Obesity Initiative

Since initiation in June of 2017, there have been 232 Healthy Habits Screenings documented in charts for patients with a BMI of 95% or higher.

Getting Started

- Physician interest and sharing AYP resources
- PCMH requirement for focus on a High Risk Patient Group
- QID audits - gaps in follow-up care of adolescents with elevated BMI

Preparation

- Physician template development which incorporated healthy habits questionnaire into HI/education resources and proper coding and follow-up
- Gathering resources, printing handouts, stocking rooms
- Staff education (Lunch and Learn)
- Hanging visuals in office

Workflow

- Nurse pulls in correct template for visits when BMI is >=95%
- Healthy Habits Questionnaire given to patient/parent OR asks the questions directly
- Physician talks with patient and families focusing on the ONE goal the patient/family chose appropriate hand out is given (CMC, nutritional resource card or referral if patient/family is open to a next step
- Office follow up at physician discretion - template is every 3 months

Community Partnerships and Resources

- Resource card development
- Card allows self-referals; cutting down on no-show rates
- Internal referrals - promote better follow-up and greater likelihood of scheduling
- Since initiation in June we have had 57 external referrals for nutrition counseling (43 new impact)

In Office Follow-Up Visits

- Physician discretion scheduling follow-up 1-6 months. Template follow-up is every 3 months.
- Next Steps resource allows for guided focused visits with script for provider and visuals for patient
- 9/19 a follow up card for Medicaid patients can be cited up to 10 times per year. Shared with pediatrician and dietician was a max of 2 units per day for longer visits (50 min)
- Unsure of private insurance reimbursement
Challenges

- Extra time - adding in templates at the time of visit instead of pre-planning and having staff make sure the coding is correct
- Sensitive communication - using motivational interviewing, showing concern and compassion and not judging or disapproving
- BMI numbers are not always indicative of a health issue
- Reimbursement of AAP recommended interventions from private insurance
- Follow-up - no show rates
- Actual implementation of plan by staff

Successes

- Consistent plan of action - the templated, questionnaires and resources set our staff up for success in supporting our patients and families
- Families want and need help from our staff to understand the long term health risks and how to make healthy choices
- Our nursing staff has done 252 healthy habits screenings since implementation, and physicians have made 57 referrals through the EHR
- In one month period, staff gave 262 handouts (62% to 57 resource cards
- Patients and parents express an understanding of the severity of the serious nature of lifestyle changes when tabs are drawn and follow-up is needed

Measuring Success

- Using a tally sheet to monitor resources given starting with 30 of each brochure and resource cards
- EMR reports on questionnaires (progress) data feed to and from
- Future EMR reports could be run on follow-up - standalone counseling codes and follow-up appointment calls
- Developing BMI percentage would be difficult to measure. Physicians can ultimately be responsible for patient and family choices

WE CAN MAKE A DIFFERENCE BY ADDRESSING THE ISSUE AND OFFERING SUPPORT AND RESOURCES - even if it's just one.

There is a time for everything

Healthy Habits Initiative

And a time to celebrate healthy choices