointments | | |
|-----------------------------|--|---|
| Weekly Sessions | 1, 3, 5, 9 | 2, 4, 6, 7, 8, 10 |
| Caregiver(s) | Provider and Health Coach | Registered Dietitian |
| Time Per Session | 120 minutes | 60 minutes |
| Type | In-Person | In-Person |
| Content | <ul style="list-style-type: none"> • Condition-specific education and root cause analysis (<i>Provider</i>) • Condition-specific laboratory results review (<i>Provider</i>) • Condition-specific dietary supplement use as an adjunct to nutritional improvements (<i>Provider</i>) • Experiential learning on exercise and movement, sleep, behavior change and stress reduction (<i>Health Coach</i>) • Limited, individual medical evaluation with each patient (<i>Provider</i>) | <ul style="list-style-type: none"> • Comprehensive review of an anti-inflammatory, low glycemic index, whole foods-based dietary plan (moderate fat and protein) • Education on nutrition labels, meal planning and preparation • Recommendations for eliminating processed foods and sugars • Explanation of phytonutrients and macronutrients |
| | <ul style="list-style-type: none"> • Educational materials are available for distribution in-person and through a web-based, educational platform | |

b.

| Individual Appointments | | | | |
|-------------------------|--|--|---|---|
| Appointment | Initial | | | Follow-Up |
| Caregiver(s) | Provider | Registered Dietitian | Health Coach | Any caregiver; Based on patient initiative |
| Time Per Session | 60 min | 60 min | 30 min | 30 minutes |
| Type | In-Person | Shared Medical Appointment Setting* | | In-Person or Virtual |
| Content | <ul style="list-style-type: none"> • Condition-specific education and root cause analysis • Individual patient evaluation and management | <ul style="list-style-type: none"> • Overview of using food as medicine • Recommendations for eliminating processed foods and sugars | <ul style="list-style-type: none"> • Education on the importance of exercise and movement, sleep, behavior change and stress reduction | <ul style="list-style-type: none"> • Typically 8-10 weeks after initial appointment • Content is based on patient needs |
| | <ul style="list-style-type: none"> • Educational materials are available for distribution at each visit | | | |

*Implemented to improve daily patient flow.

eTable 2. Comparisons of Patients Included in the Study Versus Excluded in Study

| | Included in Study Cohort N (%) | Excluded in Study Cohort N (%) | P-Value |
|--|-----------------------------------|-----------------------------------|---------|
| Patients, No. | 2455 | 7323 | |
| Age, Mean (SD), y | 48.5 (14.5) | 47.6 (15.9) | 0.014 |
| Women | 1,989 (81.0) | 5,585 (76.3) | <0.001 |
| Caucasian | 2,237 (91.1) | 6,373 (87.0) | <0.001 |
| Married | 1,674 (68.2) | 4,594 (62.7) | <0.001 |
| Median Household Income, Mean (SD)* | 64333.0 (22159.6) | 64767.1 (23022.4) | 0.42 |
| Baseline Score, Mean (SD) | | | |
| PROMIS GPH* | 44.4 (8.0) | 44.1 (8.5) | 0.11 |
| PROMIS GMH* | 43.9 (8.6) | 43.5 (8.6) | 0.06 |
| Baseline Biometrics, Mean (SD) | | | |
| Weight (kg)* | 76.7 (20.6) | 77.2 (21.4) | 0.42 |
| Systolic BP* | 125.6 (16.8) | 125.7 (17.3) | 0.71 |
| Diastolic BP* | 73.0 (10.8) | 73.0 (11.2) | 0.95 |
| BMI* | 27.4 (6.8) | 27.4 (7.0) | 0.75 |
| Number of Total Visits, Mean (SD) | 2.9 (2.3) | 2.1 (1.9) | <0.001 |
| Functional Medicine Diagnostic Category ^a | | | |
| Infection | 108 (4.4) | 314 (4.3) | 0.81 |
| Autoimmune | 418 (17.0) | 1,305 (17.8) | 0.37 |
| Allergen | 72 (2.9) | 221 (3.0) | 0.83 |
| Cancer | 99 (4.0) | 356 (4.9) | 0.092 |
| Hormones | 936 (38.1) | 2,713 (37.0) | 0.34 |
| Energy Mitochondria | 765 (31.2) | 2,158 (29.5) | 0.11 |
| Nutrition | 12 (0.49) | 83 (1.1) | 0.005 |
| Mood | 443 (18.0) | 1,477 (20.2) | 0.022 |
| Neuro | 445 (18.1) | 1,377 (18.8) | 0.46 |
| HEENT | 39 (1.6) | 87 (1.2) | 0.13 |
| CVD | 261 (10.6) | 854 (11.7) | 0.16 |
| Gut | 649 (26.4) | 1,783 (24.3) | 0.038 |
| Skin | 212 (8.6) | 668 (9.1) | 0.47 |
| Structure | 453 (18.5) | 1,146 (15.6) | 0.001 |
| GU | 242 (9.9) | 628 (8.6) | 0.054 |
| Trauma | 190 (7.7) | 487 (6.7) | 0.066 |

^aDefinitions for each category are referenced in¹.

*Data not available for all subjects. Missing values: Median Income = 133, PROMIS GPH = 2119, PROMIS GMH = 2105, Systolic BP = 477, Diastolic BP = 477, Weight = 568, BMI = 671.

Abbreviations: SD, Standard Deviation; SE, Standard Error; PROMIS GPH, Patient-Reported Outcome Measurement Information System Global Physical Health; PROMIS GMH, Patient-Reported Outcome

Measurement Information System Global Mental Health; BP, blood pressure; BMI, body mass index; CVD, cardiovascular disease; HEENT, head, eyes, ears, nose, and throat; GU, Genitourinary.

eTable 3. Weekly SMA program attendance

| Visits | Caregiver | N (%) |
|--------|-----------------------|------------|
| 1 | Provider/Health Coach | 213 (100) |
| 2 | Registered Dietitian | 199 (93.4) |
| 3 | Provider/Health Coach | 176 (82.6) |
| 4 | Registered Dietitian | 180 (84.5) |
| 5 | Provider/Health Coach | 188 (88.3) |
| 6 | Registered Dietitian | 159 (74.6) |
| 7 | Registered Dietitian | 168 (78.9) |
| 8 | Registered Dietitian | 166 (77.9) |
| 9 | Provider/Health Coach | 199 (93.4) |
| 10 | Registered Dietitian | 161 (75.6) |

eTable 4. Rate of SMA program attendance

| Number of Visits Attended | N (%) |
|---------------------------|------------|
| 5 or more visits | 205 (96.2) |
| 7 or more visits | 184 (86.4) |

eTable 5. Costs and Estimated Revenue Associated With SMAs Versus Individual Appointments

| Aspects of Care [†] | Shared Medical Appointments | Individual Appointments | SMA Difference (vs. Individual Appointment) |
|---------------------------------------|-----------------------------|-------------------------|---|
| Time | 14.0 hours | 3.5 hours | +300% |
| Cost of Care Provided ^{a*} | \$1,549 | \$1,633 | -5% |
| Total Estimated Revenue ^{b*} | \$4,204 | \$3,780 | +11% |
| Margin ^c | \$2,655 | \$2,147 | +24% |

[†]Billable charges for specialized laboratory services which are routinely recommended by functional medicine providers during individual appointments were not included as these are not offered in SMAs. Therefore, adding specialized laboratory testing for individual appointments could inflate the billable charge per patient to an amount exceeding that of an SMA.

*Calculation is based on 6 patients.

^aCost of care provided was calculated based off of the expense (salary, wages, and benefits) for caregiver time to deploy the program over the course of the 3 month time period.

^bTotal estimated revenue was calculated based billed charges per patient.

^cMargin was calculated using the difference between the total estimated net revenue and resource expense.

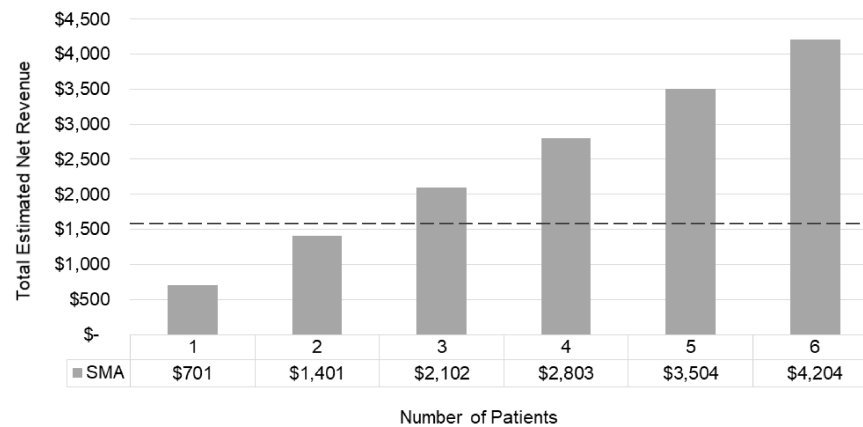
eTable 6. Mean Caregiver Visits by PS-Matched Group at 3 months

| Visits | Mean (SD) | |
|----------------------------|---------------------------------------|------------------------------------|
| | Shared Medical Appointments* N=213 | Individual Appointments** N=213 |
| Provider (MD/DO, NP, PA-C) | 3.89 (0.73) | 1.78 (0.87) |
| Registered Dietitian | 5.04 (1.47) | 1.74 (0.69) |
| Health Coach | 3.64 (1.16) | 1.23 (0.90) |
| Behavioral Health Therapy | 0.00 (0.00) | 0.02 (0.27) |

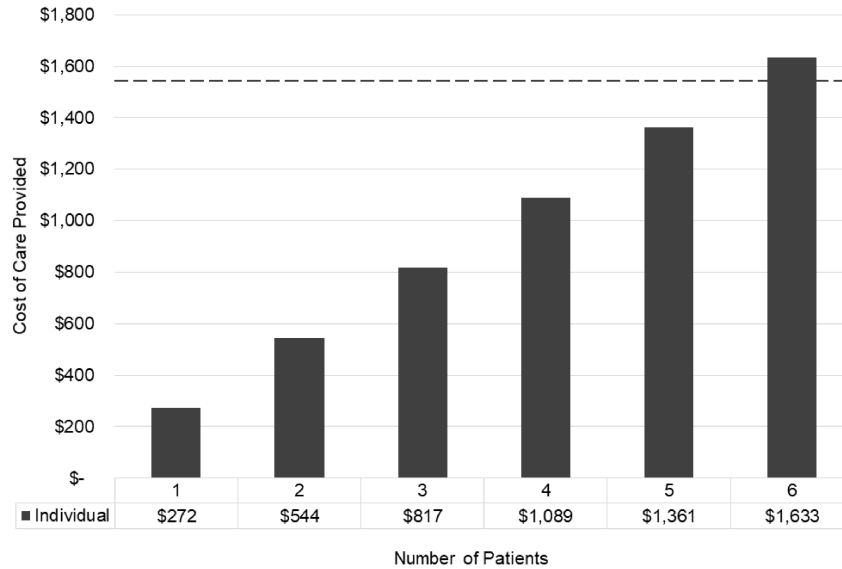
One SMA cohort includes 10 weekly visits (4 visits with a Provider and Health Coach and 6 visits with a Registered Dietitian).

*The average number of visits was rounded to the nearest whole number for each PS-matched group. Six patients in the SMA cohort sought individual Health Coach or Behavioral Health Therapy services outside the SMA cohort in which they were participating, and these visits were not included in the analysis.

†An individual, new patient visit may include an appointment with a provider, registered dietitian and health coach.

eFigure 1. Total Estimated Net Revenue Associated With SMAs by Patient

Dotted line = Average cost to deliver one SMA cohort (\$1,549)

eFigure 2. Cost of Care Associated with SMAs and Individual Appointments by Patient

Dotted line = Average cost to deliver one SMA cohort (\$1,549)

References

1. Beidelschies M, Alejandro-Rodriguez M, Ji X, Lapin B, Hanaway P, Rothberg MB. Association of the Functional Medicine Model of Care With Patient-Reported Health-Related Quality-of-Life Outcomes. *JAMA Network Open*. 2019;2(10):e1914017.