



**Improvement Strategies For...
BMI Measurement and Counseling**

June 10, 2009
10:30-12:00
Los Angeles, CA

Scott Gee, MD
Medical Director, Prevention & Health Information
The Permanente Medical Group, Inc.




**Improvement Strategies For...
BMI Measurement & Counseling**

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By the end of the workshop participants will be able to...




- Describe 2 measurement strategies to report the Childhood Obesity HEDIS measure
- Describe 2 strategies to improve performance on the Childhood Obesity HEDIS measure

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About Kaiser Permanente – Northern California




- One of the nation's oldest not-for-profit, group-model health care delivery systems and a leader in quality
- 3,260,231 million members and over 750,000 children
- 100,000 employees, 6,000 physicians and over 500 pediatricians
- 16 medical centers and 49 medical office buildings

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Medical Office Visit Interventions

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KPNC's Approach to Medical Office Visit Interventions

What are we trying to accomplish?

How will we know that a change in an improvement?

What changes can we make that will result in improvement?

- Office System
 - Clinical Practice Guideline
 - Office System Tools
- Staff Training
 - Physician & Medical Assistant
 - On-Site, Skills Based
 - Single or Multi-Session Training
- Audit, Feedback and Learning
 - BMI Measurement at Well Care Visits - Administrative Data with Quarterly Reports
 - Physician champions lead local P-D-S-A cycles and spread innovation regionally



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KPNC Clinical Practice Guideline

Well Child Care Visit

- Calculate BMI and Plot BMI% for Age
- Perform In-Depth Medical Assessment
- Determine Weight Goals
- Order Screening Lab Tests (if indicated)
- Provide Brief Focused Advice
- Arrange for Follow-Up Visit or Phone Call 1-4 Weeks


Follow-Up Visit or Phone Call

- Review Labs
- Discuss Treatment Options and Referrals
- Provide Brief Negotiation or Motivational Interviewing
- Arrange for Follow-Up as Necessary

Proposed Treatment Approach to Overweight Children, Kaiser Permanente, © 2004

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**HEDIS 2009...
 Weight Assessment and
 Counseling for Nutrition
 and Physical Activity for
 Children/Adolescents**

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Definition

- The percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
- Measurement year: 1/1/2009 – 12/31/2009
- All outpatient visits included.
- Stratifications: 2–11 years, 12–17 years, total
- Methodologies: administrative data or medical record review.

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Weight Assessment

- BMI percentile during the measurement year as identified by administrative data or medical record review.
- ICD-9-CM Diagnosis - V85.5
- Medical Record Review: Documentation must include a note indicating the date on which the BMI percentile was documented and evidence of either of the following.
 - BMI percentile, **or**
 - BMI percentile plotted on age-growth chart
 - For adolescents 16–17 years, documentation of a BMI value expressed as kg/m² is acceptable.

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Counseling for Nutrition

- Documentation of counseling for nutrition or referral for nutrition education during the measurement year as identified by administrative data or medical record review.
- CPT - 97802-97804, ICD-9-CM Diagnosis - V65.3, HCPCS - S9470, S9452, S9449, G0270-G0271
- Medical Record Review: Documentation must include a note indicating the date and at least one of the following.
 - Engagement in discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
 - Checklist indicating nutrition was addressed
 - Counseling or referral for nutrition education
 - Member received educational materials on nutrition
 - Anticipatory guidance for nutrition

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Counseling for Physical Activity

- Documentation of counseling for physical activity or referral for physical activity during the measurement year as identified by administrative data or medical record review.
- ICD-9-CM Diagnosis - V65.41, ICD-9-CM Procedure - 93.11, 93.13, 93.19, 93.31, HCPCS - S9451, H2032
- Medical Record Review: Documentation must include a note indicating the date and at least one of the following.
 - Engagement in discussion of current physical activity behaviors (e.g. exercise routine, participation in sports activities, exam for sports participation)
 - Checklist indicating physical activity was addressed
 - Counseling or referral for physical activity
 - Member received educational materials on physical activity
 - Anticipatory guidance for physical activity

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Challenges

- Well check visits provide the optimal workflow but many teens do not come in for annual well check visits.
- Urgent care visits are less optimal for preventive services and there may be billing/reimbursement issues.
- Physicians may see coding for BMI measurement as extra work.

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Improvement Strategies

- Improve compliance of annual well-child care visits through outreach or other strategies
- Measure BMI% and provide nutrition and physical activity at all visits (BMI as a Vital Sign)
- Prevention at every visit (Immunizations, BMI, Chlamydia (teens))
- Annual BMI% and nutrition and physical activity counseling using an automated reminder system ←

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Automated Reminders for Physicians, Staff & Patients

- Less impact on workflow compared to BMI as a Vital Sign
- Targets four HEDIS measures
 - BMI Screening
 - Physical Activity Counseling
 - Nutrition Counseling
 - Well Child Care Visits
- Displayed on...
 - Registration paper – copy for patients and physicians/medical assistants
 - Member home page

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“It is not necessary to change. Survival is not mandatory.”

W. Edwards Deming

Health Plan-Based Obesity Assessment & Quality Improvement Strategies

Harvinder G. Sareen, PhD, MPH

Director, Clinical Programs

California Childhood Obesity Conference

June 10, 2009



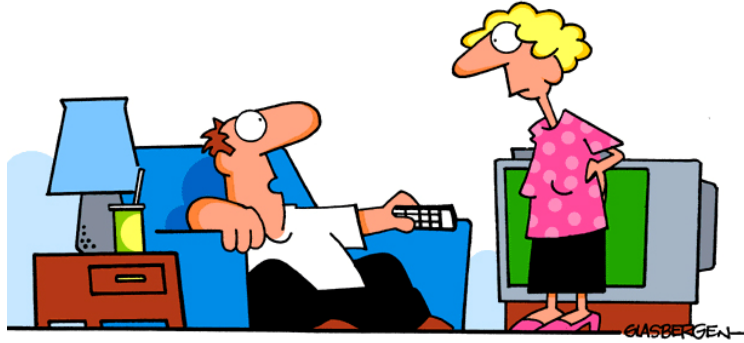
Objectives

By the end of the workshop, participants will be able to:

- Describe 2 health plan strategies to track obesity assessment and measurement in primary practice
- Describe 2 health plan strategies to improve the quality of obesity-related care in primary practice



Copyright 2002 by Randy Glasbergen.
www.glasbergen.com



“My doctor told me to start my exercise program very gradually. Today I drove past a store that sells sweat pants.”



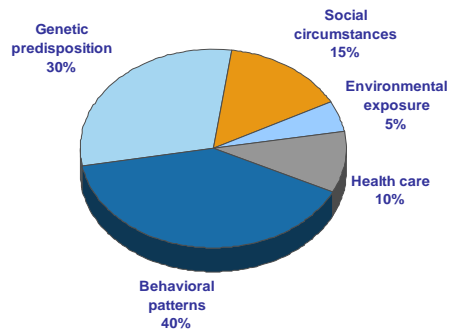
The State of U.S. Population Health

Population health status continues to deteriorate

Key Drivers of Health Status

Driver	Prevalence
Obesity	66% obese or overweight
Physical Activity	28% inactive
Smoking	23% smokers
Stress	36% high stress
Aging	22% > 55 years, aging population

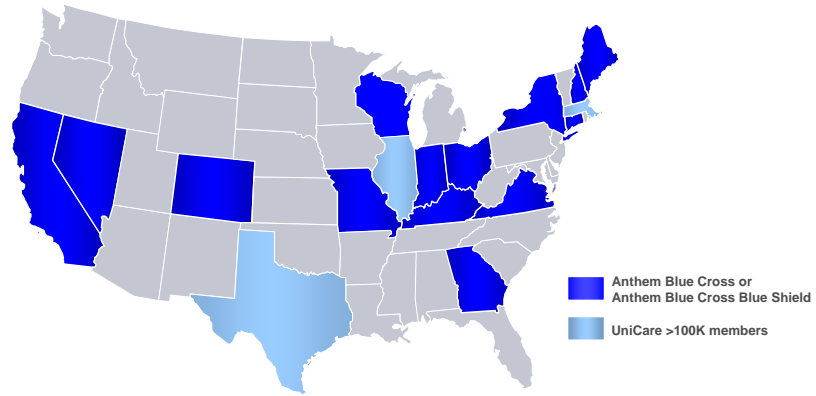
Proportional Contribution to Premature Death



Schroeder S. N Engl J Med 2007;357:1221-1228

Health. Care. Value.

1 in every 9 Americans covered by WellPoint Plans
35 Million Members Across the United States



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Our Shared Mission

Improving the lives of the people we serve
and the health of our communities



Obesity Assessment / Quality Improvement

- **Primary Care Practice**
 - Physician Training and Tools
 - Tracking and Evaluation
- **Member Programs**
- **Community Outreach**
- **Collaborations**



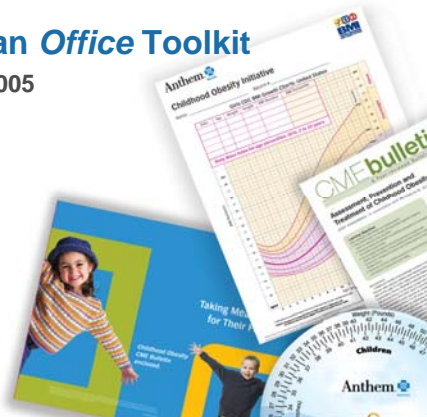
Physician Training and Tools

National AAFP Childhood Obesity CME

- Partnership with AAFP
- Developed by pediatric and family medicine experts
- Distributed to ~ 94,000 AAFP family practice physicians/residents

Childhood Obesity Physician *Office* Toolkit

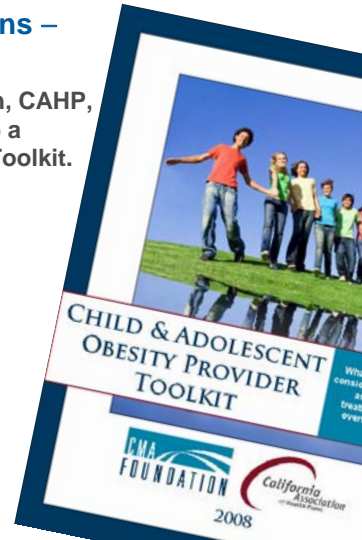
- Mailed to all Anthem PCPs since 2005
- **2009 Updated Toolkit:**
 - AAFP CME Bulletin, BMI Wheels, CDC BMI Growth Charts, Online BMI Training, Physician Survey
 - KICK Poster, Get Up and Get Moving! Family Activity Book
- **Q2 Distribution:**
 - Medicaid: >7,000 PCPs
 - Commercial: >8,000 PCPs



Physician Training and Tools

California Medical Association Foundation/ California Association of Health Plans – Standard Obesity Toolkit

- Collaborated with the CMA Foundation, CAHP, health plans, and academia to develop a Child & Adolescent Obesity Provider Toolkit.
- <http://www.calmedfoundation.org/projects/obesityProject.aspx>



Physician Training and Tools

Anthem Body Mass Index (BMI) Program

- Promotes standard BMI screen; tailored to clinical staff
 - Tiered approach
- 64 workshops nationwide
 - >2,400 clinical staff, health educators, and school nurses trained
- Online BMI training
 - 2007 all California Medicaid/Commercial PCPs
 - 2009 all WellPoint PCPs, virtual wheel
- BMI quality measures
 - NCQA pilot performance measures in child/adolescent obesity
 - 2009 adult and childhood HEDIS measures
- BMI program recognition
 - "Best of Blue" marketing and communication
 - NCQA Quality Profiles™
 - CDC



Tracking and Evaluation

- **Pre- and post-BMI workshop assessments**

- Knowledge, attitudes, skills
- Clinical Staff (RNs, LVNs, MAs)
- N=1179 (2006), N=181 (2007)

- **Three-month follow up interviews**

- Practice/use of BMI
- Physicians
- N=168 (2006-2007)

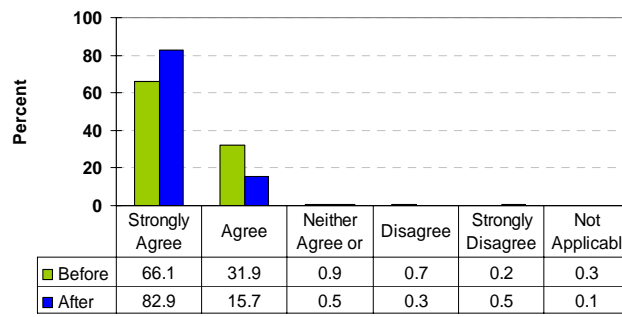
- **Additional measures**

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Confidential Screening/Billing Report (PM160)



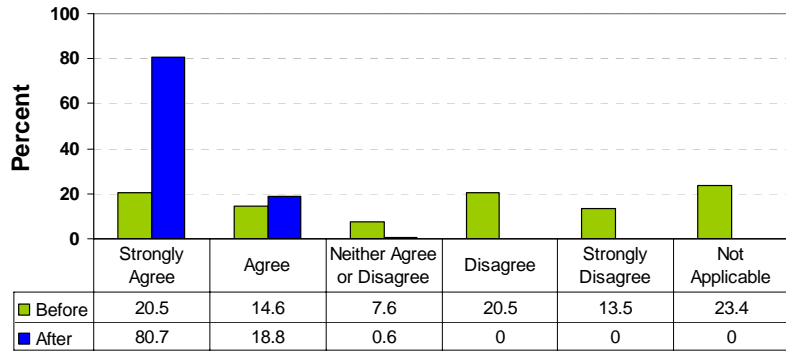
Pre/Post Workshop – Clinical Staff (2006)

**Understanding Use of BMI for Obesity Screening
Pre/Post Workshop (N=1179)**



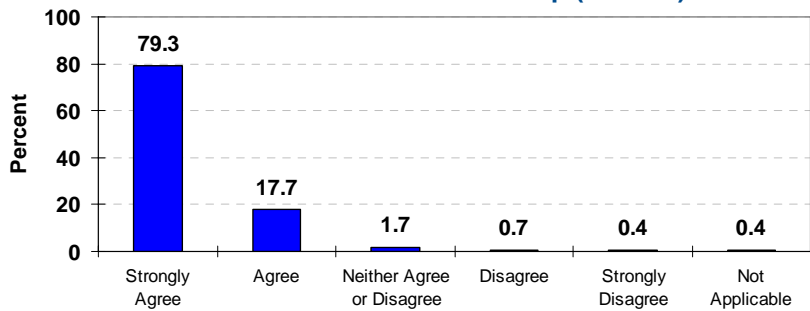
Pre/Post Workshop – Clinical Staff (2006)

**Improvement in Confidence and Ability to Use BMI Wheel
Pre/Post Workshop (N=1179)**



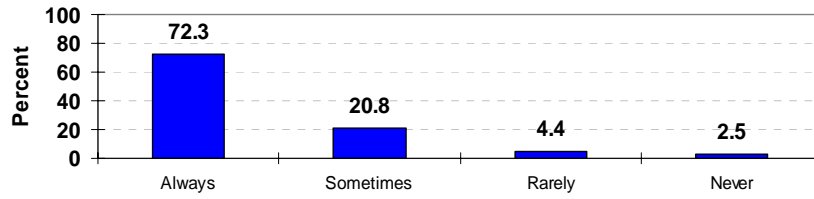
Post Workshop – Clinical Staff (2006)

**Accurate Plotting BMI and Use of BMI Wheel/CDC
Growth Charts. Post Workshop (N=1179)**



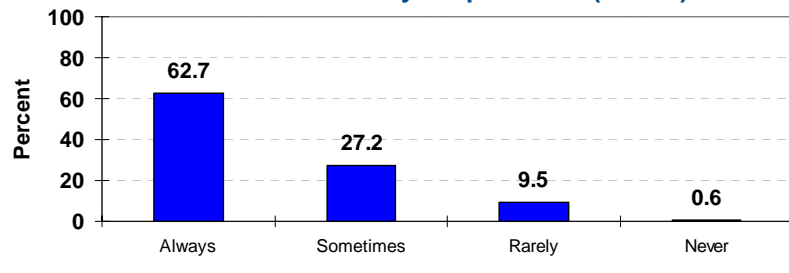
Physician Follow-Up (2006)

How often does your practice screen for overweight/obesity in pediatric patients? (N=168)

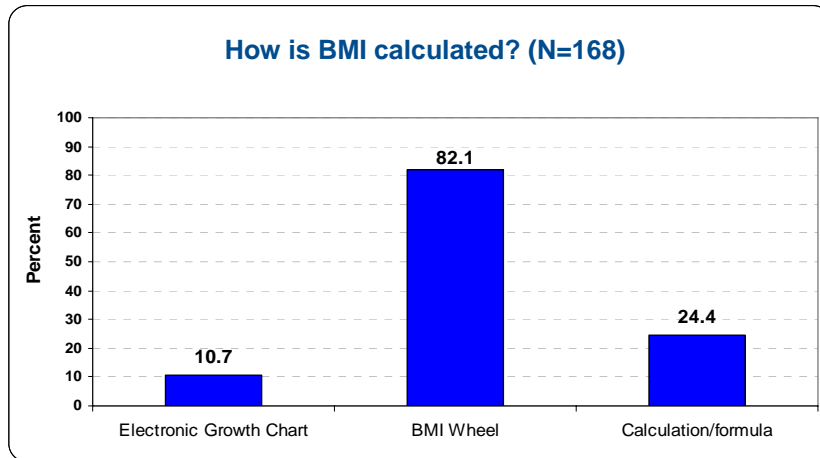


Physician Follow-Up (2006)

How often do you (or your clinical staff) calculate BMI of children in your practice? (N=168)



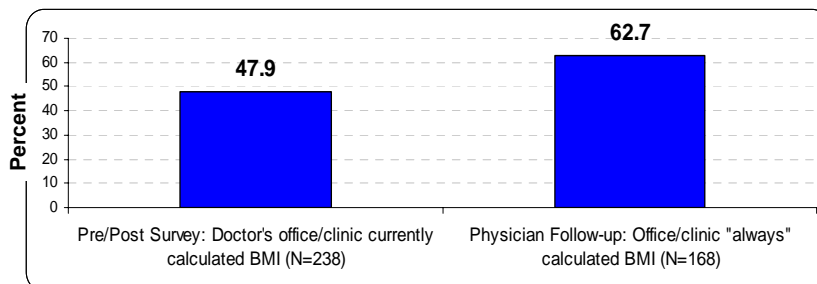
Physician Follow-Up (2006)



Sub-sample Analysis

Pre-Workshop Assessment with Physician follow-up:

- Sub sample: Clinical staff (N=238) and Physicians (N=168) representing the same practices
- Examine differences in knowledge, skills, and practice



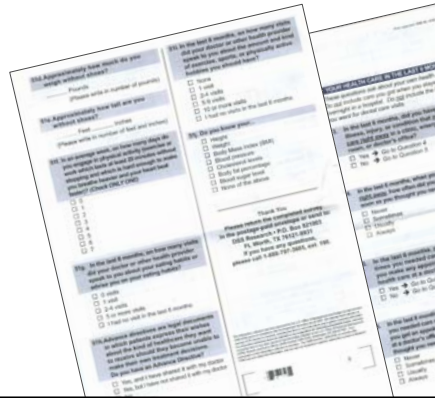
Additional Measures/CAHPS Survey (2008)

BMI (Adults)

- 2007 – about 71% respondents were overweight/obese
- 2008 – about 66% were overweight/obese

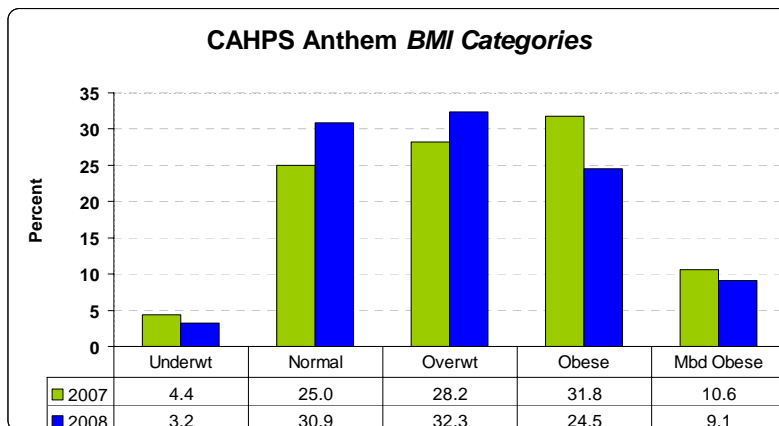
Self-reported knowledge of health related measures

- 2007
 - 10% reported knowing their BMI
 - About 38% reported knowing their blood pressure levels
 - About 24% reported knowing their cholesterol levels
- 2008
 - 10% reported knowing their BMI
 - About 41% reported knowing their blood pressure levels
 - About 24% reported knowing their cholesterol levels

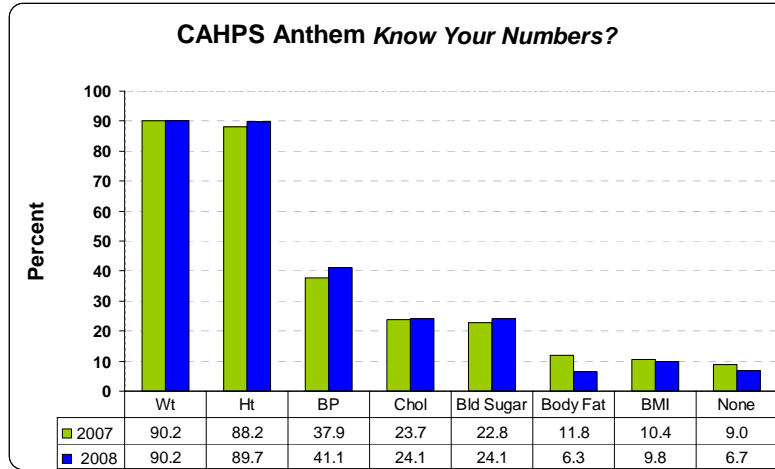


Additional Measures/CAHPS Survey (07-08)

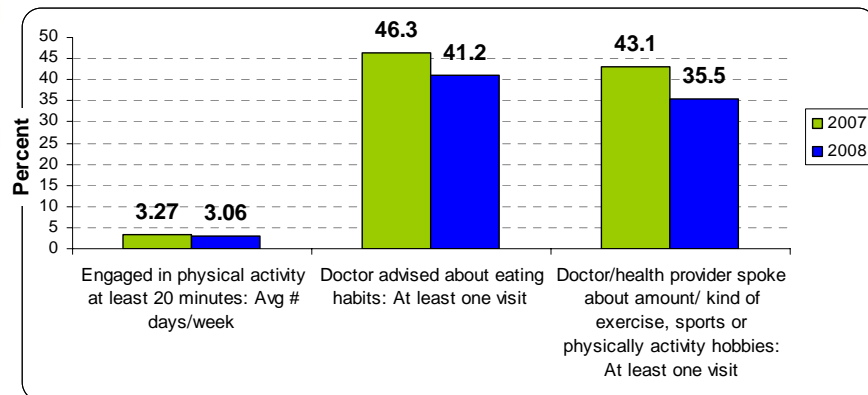
CAHPS Anthem BMI Categories



Additional Measures/CAHPS Survey (07-08)



Additional Measures/CAHPS Survey (2007-08)



HEDIS 2007

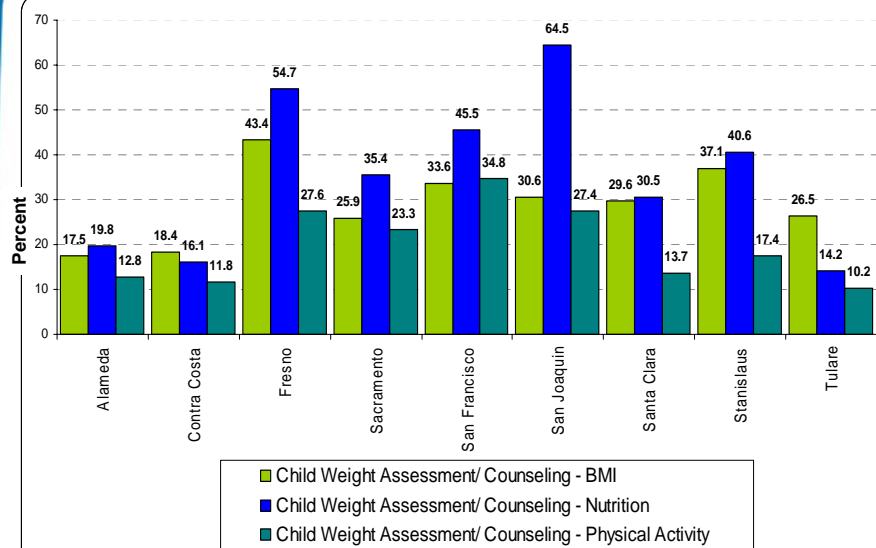
HEDIS*

- 0.8% of providers documented the child's BMI
- 0.3% documented the BMI percentile

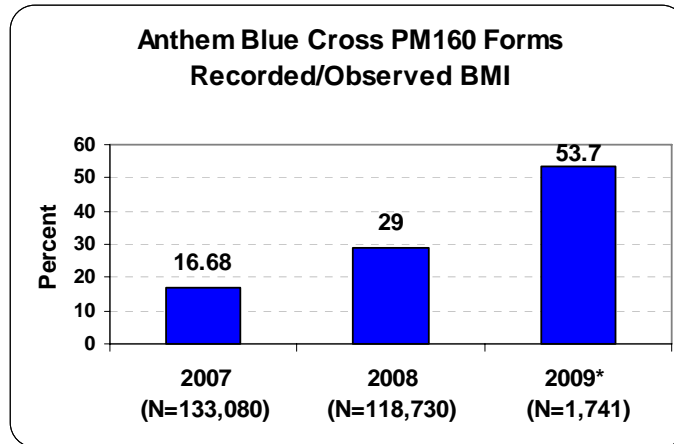
*Medi-Cal member records; N=7776. Anthem Blue Cross preliminary data on BMI collected through a sample of medical record data during the HEDIS process



HEDIS 2009 Data (NCQA)



PM160 Data (2008)



(Total, N=253,551)



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Member Programs and Resources

Educational Materials for Children and Parents

- Get Up and Get Moving! Family Food and Activity workbook and guide (available in 5 languages)
- BMI parent brochure (English/Spanish)

Educational Materials for Adults

- New wellness flyer (in development)
- Hypertension mailer
- Diabetes reminder card



Member Programs and Resources

Kids in Charge of Calories (KICK)

- Outreach through smart voice technology, KICK website, and educational materials
- Commercial and Medicaid members
- Available in English and Spanish
- Telephone outreach over five campaign periods
- Provider outreach to family practice, general practice, and pediatrics
- Fit for Life Events (with the Lakers)



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Communities and Schools

Fruit and Vegetable Bars – Quasi-Experimental Study

- Anthem Blue Cross partnered with UCLA and LAUSD
 - 8 elementary schools (4 control, 4 intervention)
 - Fruit and vegetable bars/nutrition curriculum
- Adding this multi-component intervention to a school environment can be effective in improving diets among low-income children



Communities and Schools

Live Like a Champion Tour, I, II & III (2006-2008)

- Partnership with the California Governor's Council on Physical Fitness and Sports; Corporate Communications
- Community outreach mobile tour; after-school settings
- Children 8-12; raise awareness about healthy eating and physical activity
- On-site activities tied to celebrity athletes; life-size photos depict what it takes to Live Like a Champion



- Results (2006-2008):

- Attendance: 209,287
- Tween activations: 95,961
- Media impressions: 44,875,960

Live Like A Champion Tour



Anthem 
Member



Anthem 
Member

Communities and Schools

Partnership with the LA Dodgers and Boys & Girls Clubs (in development)

- Pasadena, Fontana, La Habra, Venice, N. Hollywood
- Goals throughout the season
 - Physical activity: Wii's / plasma TVs
 - Nutrition: MarketPoint/Healthy Snacks, Nutrition Talks, Cooking Demos
 - Parent Engagement and Education
- Dodgers promotion - radio broadcasts to promote local activities



Anthem 
Member

Collaborative Partnerships

Taking Action Together Initiative

- Collaboration between WellPoint and Merck with the American Diabetes Association (ADA)
- "Taking Action Together" – to improve access to and quality of care of individuals and populations with diabetes in the Inland Empire
- Address health disparities
- Participation in this program not limited to Anthem Blue Cross members



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Taking Action Together Initiative

Employer Engagement

ADA Winning @ Work Kits & Guides

Awareness and screening via bus visits

Physician/patient follow-up: confidential survey mailed from patient to physician

Worksite map sessions

IVR

Community Engagement

IVR Invitation to Anthem BC members

Inland Empire community outreach

Awareness via ADA tools

Education and action via community-based map sessions

Group Learning Principles

Provider Engagement

Provider "Diabetes & Disparities" education

Community map session invites



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Collaborative Partnerships

Alliance Healthcare Initiative

- Collaboration between the Alliance for a Healthier Generation, WellPoint, and other leading insurers, employers, and national medical associations
- Three-year pilot to address prevention, assessment, and treatment of childhood obesity in clinical settings:
 1. 100 physicians in California and Georgia
 2. Children ages 3-18; BMI percentile \geq 85th percentile
 3. WellPoint reimbursed obesity-related primary care visits and dietitian visits
 4. Regular communications to patients and physicians
- Third party evaluation of program outcomes



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Summary

- Health plans in a unique position to support obesity assessment and quality improvement
- Obesity Assessment
 - 2009 HEDIS measures
 - Challenges
- Additional strategies and replication of early best practices to increase obesity assessment and uptake of BMI use.



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National Resources for the Identification and Treatment of Childhood Obesity

Victoria W. Rogers, MD, FAAP
Barbara Bush Children's Hospital at Maine Medical Center
NICHQ National Advisory Council Member



National Initiative for Children's Healthcare Quality

About NICHQ

Our Mission is to improve children's health by improving the systems responsible for the delivery of children's healthcare.

Our Vision is to achieve a world in which all children receive the healthcare they need.

We do this by:

- Bringing together organizations and individuals
- Catalyzing national commitment to improve healthcare for children
- Partnering with other national, state and local organizations.



NICHQ's Obesity Vision

To reverse the trend of the childhood obesity epidemic across the nation by improving health care systems and leveraging professionals in community change

- To improve the **quality of care** for over 20 million children across the nation with regard to the assessment, prevention and treatment of childhood obesity
- To facilitate health care professionals becoming **advocates**
- To build a **speakers bureau** of physician advocates
- To build the **network** as the recognized "**go to resource**" for healthcare's role in childhood obesity



NICHQ's Journey Addressing Childhood Obesity

As a nation, we did not intentionally choose this course, but we must intentionally and immediately work to reverse it." - Joe Thompson, MD, MPH

Year	Activity
2002-2003:	Annual Forum: Kaiser Presentation
2004:	Maine Youth Overweight Collaborative
2005:	Health Care For Healthy Kids Collaborative (BCBSMA)
2006:	Accelerating Improvement in Childhood Obesity: Laying the foundation for a national action network (RWJF)
2007:	Childhood Obesity Action Network Launch
2009:	National Advisory Council; RWJF



Maine Youth Overweight Collaborative

Three Rounds

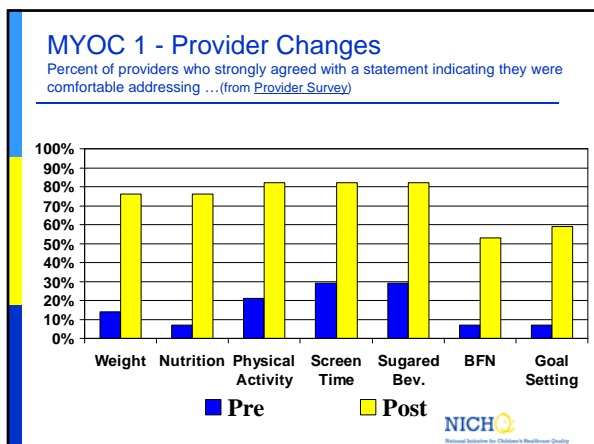
2004-2006	12 practices
2006-2008	19 practices
2008-2009	30 practices

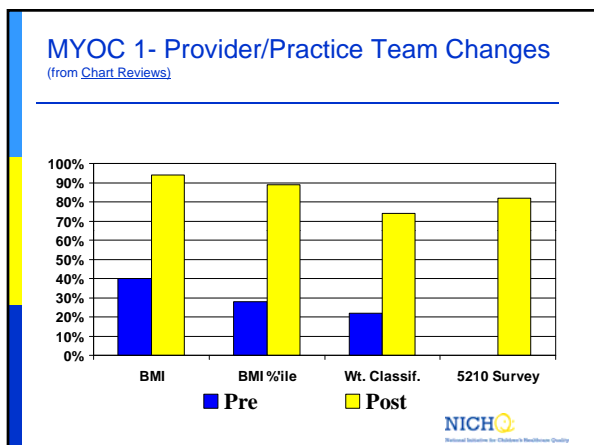


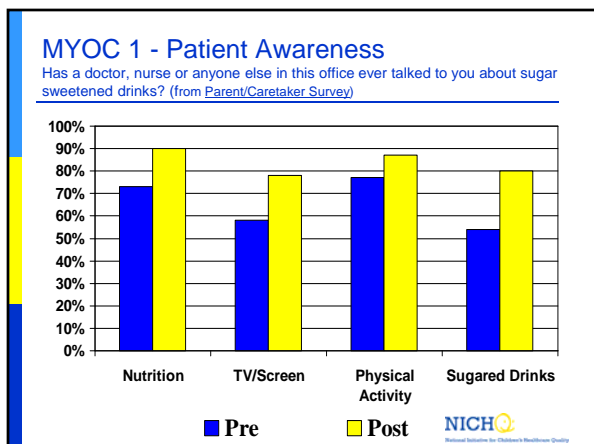
Highlights

- Practice team satisfaction
- Provider/Practice Team Changes
- Patient awareness









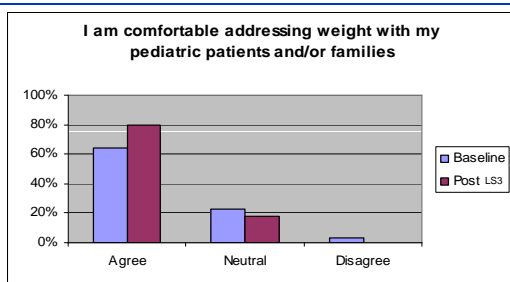
Stay'NHealthy Collaborative

- 2006-2009
- 15 Practices

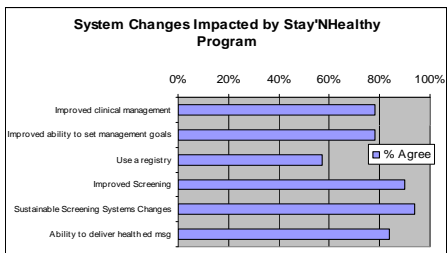


Perceived Efficacy

Physicians, ARNP, + PAs respond to the following statements:



Practice Team Evaluation of the Stay'NHealthy Program



Percentage of participants who agree that Stay'NHealthy has impacted systems changes within their practice.



Greater Rochester Obesity Collaborative

Training and ongoing support to improve the identification and management of children who are overweight and obese. Greater Rochester Obesity Collaborative, Rochester, NY

- 95% of physicians will be aware of and follow the national guidelines
- 95% of children will have BMI documented and plotted on CDC growth curves
- 50% increase in the rate of nutrition/physical activity counseling at WCC
- 50% increase in the rate of follow up appointments among patients identified as overweight or obese
- Within three years the Greater Rochester Obesity Collaborative tool kit, forms, and resources will be disseminated to 100% of the practices in Monroe County



Childhood Obesity Action Network (COAN)

A web-based national network aimed at rapidly sharing knowledge, successful practices and innovation:

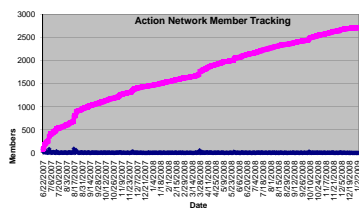
- Inspire and enable health care providers—through tools and training—to undertake improvements in care and advocate for community change
- Identify, assess and share evidence-informed approaches and programs
- Design and disseminate policies to enhance the health care system's ability to address obesity
- Focus throughout on strategies to reduce disparities and provide culturally effective care
- Find us at www.nichq.org



What does COAN look like?

- Over 2600 Health Professionals
- 50 States
- 29 Countries
- 5 Major Sponsors
 - Robert Wood Johnson
 - The California Endowment
 - Nemours
 - Kaiser Permanente
 - The HSC Foundation

Childhood Obesity Action Network Membership
June 2007 to January 2009



COAN Membership



COAN website:
www.nichq.org/childhood_obesity/index.html



COAN Products and Resources

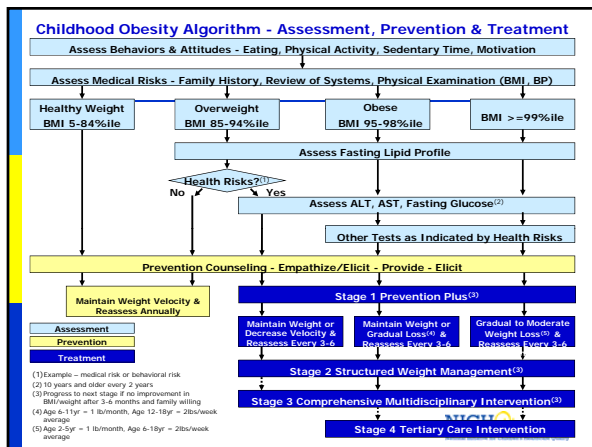
- **Clinical Tools**
 - Expert recommendations, Implementation guide
- **Advocacy Resources**
- **Policy Research and Recommendations**
 - *Pediatrics* online supplement to be published in June
- **Sharing and learning opportunities**
 - Listserv discussions
 - Chocolate milk discussion
 - Workgroup
 - Reimbursement
 - Knowledge sharing via monthly newsblast



Implementation Guide

- Combines key aspects of the Expert Committee Recommendations summary released on June 6, 2007 and practice tools identified in 2006 by NICHQ from primary care groups that have successfully developed obesity care strategies
- Defines 3 key steps to the implementation of the 2007 Expert Committee Recommendations:
 - **Step 1 – Obesity Prevention at Well Care Visits** (Assessment & Prevention)
 - **Step 2 – Prevention Plus Visits** (Treatment)
 - **Step 3 – Going Beyond Your Practice** (Prevention & Treatment)





Cincinnati Children's & Data Resource Center

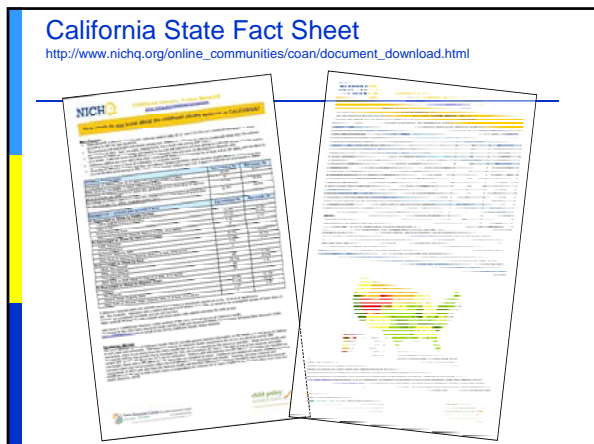
State Fact Sheets

Provide information specific to each state on a variety of policy issues impacting (and being impacted by) childhood obesity such as:

- Overall prevalence rates compared with other states
- Disparities and variances by race, insurance, income level
- What each state is doing at the legislative level to combat childhood obesity
- What schools in each state are doing to combat childhood obesity

http://www.nichq.org/online_communities/coan/document_download.html





California Key Facts

- Approximately 1,064,000 of 3,541,000 California children ages 10-17 years (30.0%) are considered overweight or obese according to BMI-for-age standards.
- Disparities in childhood overweight and obesity by income and insurance are less glaring in California compared to the country as a whole.
- According to the 2006 Pediatric Nutrition Surveillance System (PedNSS), which assesses weight status of children from low-income families participating in WIC, 33.2% of low-income children ages 2 to 5 years in California are overweight or obese.

American Academy of Pediatrics

AAP's Current Areas of Focus

- Prevention and Treatment of Obesity at the Point of Care
- Advocacy for Necessary Health System Change
- Training Future Pediatricians
- Translational Research
- Family Awareness/Knowledge and Skills to Address Obesity

American Academy of Pediatrics (AAP) www.aap.org



AAP - Current Legislative Activities

Advocacy for Health System Change

- Federal
 - Hill briefings on 12/5/08 and 3/27/09
 - Education around obesity prevention opportunities in the reauthorization of Child Nutrition Act, No Child Left Behind, and Transportation Equity Act
 - Monitoring stimulus, SHIP, etc to identify opportunities for obesity prevention and tx
- State
 - Obesity Issue Brief
 - Policy Agenda
 - Chapter support for state advocacy
- Community
 - Targeted AAP Grants on obesity (MTAP and CATCH)
 - Training community advocates (AAP and NICHQ)
 - Community Policy Agenda and associated tools
 - Council on Community Pediatrics NCE Obesity Program



Alliance Healthcare Initiative:

- Collaborative effort to offer comprehensive health benefits to children
- Blue Cross Blue Shield, Aetna, WellPoint, Pepsico have signed-on for three years
- Each insurer committed to providing at least:
 - 4 pediatrician visits/year
 - 4 dietician visits/year



Upcoming Events

- Visit www.nichq.org for more information:
 - Quarterly Q-Call's
 - State Fact Sheets
 - Join COAN – listserv community, newsblast
 - Reimbursement working group
- Coming soon
 - Prevention Plus guide
 - Advocacy training
 - The National Congress on Childhood Obesity & the 9th Annual Forum for Improving Children's Healthcare Quality - March 8-12, 2010. Atlanta, Georgia



Thank you to all who have contributed to the achievements of

- 2600 COAN Members
- Faculty and volunteers
- Current Team
 - Rachelle Mirkin, MPH – Acting Executive Program Director
 - Pat Heinrich, RN, MSN – Executive Program Director & Collaborative Lead
 - Paula Silverman, MPH - Project Manager
 - Alexandra Charrow - Project Coordinator
 - Samantha (Rosie) Sharp – Project Intern
- Current Funders
 - HSC Foundation
 - Kaiser Community Benefit
 - The California Endowment



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