APHA 142nd Annual Meeting & Expo
November 18, 2014

Community-based Pediatric Obesity Prevention: A Physician/Dietitian Education Partnership
Alessandra McDonnell, MSN, RN, CRNP; Tiffany Bransteitter, MSW; William J. Cochran, MD, FAAP; Lisa Jones, MA, RDN, LD, FAND; Suzanne Yungkin, MMDgt; Amy Wishner MSN, RN (awishner@paaap.org)

Presenter Disclosures
Amy Wishner

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Purpose

- To develop, implement, and evaluate a comprehensive education program for physician and practice staff regarding pediatric obesity evaluation, treatment, and prevention using the EPIC® model
- PA Chapter, American Academy of Pediatrics Educating Physicians In their Communities (EPIC®) Programs:
  - Suspected Child Abuse & Neglect
  - Breastfeeding Education, Support and Training
  - PA Immunization Education Program
  - Healthy Teeth, Healthy Children
  - Pediatric Obesity

What Practice Behaviors do we Hope to Encourage?

- Earlier assessment of weight by height
- Increase collaboration between physicians and Registered Dietitians
- Consider assessment and intervention: sleep, mental health, physical activity, screen time - in addition to diet
- Improve coding, reimbursement
- Awareness and use of community resources
- Practice working as a team to better address pediatric obesity

How do we Support Practices?

- On-site, free, CME/CEU programs presented by physician and Registered Dietitian team
  - Practical tips for busy practices, short patient visits
  - Handouts, materials to use now
  - Local community resources and programs
- Technical assistance
- Webinars on special topics (coding, bullying, motivational interviewing, food insecurity, increasing physical activity)
**Evaluation**
- At the time of the program
  - Pre-test
  - CME/CEU evaluation
  - Request email for later survey
- 2 months later
  - Send link to survey to those who provided email
  - Subset contacted by telephone
- Presenter feedback
- Site requests for technical assistance

**Taste of Program Slides**
- Offered as 1 or 1.5 hour program
- Entire practice staff

**Obesity – life out of balance**
- Energy in: meals + snacks + grazing + beverages
- Energy used: physical activity + normal growth
- Metabolic problem? Monitor length/height trend
- Family genes predispose (but you can modify lifestyle)
- Progress ~ USDA school meals standards, public awareness

**Treatment Goal – life in balance**
- Healthy eating
- Robust activity
- Mental health and happiness
- Weight maintenance may work
  - Grow into your weight
  - May be easier for parents than weight loss
- Weight loss for some
- Improvement in lab results

**Obesity Highest in Rural Areas**
Rural to urban density by county


The Power of Primary Care
- Detect problem early
- Intervene before trend is more established

Overweight and Obesity as Chronic Medical Problems
- Include on Problem List – improve team follow-up
- HEDIS (Healthcare Effectiveness Data and Information Set – health plans measure performance)
  - Members 3–17 years of age
  - Documentation – handouts have suggestions to meet HEDIS requirements
    - BMI percentile
    - Counseling for nutrition
    - Counseling for physical activity

Normal Weight Children and Teens
- Reinforce healthy habits, exercise
- Can be thin but eating junk
- If trending down, may be bulimic, over exercising
- Red Flag - BMI increasing significantly even if still in normal range

Motivating Words for Patients and Families
- Obese? Fat? Large? Heavy? Big?
  - Overweight? Unhealthy?
  - Messaging research – most motivating:
    - "Unhealthy weight" or "weight problem"
    - "Eat well. Move more. Live longer."
- Do your obese patients see themselves as having a problem?
- Do parents see their obese children as having a problem?

Who Cares for and Feeds Your Patients?
- Home, child care, grandparents, other relatives, school cafeteria, vending machines, babysitter, fast food, corner stores, others?
- Goal: All support changes – meals, snacking, beverages, physical activity, screen time, sleep, fast food

Family Food Dynamics
- Food = caring = nurturing = culture
- Food or withholding food should not be reward or punishment
  - Non-food rewards - time with parent
- Parent’s job (www.EllynSatter.com)
  - What to eat
  - When to eat
  - Where to eat
- Child’s job – how much to eat and whether or not to try new food
Motivational Interviewing, Readiness to Change – patient driven

- Work with family values
- Assess readiness to change
- “Readiness Ruler” Ruler and Instructions: www.adultmeducation.com
- Track at each visit

Readiness Ruler
Below, mark where you are now on this line that measures your change in ___________________.

0 1 2 3 4 5 6 7 8 9 10
Not prepared to change Already changing

See: www.motivationalinterviewing.org

Sugar-Sweetened Beverages (SSB)
- Calories, sugar, sweeteners, caffeine, waste of money
  - Sugar in SSB – 15% of daily calories for many
- Problem is not just sugar
  - SSB consumption independently associated with diabetes, hypertension, coronary heart disease
  - SSBs interact with genetics to promote obesity
- Make a big impact by cutting SSBs

Sugar-Sweetened Beverages

Promote Family Meals
- Challenges – working parents, activities, different schedules – Everyone is busy!
- Family meals ≥ 3 times per week – more likely to be normal weight, better eating patterns, compared with 1 or no family meals
- Goal – family meals at least 3 times each week

Non-food Obesity Interventions
- Physical Activity
- Screen Time
- Sleep
- Mental Health

Community Advocacy – some suggestions
- Promote recess in area schools
- Work with
  - PTO, other school organizations
  - Boy and Girl Scouts
  - Faith-based organizations
  - Local Board of Health, cable TV, newspapers
- Serve only water at practice, school, sports events
- Support walkable/bikeable communities, community gardens, healthy corner stores

5-2-1-0
- 5 or more servings of fruits & vegetables
- 2 hours or less recreational screen time
- 1 hour or more of moderate to vigorous physical activity every day and 20 minutes of vigorous physical activity at least 3 times a week
- 0 sugary drinks, more water and low fat milk

Every Day!
Coding and Reimbursement for Obesity Screening and Treatment

Obesity Coding Flowchart for Pennsylvania

PA Medicaid: Referral to Registered Dietitian
- Can refer to Registered Dietitian (who accepts Medicaid)
  - 12 visits per 365 days (30 minutes each) OR
  - 6 visits per 365 days (60 minutes each)

Counseling Codes - MDs can use, but usually NOT reimbursable
- Individual Counseling: 99401-4
- Group Counseling: 99411-99412
  - 99411: 30 minutes
  - 99412: 60 minutes
- Verify that these codes are reimbursable with each insurer
- Consider time-based billing (E/M 99212-4)

Achievable, Practical Steps, Developed in Collaboration with Family
- Food goal
- Activity goal
- Family goal

Results
- What have we done?
- What do participants report?
- Implications
Results for 6/1/2011- 6/30/2014
- 208 presenters trained
- 158 active presenters
  - 83 RD
  - 55 MD/DO, 3 CRNP
- 198 programs presented
- 3,438 participants
- Impacting over 1,290,858 patients
- 1,402 follow-up requests for technical assistance

On-site Pre-Test (MD/DO 34%, RN 27%)

On-site Pre-Test

Do you know where and how to refer for obesity related resources.

No = 31%

Always = 59%
Sometimes = 31%
Never = 10%

On-site Pre-Test – Please tell us how frequently you:

Have parents who bring up their own concerns about the child’s weight?

Always + Sometimes = 71%
Never = 21%

On-site Pre-Test – Please tell us how frequently you:

Include being overweight or obese on a child’s Problem List?

Sometimes = 30%
Never = 24%

On-site Pre-Test – Please tell us how frequently you:

Refer obese patients to a registered dietitian?

Sometimes = 49%
Never = 29%
On-site Pre-Test – Please tell us how frequently you:

Discuss nutrition with patients/families during well child visits?

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<th>Frequency</th>
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<td>Always</td>
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Sometimes = 30%  
Never = 14%

On-site Pre-Test – Please tell us how frequently you:

Discuss daily physical activity with patients/families during well child visits?

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<td>Always</td>
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Sometimes = 32%  
Never = 15%

On-site Pre-Test – Please tell us how frequently you:

Discuss patient’s screen time?

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<td>Sometimes</td>
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Sometimes = 40%  
Never = 21%

On-site CME/CEU Evaluation

Very High + High = 86%

To what extent were you satisfied with the overall quality of the educational activity?

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Percentage of Respondents

As a result of participation in this activity, I am able to improve anticipatory guidance to families on nutrition and physical activities.

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Percentage of Respondents

awishner@paaap.org
On-site CME/CEU Evaluation
Very High + High = 66%

As a result of participation in this activity, I am able to be aware of community-based resources.

Percentage of Respondents

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On-site CME/CEU Evaluation
Very High + High = 68%

As a result of participation in this activity, I am able to increase my skill level in identifying childhood obesity co-morbidities.

Percentage of Respondents

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On-site CME/CEU Evaluation
Very High + High = 65%

To what extent will you make a change in your practice as a result of participation in this activity?

Percentage of Respondents

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2 Months: Survey Results

- Increased knowledge of:
  - Pennsylvania obesity data: 76%
  - Obesity research: 64%
  - Food/diet/beverage tips: 71%

2 Months: As a result of the program, I increased the frequency with which I:

- Refer overweight or obese patients to Registered Dietitian: 59%
- Assess, chart, discuss BMI percentile for children/adolescents two years of age and older: 67%
- Discuss nutrition with patients and families: 78%
- Utilize motivational interviewing techniques: 63%

2 Months: As a result of the program, I increased the frequency with which I:

- Include sleep as part of obesity intervention: 63%
- Include screen time as part of obesity intervention: 71%
- Include mental health as part of obesity intervention: 59%
- Promote daily physical activity with patients and families: 81%
Evaluation Thoughts

- Ideally map school BMI data by grade, gender, county - every year
- Challenge knowing what practices are doing
  - Long-term, serial follow-up is expensive, time-consuming
  - Most motivated people and practices will more likely respond
  - Data management and analysis

Conclusions

- Practices need and want help addressing pediatric obesity
- Some knowledge gaps
- Increased collaboration between physicians and Registered Dietitians is key
- Practices want local resources
- Curriculum does a good job targeting behaviors
- EPIC® model well-suited to practice-based pediatric obesity intervention

Advisory Committee:

- Donna L. Antonucci, MD, FAAP; Flora Vale Professional Park, Glenside
- Tiffany Branstetter, MSW, PA Dept. of Health, Bureau of Health Promotion and Risk Reduction, Harrisburg
- William J. Cochran, MD, FAAP; Geisinger Medical Center, Danville
- Laura B. Frank, PhD, RD, LDN; Immaculata University, Immaculata
- Joanne Giannantonio, RD, CSP, LDN; Children’s Hospital of Philadelphia
- Tonya Holloway, PA Dept. of Health, Bureau of Health Promotion and Risk Reduction, Harrisburg
- Lisa Ann Jones, MA, RD, LDN; Past President, PA Dietetic Association, Brookhaven
- Anne Marie Kuchera, RD, LPC; Children’s Hospital Pittsburgh, Pittsburgh
- Bryon J. Lauer, MD; St. Christopher’s Hospital for Children, Philadelphia
- David J. Meahan, MD, FAAP; ARC Family Pediatricians-Laury Station, Laurys Station
- Marsha B. Novick, MD; Penn State Children’s Hospital; Lebanon
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- Ronald Jay Williams, MD, FAAP; Penn State/Milton Hershey Medical Center; Hershey
- Krista Yoder-Latorre, MPH, RD, CSP, LDN; Family Food, LLC; Philadelphia
- Suzanne Yunghans, MBA/Mgt; Executive Director, PA Chapter, AAP; Media

Thank you! Contact us:

- Aleksandra McDonnell, MSN, RN, CRNP
  smcdonnell@paaap.org
- Amy Wishner, MSN, RN
  awishner@paaap.org