Successes and Challenges in Engaging Medi-Cal Providers to Prevent Pediatric Obesity

Child Health and Disability Prevention (CHDP) Program and Medi-Cal Managed Care (MCMC)

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2011 Childhood Obesity Conference
Objectives

1. Provide an overview of the CHDP program and describe several strategies that CHDP uses to address pediatric obesity
2. Identify local program successes and challenges in implementing BMI tracking and with engaging CHDP providers
3. Give a brief overview of the new pediatric obesity HEDIS™ measures and collaborative work with Medi-Cal Managed Care Health Plans
CHDP
Health Care and Public Health

- Preventive program that provides health assessments for low-income children statewide
- Local CHDP programs in ALL CA county health departments - includes diverse staffing
- CA’s version of the federal Early and Periodic Screening, Diagnosis and Treatment program (EPSDT)
- Over 2.2 million Infants, Children and Adolescents (0-21 years) are screened annually
PedNSS- Nutrition Surveillance for 1.5 Million Children/Adolescents

- Pediatric Nutrition Surveillance (PedNSS) for CA - CHDP health assessment data
- Statewide and county prevalence data on BMI %
- Trends for over 20 yr.
- Obesity epidemic identified early: CHDP targeted BMI using Performance Measures
- Shared with providers
Provider Strategies
by CHDP

- Share PedNSS data to alert providers
- Provide CHDP Provider Letters- AMA Guidelines
- Develop office training/tools for BMI, Measuring, Counseling, Labs
- Collaborate with health plans (same providers)
- Identify local resources for referral
- Review records - \(\sqrt{\text{BMI}}\) percentile
CHDP Successes

O **INFORMED**- All local CHDP programs know their PedNSS data/share with providers (engage) and community partners (apply for grants)

O **TRAINED**- Nutrition Subcommittee developed training for provider offices & county program staff

O **RECORDED**- Providers record BMI % on CHDP Screening and Billing form (PM 160)

O **TOOLS**- Providers receive evidence-based messages

O **MODELS**- Local programs develop obesity prevention models to meet the needs of their community. Some obtain additional funding.
Local Program Models are Community-Based

- Contra Costa County: Group medical appointments in FQHCs
- San Mateo County: Teen Health Spa for Pacific Islander Teen Girls
- Imperial County: Use of CHDP/Kaiser poster for office management plan
- San Joaquin County: Collaborate with Head Start – parent education on N/PA
Contra Costa County CHDP* Pediatric Obesity Program

Group Appointments

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Contra Costa Public Health
*Child Health & Disability Prevention (CHDP) Program
April 2011
Multi-disciplinary Team “FRAMEWORK”

Provider

Community Health Worker (CHW) or Promotora

Nutritionist/Dietitian

Note: Existing group appointments are conducted in Spanish and current members of the team (in each program site) are bilingual (English/Spanish)
San Mateo County
Teen Health Spa for Pacific Islander Teen Girls

“Beauty is not in the face; Beauty is a light in the heart.”

- Creating a spa-like environment and focusing on the issues important to teen girls
- Cultural tailoring - quickly bond through common experiences, and fostered a sense of cultural pride.
- Teens host a spa- internalize and integrate the health message
- This program is specific to PI, but with some simple modifications, it serves as a template for any ethnic teen group.
Imperial County CHDP
Assisting Providers with Obesity Prevention

**Goal:** Provider/Family focus on selected behavior

- BMI Training
- Evidence-based messages
- Parent questionnaires
- Obesity prevention management plans
Challenges

- Addressing obesity in brief and comprehensive health screens
- Identifying effective provider role and counseling strategies
- Locating resources (with easy access) for low-income
- Addressing multicultural lifestyles
- Frequent training for high provider staff turnover
HEDIS™ Measure for Pediatric Obesity for Health Plans

- **2009** - NEW Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:
  - Percentage of plan members 3-17 years with evidence of BMI % documentation/assessment and counseling on N/PA

- BMI % - Growth Chart
- Nutrition Counseling
- Physical Activity Counseling
January 2010 - Medi-Cal Managed Care Plans required to implement the new pediatric obesity measure, Health Effectiveness Data and Information Set (HEDIS™)

Plans required to perform at or above a DHCS established MPL (Minimum Plan Level) which is based on federal Medicaid’s national 25th percentile.

HEDIS performance reports on new pediatric obesity measures is available by health plan.
2010 HEDIS Aggregate Report for Medi-Cal Managed Care Program

May 2011

- 2009 “BASELINE”* data for 25 health plans:
  - BMI % Assessment/Documentation – 56.8 % (weighted average)
  - Nutrition Counseling – 63.6 % (weighted average)
  - Physical Activity Counseling – 47.9 % (weighted average)
  
*First year measure- No MPL/HPL applied

- Best Practices:
  - Health care providers – “crucial” to educate and have tools, skills, and knowledge necessary to identify and screen for obesity and overweight
  - Parents benefit from practical strategies and referrals to community resources.
Medi-Cal/CHDP Regional Pediatric Obesity Train-the-Trainer

- 2010 – A COLLABORATION to Facilitate the NEW Measure
  - Medi-Cal Managed Care Health Plans
  - Child Health Disability, Prevention (CHDP) Program
  - Office of Multicultural Health
  - California Medical Association Foundation (CMAF)

- Conducted Regional Trainings in:
  - Los Angeles, San Francisco, San Joaquin, and Orange County
Regional Trainings – Pediatric Obesity Measure

Core Training Resources
- CMAF Child and Adolescent Obesity Toolkit (newly updated)
- DHCS Train-the-Trainer Manual
  - CHDP Provider Training Modules
  - Medi-Cal Managed Care Health Education Materials
Regional Trainings

*Evaluation Results*

- Participants: Managed care plans, CHDP program staff, physicians, RNs, nutritionists, health educators wanted assistance and standards
- 80-90% ranked trainings as either excellent or very good.
- Main comments:
  - Liked resources, toolkits and training materials,
  - Some wanted longer training and more on motivational interviewing
More to Come in Obesity Prevention

THANK YOU...