Strategies for Health System Implementation of Guidelines on Overweight and Obesity

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I certify that, to the best of my knowledge, no aspect of my current personal or professional situation might reasonably be expected to affect significantly my views on the subject on which I am presenting.

I am employed by the Southern California Permanente Medical Group (SCPMG), which contracts exclusively with the Kaiser Foundation Health Plan to provide medical services in the U.S.

All current professional activities are funded by SCPMG and The Permanente Federation.
Presentation Overview

- About Kaiser Permanente (KP) and KP Southern California (KPSC)
- Clinical practice guideline (CPG) development process
- CPG Implementation Strategies:
  - Interventions for practitioners
  - Interventions for patients
  - Systems level interventions
- Performance Measurements – Improved Outcomes
- Lessons Learned
About Kaiser Permanente

Description:
- Largest nonprofit health plan in the U.S. (founded 1945)
- Integrated health care delivery system
- Serving 9 states and the District of Columbia
- 9.1 million members (3.6 million in Southern California Region)
- 17,000+ physicians
- 175,000+ employees
- 37 hospitals and med centers
- 600+ medical offices
- $50.6 billion operating revenue (2012)
- Active Regional/National Guideline and Technology Assessment Programs

Kaiser Permanente Structure

Kaiser Foundation Health Plan + Kaiser Foundation Hospitals + Permanente Medical Group
Why is Weight Management Important to KPSC?

- **70%** of KPSC’s members are either overweight or obese.

**THE GOOD NEWS**: Patients can expect improved health outcomes if they lose just 5-10% of their current weight.*

**Number Needed to Treat**: 7*

*Numbers and percentages are approximate and for illustrative purposes only.
KPSC Guideline Development Process

BEGIN GUIDELINE UPDATE PROCESS

IDENTIFICATION OF GUIDELINE TOPICS

CONVENE GUIDELINE DEVELOPMENT TEAM (GDT)

CONDUCT EVIDENCE SEARCH, ANALYSIS & SUMMARY

SUBMIT FOR GDT REVIEW

OBTAIN APPROVAL

DEVELOP/UPDATE EDUCATION

PUBLISH/DISSEMINATE GUIDELINE

BEGIN GUIDELINE UPDATE
Adult and Pediatric Weight Management Guidelines

Adult Weight Management

**CLINICAL PRACTICE GUIDELINES**

This evidence-based guideline is intended to assist primary care providers and other health professionals in the screening, evaluation, and management of overweight and obesity in adults.

**COMORBIDITIES ASSOCIATED WITH OBESITY**

- **Evaluation for the following comorbidities is recommended for overweight adults.**
  - Hypertension
  - Dyslipidemia
  - Dysglycemia
  - Sleep apnea

**CATEGORIZATION OF OBESITY**

- **BMI** (Body Mass Index)
  - Normal: 18.5 - 24.9
  - Overweight: 25.0 - 29.9
  - Obese: 30.0 or higher

**WASTELINE CIRCUMFERENCE**

- Waist circumference measurement is an option for screening overweight and obese adults with a BMI of 25.0 - 29.9 kg/m².

**Classification of Overweight and Obesity by BMI, World Condemnation and Associated Disease Risks**

<table>
<thead>
<tr>
<th>BMI</th>
<th>Overweight</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>18.5</td>
<td>18.5 - 24.9</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 - 24.9</td>
<td>25.0 - 29.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 - 29.9</td>
<td>30.0 or higher</td>
</tr>
<tr>
<td>Obese</td>
<td>30.0 or higher</td>
<td></td>
</tr>
</tbody>
</table>

**Multifactorial Interventions**

- Multifactorial interventions including nutrition, physical activity, and counseling are recommended for overweight and obesity.

**Counseling**

- Interactive counseling and behavioral support are recommended, with at least one session per week, for the first three months of treatment. Further medication, counseling, or both are recommended for persistent weight loss.

**Screening**

- Screening for overweight with Body Mass Index (BMI) percentiles is recommended for children aged 2 and older at every routine health visit.

**Evaluation**

- **Laboratory Tests**
  - Overweight and obese children and adolescents are at increased risk for developing weight-related comorbidities. Appropriate laboratory evaluations, including routine blood glucose, blood lipids, and blood pressure monitoring, are recommended.

**Pediatric Weight Management**

**CLINICAL PRACTICE GUIDELINES**

For further information and guidance, please refer to the Kaiser Permanente Pediatric Weight Management Guidelines.

**Kaiser Permanente**

Medical Care Network, Southern California

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*Please consult your healthcare provider for personalized guidance and management.*
Implementation Goals

- Create awareness of overweight and obesity epidemic in region
- Make guideline recommendations readily available to physicians
- Make referral to weight management programs simple and quick
- Make information about resources available to physicians and patients easily accessible
- Capture the appropriate statistics regarding patient weight; patient and physician behavior; program performance
Implementation Strategies: Practitioner Interventions

The CPG is distributed in multiple ways:

- Emailed individually to all KPSC physicians
- Posted on the internal Clinical Library
- Posted on the Physicians’ Portal
# Implementation Strategies: Practitioner Interventions

## Framework for Action Plan

<table>
<thead>
<tr>
<th>Knowledge Transfer</th>
<th>Implementation</th>
<th>Performance</th>
</tr>
</thead>
</table>
| **Key messages for champions/leaders** | • Identification of MD and non-MD leaders at every medical center  
• Review/coordinate outreach/inreach | Change operations at medical center level to support performance improvement |
| **Key messages for clinicians** | • Direct mail/e-mail  
• Electronic alerts/orders  
• Proactive decision support  
• Workflow/process improvement | Increase appropriate referral to weight management programs |
Implementation Strategies: Physician Interventions

- Continuing Medical Education course
Implementation Strategies: Practitioner Interventions

- In-clinic access to online guidelines
A prompt alerts care providers to refer patient to a weight management class

- If patient has BMI ≥30, and at least one additional comorbidity
Proactive outreach for health education classes and telephone-based coaching

Available programs include but are not limited to:

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>DESCRIPTION</th>
<th>AVERAGE WEIGHT LOSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle and Weight Management Class – Single Session</td>
<td>Weight management strategies and gateway to other programs</td>
<td></td>
</tr>
<tr>
<td>12 week Slim Down</td>
<td>Behavior change based</td>
<td>12 pounds</td>
</tr>
<tr>
<td>16 week Low Calorie Flexible Diet (LCD) – OR - Flexible Meal-Replacement Program</td>
<td>Partial meal replacement</td>
<td>19 pounds</td>
</tr>
<tr>
<td>*20 week Very Low Calorie Diet (VLCD) – OR - Medical Weight Loss Program</td>
<td>Medically managed; total meal replacement</td>
<td>26 pounds</td>
</tr>
<tr>
<td>Wellness Coaching by Phone</td>
<td>1:1 coaching support to address ambivalence, barriers, and set personal goals</td>
<td>5-15 pounds (self-reported)</td>
</tr>
</tbody>
</table>
Implementation Strategies: Patient Interventions

- Bilingual printed educational material is always available at the point of care
- Members have 24-hr online access to healthy lifestyle information from the comfort of their home
Following every primary or specialty care visit, patients are provided an “After Visit Summary” which provides suggestions to manage current conditions.
Proactive Office Encounter (POE) integrates processes, tools, and workflows to proactively address each member’s preventive and chronic care needs before, during, and after each encounter.

POE for BMI and Exercise

KP’s electronic medical record system automatically calculates BMI when height and weight are entered during collection of patient vital signs.
New Clinical Quality Key Measure in 2013

- Measures the percent of members with a BMI $\geq 30$ who participate in one of the five KP core weight-management programs

- 2013 “Being Healthy” goal is to get 2.5 percent of that population enrolled in one of the core weight management programs
Preliminary observation data from a 3-year pilot study at one medical center

<table>
<thead>
<tr>
<th></th>
<th>Very Low Calorie Diet / Medical Weight Loss Program</th>
<th>Low Calorie Diet / Flexible Meal-Replacement Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of participants</td>
<td>211</td>
<td>334</td>
</tr>
<tr>
<td>Percentage that start and finish</td>
<td>69%</td>
<td>75%</td>
</tr>
<tr>
<td>Average weight loss</td>
<td>39-45 lbs.</td>
<td>16-20 lbs.</td>
</tr>
</tbody>
</table>
Performance Measurement – Improved Outcomes

- Increased attendance in weight management classes
- At the end of 2012, 8,120 members were enrolled
- As of May 2013, 12,403 members were enrolled
### Performance Measurement – Improved Outcomes

#### Regional Health Education Lifestyle Report
Monthly Dashboard and Updates

#### Adult Weight Management

<table>
<thead>
<tr>
<th>Measuring BMI</th>
<th>94.5</th>
<th>2,090,456</th>
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</thead>
<tbody>
<tr>
<td>Age 18-64</td>
<td>94.0</td>
<td>1,639,215</td>
</tr>
<tr>
<td>Age 65+</td>
<td>96.6</td>
<td>451,241</td>
</tr>
</tbody>
</table>

#### Pediatric Weight Management

<table>
<thead>
<tr>
<th>Measuring BMI</th>
<th>98.9</th>
<th>491,044</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 3-11</td>
<td>98.8</td>
<td>285,659</td>
</tr>
<tr>
<td>Age 12-17</td>
<td>99.1</td>
<td>205,385</td>
</tr>
</tbody>
</table>

#### Documenting exercise vitals

<table>
<thead>
<tr>
<th>Days per week</th>
<th>89.3</th>
<th>2,435,593</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 12-17</td>
<td>60.4</td>
<td>250,742</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>91.7</td>
<td>1,733,379</td>
</tr>
<tr>
<td>Age 65+</td>
<td>96.2</td>
<td>451,472</td>
</tr>
<tr>
<td>Minutes per day</td>
<td>89.1</td>
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#### Counseling for physical activity among overweight/obese

<table>
<thead>
<tr>
<th></th>
<th>Obese</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67.8</td>
<td>88,626</td>
</tr>
<tr>
<td></td>
<td>67.4</td>
<td>79,808</td>
</tr>
</tbody>
</table>

#### Counseling for nutrition among overweight/obese children

<table>
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<th>Overweight</th>
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Lessons Learned

- Weight management is the key that unlocks chronic health conditions

- Patient/Physician Partnership
  - Everyone has a role in the solution to this problem

- Replace Myths with Truths
  - Physician Myths: I don’t need to address this, the patient already knows; there is no time in the visit; people gain weight back
  - Patient Myths: I’ve tried everything, nothing works for me; I don’t have time

- Behavior change is a long process
QUESTIONS?
Email me at
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