

Minnesota Partnership for Pediatric Obesity Care and Coverage
(MPPOCC)

Moving the dial on pediatric obesity services payments—a Minnesota statewide partnership example

April 11, 2018

A presentation in the webinar series: Evidence-based Childhood Weight Management Programs, sponsored by the National Association of Chronic Disease Directors and the Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity



and other clinic and community partners
Minnesota Partnership on Pediatric Obesity Care and
Coverage

TODAY'S TOPICS:



Nancy Hoyt Taff, MPH, HealthPartners

MPPOCC Co-chair, MN Council of Health Plans

1. MPPOCC overview
2. Timeline and how we got started
3. Key ingredients for success
4. Sources of momentum
5. Formative moments of change
6. Implementation example: Hennepin Healthcare's Taking Steps Together

TODAY'S TOPICS:

1. MPPOCC overview
2. Timeline and how we got started
3. Key ingredients for success
4. Sources of momentum
5. Formative moments of change
6. Implementation example: Hennepin Healthcare's Taking Steps Together

Minnesota Partnership for Pediatric Obesity Care and Coverage (MPPOCC)



- Began in 2012
- Co-led by the MN Chapter of the American Academy of Pediatrics and the MN Council of Health Plans
- Organizations dedicated to reducing childhood obesity through clinical and community services (clinicians, DHS, local and state public health, community-based service providers)
- 25-30 organizations total; Annual meeting and Learning Collaborative open to all who are interested

MPPOCC Fact Sheet:

<http://www.mnaap.org/obesitymppocc.html>

Minnesota Partnership for Pediatric Obesity Care and Coverage (MPPOCC)

- **PURPOSE:** To gain a better understanding of: (1) childhood obesity best practice services; and (2) what the health plans would need in order to support them.
- **GOAL:** Improve childhood obesity clinical care and linkages to community-based services
- **MPPOCC ROLE:** Utilize group expertise to: (1) provide guidance and direction on approaches to clinical care, community partnerships, and obtaining reimbursement for services; (2) identify community resources; and (3) identify and work on areas of improvement.

TODAY'S TOPICS:

1. MPPOCC overview
2. Timeline and how we got started
3. Key ingredients for success
4. Sources of momentum
5. Formative moments of change
6. Implementation example: Hennepin Healthcare's Taking Steps Together

MPPOCC Timeline Highlights

2012:

- MN AAP (Dr. Jessica Larson) and MN Council of Health Plans (Dr. Russ Kuzel) convene stakeholders
- Statewide inventory of pediatric obesity services

2013:

- Formally adopt 5-2-1-0 messaging
- ICSI Guideline "Prevention and Management of Obesity for Children and Adolescents"
- Consensus on key measures for clinics to track (including MN Community Measurement measure)
- Add consultant staff

2014:

- MN Medicine "Treating Childhood Obesity"
- MN-AAP Newsletter "Coverage, Coding and Billing for Pediatric Obesity Services"

2015:

- Jan webinar: "Pediatric Obesity Services: What's Covered in MN?"
- Develop clinic- and community collaborative services policy brief
- Launch Learning Collaborative

2016:

- DHS modified CHW coverage for people on MN Health Care Programs, increasing hours per month from 4 to 12, calling out "pediatric obesity" services as covered, and changing "standardized curriculum" language to "best practices"
- Begin Hennepin Healthcare Taking Steps Together billing pilot
- Begin posting Learning Collaborative meetings and resources on website

2017:

- Jan webinar: "Best Practice Guidelines in Clinic/Community Collaborative Pediatric Obesity Services"
- Greater MN outreach, recruit two counties to develop work plans for CHW delivery of pediatric obesity services
- MetroDoctors "Only through Ongoing Partnership Can We Provide Sustainable, Accessible Obesity Services for Minnesota Children"

2018 (so far):

- March TOOLKIT: "Utilizing Community Health Workers (CHWs) to deliver clinic- and community-based pediatric obesity services"

TODAY'S TOPICS:



Megan Ellingson, MHA, Ellingson Health
Consulting and CHW Solutions

MPPOCC Staff

1. MPPOCC overview
2. Timeline and how we got started
3. Key ingredients for success
4. Sources of momentum
5. Formative moments of change
6. Implementation example: Hennepin Healthcare's Taking Steps Together


Key ingredients for success

- Structure
- Membership
- Communication
 - *MPPOCC website:*
<http://www.mnaap.org/obesitymppocc.html>
- Consultant staff
- USPSTF Recommendation guides our work

Obesity in children and adolescents US Prevention Services Task Force Recommendation (Level B):

“The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status.”

**Intensive behavioral
interventions:**



**> 25
HOURS
over 6
months**

<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-children-and-adolescents-screening>

TODAY'S TOPICS:

1. MPPOCC overview
2. Timeline and how we got started
3. Key ingredients for success
4. Sources of momentum
5. Formative moments of change
6. Implementation example: Hennepin Healthcare's Taking Steps Together

Sources of momentum

- MN Statewide Health Improvement Partnership
- Webinars
- Persisting through obstacles
- Toolkit

MN Statewide Health Improvement Partnership (SHIP)

(<http://www.health.state.mn.us/ship/>)

SHIP: Better health together

SHIP is working to create healthier communities across Minnesota by expanding opportunities for active living, healthy eating and tobacco-free living.

Good health is created where we live, work, learn and play. Schools, businesses, apartment owners/managers, farmers, community groups, senior organizations, hospitals, clinics, planning entities, Chambers of Commerce, faith communities and many more partners are creating better health together through SHIP all across Minnesota.



Sources of momentum

- Webinars
- Persisting through obstacles
- **NEW** Toolkit: “Providing and billing for childhood obesity services delivered by Community Health Workers”

For a great video on CHWs, see Dr. Rishi Manchanda’s TED talk: “What makes us sick? Look upstream.”

https://www.ted.com/talks/rishi_manchanda_what_makes_us_get_sick_look_upstream

Resources can be found on MPPOCC website:

<http://www.mnaap.org/obesitymppooc.html>

TODAY'S TOPICS:



John Anderson, MD, Hennepin Healthcare

MPPOCC Co-chair, MN-AAP

1. MPPOCC overview
2. Timeline and how we got started
3. Key ingredients for success
4. Sources of momentum
5. Formative moments of change
6. Implementation example: Hennepin Healthcare's Taking Steps Together

Formative moments of change

- Initial formation (2012)
- Shift from clinic- to community-based services (2015)
 - *DHS CHW policy changes*
- Formed Learning Collaborative to bring policy change into reality (2015)
- Outreach to more Greater MN agencies to broaden reach (2017)

TODAY'S TOPICS:

1. MPPOCC overview
2. Timeline and how we got started
3. Key ingredients for success
4. Sources of momentum
5. Formative moments of change
6. Implementation example:
Hennepin Healthcare's
Taking Steps Together

Hennepin Healthcare, Taking Steps Together

Community-based Service Summary

- 17-week nutrition and healthy lifestyle service for families addressing childhood obesity
- Families are referred to the services by their child's primary care provider through the electronic health record
- Weekly 2 ½ hour meetings with three main components: group physical activity, group cooking and a learning activity
- Ongoing communication between program staff and the participant's primary care clinic
- Services conducted at Minneapolis Park and Recreation sites
- Staff include: registered dietician, pediatrician, guest educators and a bilingual coordinator (community health worker)

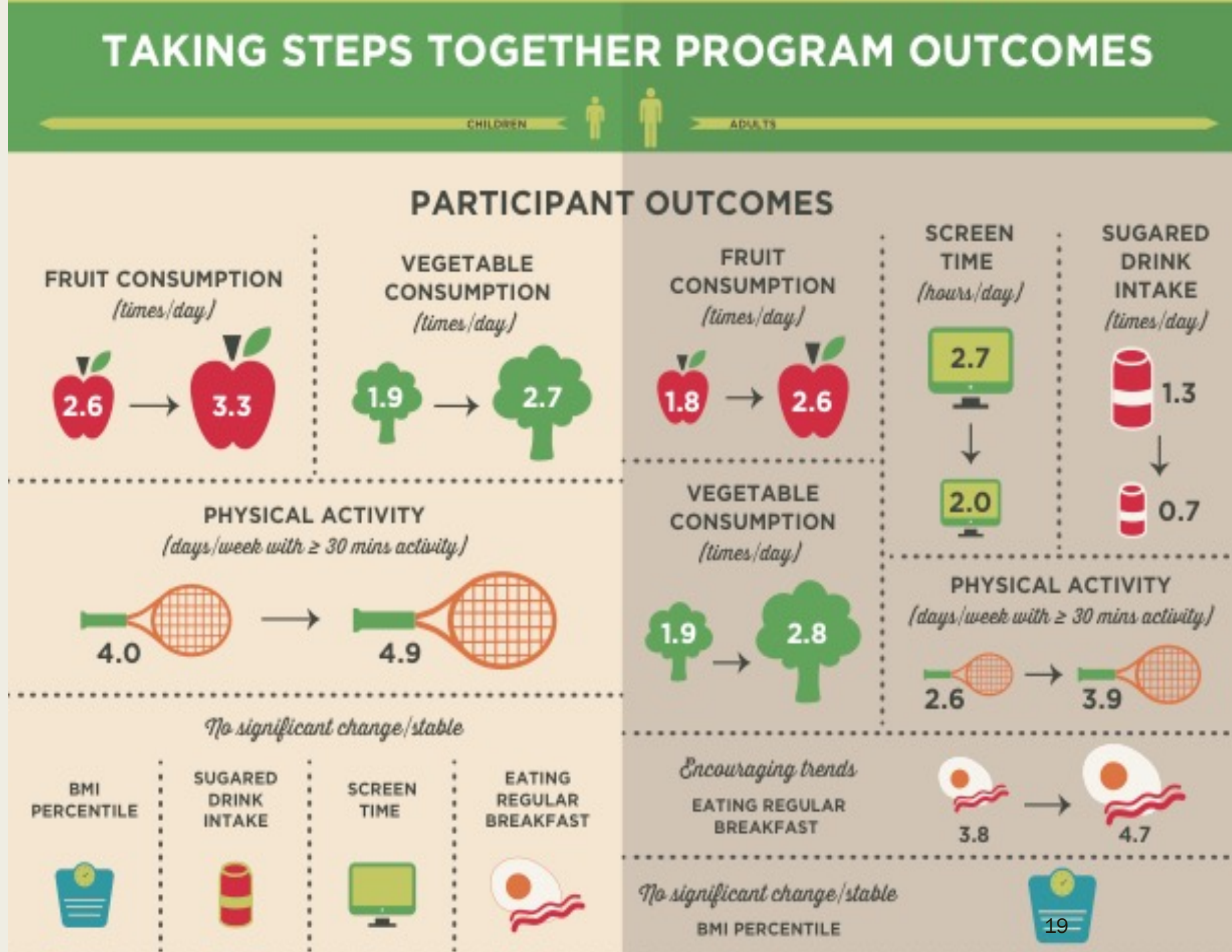


Core Service Elements and Themes

- Family-centered
- Building self-efficacy
- Community-based
- Research based
- Promoting sustainable change through intrinsic motivation for healthy living
- Strong local partnerships

Hennepin Healthcare, Taking Steps Together

Results published April, 2015
 Anderson, Newby, Kehm, Barland and Hearst. 2015.
 Taking steps together: a family- and community-based obesity intervention for urban, multiethnic children. *Health Education & Behavior*. Vol 42(2), Pg 194-201.



Implementation example: Hennepin Healthcare's Taking Steps Together

- First time CHW codes dropped to bill for community-based childhood obesity services
- Built workflows for CHW documentation and billing
- Identified and solved numerous barriers to submitting claims for reimbursement
- Analysis of 2017 claims and payments data pending
- If all of charges were paid, reimbursement would cover majority of direct costs for providing the services

MPPOCC Next Steps...

■ Priorities from March 21, 2018

MPPOCC Annual Meeting

- *Disseminate CHW toolkit to all SHIP grantees, WIC, Child and Teen Check-up programs, providers and clinics*
- *Engage Public Health Nurses and CHWs in every county to deliver obesity-related home visiting services*
- *Engage private insurance in coverage*
- *Promote use of identified insurance company contacts, with knowledge of CHW coverage, for troubleshooting*
- *Develop CHW pool with expertise in pediatric obesity*
- *Remove RD visit limits for clinic-based care*
- *Get better coverage for teen bariatric surgery*



CONTACT INFORMATION:

Nancy Hoyt Taff

HealthPartners

952-967-5184; nancy.h.taff@healthpartners.com

Megan Ellingson

Ellingson Health Consulting and CHW Solutions

612-385-4862; meganellingson@chwsolutions.com

John Anderson

Hennepin Healthcare

612-532-6522; john.Anderson@hcmed.org