GE-NMF PRIMARY CARE LEADERSHIP PROGRAM PCLP

Healthy Weight and Wellness Program

Travis Howlette

Rochester Primary Care Network

Rochester, NY

GE Foundation

NATIONAL MEDICAL FELLOWSHIPS

changing the face of medicine

Introduction

- Anthony L. Jordan Health Center's Healthy Weight and Wellness Program (HWW)
- Group medical visits with programming for patients to:
  - eat healthier,
  - improve their fitness,
  - lose weight,
  - and improve their energy and well-being overall
- Assessments were conducted (screener and pre-survey)
- Best practices were obtained throughout the process of enrollment and implementation

Background

- **Top 10 Most and Least Obese Major U.S. Communities**

Least Obese Major U.S. Communities

Community	% Obese
Denver-Aurora, CO	19.3
San Diego-Carlsbad-San Marcos, CA	19.3
San Jose-Sunnyvale-Santa Clara, CA	19.5
San Francisco-Oakland-Fremont, CA	19.7
Boston-Cambridge-Quincy, MA-NH	20.5
Miami-Fort Lauderdale-Pompano Beach, FL	21.8
Washington-Arlington-Alexandria, DC-VA-MD-WV	22.2
Minneapolis-St. Paul-Bloomington, MN-WI	22.7
Los Angeles-Long Beach-Santa Ana, CA	22.7
Seattle-Tacoma-Bellevue, WA	22.8

January 2012-December 2013
Gallup-Healthways Wellbeing Index

GALLUP

Most Obese Major U.S. Communities

Community	% Obese
Memphis, TN-MS-AR	31.9
San Antonio, TX	31.1
Richmond, VA	28.8
New Orleans-Metairie-Kenner, LA	28.7
[illegible]	[illegible]
Rochester, NY	28.6
[illegible] Jefferson County KY-IN	[illegible]
Oklahoma City, OK	28.4
Detroit-Warren-Livonia, MI	28.1
Cleveland-Elyria-Mentor, OH	28.0

January 2012-December 2013
Gallup-Healthways Wellbeing Index

GALLUP

Background

- In Rochester (Monroe County)…
  - 30% of adults in Rochester are obese and additionally 36% of adults are overweight.
  - Factors like location in the city (urban vs. suburban) and race have been shown to have great disparities
  - An estimated 33% of all deaths in Rochester are attributed to diet, physical activity and smoking
  - Roughly 20-30% of Monroe county residents consumes 1+ soda/sugar sweetened beverages, and consumes fruits and vegetables less than once a day
  - Additionally 16% report that they do not engage in any leisure-time physical activity in the past month.

Methodology

- Group medical visits that meet once every other week over the course of 12 weeks (6 visits total)
- Patient enrollment criteria:
  - Overweight or obese (BMI ≥25),
  - Aged 18 years or older,
  - Have at least 1-2 weight-related chronic condition(s) or symptom(s) (examples: diabetes, hypertension, dyspnea, sleep apnea, etc.),
  - English-speaking (not necessarily English as a native language),
  - Ambulatory, and
  - Current patients of the Anthony L. Jordan Health Center with some form of health insurance (either public or private).

Methodology

- Enrollment included:
  - Phone and in-person recruitment
  - Administering an initial screener and a pre-survey
- Pre-formed progress note templates within EHR's
- Feedback from program development team which led to the formation of suggestive practices for continuation and replication of the HWW program.

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM

PCLP

Results

WEIGHT-RELATED CHRONIC DISEASE	
Weight-Related Chronic Disease	Percentage of Participants
Diabetes	36.36%
Hypertension	90.91%
Coronary Artery Disease	9.09%
Chronic Kidney Disease	0.00%
Obstructive Sleep Apnea	0.00%
Depression	54.55%
Joint Pain	45.45%
Hyperlipidemia	36.36%
GERD	18.18%
Other	54.55%

SOCIAL/BEHAVIORAL FACTORS	
Social/Behavioral Factors	
<4 hours of Sleep	30.00%
≥7 hours of Sleep	40.00%
Smokers	9.09%
Alcohol users	36.36%
Other substance users	9.09%
Concerning symptom: Weight	45.45%
Most common barrier: Pain	27.27%
No Physical Activity Outside Daily Walking (without intent to exercise)*	55.45%
Most Common Motivation: Reduce Pain	18.18%
Most Common Motivation: Family	27.27%
Most Common Support: Family	54.55%
Most Common Support: Friends	36.36%
Quality of Life is Fair or Below**	72.73%

DIETARY HABITS	
Food Consumption	Average
Meals/day	2
Vegetables/day	1.5
Fruit/day	2
Fast food/week	2

BODY MASS INDEX (BMI)	
BMI	Percentage of Participants
BMI > 30 but <40	54.55%
BMI >40	45.45%
	Average
Average BMI of Participants	41.11

Discussion

- Data provides the team with the upcoming challenges
- Patients provided 14 topic areas they wish to have within the curriculum
  - 9 were already within the curriculum
  - The remaining 5 could be boiled to two additional topics:
    - Alternative medicine in regards to eating
    - Managing pain with food/exercise
- Continued successful development of this program will be contingent upon the ability to adapt the curriculum according to the patient's desires.

Recommendations: Enrollment

- Use the variables in the screener to capture patient-driven topic areas for the curriculum
- Start enrollment and screening/survey earlier
- Have a member of the program development team be present at the clinics being used for recruitment
- While conducting the screener and surveys discuss as a team how to ask and explain each question

Recommendations: Program Planning/Implementation

- Develop a quick template within the electronic health records system
- Make sure to load the template for each patient prior to the visit
- Call patients during the off week to check-in and the day before to remind them of the visit
- Look out for literacy issues
- Prepare the program development team to be sensitive to group dynamics
- Provide handouts that will capture chief complaint, goals, review of systems (ROS) and current medication list
- Create a shared digital filing system for handouts

Conclusion

- A lot of promise for the HWW program:
  - Financially sustainable
  - Great informal qualitative feedback from patients
- Measures of retainment will be a litmus test of how the program is doing at keeping the patients involved
- Limitations:
  - Only Anthony Jordan Health Center patients
  - Screeners/pre-surveys were administered in two different environments (i.e. phone or in-person)
  - Minor adaptations in the implementation of the program

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM
PCLP

Acknowledgements

- Program Development Team:Lynn Moll, Melanie Murphy, Heather Muxworthy, Kara Fredette, Jamila Miller, Jennifer Carroll, Jalia Tucker
- Anthony L. Jordan Health Center
- GE National Medical Fellowships - Primary Care Leadership Program

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM

PCLP

References

- Spitzer, R.L, Kroenke, K. & Williams, J.B. et al. A brief measure for assessing generalised anxiety disorder: the GAD-7. Arch. Intern. Med. 2006: 166:1092-7.
- Kroenke, K., Spitzer, R.L., Williams, J.B. et al; Anxiety disorders in primary care: Prevalence, impairment, comorbidity, and detection. Ann Intern Med. 2007 Mar 6; 146(5):317-25
- Thorpe, K.E. The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses. National Collaborative of Childhood Obesity Research. Accessed July 3rd 2014. http://www.nccor.org/downloads/CostofObesityReport-FINAL.pdf
- University of Rochester Medical Center. Community Health Assessment and Community Health Improvement Plan: Monroe County, NY. University of Rochester Medical Center Resource. Accessed July 2nd 2014. http://www2.monroecounty.gov/files/health/DataReports/Monroe%20County%20cha%20chip%202013.pdf
- Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity among adults: United States, 2011–2012. NCHS data brief, no 131. Hyattsville, MD: National Center for Health Statistics. 2013.
- Riffkin, R. Boulder, Colo., Residents Still Least Likely to Be Obese. Gallup Well-being Article (April 2014). Accessed July 14, 2014. http://www.gallup.com/poll/168230/boulder-colo-residents-least-likely-obese.aspx
- McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA. 1993 Nov 10;270(18):2207-12.