

## **Overweight Children**

Kaiser Permanente's Approach to Prevention & Treatment

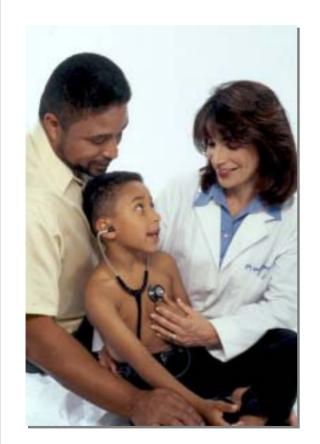
June 2, 2005 1:30-3:00 PM Washington DC



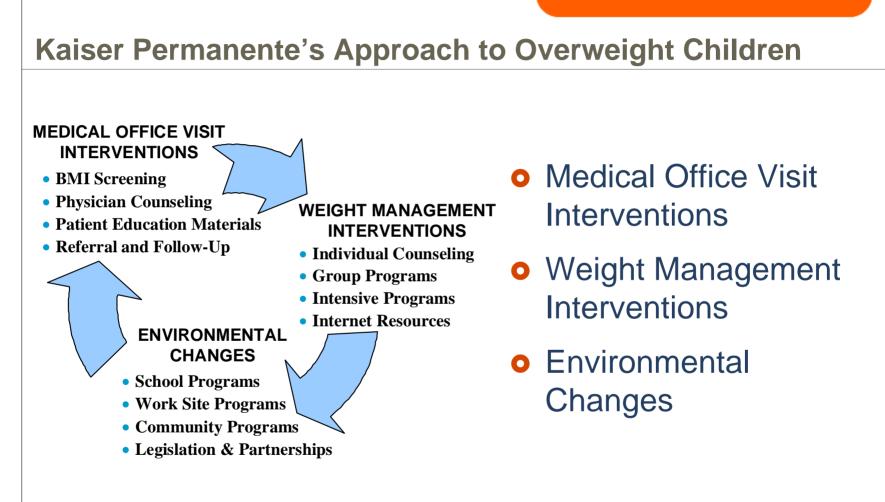
**Scott Gee, MD** Medical Director, Prevention and Health Information Kaiser Permanente Northern California

KAISER PERMANENTE

### **About Kaiser Permanente**

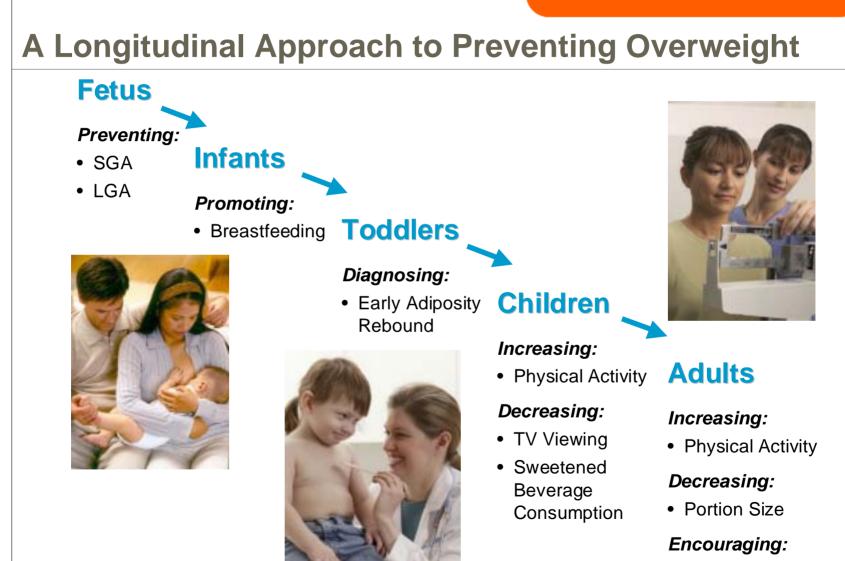


- One of the nation's oldest not-forprofit health care delivery systems and a leader in quality.
- 8.2 million members nationwide;
  6.2 million in California.
- Kaiser Permanente has made a deep and longstanding commitment to working within our communities to encourage healthy eating and active living.



• Weight

Maintenance



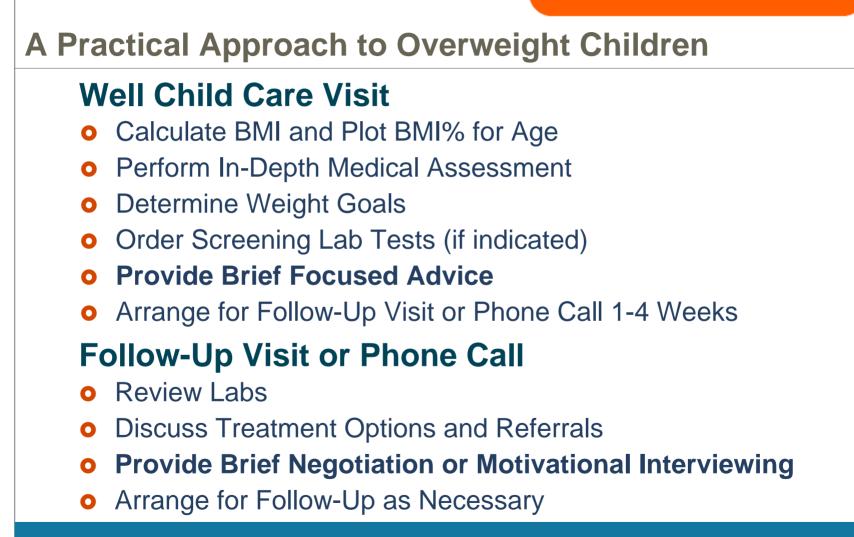
The Permanente Journal/ Summer 2003/ Volume 7 No. 3 pp. 6-7

## **Medical Office Visit Interventions**



- Diagnosis of overweight using body mass index (BMI)% for age at well child care visits 2 years and older
- In-depth medical assessment
- Appropriate weight goals
- Counseling motivational interviewing
- Referral and follow-up

Pediatrics Vol. 112 No. 2 August 2003 pp. 424-430



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

## **Office Systems, Physician Training and Feedback**

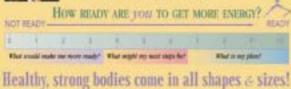
# More energy means more FUN!

more ENERGY

- GET UP & PLAY HARD At least 30-60 minutes a day
- CUT BACK ON TV & VIDEO GAMES No more than 1 bour a day Remove TV from bedroom
- EAT 5 HELPINGS OF FRUITS & **VEGETABLES A DAY**

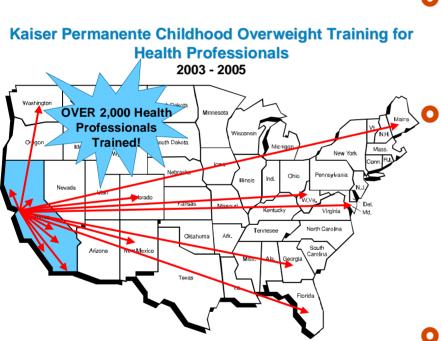
I fruit or 1/2 cup of regetables = 1 belping

- CUT DOWN ON SODAS & JUICE DRINKS No more than 1 can or small cup a day
  - Drink water when thirsty



- Office System
  - CDC Growth Charts
  - BMI Wheel Calculator
  - Patient Education Materials
  - Exam Room Poster
- Staff Training
  - Physician & Medical Assistant
  - On-Site, Skills Based
  - Single or Multi-Session Training
- Audit and Feedback
  - BMI Measurement -Administrative Data

## Kaiser Permanente's Physician Training Initiative

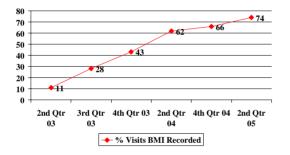


- Over 1,000 KP physicians and 2,000 community physicians trained nationally since 2002
- Collaboration with the American Academy of Pediatrics and the National Initiative for Children's Healthcare Quality, Indian Health Service
- IHI Collaborative Model Maine & New Mexico

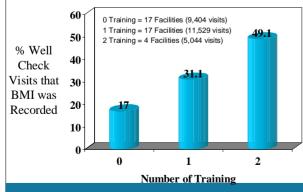
The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement 2003

## What have we learned since 2001?

KPNCR 2003-5 BMI Completion Rates at Well Child Care Visits Ages 2-18 Years



Mean BMI Coding Completion at Well Care Visits (2-18 Yrs) for Number of On Site Training Sessions - August 2003

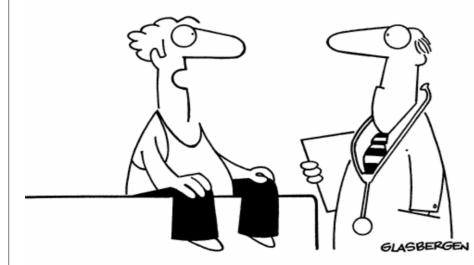


- Physicians are open to training
- BMI measurement has improved
- BMI measurement is related to the number of training sessions
- Exam room posters and BMI wheel calculators are important office system tools
- Physician counseling can lead to improved health behaviors & BMI

#### **GET MORE ENERGY!**

FOR HEALTH PROFESSIONALS

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"Eat less and exercise more? That's the most ridiculous fad diet I've heard of yet!" Weight

# Management

## Interventions

## **Weight Management Interventions**



- Family Changes and Self Care
- Weight Management Programs
- Medications
- Surgery



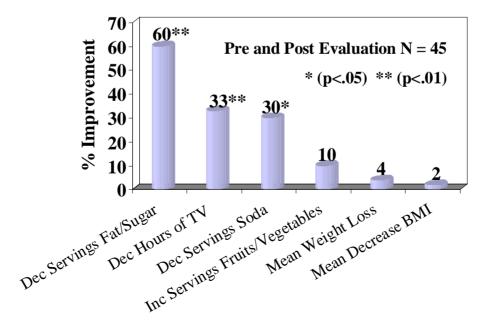
- Most weight management programs for children result in improved behaviors and BMI
- Longer programs have better outcomes (range 2--6 months)
- Most programs target children 6-12 years of age
- Parent involvement is important.
- Disadvantages: low enrollment, high cost (\$100-700) and high drop-out

NIHCM Issue Paper Childhood Obesity - Advancing Effective Prevention and Treatment: An Overview for Health Professionals, April 9, 2003 http://www.nihcm.org/ChildObesityOverview.pdf

#### **KPNCR Weight Management Programs**

|                         | Single Session       | Multi Session       | Intensive               |
|-------------------------|----------------------|---------------------|-------------------------|
| Number of<br>Facilities | 17                   | 12                  | 4                       |
|                         | (no cost to members) | (2-8 week sessions) | (9-20 week<br>sessions) |

#### **KP Kidshape Program Evaluation**



#### **GET MORE ENERGY!**

FOR HEALTH PROFESSIONALS



# Environmental

## Changes

## **KP Healthy Eating Active Living Grants Strategy**



#### **Single-Sector Interventions**

### **KP** Technical Assistance for the CA Health Care Sector

| Level of<br>Intensity | Training & Consultation   | Collateral<br>Materials  | Weight<br>Interventions   | Information<br>Technology   |
|-----------------------|---|--|---|---|
| Level One             | 1.5 - 2 Hour<br>Basic Training:   | <ul> <li>Practice Guideline</li> <li>Poster</li> <li>Tip Sheets</li> <li>BMI Wheels</li> <li>School Presentation<br/>for Parents/Teachers</li> </ul> |   |   |
|                       | BMI, Medical Assessment,<br>Weight Goals, Brief<br>Focused Advice,<br>Prevention Messages,<br>Community Advocacy Intro      |  |   |   |
| Level Two             | 1.5 - 2 Hour<br>The Physician's Role in<br>Community Advocacy<br>Training   | <ul> <li>CDC School Health<br/>Index</li> <li>Center for Weight &amp;<br/>Health Binder</li> </ul>   | <ul> <li>Zip's Great Day<br/>(Educational<br/>Theater)</li> <li>TV Turnoff Week<br/>(4/25/05 – 5/1/05)</li> </ul>         | Teen Choices and<br>Challenges  |
| Level Three           | 2 - 8 Hour<br>Brief Negotiation Training<br>Intensive skill building in<br>communication with<br>children and families      | <ul> <li>Communication Skills<br/>Overview</li> <li>Brief Negotiation<br/>Workbook</li> </ul>  | <ul> <li>Multi-Session<br/>Group Intervention<br/>(location tbd –<br/>local KP Facility or<br/>community site)</li> </ul> |   |
| Level Four            | IHI Collaborative Model:<br>3 Learning Sessions (4-16<br>hrs/ea over 6-15 mos ) with<br>plan, do, study, act<br>methodology | <ul> <li>IHI Materials</li> <li>Office Systems Tools</li> <li>Data Collection Tools</li> </ul>   | <ul> <li>Individual<br/>Counseling<br/>Intervention (based<br/>on availability of<br/>local provider)</li> </ul>          | <ul> <li>Registry or<br/>Electronic Medical<br/>Record<br/>consultation</li> <li>Teen Choices and<br/>Challenges</li> </ul> |

## "Through better science, better communication, and better collaboration, we can get ourselves and our children back on the road to better health."

Julie L. Gerberding, MD MPH Center for Disease Control and Prevention



Even the longest journey begins with a single step.

## Weight Management Contacts...

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## Weight Management Tools...

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**Care Management Institute Products** 510-271-6426 CMIproducts@kp.org

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- 2. AAP Committee on Nutrition Prevention of Pediatric Overweight and Obesity Pediatrics 2003; 112: 424-430
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- Daniels SR et al. Overweight in Children and Adolescents Pathophysiology, Consequences, Prevention, and Treatment. Circulation 2005;111:1999-2012
- 5. Dietz WH and Robinson TN. Overweight Children and Adolescents. N Engl J Med. 2005; 352;20: 51-60.
- 6. NIHCM Issue Paper Childhood Obesity Advancing Effective Prevention and Treatment: An Overview for Health Professionals, April 9, 2003 http://www.nihcm.org/ChildObesityOverview.pdf
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