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**Community-based Pediatric Obesity Prevention:
A Physician/Dietitian Education Partnership**

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EPIC® Pediatric OBESITY
Evaluation, Treatment and Prevention
In Community Settings

American Academy of Pediatrics
NUTRITION
PENNSYLVANIA DEPARTMENT OF HEALTH

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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

This project is funded, in part, under a contract with the Pennsylvania Department of Health. Basic data for use in this study were supplied by the Pennsylvania Department of Health, Harrisburg, Pennsylvania. The Department takes no part in and is in no way responsible for any analyses, interpretations or conclusions.

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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

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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

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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)

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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

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Taste of Program Slides

- Offered as 1 or 1.5 hour program
- Entire practice staff



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Obesity – life out of balance

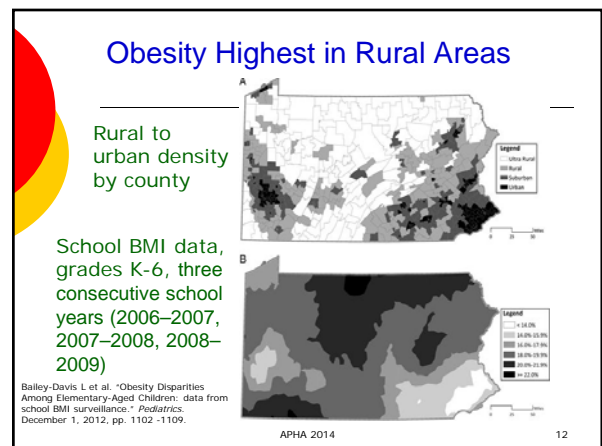
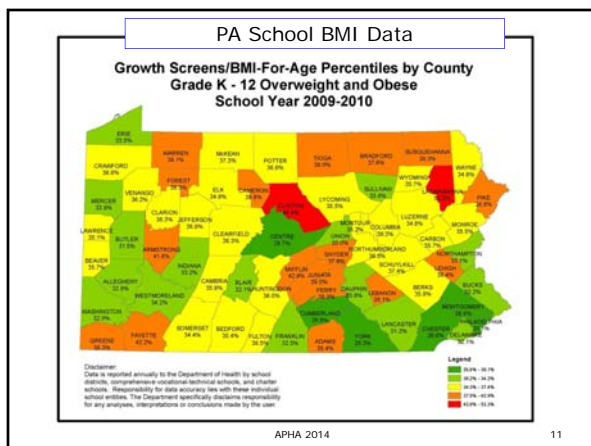
- Energy in: meals + snacks + grazing + beverages
- Energy used: physical activity + normal growth
- Metabolic problem? Monitor length/height trend
- Family genes predispose (but you can modify lifestyle)
- Progress – USDA school meals standards, public awareness

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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

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The Power of Primary Care

- Detect problem early
- Intervene before trend is more established

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Overweight and Obesity as Chronic Medical Problems

- o Include on Problem List – improve team follow-up
- o 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
 - o BMI percentile
 - o Counseling for nutrition
 - o Counseling for physical activity

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Normal Weight Children and Teens

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

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Motivating Words for Patients and Families

Obese? Fat? Large? Heavy? Big? Overweight? Unhealthy?

- o Messaging research – most motivating:
 - “Unhealthy weight” or “weight problem”
 - “Eat well. Move more. Live longer.”
- o Do your obese patients see themselves as having a problem?
- o Do parents see their obese children as having a problem?

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Who Cares for and Feeds Your Patients?

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

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Family Food Dynamics

- o Food = caring = nurturing = culture
- o Food or withholding food should not be reward or punishment
 - Non-food rewards - time with parent
- o Parent's job (www.EllynSatter.com)
 - What to eat
 - When to eat
 - Where to eat
- o Child's job – how much to eat and whether or not to try new food

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Motivational Interviewing, Readiness to Change – patient driven

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

Are you prepared to change, already changing, or somewhere in the middle?

0 1 2 3 4 5 6 7 8 9 10


Not prepared to change Already changing

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

See: www.motivationalinterviewing.org

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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**

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Promote Family Meals

- Challenges – working parents, activities, different schedules – Everyone is busy!
- Family meals \geq 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**

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Non-food Obesity Interventions

- Physical Activity
- Screen Time
- Sleep
- Mental Health

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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

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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

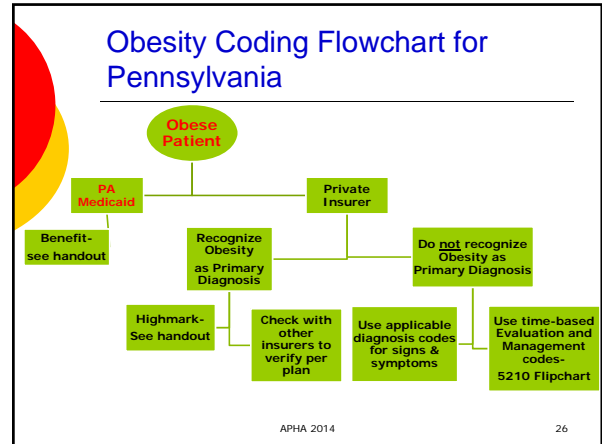
Every Day!



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Coding and Reimbursement for Obesity Screening and Treatment

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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)

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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)

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Achievable, Practical Steps, Developed in Collaboration with Family

- ✓ **Food** goal
- ✓ **Activity** goal
- ✓ **Family** goal

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Results

- What have we done?
- What do participants report?
- Implications

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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

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

Professional Credentials of Respondents

Credential	Count
MD/DO	114
RN/BSN	88
NP	20
PA	15
LPN	13
MA	14
Registered Dietician	23
Other	45

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On-site Pre-Test

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

No = 31%

Response	Percentage
Yes	59%
No	31%
BLANK	10%

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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%

Frequency	Percentage
Always	17%
Sometimes	54%
Never	21%
Blank	8%

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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%

Frequency	Percentage
Always	38%
Sometimes	30%
Never	24%
Blank	8%

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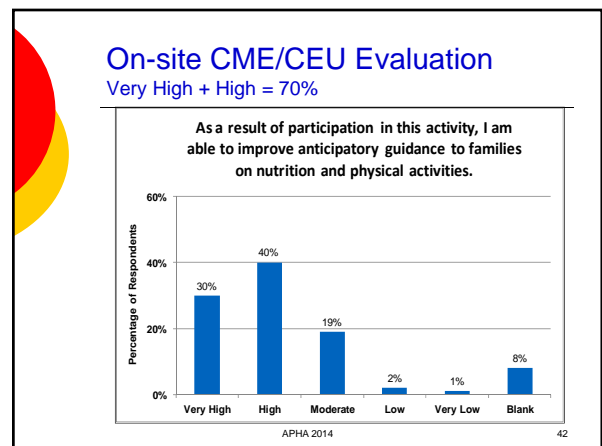
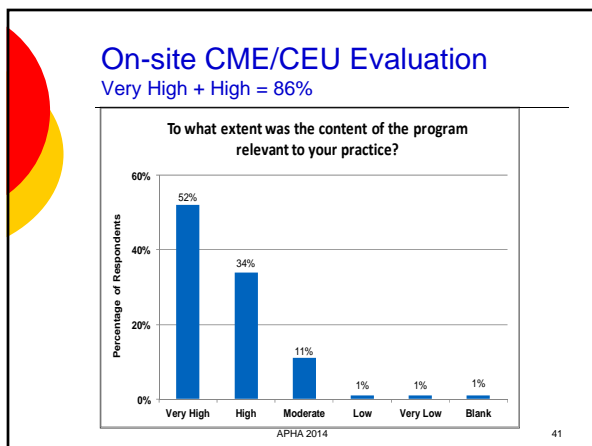
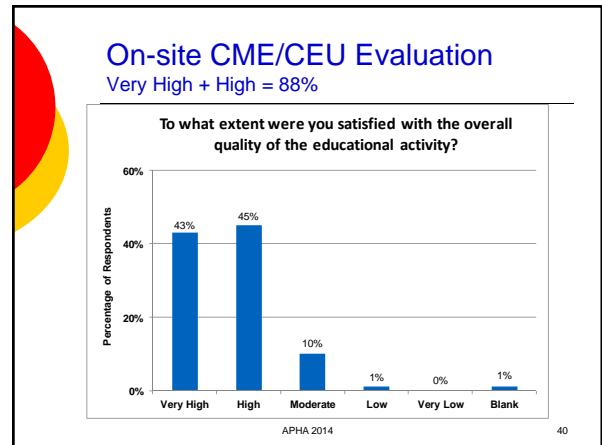
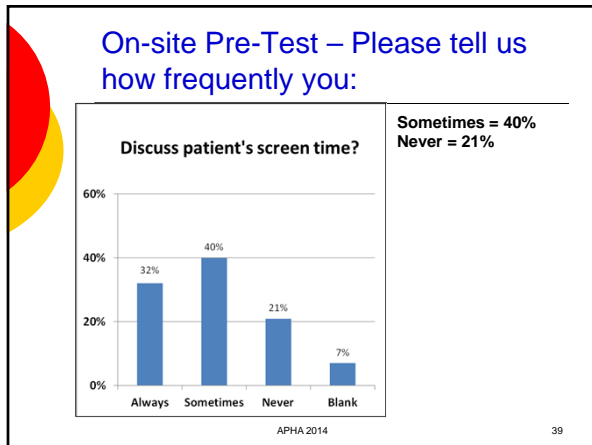
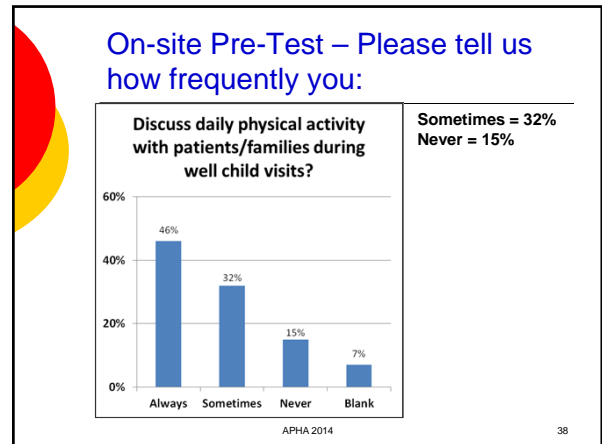
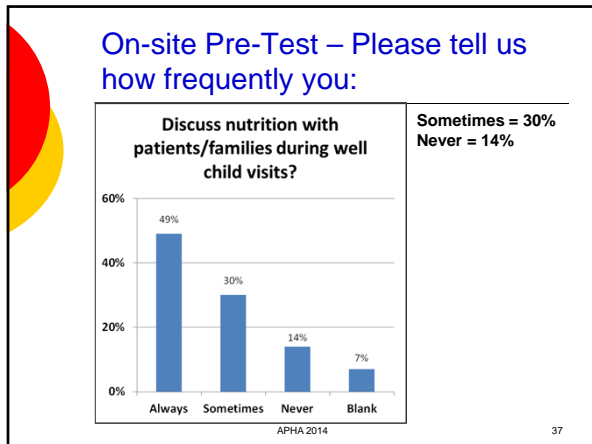
On-site Pre-Test – Please tell us how frequently you:

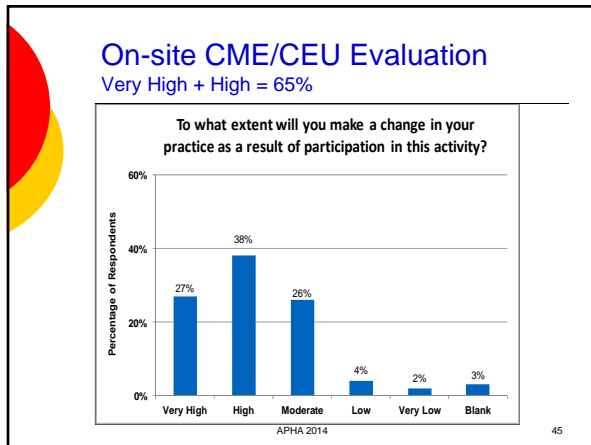
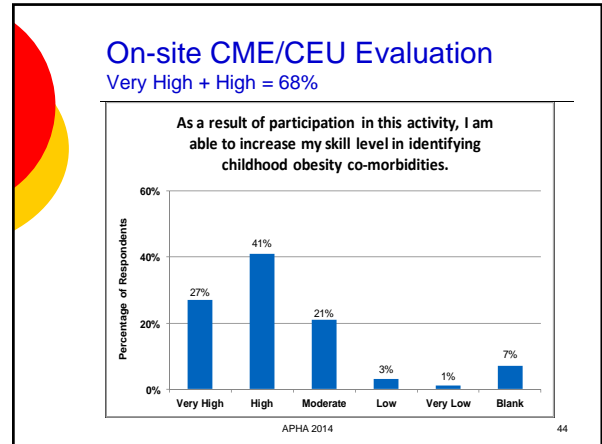
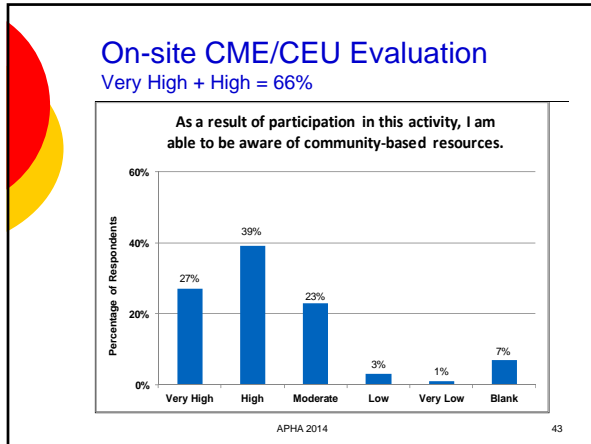
Refer obese patients to a registered dietitian?

Sometimes = 49%
Never = 29%

Frequency	Percentage
Always	14%
Sometimes	49%
Never	29%
Blank	8%

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- ### 2 Months: Survey Results
- Increased knowledge of:
 - Pennsylvania obesity data: 76%
 - Obesity research: 64%
 - Food/diet/beverage tips: 71%
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- ### 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%
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- ### 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%
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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


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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


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- Donna L. Antonucci, MD, FAAP: Flora Vale Professional Park, Glenside
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