







# **Pediatric Weight Management ECHO®**

# Kick off Meeting and Session 1: Epidemiology of Obesity

Date: September 22, 2022

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI







- The didactic portion of this session will be recorded for the
  - educational and quality improvement purposes
- Please rename yourself, with your practice
  - Hover over self; click on 3 dots; rename yourself

#### Please remember...

- Mute your microphone when not speaking
- Turn on video when possible









# **Agenda**

Time	Topic	Presenter
7:30 – 7:40 AM	Welcome and Introductions	Linda Cabral
7:40 – 8:00 AM	Project Overview and Expectations	Liz Cantor
8:00 – 8:30 AM	First ECHO session: Epidemiology of Obesity	Vania Kasper, MD
8:30 – 8:55 AM	Case Presentation & Discussion (not recorded)	Judith Westrick, MD / team







### THANK YOU to our project sponsor and funder









# **Project Team Introductions**



Liz Cantor, PhD, Pediatric IBH Practice Facilitator



Pat Flanagan, MD, Clinical Director/PCMH Kids Co-Chair



Sarah Hagin, PhD, Pedi PRN (Lifespan)



Linda Cabral, MM, Senior Program Manager



Susanne Campbell, RN, MS, PCMH-CCE, Sr Program Development Mgr



Carolyn Karner, MBA, Program Management and Evaluation



Amy Ben-Zvi, MPH Graduate Student Intern





#### **Anchor Pediatrics**

Contact	Title/Professional Credentials
Christine Carr	Practice Manager
Judith Westrick	Pediatrician, MD
Pamela Riley	IBH Clinician, LICSW
Cathleen Tager	Nurse Care Manager, RN
Marna Heck-Jones	EHR/IT Coordinator





#### **Atlantic Pediatrics**

Contact	Title/Professional Credentials
Colleen Vitale	Partner, MD
Social worker thru RIPCPC	Integrated Behavioral Health Clinician
Esteisy Ramirez	Care Coordinator/ Manager
Marissa Simeone	Care NP Practitioner





#### **Santiago Medical Group**

Contact	Title/Professional Credentials
Dora Yepes	Manager
Carolina Herrera	Nurse Practitioner
Cristin Atehortua	Care Coordinator





# **Practice QI Team Introductions**

#### St. Joseph Health Center

Contact	Title/Professional Credentials
Rosa Linval	Practice Manager
Jon Dooley	Pediatrician, MD
Margaret Watts	NP
Garry Bliss	AE Director





#### **The Westerly Medical Center**

Contact	Title/Professional Credentials
Susan Stuart	owner/Pediatrician, DO
Laura Kelly	Social Worker, LCSW
Cheryl Stefanski	Office Coordinator
Gina Falcone	Medical Assistant





### **Practice QI Team Introductions**

#### **Tri-County Community Action Agency**

Contact	Title/Professional Credentials
Brenda Dowlatshahi	Chief Operating Officer/Health Center Director
Amato Polselli	Pediatrician, MD
Jennifer Caffrey	Integrated Behavioral Health Director, LICSW
Barbara Dormer	Registered Nurse, RN
Casey Sardo	Registered Dietitian, RD, LDN, CDOE





### **Practice QI Team Introductions**

#### **Waterman Pediatrics Coastal Medical Lifespan**

Contact	Title/Professional Credentials
Elizabeth Lange	Pediatrician, MD
Susan Royal	Office Manager





# **Project Goals**

- Improve pediatric care for children who are overweight/obese using a behavioral health approach to behavior change
- Develop new skills, knowledge, and comfort through didactic learning, case sharing, data driven quality improvement activities, and monthly team meetings
- Implement sustainable and standardized approaches for preventing, assessing and/or treating childhood obesity
- Improve patient outcomes
- Be part of a learning community for behavioral health providers and pediatric care teams





### **Practice Requirements / Expectations**

- Complete pre and post assessment surveys and ECHO evaluations
- Monthly practice facilitation meetings with Liz (virtual or on site, initial meeting scheduled in late Sept or October, 2022)

#### • ECHO meetings:

- At least one member of the care team must attend and participate in at least eight of the ten ECHO sessions
- Submit and present at least one patient case study for discussion at one of the ECHO Learning session. Month to present will be assigned.
- Practices submit and present patient success story and key learnings at final 2 meetings (July or August).





# **Practice Requirements / Expectations**

- PDSA due in February with 3 data points: baseline, midpoint and final data on one of the following topics:
  - BH Enhancement: Establish monthly case consultations with IBH team
  - <u>Primary Prevention</u>: Establish standardized protocol to address healthy habits for children 0-2 years old at WCV tentative
  - <u>Assessment</u>: Improve assessment of factors that impact pediatric weight by incorporating a standardized assessment into WCV or follow-up visit
  - Patient Identification: Develop a workflow for identifying and tracking patients with obesity/overweight, including those who are referred to, and seen by, IBHC
  - <u>Treatment/intervention</u>: set up a protocol for patients who are overweight/ obese to be seen more than once/year by a provider







	ADVANCIN	G INTEGRATED HEALTHCARE
	Important Dates	Notes
Required Meetings		
Learning Collaborative Meetings:		
Kickoff + ECHO #1	Sept. 22, 2022 7:30-9	
Wrap-up meetings/ECHO #11 & #12	July 20, 2023 & August 17, 2023 7:30-8:30	The expectation is that all of these will be virtual meetings; Zoom invitations will be sent out by CTC.
ECHO Learning Sessions #2-#10	Ord Th day /// / th. 7,20, 0,20	will be sent out by CTC.
	3 <sup>rd</sup> Thursday/Month 7:30-8:30	
40 Marsh La Marsh Carras and the Daniel Carr Franchista	From October, 2022 – June, 2023	
12 Monthly Meetings with Practice Facilitator		
	To be scheduled by practices	
	individually	
	Sept 2022 – August 2023	
Case Presentations		
Each practice to present 1 patient case at monthly ECHO Learning	Date to be assigned	Case Form Template
Session.		Submit 2 weeks prior to
		ECHO Learning Session
		to: deliverables@ctc-ri.org
Each practice to present 1 patient success story at wrap-up	Date to be assigned	Template to be provided
meetings	July 20, 2023 & August 17, 2023	Success story to be
	7:30-8:30	submitted July 6, 2023 or
Accessorate		August 3, 2023
Assessments	Culturalities of writing Descriptions of the Associated State of the Control of t	
Complete Learning Collaborative Pre-Assessment to be completed by	Submitted with Participative Agreement	
primary care provider Complete Learning Collaborative Post-Assessment to be completed by	Due August 31, 2022	Cubacit to
primary care provider	Due August 31, 2023	Submit to: deliverables@ctc-ri.org
Complete post-ECHO evaluations (by all team members who attended	Monthly, immediately following each	
the ECHO)	ECHO session	
Complete final evaluation for CME/MOC part 4	Due August 30, 2023	

# Pediatric Weight Management

Milestone
Document in
Participative
Agreement







		Important Dates	Notes
	PDSA		
PDS	A Plan for improving 1 of 5 identified areas of Pediatric Weight	Due February 15, 2023	
Mgt	best practice:		
1.	<b>IBH Enhancement:</b> Establish monthly case consultations with IBH team		
2.	<b>Primary Prevention:</b> Establish standardized protocol to address healthy habits for children 0-2 years old at WCV		
3.	<b>Assessment:</b> Improve assessment of factors that impact pediatric weight by incorporating a standardized assessment into WCV or follow up visit		
4.	<b>Patient Identification:</b> Develop a workflow for identifying and tracking patients with obesity/overweight, including those who are referred to, and seen by, IBHC		
5.	<b>Treatment/intervention:</b> set up a protocol for patients who are overweight/obese to be seen more than once/year by a provider		
Midpoint Data report		Due May 15, 2023	Submit to: deliverables@ctc-ri.org
Final PDSA reporting out on progress, challenges and results/outcomes		Due August 15, 2023	Submit to: deliverables@ctc-ri.org

# Pediatric Weight Management

Milestone
Document in
Participative
Agreement



# **ECHO Curriculum**





	ADVANCING INTEGRATED HEALTHCARE
	Tentative Date
1. Kickoff and ECHO session on Epidemiology of Obesity (AAP guidelines)	Sept 22, 2022
2. Weight Bias/Stigma / impact on mental health	Oct 20, 2022
3. Cultural Considerations	Nov 17, 2022
4. Prevention / Developmental issues	Dec 15, 2022
5. Motivational Interviewing / Difficult conversations	Jan 19, 2023
6. Family-Based Behavioral Treatment (gold standard)	Feb 16, 2023
7. Empowering Parents	Mar 16, 2023
8. Nutrition / Physical Activity counseling - doable interventions in Primary Care	Apr 20, 2023
9. Role of IBH clinician / PEDIPRN / Triage Care	May 18, 2023
10. Self-Monitoring, Engagement in Treatment	June 15, 2023
11. Practice Sharing of patient success stories: Part 1	July 20, 2023
12. Practice Sharing of patient success stories: Part 2	Aug 17, 2023



#### **Pediatric Weight Management timeline**





ADVANCING INTEGRATED HEALTHCARE

Sept 22, 22	Oct 20, 22	Nov 17, 22	Dec 15, 22	Jan 19, 23	Feb 16, 23	Mar 16, 23	Apr 20, 23	May 18, 23	Jun 15, 23	Jul 20, 23	Aug 17, 23
Kickoff ECHO Epidemiology of Obesity (AAP guidelines)	Weight Bias/Stigma / impact on mental health	Cultural Considerations	Prevention / Developmental issues	Motivational Interviewing / Difficult conversations	Family-Based Behavioral Treatment	Empowering Parents	Nutrition / Physical Activity counseling - doable interventions in Primary Care	Role of IBH clinician / PEDIPRN / Triage Care	Self- Monitoring, Engagement in Treatment	Practice Sharing of patient success stories: Part 1	Practice Sharing of patient success stories: Part 2
Project											SHARING BEST PRACTICE

<b>QI PREPARATION</b> Gather data, self-assessment, choose QI topic, prepare for QI Initiative.	Baseline data due 2/15/23.	Implement QI plan	Midpoint data due 5/15/23.	Adjust	Prepare for best practice sharing of patient success story.  Final data due 8/15/23.  *Post-Assessment due 8/31/23							
Meet with IBH Practice Facilitator monthly												



\*Pre-Assessment due Aug, 2022





### **CME Credits**

- Available for each ECHO Session attended
- Partial Credit can be obtained for watching the Didactic recording
- NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).
- Still researching options for BH Clinicians
- Evaluations must be completed to receive credit.
- Certificates will be mailed ~ 1 month after event.





# What is Project ECHO?

- ECHO = Extension for Community Healthcare Outcomes
- A tele-mentoring program designed to create communities of learners by bringing together health care providers and experts using didactic and case-based presentations
  - "All teach, all learn"
  - Encourages knowledge exchange
  - Utilizes technology
  - Promotes case-based learning



#### What does an ECHO session look like?

- Introductions/Housekeeping (5 min)
- Lecture (followed by short Q&A) (15-20 min)
- De-identified Case Discussion (25 min)
  - Case Presentation by spoke or faculty
  - Facilitator summarizes case; asks for clarifying questions
  - Recommendations/Discussion
  - Facilitator summarizes recommendations
- Wrap-up (5 min)

ECHO sessions are smaller than the typical webinar to allow for more active participation. Much of the learning comes from the discussions







# Pediatric Weight Management ECHO® Session Topic: Epidemiology, assessment and management of pediatric overweight and obesity

Presenter: Vania Kasper, MD

Date: September 22, 2022

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Care Transformation Collaborative of RI







- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

Please turn on your video

Video

 Please mute your microphone when not speaking

Microphones



- Introduction
- Lecture
- Case/Discussion
- Close

Agenda











#### **CME Credits**

#### (currently available for MDs, PAs, Rx, RNs and NPs)

- CME Credits Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form: <u>https://www.surveymonkey.com/r/PediWtMgmtCMEEvaluation</u>



The AAFP has reviewed 'ECHO Series Focused on Best Practices and QI' and deemed it acceptable for AAFP credit. Term of approval is from 09/16/2022 - 09/16/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).





# **Agenda**

Time	Topic	Presenter
8:00 – 8:05 AM	Faculty Introduction	Liz
8:05 – 8:30 AM	Didactic: Epidemiology of Obesity (AAP Guidelines)	Vania Kasper, MD
8:30 - 8:55 AM	Case Presentation & Discussion	Judith Westrick, MD /Team
8:55 - 9:00 AM	Wrap up; Evaluation; Announcements	Linda





# **Today's Faculty**

Vania Kasper is the medical director of the Center for Pediatric Liver and Pancreatic Disorders, Associate Director of the Pediatric Cystic Fibrosis Center and Associate Fellowship Program Director. She enjoys working in obesity management and is the pediatric medical advisor for the adolescent bariatric surgery program.

Vania Kasper is an Assistant Professor of Pediatrics and Clinical Educator at The Warren Alpert Medical School of Brown University and Hasbro Children's Hospital. She has completed fellowships in Pediatric Gastroenterology, Hepatology and Nutrition at Brown University and in Pediatric Transplant Hepatology at Columbia University. Prior to her fellowship training, she completed a Residency and Chief Residency in Pediatrics at SUNY Downstate Medical Center in Brooklyn, NY.



#### **Disclosures**

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.







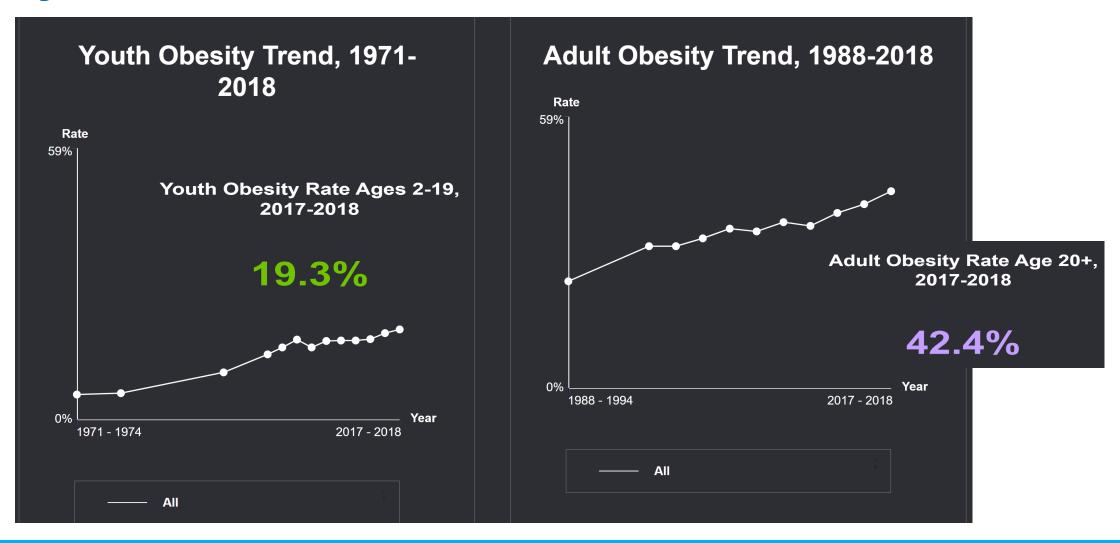
After participating in this session, attendees should be able to:

- Describe the prevalence and epidemiology of obesity in the United States and Rhode Island
- Identify children at risk for overweight and obesity
- Apply the AAP recommendations for assessment and treatment of overweight and obesity







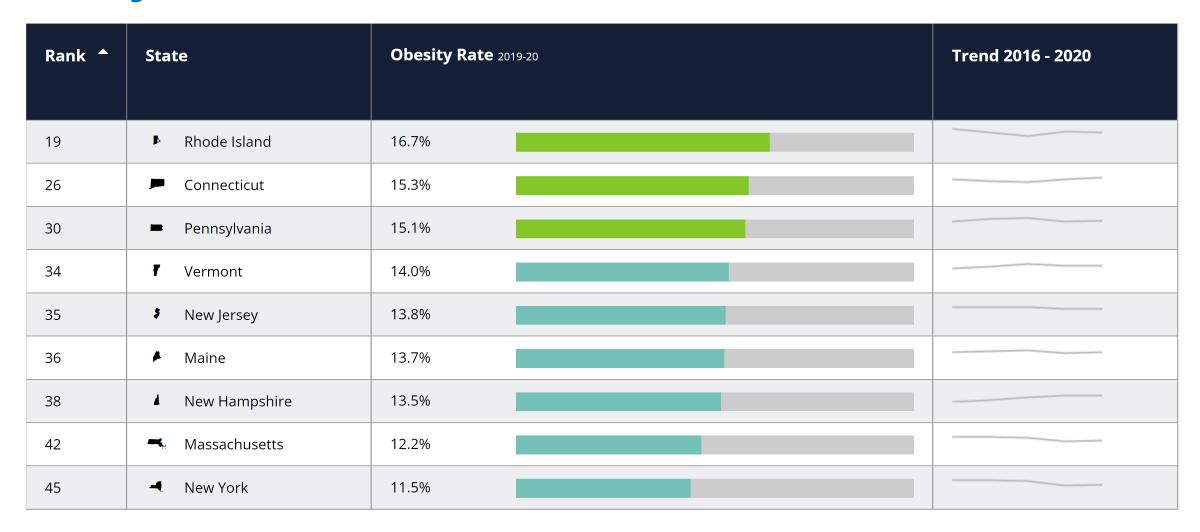








## Obesity rates in Northeast (Youth Ages 10-17 years, 2019-2020)

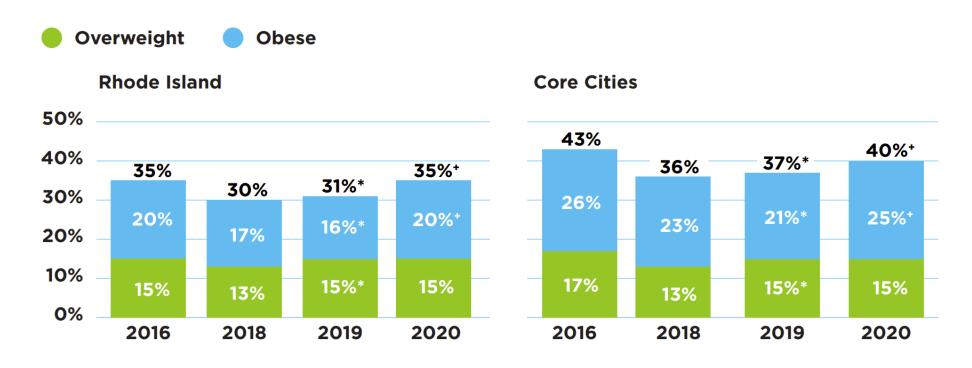








# **Obesity trends in Rhode Island**



<sup>\*</sup>Statistically significant trend (2016-2019), p<.05 \*Statistically significant trend (2019-2020), p<.05

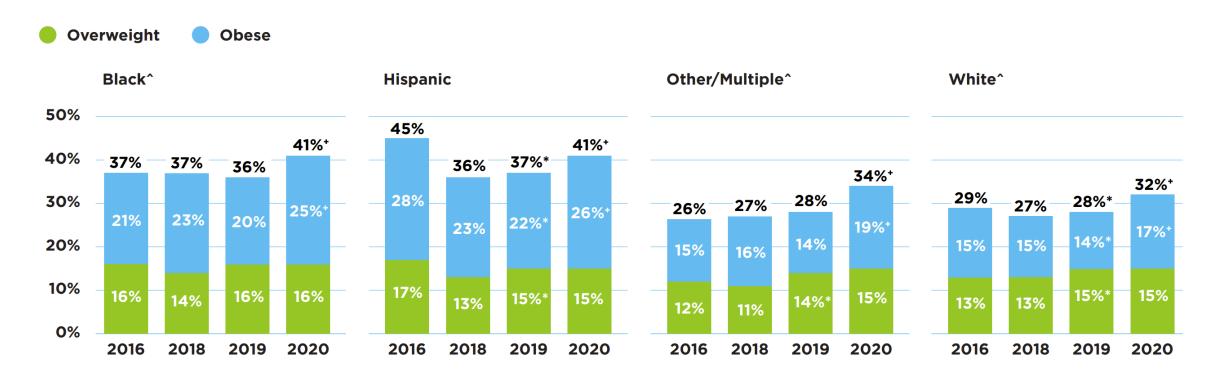
Core Cities: Central Falls, Pawtucket, Providence and Woonsocket











<sup>\*</sup>Statistically significant trend (2016-2019), p<.05

<sup>\*</sup>Statistically significant trend (2019-2020), p<.05

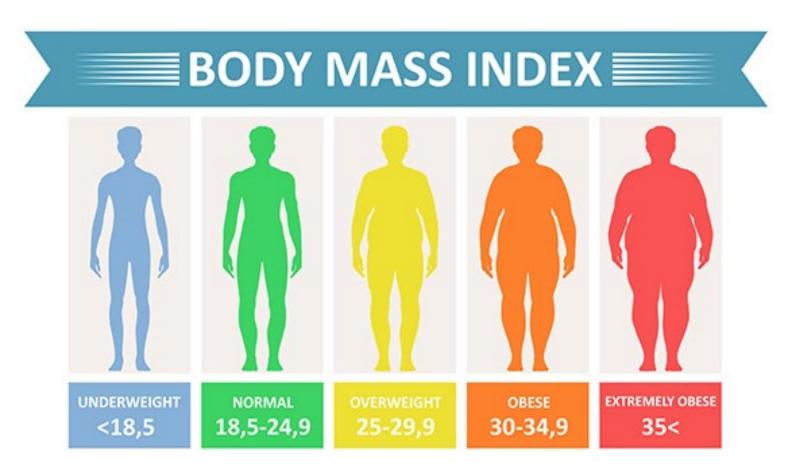








# **Definition of obesity in adults**







# Definition of obesity in children

# Determined by BMI percentile by sex and age:

- Normal weight 5<sup>th</sup> to 85<sup>th</sup> percentile
- Overweight 85<sup>th</sup> to 95<sup>th</sup> percentile
- Obese above 95<sup>th</sup> percentile
- Severe/ Extreme Obesity
  - ≥ 120% of 95<sup>th</sup> percentile (class 2)
  - ≥ 140% of 95<sup>th</sup> percentile (class 3)





Age (years)	BMI (kg/m²)
2	45 <sup>th</sup>
4	55 <sup>th</sup>
8	75 <sup>th</sup>
10	87 <sup>th</sup>
11	93 <sup>rd</sup>
12	> 99 <sup>th</sup>
13	> 99 <sup>th</sup>
14	> 99 <sup>th</sup>
15	> 99 <sup>th</sup>
16	> 99 <sup>th</sup>

2 to 20 years: Boys Body mass index-for-age percentiles

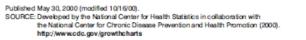
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ADVANCING INTEGRATED HEALTHCARE













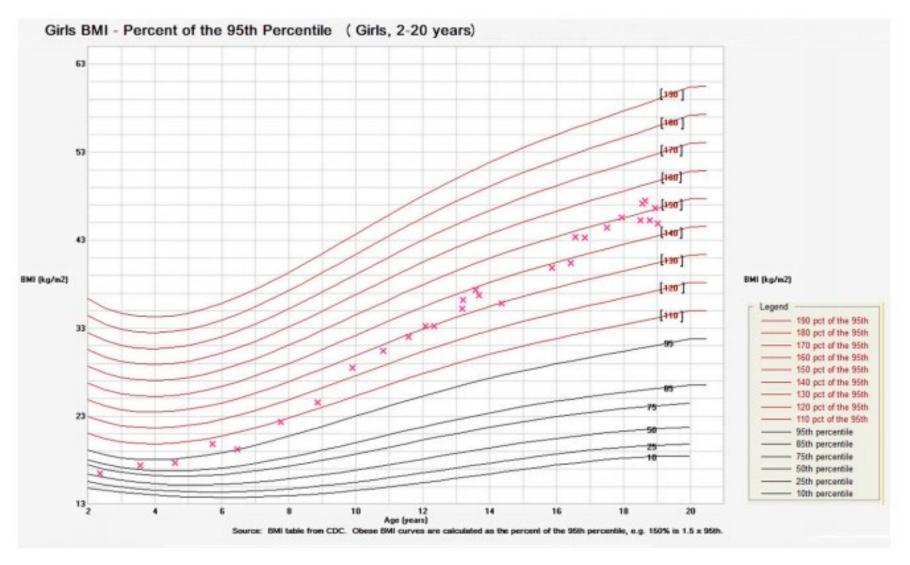
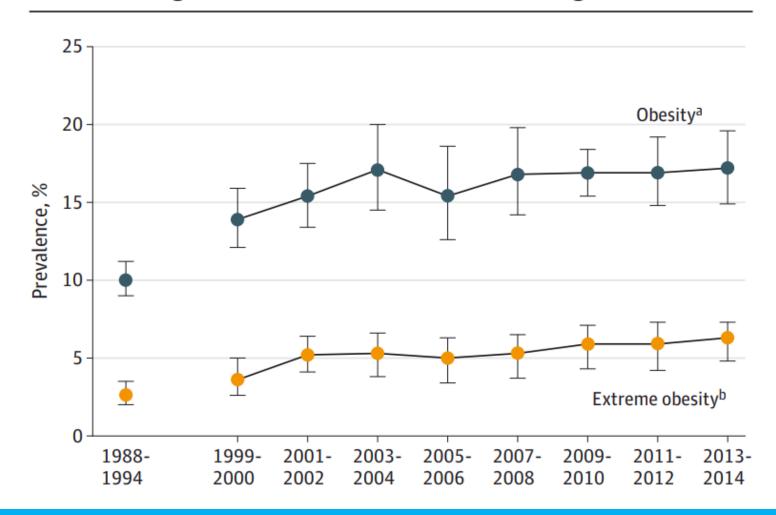






Figure 1. Prevalence of Obesity and Extreme Obesity in US Children and Adolescents Aged 2 to 19 Years From 1988-1994 Through 2013-2014







#### **Obesity persists into adulthood**

	Childhood	0	Men		Women			
Age, y	BMI-for-Age, centile	N	Obese, %	Overfat, %	N	Obese, %	Overfat, %	
2-5	<50th							
	50th-84th							
	85th-94th							
	≥95th							
6-8	<50th							
	50th-84th							
	85th-94th							
	≥95th							
9-11	<50th							
	50th-84th							
	85th-94th							
	≥95th							
12 - 14	<50th							
	50th-84th							
	85th-94th							
	≥95th							
15-17	<50th							
	50th-84th							
	85th-94th							
	≥95th							

<sup>\*</sup> Adult obesity is defined as a BMI  $\geq$  30 kg/m<sup>2</sup>; overfat is defined as a mean SF in the gender-specific upper quartile (men:  $\geq$ 21 mm; women:  $\geq$ 30.3 mm).





#### **Obesity persists into adulthood**

	TABLE 3.	Proportion of	Children	Who	Became	Obese (	or	Overfat	in	Adulthood	
--	----------	---------------	----------	-----	--------	---------	----	---------	----	-----------	--

	Childhood		Men			Wome	en
Age, y	BMI-for-Age, centile	N	Obese, %	Overfat, %	N	Obese, %	Overfat, %
2-5	<50th	80	10	15	121	16	15
	50th-84th	57	26	30	77	29	34
Г	85th 94th ≥95th	14† 14†	93	86 86	21 15	73	53
6-8	<50th	199		12	323	10	13
	50th-84th	154	23	21	213	26	24
	85th-94th ≥95th	33 32	78	42 84	57 54	83	49 70
9-11	<50th	308	4	11	430	8	11
	50th-84th 85th-94th	212	22	21 52	303	24	23 54
	≥95th	51	76	67	72	78	67
12-14	<50th 50th–84th	355 213	26	28	311	4 25	28
	SEH OAH	04	18	16	115	61	50
	≥95th	59	88	69	64	83	64
15-17	<50th	210		11	304		14
_	50th-84th	142	29	32	201	28	32
	≥95th	36	86	81	31	90	65

<sup>\*</sup> Adult obesity is defined as a BMI ≥ 30 kg/m2; overfat is defined as a mean SF in the gender-specific upper quartile (men: ≥21 mm; women: ≥30.3 mm).

#### Risk factors for adult obesity:

- Age first obese
- Parental weight
- Severity of obesity
- BMI trajectory









Fatty Liver Disease Gall stones Reflux

Type 2 Diabetes PCOS
Hypogonadism

Gout Arthritis Skin infections

Cancer



20 – 30 year old male

- BMI > 45
- May lose 13 years of life

Neurocognitive dysfunction
Headaches
Stroke
Dementia

Obstructive Sleep Apnea
Asthma

Hypertension
Hypercholesterolemia
Cardiovascular disease









#### Risk factors for obesity - Environmental

- Maternal health and weight during pregnancy
- Breastfeeding v formula
- Food insecurity
- Sugar sweetened beverages
- Sedentary behaviors
- Screen time over 2 hours per day
- Sleep disruption
- Psychoactive medications
- **Toxins**
- Viruses



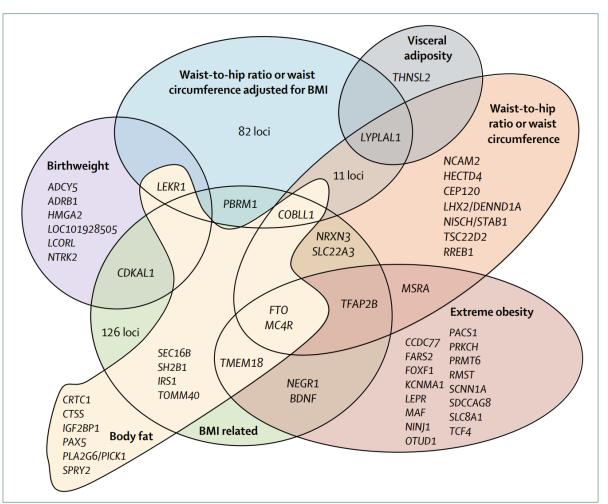






#### Risk factors for obesity – Non-environmental

- Polygenic
- Monogenic
  - Melanocortin 4 receptor defects
- Syndromic
  - Prader-Willi, Bardet-Biedel
- Endocrine
  - Hypothalamic, hypothyroid



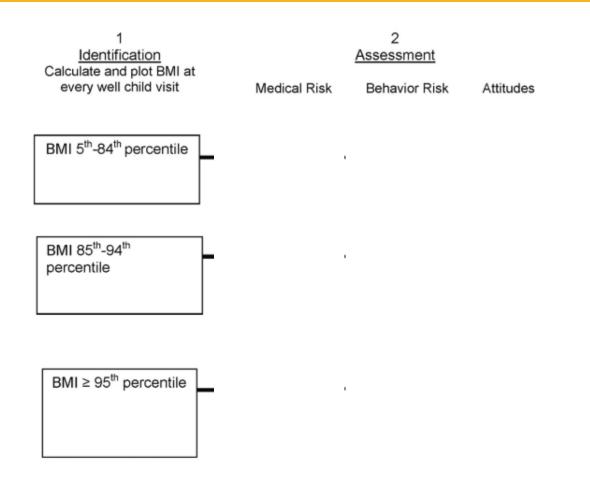


#### **Obesity Assessment**





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3

**Prevention** 



#### **Obesity Management Stages**





Stage	Brief description
Stage 1: Prevention	Prevention counseling message, but with weight management goal
Plus	Include motivational interviewing techniques
	Primary care office setting
	Counseling provided by physician, advanced practice nurse, physician assistant, or office
	nurses, with appropriate training
	Family and provider work together to identify appropriate behavioral target.
	Followup frequency tailored to individual family
	Increase to Stage 2 if lack appropriate improvement after 3-6 months





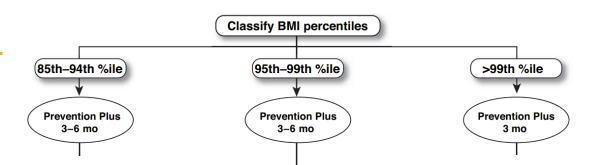




TABLE 7	Medical Screening Accord	ling to BMI Category				
BMI Percentile	Recent History	Medication Use	Review of Symptoms	Family History (First- and Second-Degree Relatives)	Physical Examination	Laboratory Tests
5th-84th	BMI percentile change					
85th-94th	BMI percentile change					
95th–99th	BMI percentile change					
>99th	BMI change				;	











Staged treatment for 12-18 year-olds

SWM: Structured weight management

**CMI:** Comprehensive Multidisciplinary intervention

TCI: Tertiary care intervention







- Sarah E Barlow, Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. Pediatrics. 2007 Dec;120 Suppl 4:S164-92.
- Matthew M Davis, et al. Recommendations for prevention of childhood obesity. Pediatrics. 2007 Dec;120 Suppl 4:S229-53. PMID: 18055653
- Nancy F Krebs, et al. Assessment of child and adolescent oberight and obesity. Pediatrics. 2007 Dec;120 Suppl 4:S193-228. PMID: 18055652
- Bonnie A Spear, et al. Recommendations for treatment of child and adolescent overweight and obesity. Pediatrics. 2007 Dec;120 Suppl 4:S254-88. PMID: 18055654





#### **Contact information**

Vania Kasper, MD vkasper@Lifespan.org









## Pediatric Weight Management ECHO® Case Presentation

Presenter(s):Judith Blazar Westrick MD, Anchor Pediatrics

Date: 9/22/22

Contact Info: jwestrick@lifespan.org

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI









### **Reasons for Selecting this Case**

Do Not Include PHI

Why did you choose this case?	Frustration Help w discussing body image and promoting positive selfimage
What questions do you have for the group?	Looking for ways to discuss the subject and empower young kids- esp young women.







#### **Basic Patient Information**

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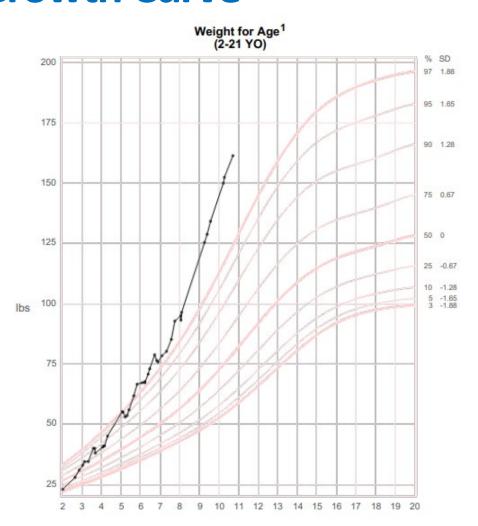
Do Not Include PHI

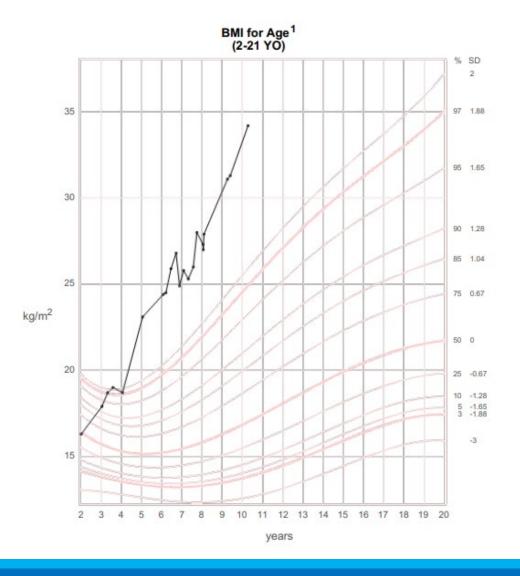
Age	10y7m
Gender Identity	Female/girl
Race/Ethnicity	white
Current Weight and Height	Weight: 161 Height: 56
Current BMI and BMI%/Obesity class	34.2- >>99%ile – morbid obesity
How long has the patient had concerning growth trends?	6years
How long has this individual been in your care?	10 years
Insurance type (Commercial, Medicaid, Uninsured, Other)	NHPRI





#### **Growth Curve**











# Does the Patient/Family have a weight management goal? Please describe.

Do Not Include PHI

Family goal- healthy young girl Patient goal- avoid discussing the issue







### **Relevant Background**

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#### Do Not Include PHI

Relevant medical and/or behavioral comorbidities	In utero exposure to cocaine/opiates and benzos
Relevant medications	Cetirizine, multivitamin
Relevant lab results	A1c5.8, Chol 157, HDL 41, AST26,ALT 36, TSH 2.3,Vitamin d 29
Relevant BH Screening results	n/a
Relevant SDOH Screening results	Adopted by bio aunt and uncle







### **Relevant Social History**

Do Not Include PHI

Relevant obesity related family history?	Sister- 13 yo- bmi 29. Adoptive mom- obese
Family/patient history of trauma?	Adopted by bio aunt and uncle  11yo cousin who lives w her was suicidal in 2021 but came out as trans and is better.  Bio mom died in MVA-
School related concerns?	no
Other social history concerns?	







#### **Nutrition**

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Do Not Include PHI

What interventions have been tried? How responsive has the family been to nutrition intervention?	Pediatric endo at Hasbro, nutrition counseling first privately and now w endo, Supportive counseling at Anchor counseling.
What barriers have the family identified for improving nutrition?	Family concerned about self image. Thought patient was too anxious about weight when she initially lost weight.
Does the patient have any of the following:  - Excessive hunger  - Night-time eating or binging  - Sneaking food  - Other	Excessive hunger
Other concerns with nutrition/eating (such as cultural considerations)?	Eats out 3 nights weekly  Eats breakfast and lunch at school – likes sweet drinks and sugary cereal.







#### Do Not Include PHI

### **Physical Activity**

What interventions have been tried? How responsive has the family been to physical activity recommendations?	Swimming daily this summer, some family walks
Does the patient engage in regular physical activity? (yes/no) Please describe	yes
Is screen time a significant part of the patient's social time? (yes/no) Please describe	yes
Other concerns with physical activity/exercise (such as physical restrictions, access, environmental safety)?	



patient?





#### Were other approaches used for managing this

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Do Not Include PHI

I am out of ideas.







#### **Patient / Family Successes and Strengths?**

Do Not Include PHI

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This family has pulled together through adversities. They are very supportive and are trying.

















### **Reasons for Selecting this Case**

ADVANCING INTEGRATED HEALTHCARE

Do Not Include PHI

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# CME Credits (currently available for MDs, PAs, Rx, RNs and NPs)

- Please provide us your feedback!
- Evaluation/Credit Request Form: <u>https://www.surveymonkey.com/r/PediWtMgmtCMEEvaluation</u>



Please request CME credits when filling out the evaluation at the end of the meeting

The AAFP has reviewed 'ECHO Series Focused on Best Practices and QI' and deemed it acceptable for AAFP credit. Term of approval is from 09/16/2022 - 09/16/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).





#### **Announcements**

Next Session: October 20, 7:30-8:30AM

Topic: Weight Bias / Stigma - Impact on mental health

Presenter: Katy Darling, PhD

Liz will be reaching out to practices to schedule monthly practice facilitation meetings.

We are looking for a volunteer practice to present a case in October.





