



Come to the Table: Module 3

A Pediatric Primary Care Healthy Weight Initiative

Presented by

Jennie McLaurin, MD MPH FAAP



Meet Your Chefs!



Dr. Rick Reifenberg



Dr. Jennie McLaurin



Jessica Wallace, PA-C



Adrian Center, PA-C

Choosing the Right Utensil: Medical Management



Meaningful Work



In-House care



Spoon, Forks and Knives



Labs and Referrals



Ages and Stages



Community Collaborations: Module 4

Meaningful Work Moment

- What aspects of your work are you proud of?
- Who notices that?
- What motivates you toward that?

- How might you encourage your patients through understanding their strengths?



Spoons, Forks, Knives: From Prevention to Treatment Across Age Groups

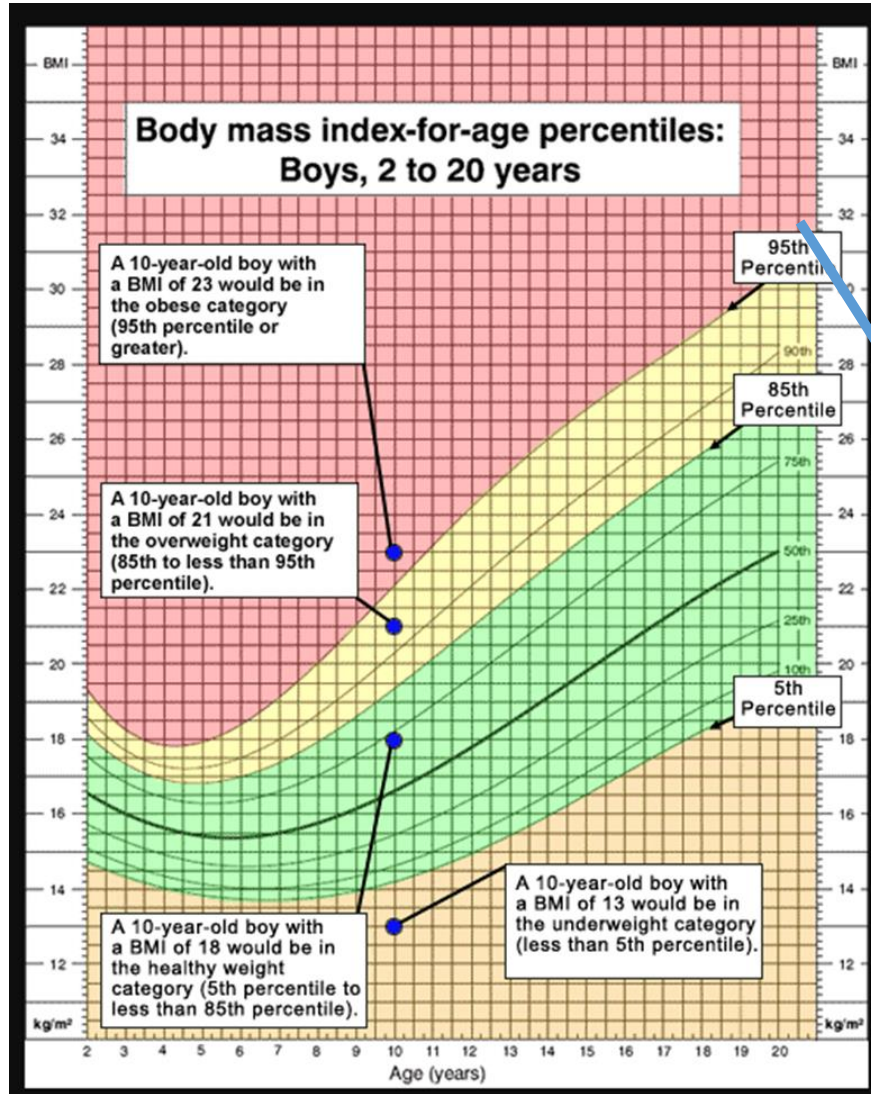
- BMI $\leq 85\%$ is “healthy weight” age $>2-18$
- BMI between 85-94% is Overweight
- BMI $\geq 95\%$ is Obese
- BMI $\geq 120\%$ of the 95% is Severe Obesity

- Document in EHR Problem List
- Note Trend: Increasing, Stable, Decreasing?

- **Use CDC Age and Sex Specific Growth Charts**
- **Assess for Accuracy and Quality**
- **Repeat at least annually**

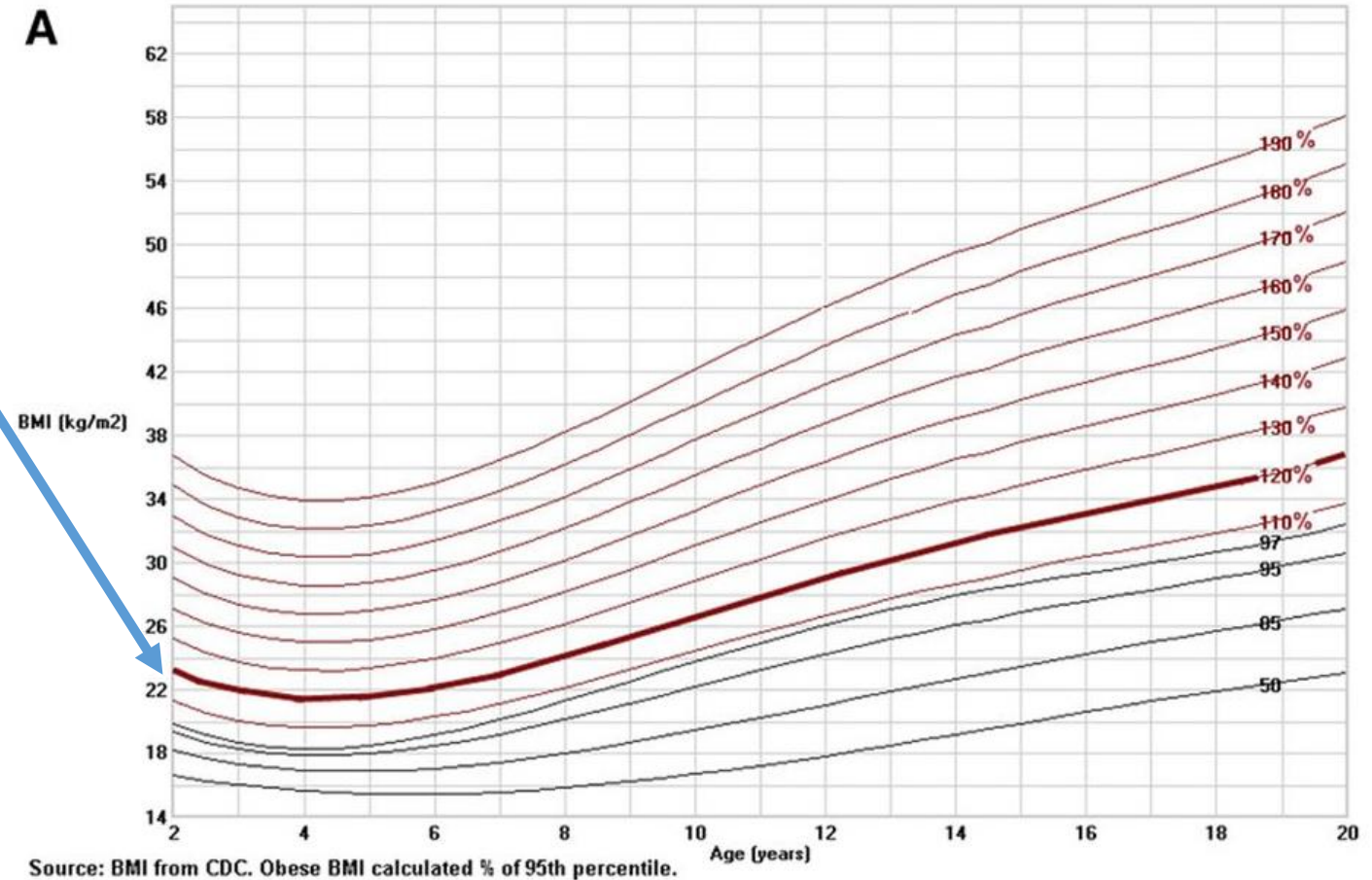
Screening & documentation

Body Mass Index %, category



Severe Obesity $\geq 120^{\text{th}}$ % of the 95th%

A

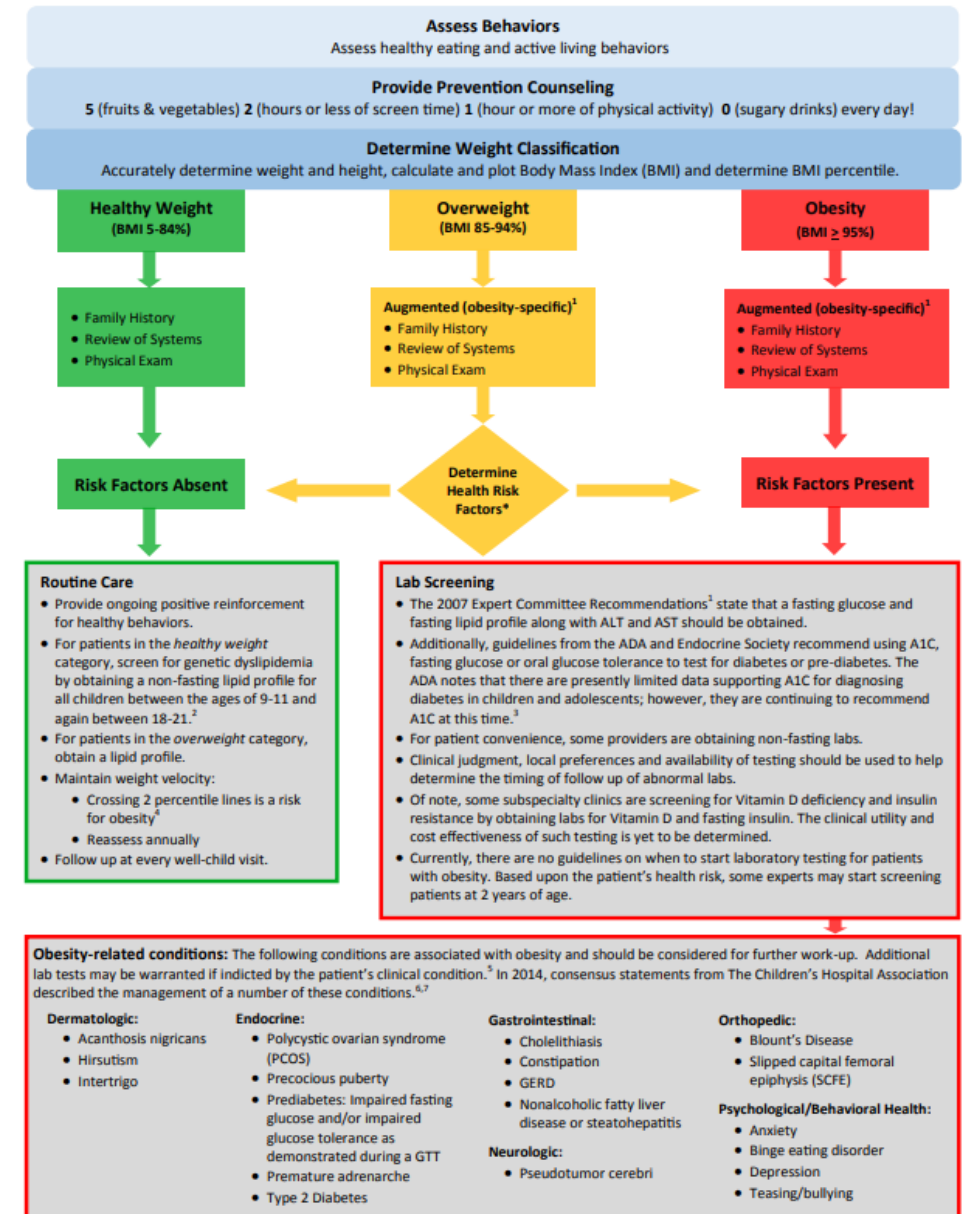


American Academy of Pediatrics (AAP) Algorithm

- New version expected Fall 2022
- This is age 2 and older in general
- Age 6 and older for intensive pediatric weight management program of 26+ hours
- Moving now toward more prevention, younger ages of interest, family-based
- Focus on health

Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older

This algorithm is based on the 2007 Expert Committee Recommendations,¹ new evidence and promising practices.



*Based on behaviors, family history, review of systems, and physical exam, in addition to weight classification.

Comorbidities considered in established guidelines

- Age and BMI related comorbidities that have screening criteria specified include:
 - Hypertension (HTN)
 - Diabetes Mellitus Type 2 (T2DM)
 - Prediabetes
 - Lipid Abnormalities
 - Nonalcoholic fatty liver disease (NAFLD)

Common comorbidities also recognized

- Asthma
- Mental and Behavioral Health Concerns including Eating Disorders
- Polycystic Ovarian Syndrome
- Thyroid Disease
- Sleep Apnea
- Genetic and Developmental Abnormalities (Autism, Trisomies, Prader-Willi, etc)
- Exercise Intolerance
- Constipation
- Slipped Capital Femoral Epiphyses

Ages and Actions for Overweight and Obesity Screening

Age 3 and greater

Screen for HTN

May do lipid screening in *obese* children over 3

Age 6 and greater

Refer or provide health and behavior lifestyle treatment

Strive for family-based 26+ contact hours over 2-12 months

Age 10 and greater (obese)

Evaluate fasting lipids

Evaluate for prediabetes and T2DM and nonalcoholic fatty liver disease with fasting plasma glucose, OGTT, HgbA1C and ALT

Severe Obesity or Obesity with Comorbidities

- Manage by provider with experience in obesity treatment and pharmacotherapy
- Assess if qualifies for metabolic and bariatric surgery
 - BMI ≥ 40 or $\geq 140\%$ of the 95%, or
 - BMI ≥ 35 or $\geq 120\%$ of 95% with severe comorbidity
 - No lower age limit defined

Case Examples in FQHC Healthy Weight Medical Management

- Dr. Rick Reifenberg, FAAP, member of Section on Obesity.
Health Center Physician and CMO
HealthNet Community Health Centers, Indianapolis
Rreifenb@gmail.com
- Adrian Center, PA-C; Borinquen Medical Center, Miami
Acenter@borinquenhealth.org



Practical Approaches to Obesity Treatment

Rick Reifenberg, MD, FAAP, FACP
Chief Medical Officer
HealthNet Community Health Centers
Indianapolis, IN
June 2022



Adults who have obesity



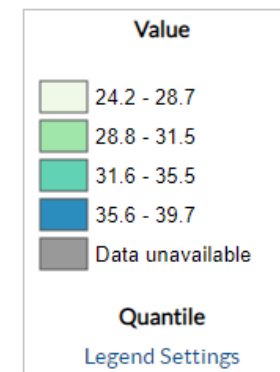
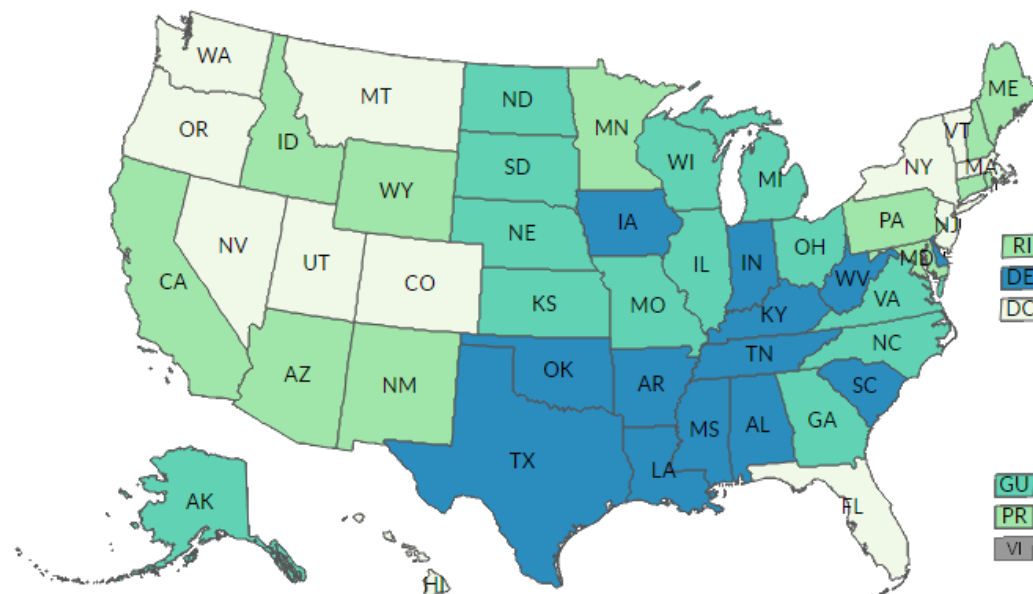
View by Total

Year 2020

2020

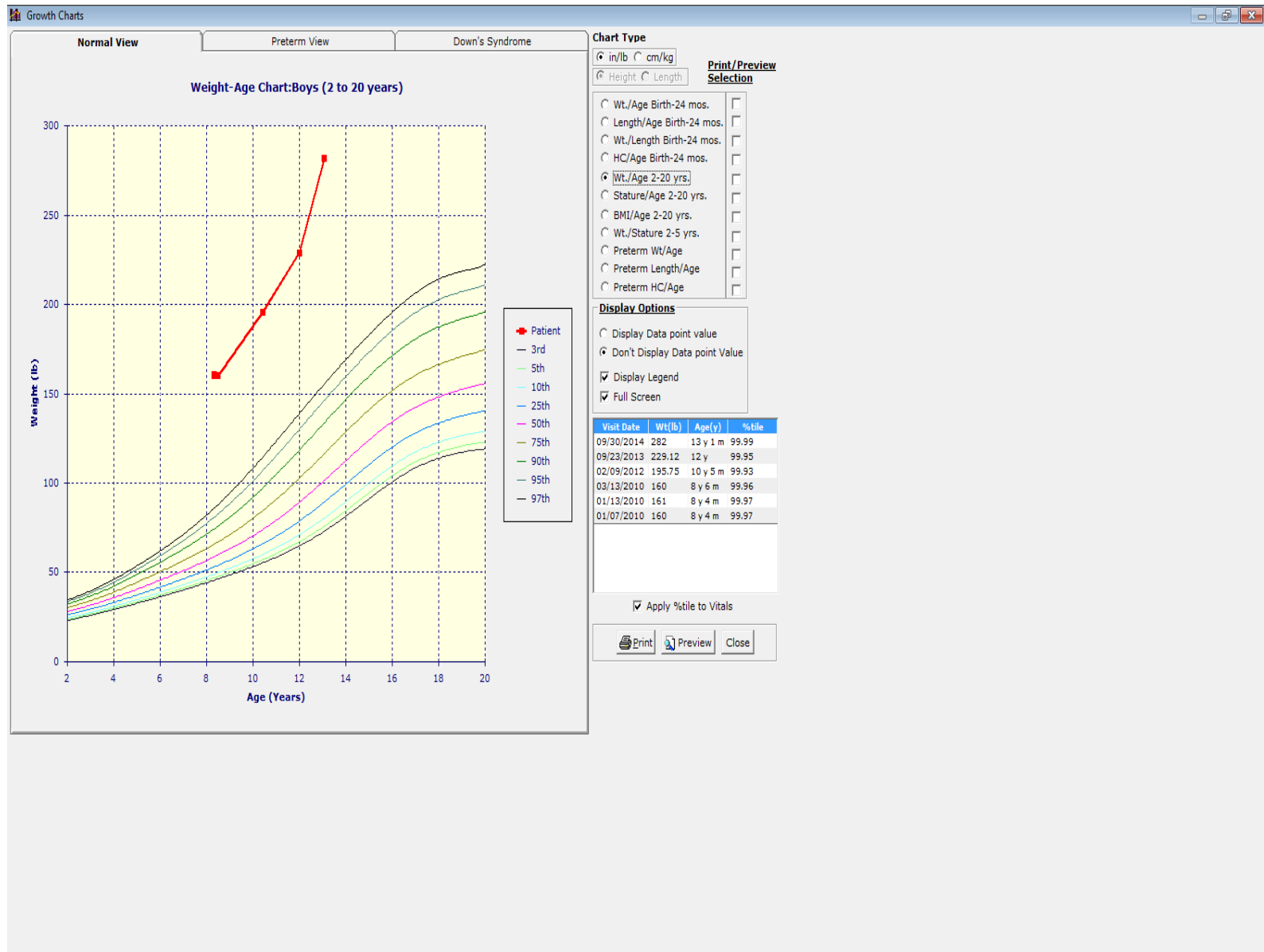
Percent of adults aged 18 years and older who have obesity †

View by: Total

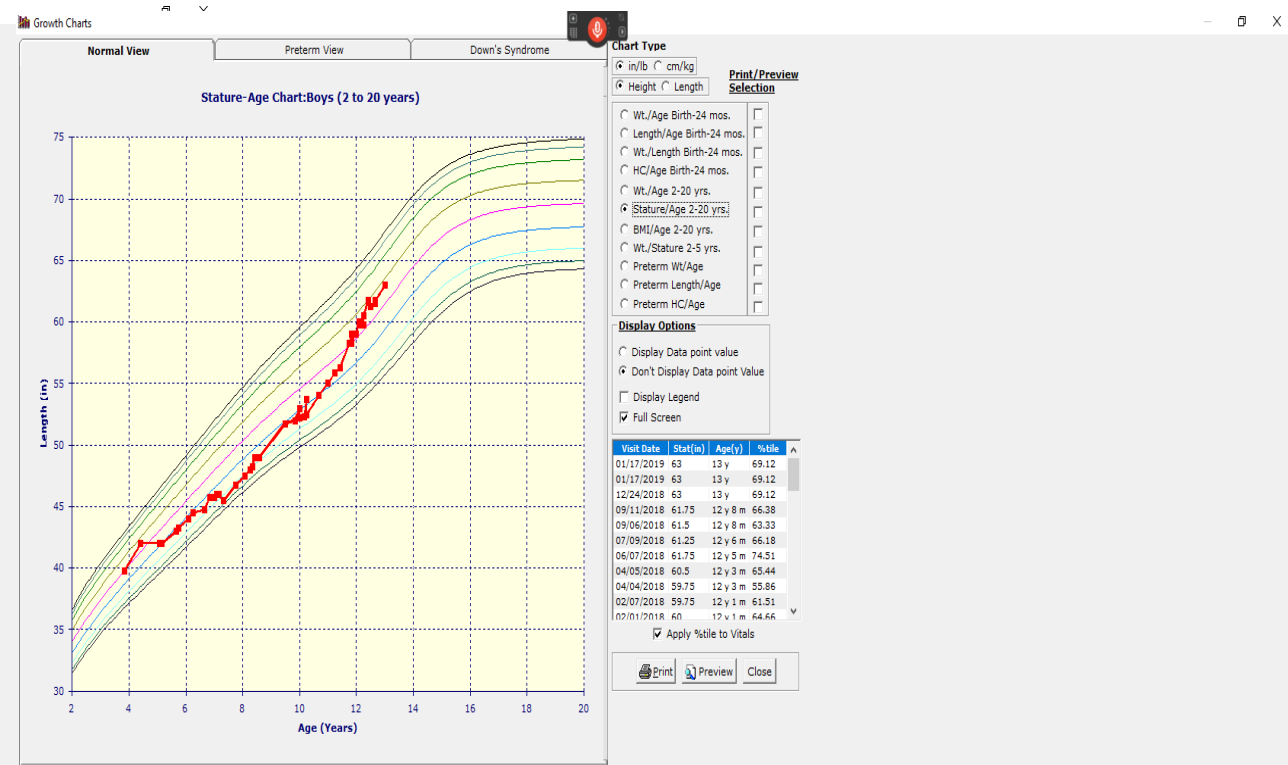
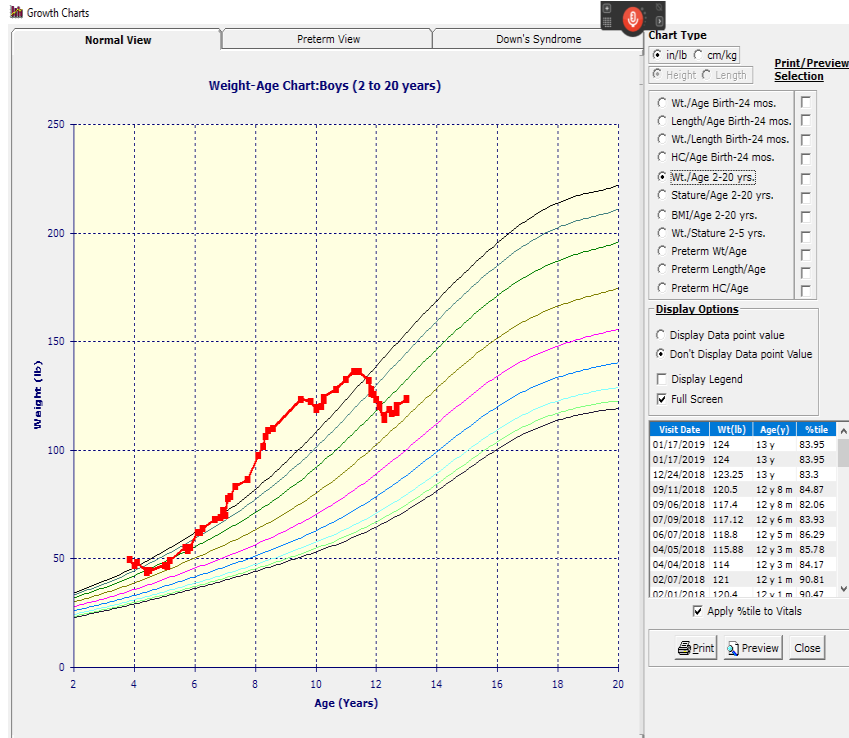


† Obesity is defined as body mass index (BMI) ≥ 30.0 ; BMI was calculated from self-reported weight and height (weight [kg]/ height [m]²). Respondents reporting weight < 50 pounds or ≥ 650 pounds; height < 3 feet or ≥ 8 feet; or BMI: < 12 or ≥ 100 were excluded. Pregnant respondents were also excluded.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)



Secondary Obesity – Very Rare!



Randolph, Domnick A DOB: 12/21/2005 Age Today: 13Y Sex: M

Randolph, Domnick A DOB: 12/21/2005 Age Today: 13Y Sex: M

Weight Management Program description

- **Medically supervised weight management program** that started in January 2012 at a large, urban FQHC
- **Patient ages:** 4 y/o and above (children and adults)
- **Visits:** Initial intake visit and then monthly visits for a minimum follow-up of 3 months (longest over 10 years!)
- **Common co-morbidities** at presentation:
 - Elevated BP or HTN, fatty liver, dyslipidemia
 - Insulin resistance, Pre-diabetes, Diabetes type 2
 - Depression/anxiety, victim of bullying, eating disorders
 - Back and lower extremity joint pain, fatigue, OSA, PCOS, fertility issues

Weight Management Program description

- **Identify goals** and take detailed dietary/exercise history, physical exam (e.g. acanthosis nigricans), use customized EMR templates
- **Measures:** are weight, height, BMI, BP (*including % for age/height/gender*), waist circumference in older teens/adults on initial and all subsequent visits
- **Initial labs:** CMP (fatty liver, glucose), lipids, HgbA1c, TSH, occasionally insulin level, cortisol, genetic tests (e.g., PWS)
- **Dietitian** visit
- **Program booklet** and personalized written treatment plan
- **Monthly Health and Wellness email** (*Constant Contact*) sent to distribution list for patient or for parent if patient is < 18 y/o

Dr. Reifenberg's Health and Wellness e-mail
June 2022 Newsletter

Health Tip:

Carbs and Heart Health

For this month's topic we are going back to a common theme that we frequently discuss with patients in our program, namely that there are a lot of health benefits to be had from

Weight Management Program Conclusions

- **A community-based WMP** can be effective both for children and adults.
 - It provides a **referral resource for practice PCP's** struggling to treat obesity and metabolic syndrome related conditions.
 - **Retention** can be a major obstacle and No Show rates (*especially 1st visit!*) are higher than for general sick or well child visits.
 - **Dietitian** onsite (even part-time) is very valuable
- **Billing:** we have not had any significant problem with billing denials
 - Visits billed under medical diagnoses (obesity, elevated BP, etc.)
 - Using standard medical billing codes are used (e.g. 99213, 99214)
 - We don't bill for Dietitian separately.
Click to add text
- **Meds:** FDA Approved and Indicated **≠** Covered by Insurance!
 - Be creative: use generic Topiramate (≥ 2 y/o) and Phentermine (≥ 16 y/o)
 - GLP-1 agonists (≥ 10 y/o), we use 340B to get Victoza for self pay patients, for IN Medicaid coverage must have diabetes and already be on or fail metformin (≥ 10 y/o)
 - Vyvanse (≥ 6 y/o) is covered for Binge Eating Disorder
 - Make sure patients already on ADHD meds are compliant with them!
 - In diabetics try to decrease insulin and replace with GLP-1's and SGLT-2 inhibitors

Real World Obesity Treatment Tip

Rarely occurs as the chief complaint.....



Start with a Simple Patient Handout

for Healthy Active Living

Name _____ Date _____

Ideas for Living a Healthy Active Life

- 5** Eat at least 5 fruits and vegetables every day.
- 2** Limit screen time (for example, TV, video games, computer) to 2 hours or less per day.
- 1** Get 1 hour or more of physical activity every day.
- 0** Drink fewer sugar-sweetened drinks. Try water and low-fat milk instead.

My Goals (*choose one you would like to work on first*)

- Eat _____ fruits and vegetables each day.
- Get _____ minutes of physical activity each day.
- Reduce screen time to _____ minutes per day.
- Reduce number of sugared drinks to _____ per day.

Patient or Parent/Guardian signature

Doctor signature

From Your Doctor

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Summary – Take Home Points

- **Ask for permission** to discuss weight the first time the topic is addressed.
- **Look for iatrogenic causes of weight gain** and mitigate them whenever possible (meds like high dose insulin, Depo-Provera, many Psychiatric meds)
- **First intervention** can be a simple, one page handout with practical tips and invitation to return for focused visit on weight loss
- **Dietary history** – focus on timing of eating, skipped meals followed by unhealthy overeating later, drinks with calories, frequency of eating out, snacking
- **Develop specific, realistic goals** and give to patient in writing

Summary – Take Home Points

- **Eating plan** - usually involves planned meals, drinks without calories, 5 servings vegetable/fruits/day, limiting starchy carb foods servings and increasing protein and healthy fats, possibly intermittent fasting (8 hours on/16 hours off), eating at the table and without screens!
- **Exercise plan** – start with walking ~20-30 minutes a day in adults and then increase and add strength exercises. In kids use 60 minutes of active play. Free exercise videos on YouTube are great way to expand options. For kids we give out free jump ropes, soccer/basketballs, footballs, frisbees, etc.
- **Medications** – Consider when not meeting goals with diet/exercise. Effective meds should result in at least 5-10% weight loss. In cases that have also failed medications then I offer referral to Bariatric surgery.
- **Ask for patient’s commitment to a plan** over time, starting with returning to next scheduled visit. I see patients monthly for minimum of 3 months.

Contact Information

- **Rick Reifenberg, MD, FAAP, FACP**
Chief Medical Officer
HealthNet Community Health Centers
Indianapolis, IN
rick.reifenberg@indyhealthnet.org

Fit Family Club

- 10-week online program for children (7-12yrs) with obesity (BMI >95 percentile)
 - Nutrition
 - Exercise
 - Wellness
- Data Collection:
 - Initial Encounter-vitals, parent BMI
 - Labs: CMP, lipid panel, hemoglobin A1C
 - Surveys: Zeller, 5210
- Incentives:
 - Score card
 - Final Party



SCORECARD

WEEK 6

	WED	THU	FRI	SAT	SUN	MON	TUE
Nutrition Goal: 3-4 bottles of water							
Exercise: 30 minutes							
Breathing Exercise: 2 minutes							
Parent/Guardian: Join child for physical exercise or breathing exercise.							
Week Total	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>						

Fit Family Club

- Recruitment
 - Referral based
- Challenges
 - Weekly vitals
 - Program completion
 - Initial interview
 - Weekly reminders
 - Incentives
- Billing and Coding
 - One session every 2 weeks
 - Cameras ON! And vitals recorded!
- Post Program Follow Up



FIT FAMILY CLUB 2022

Ages:
7-12 (siblings younger and older are welcome to join)

Language:
Spanish

Providers:
Adrian Center, PA
Silvana Vasquez, RD

When:
Tuesdays & Thursdays

Time:
4:00 PM- 5:00 PM

*Goodie boxes will be provided to participating families.
a field day reunion party will be held at the end of the program,
which will include prizes and certificates!*

BORINQUEN 
MEDICAL CENTERS

Questions and Discussion

- What is Confusing?
- What is Possible?
- What is Your Center's Experience?
- What is Your Goal? Health, BMI change, Fitness, Disease Prevention?



What can you do?



In One Minute?



In Five Minutes?



In Fifteen 15 minutes



In 26 hours?

NEXT! Module Four: Gathering the Community

- Let's examine how an Environmental Scan can assist your efforts in pediatric weight management. We'll have resources related to Quality Improvement, SDOH, and partnering with a community-based organization.
- We will also examine the role of mental and behavioral health in pediatric weight management
- We'll have stories shared by FQHC peers on how they have expanded beyond the exam room to address pediatric overweight and obesity
- Bring back any improvement changes you've done to share with all of us!

Resources for Module Three

- Bright Futures:
https://brightfutures.aap.org/Bright%20Futures%20Documents/BF_HealthyWeight_Tipsheet.pdf
- <https://www.youtube.com/watch?v=koNIWS7B7xQ&feature=youtu.be>
- [Healthy Active Living for Families \(aap.org\)](https://www.aap.org/healthy-active-living-for-families)
- USPSTF Guideline:
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening> (being updated now)
- AAP Guidelines: (under revision)
https://ihcw.aap.org/Documents/Assessment%20and%20Management%20of%20Childhood%20Obesity%20Algorithm_FINAL.pdf



AAFP CME Credit

- 1.0 Credit per each session
- You must attend the session in order to apply for CME. The name on the evaluation and attendance list will be cross-matched to ensure participation.
- An evaluation must be submitted through the NACHC evaluation link provided to gain credit.
- Though through AAFP, these credits can be submitted by the participant to other credentialing bodies for credit:
 - American Academy of Physician Assistants (AAPA)*
 - American Association of Medical Assistants (AAMA)*
 - National Commission on Certification of Physician Assistants (NCCPA)*
 - American Board of Family Medicine (ABFM)*
 - American Nurses Credentialing Center (ANCC)*
 - American Board of Emergency Medicine (ABEM)*
 - American Academy of Nurse Practitioners Certification Board (AANPCB)*
 - American Board of Preventative Medicine (ABPM)*
 - American Board of Urology (ABU)*