The Healthier Generation Benefit: Childhood Obesity Prevention Program

March 30th, 2016
AGENDA

Overview of the Healthier Generation Benefit

Review of expert committee recommendations and U.S. Preventive Task Force Recommendations

Resources available for primary care providers and registered dietitians

Benefit implementation details
The Healthier Generation Benefit: Childhood Obesity Prevention Program

Jenny Bogard, MPH
Director, Healthcare Initiative
Alliance for a Healthier Generation

Stephen Cook, MD, MPH, FAAP, FTOS
University of Rochester Medical Center

Karen Ferrantella, RDN
Academy of Nutrition and Dietetics

Andrea Barrack, MD
Blue Cross Blue Shield Louisiana
The Healthier Generation Benefit
Prevention, assessment and treatment of childhood obesity: Closing the gap in provider reimbursement
Alliance for a Healthier Generation

Founded in 2005 by the American Heart Association and the Clinton Foundation, the Alliance is leading the charge against the childhood obesity epidemic by engaging directly with industry leaders, educators, parents, healthcare professionals, and kids themselves.
Our Mission:

To reduce the prevalence of childhood obesity and to empower kids nationwide to make healthy lifestyle choices.
WHY TAKE ACTION?
Childhood obesity has almost tripled in children and adolescents in the past 30 years.
Today about one out of three children and adolescents (ages 2-19) in the United States is overweight or obese, putting them at risk for serious health problems.
Cost for the Child

- Childhood obesity - $14.1 billion
- 77%-92% of obese teenagers remain obese into adulthood
- New research shows that weight matters early in a child’s life
Striving for Impact at the Doctor’s Office

Until recently, most healthcare professionals have been unable to work with families around the prevention, assessment and treatment of childhood obesity. That changed when the Alliance for a Healthier Generation launched the Healthier Generation Benefit in 2009.
Striving for Impact at the Doctor’s Office

Healthier Generation Insurance Benefit:

• At least 4 follow-up visits with primary care provider
• At least 4 follow-up visits with registered dietitian
Building from the Evidence Base

Alliance Healthier Generation Benefit is the place where these new best practices have real-world application.
WHERE ARE WE TODAY?
Healthier Generation Benefit
Signatories: Insurers
Healthier Generation Benefit
Signatories: Employers
Reach and Impact

- 6,300 out-of-school time providers encouraging kids to eat better and move more
- 56,000 doctors' offices across the country providing prevention services
- 30,000 schools in all 50 states creating healthier environments
- 120 companies selling healthier options across the country
- 2.8 MILLION children across the country accessing healthcare benefits
Healthier Generation Benefit: Supporting Organizations

- Academy of Nutrition and Dietetics
- American Academy of Pediatrics
- KEYBRIDGE Public Policy Economics
Tools and Resources: Healthcare Professionals and Families

Customizable materials
Practice Guidelines

Stephen Cook, MD, MPH, FAAP, FTOS
SCREENING FOR OBESITY IN CHILDREN AND ADOLESCENTS:
CLINICAL SUMMARY OF USPSTF RECOMMENDATION 2010

<table>
<thead>
<tr>
<th>Population</th>
<th>Children and adolescents 6 to 18 y of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>Screen children aged 6 y and older for obesity. Offer or refer for comprehensive moderate- to high-intensity programs that include dietary, physical activity, and behavioral counseling components. (At least 6 months and at least 25 contact hours)</td>
</tr>
</tbody>
</table>

Grade B Definition: The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

Suggestions to practice: Offer/provide this service.

USPSTF Levels of Certainty Regarding Net Benefit: Moderate

American Academy of Pediatrics Commentary on USPSTF Recommendations Evidence for Effective Obesity Treatment: Pediatricians on the Right Track! (Jan 2010): recommends screening and intervention beginning at age two and older

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents please go to www.preventiveservices.ahrq.gov.
| Screening tests | BMI is calculated from the weight in kilograms divided by the square of the height in meters.  
Height and weight, from which BMI is calculated, are routinely measured during health maintenance visits.  
BMI percentile can be plotted on a chart or obtained from online calculators.  
Overweight = age- and gender-specific BMI at ≥85th to 94th percentile  
Obesity = age- and gender-specific BMI at ≥95th percentile |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing of screening</td>
<td>No evidence was found on appropriate screening intervals.</td>
</tr>
</tbody>
</table>
| Interventions | Refer patients to comprehensive moderate- to high-intensity programs that include dietary, physical activity, and behavioral counseling components.  
Moderate to High-intensity is categorized as at least 6 months and at least 25 hours of contact time. |
| Balance of harms and benefits | Moderate- to high-intensity programs were found to yield modest weight changes.  
Limited evidence suggests that these improvements can be sustained over the year after treatment.  
Harms of screening were judged to be minimal. |
| Relevant recommendations from the USPSTF | Recommendations on other pediatric and behavioral counseling topics can be found at www.preventiveservices.ahrq.gov. |
Let’s Move!

In February of 2010, the AAP joined First Lady Michelle Obama in support of her *Let's Move!* initiative to end childhood obesity within a generation!

As part of the White House Initiative, the AAP pledges to engage in a range of efforts toward 2 primary goals:

• Body Mass Index (BMI) is calculated for every child at every well-child visit in accordance with AAP recommendations*, and that information is provided to parents about how to help their child achieve a healthy weight; and

• Prescriptions for healthy active living (good nutrition and physical activity) are provided at every well-child visit, along with information for families about the impact of healthy eating habits and regular physical activity on overall health.^  

* BMI measurement begins at the 24 month visit
^ These actions are consistent with existing AAP policy and Bright Futures Guidelines.
Call to Action

Forces are lining up to create a wave of support for you and the children and families you treat – the time is now!

- Momentum of Let’s Move
- Evidence via the USPSTF recommendations
- More supporting policy environment focused on improving built environments, increasing access to healthy foods and physical activity, etc
- Nationwide media campaign starting
- Healthier Generation Benefit
- Tools and resources for providers and families
Clinical Care Recommendations

Stages of the Expert Committee Recommendations

• Prevention
• Prevention Plus
• Structured Weight Management
• Comprehensive Multidisciplinary Intervention
• Tertiary Care Intervention
Prevention BMI 5%-84% - Diet

• Promote breastfeeding

• Diet and physical activity:
  • 5 Five or more servings of fruits and vegetables per day
  • 2 Two or fewer hours of screen time per day, and no television in the room where the child sleeps
  • 1 One hour or more of daily physical activity
  • 0 No sugar-sweetened beverages
Prevention BMI 5%-84% - Diet

• Portions
  • Age appropriate
  • “Parents provide child decides”

• Structure
  • Breakfast
  • Family dinners, no TV
  • Limit fast food

• Balance
  • Food groups
  • Limit refined sugar
Prevention Plus: BMI >85%

• Build on Prevention

• Eating behaviors:
  • Family meals should happen at least 5-6 times per week
  • Allowing the child to self-regulate his or her meals and avoiding overly restrictive behaviors “Parents provide child decides”
Prevention Plus - Physical Activity/Inactivity

• Advise 60 minutes of at least moderate physical activity per day and 20 minutes vigorous activity 3x/week
  • Refer to community activity programs
  • Encourage development of family activities
  • Consider pedometer use
• Decrease level of sedentary behavior
• Limit screen time <2 hrs/day
• No TV/computer in bedroom
Structured Weight Management: Stage 2

• Decrease weight velocity
  • Slowing down rate of weight gain, look back at previous 6mo - yr

• Weight maintenance
  • Decreasing BMI as age and height increases

• If no improvement in BMI/weight after 3-6 months, patient should be advanced to Stage 3 (CMWM)

• Weight loss becomes a target for: 2-5yr & severe obesity; 6-11yr severe or w/ risk; ≥ 12 yr at obesity
Communication

- Positive discussion of what healthy lifestyle changes families can make (evidence base)
- Allow for personal family choices
- Have families set specific achievable goals and follow up with these on revisits
- Be aware of cultural norms, significance of meals and eating for family/community, beliefs about special foods, and feelings about body size.
- *Embed someone who has the skills needed into your patient centered medical home.*
When to partner

• Dietitians
• Mental Health Professionals
• Physical Therapists, Occupational Therapists, Physical Activity Trainers, etc.
• Others
Partnership with Families

Any efforts to address obesity in children need to be made in partnership with their families.

• Families have a critical role in influencing a child’s health
  • Cohen RY et al Health Educ Q 1989;16;245-253

• Effective interaction with families is the cornerstone of lifestyle change
AAP Resources
One-Stop Shopping: Obesity Resources

Pediatric e-practice: Optimizing Obesity Care
PeP is a revolutionary approach to incorporating the multifaceted aspects of obesity into a pediatric practice — each click revealed new information and linked directly to the vast resources of the AAP on this subject. A fun and easy way to access multiple resources that will enhance my ability to deliver quality obesity care.

General Pediatrician
Pediatric ePractice: Optimizing Your Obesity Care

Creating an office that is primed for obesity prevention, assessment & tx

www.pep.aap.org
Sample of resources accessible via PeP
Highlight of Content on PeP

- Patient Education Fact Sheets
- Patient/Family Screeners
- Clinical Support Tools
- Policy and Guidelines
- CME and MOC opportunities
- Books and Resource Materials
- Billing and Practice Management Resources
- Staff Training and Wellness
- Community Advocacy
Early Obesity Prevention
Healthy Active Living for Families

Food & Feeding

Good eating habits begin early.

- Baby (0 to 12 months)
- Toddler (1 to 3 years)
- Preschool (3 to 5 years)

Physical Activity

Even small children need to get moving.

- Baby (0 to 12 months)
- Toddler (1 to 3 years)
- Preschool (3 to 5 years)

Tips for Parents

Being a parent is an important job!

- Baby (0 to 12 months)
- Toddler (1 to 3 years)
- Preschool (3 to 5 years)

Quick Tips

Keep Your Child Healthy

1. My child is:
   - 0 to 1 year
   - 1 to 3 years
   - 3 to 5 years

2. Gender:
   - Boy
   - Girl

3. I want tips on:
   - Breastfeeding
   - Bottlefeeding
   - Starting solid food
   - Picky eaters
   - Snack time
   - Routines and schedules
   - Physical activity
   - Screen time (TV & screen)
   - Sleep

Parent2Parent

“I love my baby but I’m really busy and I work. I have other kids. It’s just a lot of work... I breastfed for the time that I’m off of work but trying to go back to work and pump... I’m like oh, forget it.”
- Mom, Midwest

Are you raising a healthy, active child?

www.healthychildren.org/growinghealthy
HALF Provider Resources

Evidence
Parent Feedback
Opportunities for Care
Conversation Starters
Related Parent Resources

Healthy Beverages:
Choose milk or water for your child’s beverage

Conversation Starters
Tell me a little bit more about what your child ate and drank yesterday and the day before!

What is your child’s favorite drink?

What kind of beverages is your child drinking between and with meals?

Can you tell me what happens when you try to set limits on sugared beverage consumption?

What are your feelings about juice?

Healthy Growth App

www.aap.org/HALFIG
New Resource

Designed to support treatment of overweight or obese child
Next Steps

• Available now at AAP bookstore
Prioritize Themed Visits

Based on

- Age and development of the patient
- Culture of the family
- Priorities of the patient/family
- Best available evidence demonstrating the most success for patients/families
- Skills of practitioner (Some practitioners are more adept at talking about certain themes than others. In a clinic or office setting with multiple practitioners, there may be expertise among the team to cover all themes.)

By Age

**YOUNGER CHILDREN**
- Home Environment
- Healthy Drinks
- Physical Activity
- Screen Time and Sleep
- Meal Patterns and Snacks
- Healthy Families
- Outdoor/Free play
- Goal setting
- Self-monitoring

**OLDER CHILDREN/TEENS**
- Understanding Meaning of Healthy Foods
- Barriers and Emotions Around Eating
- Healthy Drinks
- Physical Activity
- Feeling Good About Yourself
- Screen Time and Sleep
- Meal Patterns and Snacks
- Unintentional Distractions
- Goal setting
- Self-monitoring

By Body Mass Index Classification

**LOWER BODY MASS INDEX AND STILL OVERWEIGHT**
- Physical Activity
- Meal Patterns and Snacks

**VERY HIGH BODY MASS INDEX**
- Physical Activity
- Healthy Drinks
- Physical Activity (Any amount of physical activity helps)
- Small steps

By Readiness to Change

**MARGINAL READINESS TO CHANGE**
- Behaviors and Emotions Around Eating

By Discipline
**Theme: Healthy Drinks**

- **Provider Talking Points**
  - **Key Teaching Concepts**:
    - Drink lots of water
    - Limit sugary drinks
    - Choose milk or full-fat dairy
    - Choose whole-grain breads
  - **Phrases**:
    - What kind of drinks do you drink at home?
    - Do you keep enough water around?
    - What would you like to try?

- **Patient Information**
  - **Calcium and Vitamin D Guidelines**
  - **Sample D**
  - **Drink lots of**
    - Water
    - Nonfat (skim) or low-fat (1%) white milk
    - Safe, water, plain or fruit flavored
    - Drink a little (a cup or less) and not every day— or none at all
    - 100% fruit juice
    - Diet (sugar-free) drinks
  - **Drink rarely, if ever**
    - Regular sodas
    - Energy drinks
    - Juice drinks with less than 100% juice
    - Vitamin waters
    - Sports drinks
MI: Virtual Reality Module
Rx for Healthy Active Living

Name: ____________________________ Date: ______________________

Ideas for Living a Healthy Active Life

1. 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.
3. Get 1 hour or more of physical activity every day.
4. Drink less sugar: Try water and low-fat milk instead of sugar-containing beverages.

My Goals (Choose one you would like to work on first):

☐ Eat _______ fruits and vegetables each day.
☐ Reduce screen time to _______ minutes per day.
☐ Get _______ minutes of physical activity each day.
☐ Reduce number of sugary drinks to _______ per day.

From Your Doctor

Pediatric Obesity Clinical Support Checklist

American Academy of Pediatrics

Healthy Active Living

"DEDICATED TO THE HEALTH OF ALL CHILDREN"
aap.org/healthyweight
Karen Ferrantella, RDN

Manager, Advocacy and Communications
Nutrition Services
Coverage

Academy of Nutrition and Dietetics
Healthier Generation Benefit: Call to Action
Pediatric Weight Management
Evidence Based Nutrition Practice Recommendations for Registered Dietitian Nutritionists

https://www.andeal.org/
“Evidence-Based Dietetics Practice involves the process of asking questions, systematically finding research evidence, and assessing its validity, applicability and importance to food and nutrition practice decisions; and includes applying relevant evidence in the context of the practice situation and values of clients, customers and communities to achieve positive outcomes.”

Academy of Nutrition and Dietetics Quality Management Committee
Definition of Terms
Updated December 2015
Pediatric Weight Management

Excerpt from Executive Summary of Recommendations
The RDN provides medical nutrition therapy (MNT) as part of multicomponent pediatric weight management, including nutrition, physical activity and behavioral counseling which are important components of the nutrition care process.

The RDN determines the optimal nutrition prescription and develops the nutrition care plan for pediatric clients in all phases of care and includes family participation and support, as appropriate.

The RDN adjusts the nutrition care plan as necessary to achieve desired outcomes.
Multicomponent Program

The RDN should be an integral part of a multi-component pediatric weight management intervention and ensure it includes diet and nutrition (including medical nutrition therapy), physical activity and behavioral components.

A strong body of research indicates that short-term (6-month) and long-term (2-year) decreases in BMI and BMI Z-scores for all age categories were more likely to be achieved when an RDN or mental health professional were involved in multi-component weight management interventions that included the above three major components.

**Strong Imperative**
Family Participation

The RDN should encourage family participation as an integral component of a multi-component pediatric weight management intervention for children of all ages, including teens.

A strong body of research indicates that family involvement as part of a multi-component pediatric weight management intervention is highly consistent with positive weight status outcomes at both 6 months and 12 months.

Strong Imperative
Length of Treatment

The RDN should ensure the multi-component pediatric weight management intervention is at least six months in duration.

Research indicates that shorter term (less than 6 months) interventions were not consistently associated with positive weight status at 12 months. At least 6 months of treatment was associated with longer-term positive weight status outcomes, especially when group pediatric weight management sessions were included.

Fair
Imperative
The RDN should provide multi-component pediatric weight management interventions either within the clinic or outside the clinic setting.

Research indicates that positive weight status outcomes occur in either setting, especially when the interventions are multi-component, include group pediatric weight management sessions and have family involvement.

**Fair Imperative**
The RDN should include group sessions and family participation, as well as individual sessions, as part of the multi-component pediatric weight management intervention.

Multi-component intensive interventions that included group pediatric weight management sessions and included family participation were consistently associated with shorter-term (6 month) and longer-term (12 month) positive weight status outcomes. Treatment that relied exclusively on individual pediatric weight management sessions with or without family participation was associated with shorter-term positive weight status outcomes, with mixed results about longer-term impact.
Fast Food Meal Frequency

The RDN should assess the frequency of fast-food intake of overweight or obese children and teens. If the overweight or obese child or teen consumes fast-food meals, the RDN should encourage reduction in the frequency of fast-food intake to less than twice a week.

Limited evidence suggests that higher frequency of fast-food consumption, particularly more than twice a week is associated with increased adiposity; BMI Z-score; or risk of obesity during childhood, adolescence and during the transition from adolescence into adulthood.

Weak Conditional
A nutrition prescription should be formulated as part of the dietary intervention in a multi-component pediatric weight-management program. The exact specification of nutrients and energy is often translated into a specific eating plan. Nutrition interventions are selected based on the nutrition prescription.

Research shows that when an individualized nutrition prescription is included, improvements in weight status in children and adolescents are consistent. When an individualized nutrition prescription is not included, results are less consistent.

**Strong Imperative**
Coordination of Care

The dietitian should collaborate with members of the health-care team (as available) in planning and implementing behavior, physical activity and adjunct therapy strategies.

Effective multi-component pediatric weight management interventions benefit from the diverse expertise of different health-care professionals.

Consensus Imperative
The Pediatric Weight Management EAL Project is free to the public at [www.andeal.org/topic.cfm?menu=5296](http://www.andeal.org/topic.cfm?menu=5296).
Other Academy of Nutrition and Dietetics
Pediatric Resources

- Academy Evidence Analysis Library® Store
    - Pediatric Weight Management Toolkit
    - Pediatric Weight Management
      Guideline Presentation
- Academy EatrightStore
  - Various Pediatric Publications
    - http://www.eatrightstore.org/search?keyword=pediatric++resources
- Academy Pediatric Nutrition Care Manual
  - http://www.eatrightstore.org/search/?keyword=pediatric%20nutrition%20care%20manual
- KIDS Eat Right - public website at http://www.eatright.org/resources/for-kids
Link to:
- Academy Guidelines
- Academy Positions
- Care Coordination documents
- HGB Benefit Details
Quick Facts

• About one out of three children and adolescents (ages 2-19) in the United States are overweight or obese, putting them at risk for serious health problems.

• Louisiana ranks sixth in the nation for childhood obesity, with more than 35% of children ages 10-17 considered either overweight or obese.
Who Is Eligible For What Coverage?

• Eligible BCBSLA members covered under a non-grandfathered individual or group policy
• Benefit is available to more than 73,000 children
• Children aged 3-18 with BMI ≥ 85th percentile
  - 4 PCP and 4 RD visits at contract benefits
• Children aged 6-18 with BMI ≥ 95th percentile
  - Comprehensive and intensive behavioral interventions and counseling to promote improvements in weight status
  - 6 months full coverage begins at the diagnosis of obesity, which could take place during annual well visit
  - Subsequent services are covered at contract benefits
## Coverage and Treatment Overview

<table>
<thead>
<tr>
<th>Pop. Description</th>
<th>4 PCP visits</th>
<th>Wellness PCP Visit &amp; BMI Screening</th>
<th>4 Registered Dietician Visits</th>
<th>6 Month Comprehensive Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese 3-5 yo =/ &gt;95%ile</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Obese 6-18 yo =/&gt;95%ile</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Overweight Any Age &gt;85%ile</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
# How To Bill - Physician Services

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>ICD Codes</th>
<th>CPT® Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD, DO, NP</td>
<td>ICD-10 Obesity code - E66.9/E66.09/E66.1/E66.8/E66.01/E66.2 and/or Z68.54 (for BMI)</td>
<td>Office visit E/M codes (new and established patient): 99201 through 99215 Preventive Medicine E/M codes: New patient: 99383, 99384, 99385 Established patient: 99393, 99394, 99395</td>
</tr>
</tbody>
</table>

All services are subject to member copayments and coinsurance per the member’s benefits and payment is subject to the appropriate fee schedule for the line of business.
## How To Bill - Dietician Services

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>ICD Codes</th>
<th>CPT® Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered dieticians</td>
<td>ICD-10 Obesity code - E66.9/E66.09/E66.1/E66.8/E66.01/E66.2 and/or Z68.54 (for BMI)</td>
<td>97802, 97803 and 97804</td>
</tr>
</tbody>
</table>

All services are subject to member copayments and coinsurance per the member’s benefits.
# How To Bill - Behavioral Health Services

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>ICD Codes</th>
<th>CPT® Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health professionals</td>
<td>ICD-10 Obesity code - E66.9/E66.09/E66.1/E66.8/E66.01/E66.2 and/or Z68.54 (for BMI)</td>
<td>96150, 96151, 96152, 96153, 96154, S9449, 97802, 97803, 90832, G0447</td>
</tr>
</tbody>
</table>

All services are subject to member copayments and coinsurance per the member’s benefits and payment is subject to the appropriate fee schedule for the line of business.
Next Steps: Communications

- Update our Provider webpage ([www.bcbsla.com/providers](http://www.bcbsla.com/providers))
  - Childhood obesity webpage is in development
- Pediatric Obesity and Diabetes Toolkit to be updated
- Next Webinar on Healthier Generation Benefit scheduled for May 17th at Noon.
  - Provider tools enhancements will be reviewed
Questions / Comments?

Contact:
provider.relations@bcbsla.com
for follow up questions to today’s webinar.