

Utah Medical Association Healthy
Lifestyle Committee
and
U-PAN Healthcare Workgroup

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U-PAN Goals for 2013-14

- **Goal 1: *Expand provider awareness and education*** about physical activity, healthy eating, screen time, breast feeding, BMI, overweight and obesity, sleep, stress, *increase awareness of lifestyle as a component of chronic disease management (e.g. hypertension, pre-diabetes and diabetes)* and increase awareness of healthcare reform mandates for lifestyle management, and obesity prevention and treatment.
- **Goal 2:** Increase the proportion of health care providers who routinely ***assess and monitor patients*** and/or parents about physical activity, BMI, overweight and obesity, *and report on these measures.*
- **Goal 3:** Increase the number of health care providers who ***educate and offer resources*** *via team based care and clinical innovations* to their patients about healthy eating, screen time, physical activity, and breast feeding and referrals to community resources *(e.g. chronic disease self-management courses, intensive lifestyle interventions for weight management and/or diabetes prevention)* to increase physical activity and to encourage healthy eating.
- **Goal 4: *Increase insurer and accrediting organization support*** of clinical measurement and counseling related to physical activity, BMI, nutrition, and breastfeeding.
- **Goal 5:** Increase the proportion of health care providers who ***advocate for policy and environmental changes*** that support physical activity and healthy eating in schools, worksites, communities, campuses and health care facilities.
- **Goal 6:** Increase the number of hospitals and clinics that include maternity practices that are consistent with WHO/UNICEF “Ten Steps to Successful Breastfeeding”; increase the number of health care facilities that are designated as Baby Friendly. Increase education in residencies and nursing programs for ***importance of breast-feeding and accommodations.***

Goal 1: Expand provider awareness and education about physical activity, healthy eating, screen time, breast feeding, BMI, overweight and obesity, sleep, stress, increase awareness of lifestyle as a component of chronic disease management (e.g. hypertension, pre-diabetes and diabetes) and increase awareness of healthcare reform mandates for lifestyle management, and obesity prevention and treatment.

- **UMA Bulletin Articles:**

- Assessment of Breastfeeding Supportive Maternity Care Practices in Utah Hospitals
 - Lois Bloebaum, MPA
- Art and Science of Weight Loss
 - Liz Joy, MD, MPH
- What Clinicians Should Know about the New Prescription Weight Loss Medications
 - Chad Burnham, PharmD, MBA

Goal 2: Increase the proportion of health care providers who routinely ***assess and monitor patients*** and/or parents about physical activity, BMI, overweight and obesity, *and report on these measures*

- Intermountain Healthcare

- Research projects that aimed at assessing physical activity

- Validity of the Physical Activity Vital Sign (PAVS)

- Trever Ball, MPH, PhDc*

- Utilization of PAVS by Primary Care Providers and it's Impact on Patient Behavior

- Trevor Smith, MS*

- Quality improvement programs aimed at improving healthcare delivery aimed at promoting wellness

- Agreed upon thresholds
 - Developed dashboard for reporting purposes

Goal 3: Increase the number of health care providers who ***educate and offer resources via team based care and clinical innovations*** to their patients about healthy eating, screen time, physical activity, and breast feeding and referrals to community resources (*e.g. chronic disease self-management courses, intensive lifestyle interventions for weight management and/or diabetes prevention*) to increase physical activity and to encourage healthy eating.

- Intermountain Healthcare developed a Diabetes Prevention Program
 - Implementation in most regions since Aug 2013
 - Available to all Intermountain patients regardless of payer
 - Utilizes the Weigh to Health program as the intensive lifestyle intervention

Care Process Model FEBRUARY 2014



Diabetes Prevention Program

This care process model (CPM) was created by the Diabetes Prevention and Management Work Group and the Primary Care Clinical Program at Intermountain Healthcare (Intermountain). It summarizes current medical literature and, where clear evidence is lacking, provides expert advice on diagnosing prediabetes and preventing diabetes. In addition, this CPM facilitates population management of diabetes prevention by outlining a systematic process for sharing accountability between clinicians, dietitians, patients, operational and clinic staff, and the Primary Care Clinical Program.

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▶ **Why Focus ON DIABETES PREVENTION?**

- **Prediabetes is common and underdiagnosed.** In 2010, approximately 1 in 3 U.S. adults, an estimated 79 million people, had prediabetes. During 2005–2010, fewer than 14% of those with prediabetes were aware of their condition, regardless of education level, income, insurance coverage, or healthcare use.¹²⁸⁵
- **Up to 1/3 of people with prediabetes will progress to diabetes in 3 to 5 years.** This will increase their risk of cardiovascular disease, stroke, high blood pressure, blindness, kidney and nerve disease, and amputation.¹⁰¹⁴ Preventing diabetes will help prevent other serious chronic conditions.
- **Progression to diabetes can be prevented.** In a 10-year follow-up study of the US Diabetes Prevention Program (DPP), patients in the **intensive lifestyle intervention (ILI)** arm of the trial had a 34% reduction in the rate of conversion to type 2 diabetes.^{1018,1019}
- **Diabetes prevention is cost effective.** The 10-year follow-up study of the DPP concluded that investment in lifestyle and metformin interventions for diabetes prevention in high-risk adults is highly cost effective.¹⁰¹⁹ With the same results (34% reduction in progression to diabetes), Intermountain would realize a significant cost savings.
- **Intermountain has systems in place to achieve the same results as the DPP — or better.** Intermountain's ILI program (The Weigh to Health[®]) aligns closely with the curriculum of the DPP ILI. More importantly, Intermountain has the data collection and reporting, decision support, and team coordination to identify and engage all patients with prediabetes in our system, across all population groups.

Key features to support shared accountability

Diabetes prevention is the shared responsibility of clinicians, dietitians, operational and clinic staff, the Primary Care Clinical Program, and patients. This CPM outlines a plan for shared accountability in this process. It includes:

- A flow process outlining how each patient will be identified, engaged, educated, and monitored. (See page 2.)
- A chart defining the roles and responsibilities of each member of the team, and how the complex task of diabetes prevention is shared across a team. (See page 4.)

▶ **WHAT'S INSIDE?**

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ROLES AND RESPONSIBILITIES 4

ONGOING FOLLOW-UP
AND SUPPORT 5
Usual care 5
Intensive lifestyle intervention 5
Medical nutrition therapy 5

RESOURCES 6
Patient education 6
Provider resources 6

EVALUATION 7

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▶ **MEASUREMENT & EVALUATION**

Intermountain is making a deliberate effort in CPM development to recommend and report on measurable outcomes that can be tied to process variations. These will provide a learning feedback loop by which process variations, outcomes results, and new research findings can be used for continuous improvement of the model.

See page 7 for a discussion of measurement and evaluation they relate to diabetes prevention.

 Indicates an Intermountain measure

Intermountain Healthcare

Goal 4: Increase insurer and accrediting organization support of clinical measurement and counseling related to physical activity, BMI, nutrition, and breastfeeding.

- **Affordable Care Act**

- Allows for “up to” 5 visits per calendar year for dietitian visits for nutrition counseling
- Industry standard is closer to 3 visits
 - [Better than none!]
- Medicare patients eligible for “Annual Wellness Visit” and counseling for weight loss by primary care physician

Goal 5: Increase the proportion of health care providers who ***advocate for policy and environmental changes*** that support physical activity and healthy eating in schools, worksites, communities, campuses and health care facilities.

- Advocacy at the UMA and state legislature
 - Farm to school
 - Physical education and academic achievement

It's not that diabetes,
heart disease and obesity
runs in your family. It's
that no one runs in your
family.



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