

Obesity Prevention in Young Children (ages 0-5)



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NCIOM Taskforce Recommendations

*Promoting Healthy Weight for Young Children:
A blueprint for Preventing Early Childhood obesity in North Carolina*

1. Improve the treatment and prevention of early childhood obesity in health care settings:
 - Strengthen education for health care professionals on treating and preventing obesity during both school and post graduate training as well as through continuing education.
 - Ensure adherence of insurers/payers to the Affordable Care Act requirements for coverage of the prevention, diagnosis, and treatment of obesity.
 - Create a clearinghouse of core statewide and local services, resources and supports for health professionals to refer families and children.
2. Integrate healthy activities into child care settings (continued)....
3. Utilize community resources to reduce childhood obesity (continued)....
4. Expand the collection and reporting of physical activity and nutrition data.
 - Improve the collection and reporting of physical activity and nutrition data to more fully promote healthy weight among young children.
 - Improve the collection of BMI data for young children and make the information widely available in order to evaluate existing programmatic and policy initiatives and to inform future ones.

Why Primary Care?

The child's family has the most influence over their children's health, development and behaviors. Families generally welcome guidance from their primary care providers especially when there is an established relationship. Therefore, the child and family's Medical Home (pediatrician, family physician and/or an integrated or consulting Registered Dietician) has a prime opportunity of initiating prevention by using Anticipatory Guidance, Motivational Interviewing, & Primary, Secondary and Tertiary Interventions (NICHQ Guidelines).

There are up to **fourteen (14) opportunities at the child's well care visits**, before the age of 5, to provide anticipatory guidance and/or brief interventions.

Bright Futures Periodicity Schedule for Infants and Young children recommends children are seen at:

Infancy	Prenatal	3-5 days	By 1 month	2 month	4 month	6 month	9 month
Early Childhood	12 months	15 months	18 months	24 months	30 months	3 years	4 Years

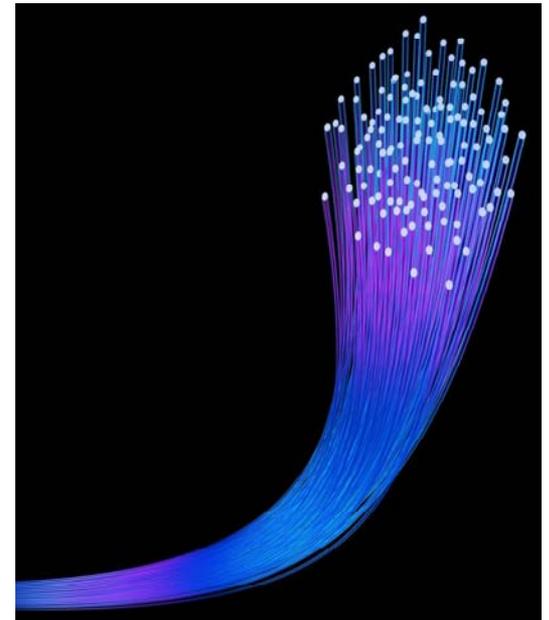
Obesity Prevention CCNC Pediatrics and CHIPRA Initiatives

Current

- ***Measure - BMI Percentiles (QMAF 2% to 13%)***
- Evidence of counseling on nutrition and physical activity (Category C & D)
- DMA recommendation in Health Check Billing Guide
- Quality Improvement Specialists and CHIPRA One-Pager
- CHIPRA Connect Training Sessions - 4 regional sessions, topics included:
 - NICHQ protocol (starting with primary prevention)
 - MI and MI based materials
 - Practice workflow

BMI Percentile

- Rate of use of the BMI V code increased from 2-13% in 2 years
- Data by age groups
- Principles and benefits
 - Meaningful Use
 - PEHR and HIE
 - Population Management (practice and network level)



QMAF Data 2010 to 2013

Network	Year Ending	Screening Percent	Year Ending	Screening Percent
AccessCare	Mar 2013	7%	Dec 2011	1%
Carolina Collaborative Community Care	Mar 2013	44%	Dec 2011	6%
Carolina Community Health Partnership	Mar 2013	20%	Dec 2011	4%
Community Care of Southern Piedmont	Mar 2013	5%	Dec 2011	0%
Community Care of the Lower Cape Fear	Mar 2013	14%	Dec 2011	2%
Community Care of the Sandhills	Mar 2013	30%	Dec 2011	10%
Community Care of Wake and Johnston Counties	Mar 2013	28%	Dec 2011	6%
Community Care of Western North Carolina	Mar 2013	11%	Dec 2011	1%
Community Care Partners of Greater Mecklenburg	Mar 2013	4%	Dec 2011	0%
Community Care Plan of Eastern Carolina	Mar 2013	14%	Dec 2011	2%
Community Health Partners	Mar 2013	9%	Dec 2011	2%
Northern Piedmont Community Care	Mar 2013	7%	Dec 2011	4%
Northwest Community Care	Mar 2013	6%	Dec 2011	4%
Partnership for Community Care	Mar 2013	9%	Dec 2011	1%
CCNC Total	Mar 2013	13%	Dec 2011	3%

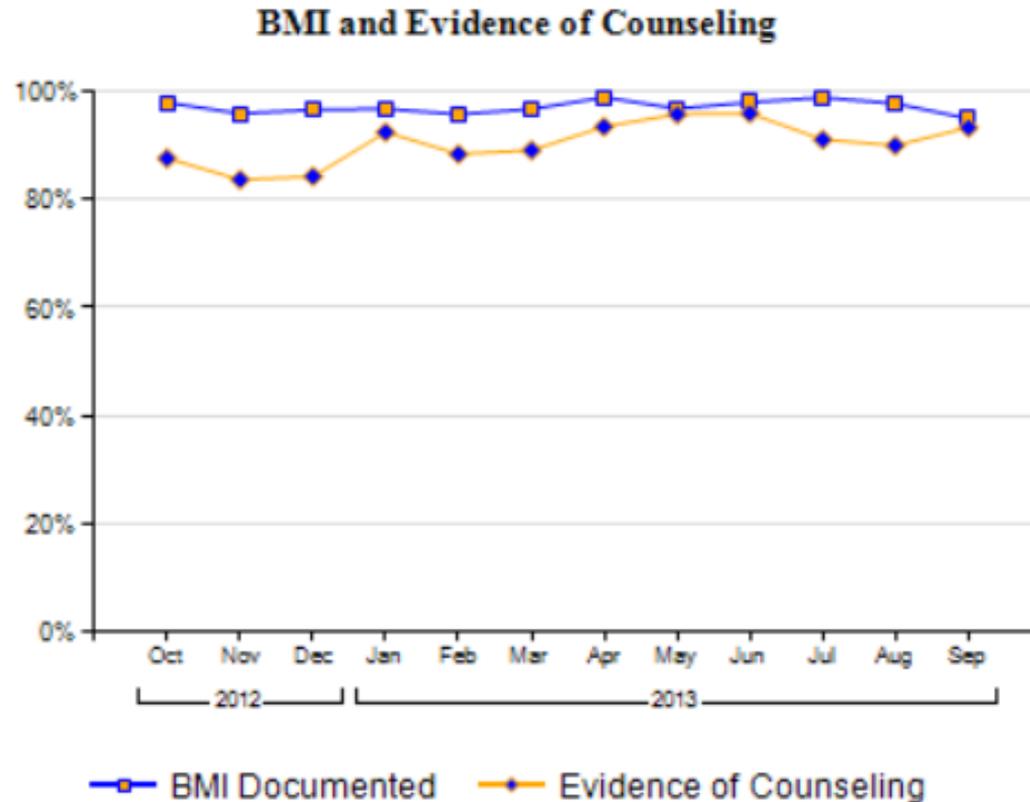
BMI Percentile by Age Group

Q1 2013 QMAF BMI V Code Rate per Age Group								
BMI V Code Used	Age: 3 - 5 years		Age: 6 - 10 years		Age: 11 - 20 years		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
V85.51 - Failure to Thrive	689	3%	409	2%	369	2%	1,467	3%
V85.52 - Healthy Weight	13,877	67%	10,091	57%	8,881	49%	32,849	58%
V85.53 - Overweight	2,817	14%	2,594	15%	2,963	16%	8,374	15%
V85.54 - Obese	3,407	16%	4,753	27%	5,850	32%	14,010	25%
CCNC Total BMI Screens	20,790		17,847		18,063		56,700	

	Age: 3 - 5 years		Age: 6 - 10 years		Age: 11 - 20 years		Total	
	Count	% of Eligible Patients	Count	% of Eligible Patients	Count	% of Eligible Patients	Count	% of Eligible Patients
CCNC Total BMI Screens	20,790	14%	17,847	12%	18,063	11%	56,700	13%
CCNC Total Eligible Patients	145,313		143,180		164,715		453,208	

CHIPRA Connect

Run chart for 2 year olds (both cohorts)



CCNC Pediatrics and CHIPRA will

- Continue to collect and report BMI percentile data
- Provide outreach and training to primary care clinicians
- Provide practice support and quality improvement coaching



Right From the Start

Next Steps:

- *BMI Percentile strongly encouraged by DMA (no hard edit)*
- MOC-IV on obesity prevention targeting families of children ages 0-5 (free to all NC providers) – *Spring of 2014*
 - NICHQ protocol (includes billing and coding)
 - MI
 - Workflow with MI materials
 - Breastfeeding (prenatal visit and ongoing support)
 - Population management and community resources
- Expansion of targeted family materials (infants, toddlers and preschoolers)
- Online 2 hour course (CME credit offered) – *Spring of 2014*



Practice/Provider Training and Family Resources

Maintenance of Certification Part IV (MOC-IV) five module series developed by CHIPRA/NCAAP/NCAFP to be offered free of charge to pediatricians, family physicians and mid-levels statewide. Board certified physicians need these types of quality improvement activities to maintain their board certification. Topics to include:

- Part I – Introduction - Health Risks and Early Identification and Intervention
- Part II – Family Systems and Motivational Interviewing Tools (includes family educational materials that correspond to MI process)
- Part III - Bright Futures Recommendations for Infants and Toddlers (0-2) (includes breastfeeding)
- Part IV – Bright Futures Recommendations for Early Childhood (3-4)
- Part V – NICHQ protocols & collaborating with an Integrated Registered Dieticians

Practice/Provider Training and Family Resources

- Develop an abbreviated online training (2 hours) approved for Continuous Medical Education (CME) and credits and market to pediatricians, family physicians and mid-levels. Provide family educational materials that correspond with messaging.
 - Health Risks and Early Identification and Intervention
 - Family Systems and Motivational Interviewing Tools
 - Bright Futures Recommendations for Infants and toddlers (0-4)
 - NICHQ Protocol
- Develop one hour training approved for CME credits for obstetricians and OB care managers promoting breast feeding and addressing maternal and infant nutrition, prenatally and postpartum
- Other Program Delivery Opportunities: pediatric QI specialists, CC4C, ABCD coordinators, Pediatric Workgroup, CCNC care managers, OB and High Risk Care Managers. All touch families and children and can reinforce obesity prevention messaging.

Aligning Goals

Early Childhood Obesity Prevention Policies – Committee on Obesity Prevention Policies for your Children Institute Of Medicine of the National Academies Washington, DC

NCIOM Taskforce – Promoting Healthy Weight for Young Children A Blueprint for Preventing Childhood Obesity in North Carolina

DHHS and CCNC Pediatrics priority project: Obesity Prevention for young children ages 0-5

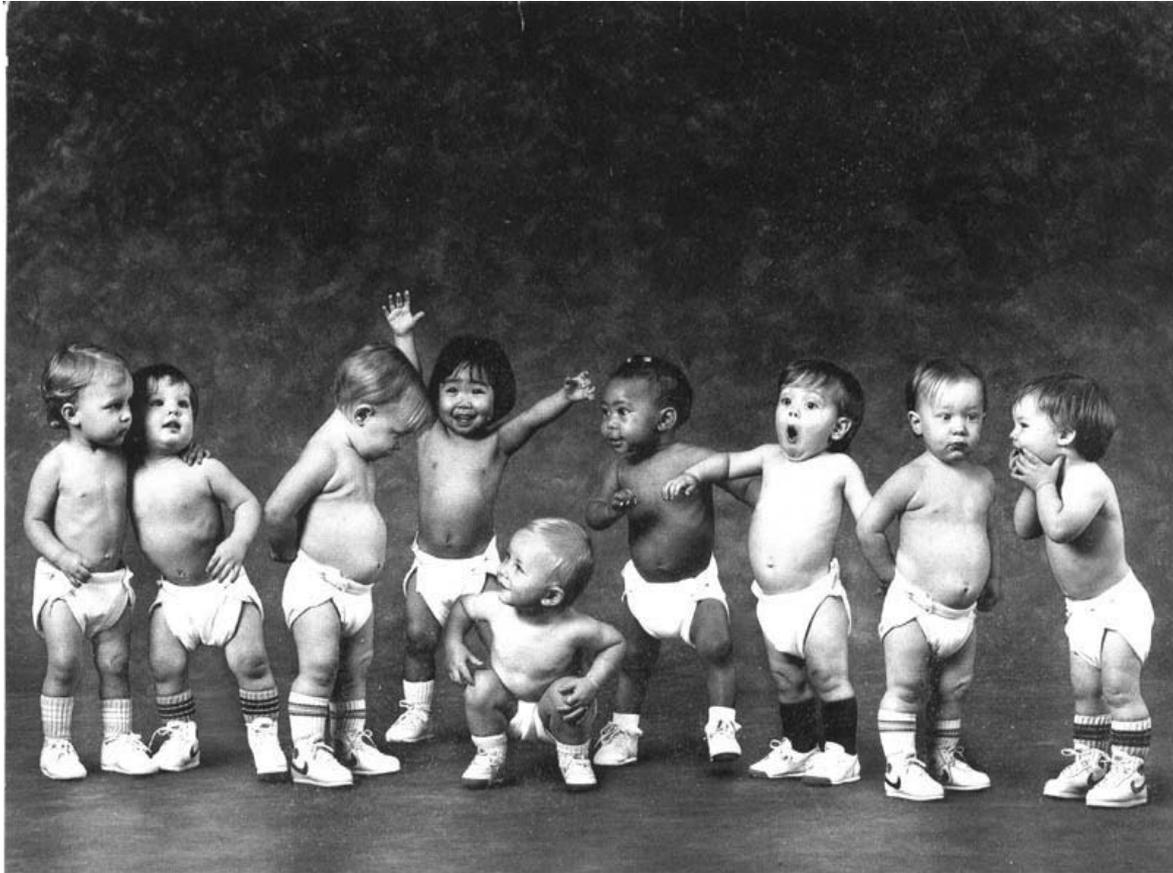
- 1 in 8 preschoolers is obese in the US. – CDC
- Obesity among low-income preschoolers declined from 2008 through 2011 in 19 of 43 states. (NC reported no change) – CDC
- Children who are overweight or obese as preschoolers are 5 times as likely as normal weight children to be overweight or obese as adults. - CDC
- Efforts to prevent childhood obesity to date have largely focused on school-age children. There is a growing awareness that prevention prior to age 5 is critical.

State and Community Partners

- Department of Public Health, WIC
- North Carolina Pediatric Society
- North Carolina Academy of Family Physicians
- Foundation for Advanced Healthcare
- NCIOM
- NC Alliance for Health
- American Heart Association
- CCNC Pregnancy Medical Home
- Breastfeeding Coalition
- Multiple Teaching Hospitals & Universities



Prevention is the preferred and most immediate solution!



Thank you!