DRAFT - Healthy Weight Communications Material for HIMSS Interoperability Showcase (2/14/14)

Potential Resources for Material Development

1. http://www.health.gov/paguidelines/midcourse/infographic.pdf
2. Integrating Primary Care and Public Health for obesity prevention 2 pager (see powerpoint attachment)
3. CDC School Guidelines to Promote Healthy Eating and Physical Activity (http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf), CDC probably has copies

Additional items:

- CDC PA Guidance Document Action Guide, and/or Practice to Practice
- CDC School Guidelines (http://www.cdc.gov/healthyyouth/npao/strategies.htm), Action Guide, and/or Practice to Practice
- Materials from Healthy Communities: What local governments can do; Recommended Community Strategies MMWR (http://www.cdc.gov/obesity/resources/recommendations.html)
- Let's Move materials (http://www.letsmove.gov/) ; Let's Move Salad Bars to Schools
- EIM materials (http://exerciseismedicine.org/)
- Safe Routes: National Center for Safe Routes to Schools http://www.saferoutesinfo.org
- http://www.health.gov/paguidelines/midcourse/pag-mid-course-report-final.pdf

Patient 1, Scenario 3

HIMSS TPM:

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Patient: Jane Smith, 32 year old postpartum female with gestational diabetes, managing her obese condition

Use Case: Healthy Weight profile …streamlines reporting of patient BMI data for improved care, health care coordination and more effective population health management.

Concept Highlights:

- Addressing obesity in the physician's office, at work, and in the community can yield dramatic improvements in health outcomes and cost savings.
- Healthy Weight profile demonstrates how BMI data combined with demographic, behavioral and work information can serve as an effective population health indicator.
- Healthy Weight profile highlights how EHRs can empower both patients and communities to make healthier choices.

Commented [FJL(1]: We have variable lists of data elements throughout. Working to align with narrow or broader version of what content could be:

Narrow interpretation of data: BMI data (eg, ht, wt, DOS, DOB, other necessary elements), demographics

Wide: BMI data, assoc conditions, demographic, behavioral, settings (eg work), goal setting, resource identification, diagnosis & intervention, plan creation, linkages to community/referals

Script (2-3 minutes):

Measured height and weight data were captured in the electronic health record (EHR) as part of the health care visit and used to calculate body mass index (BMI). Collecting BMI, demographics, work information, and other healthy weight information such as physical activity and nutrition behaviors can help health care providers appropriately screen, direct counseling, and provide care to patients. EHRs offer the ability to make these data more available to public health agencies where they can be used to help inform and prioritize obesity prevention efforts in states and communities. Standards for BMI and associated data collection and use will improve data quality and consistency, making population-based aggregation and comparison easier.

Value to patient:

- Patient's knowledge of their BMI can galvanize behavior modification to take more responsibility for health
- Accurate BMI data (e.g. height, weight, date of birth, date of service, sex, associated conditions) and calculations supported by the EHR provides accurate information to the patient and provider to tailor care
- Healthy weight information can be considered in the patient context—including healthy weight behaviors, work situation, health conditions, goal setting, resource identification, diagnosis & intervention, plan creation, and linkages to community — for empowerment of the patient and the development of a tailored weight loss regime

Value to provider:

- Healthy weight information can be used to develop patient specific behavior change strategies, referrals to dieticians, track patient's weight over time, etc in order to improve patient care
- Guideline based clinical decision support to assist providers in implementing best practices for patient tailored weight management (e.g. tests for associated conditions, appropriate preventive screening). By using CDS, physicians will be following guidelines laid out by professional organizations and leading obesity experts in the field (e.g. USPTF; IOM; Obesity EHR Expert Panel; …)
- Can encourage patient BMI screening and comparison of patient's BMI to national and local populations
- Alignment with meaningful use vital signs requirement and Clinical Quality Measures. Can help provider meet specialized registry MU requirement by sending BMI data to public health registries
- Healthy weight reports can inform quality improvement activities in the provider practice and health system. A shift towards for pay-for-performance, with the goal of lowering costs and improving patient health outcomes, places a priority on effectively treating and preventing obesity for all patients

Value to EHR vendor:

Commented [FJL(2]: 1.Institute of Medicine (2010). Bridging the Evidence Gap in Obesity Prevention: A Framework to Inform Decision Making. Washington, DC, The National Academies Press.
2.Barlow, S.E. and the Expert Committee (2007). "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report." Pediatrics 120 (Supplement_4): S164-192.
3. Krebs NF, Himes JH, Jacobson D, Nicklas TA, Guilday P, Styne D. Assessment of Child and Adolescent Overweight and Obesity. Pediatrics Dec 2007; 120:S4 S193-S228.
4.Pediatric Nutrition Handbook (2008). 6th ed. Kleinman RE, ed. Elk Grove, Village, IL: American Academy of Pediatrics
5.Screening for and Management of Obesity in Adults, Topic Page. U.S. Preventive Services Task Force. http://www.uspreventiveservicestaskforce.org/uspstf/uspsobes.htm
6.Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, The Evidence Report. September 1998. US Department of Health and Human Services Public Health Service, National Institutes of Health, National Heart, Lung, and Blood Institute. NIH Publication No. 98-4083.

Commented [BLo3]: How does that help the provider? (not that it doesn't, just restate as value to the provider).

JJ: this might have been me; in which case I think my idea was the provider could consider the patient's BMI within the contexts of both the patient's local peers and nationally (e.g., is this patient's BMI typical for her neighborhood?). In my opinion, this is an expendable "talking point", we have better ones listed.

- Healthy Weight profile reflects the functionality EHR systems will be expected to have for effective population health management, including demographic and work information
- Provides increased value to consumers by meeting international healthy weight standards and aligns with obesity initiatives
- Helps customers meet meaningful use objectives related to vital signs capture and clinical quality measure reporting.

Value to Public Health:

- In 2011-2012, 24.9% of U.S. adults were obese . For a 5'10" man, that means weighing more than 209 lbs; for a 5'5" woman, that means more than 180 lbs .
- Currently, obesity prevalence data at state and local levels are limited; to address this, public health agencies are beginning to explore EHR based BMI surveillance for more fine-grained and timely information
- The prevalence of obesity varies by a number of factors, including occupation; sedentary jobs can contribute to an increase in obesity.
- Healthy Weight profile information, such as BMI, can provide data to prioritize resources and inform more targeted interventions such as programs and policies to support healthy eating and active living (schools' programs and menus, workplace-based health promotion initiatives, built environment improvements for decreased dependency on cars, more fresh produce markets).
- Having ongoing BMI information helps both target and monitor community-based health interventions.
- Healthy Weight profile supports aggregated, de-identified data reports examining obesity disparities by demographic and socioeconomic (e.g., industry and occupation) subpopulations and by environmental associations impacting obesity prevalence

Commented [KLB4]: Ogden, C. L., et al. (2013). "Prevalence of obesity among adults: United States, 2011-2012." NCHS Data Brief(131): 1-8.

Commented [BLo5]: People don't intuitively know what obese is, so consider adding, "for a 5'10" man, that means weighing more than 209 lbs; for a 5'5" woman, that means more than 180 lbs.

Commented [GBL6]: Caban, A. J., et al. (2005) "Obesity in US Workers: The National Health Interview Survey, 1986 to 2002." Am J Public Health. (95):1614–1622.

The establishment of health information technology standards for healthy weight information exchange reflects important trends in population health management. Increasingly, public health agencies will be expected to leverage EHRs to improve chronic disease outcomes. At the same time, health care providers are being incentivized to focus on health outcomes of their patient populations. The Healthy Weight project highlights how EHRs can empower both patients and communities to make healthier choices.

Technical Notes/Follow up issues:

- Address patient consent?
- UW to mock up population-based surveillance reports providing visualizations of BMI categories x demographic categories (e.g., occupation, age, sex, race/ethnicity) and behaviors. NIOSH/CDC will provide specific categories and patient-level codes/variables for those categories.
- Determine presenter(s)
- Create slides (if necessary)
    - focus on individual patient vs. population health?
    - Data flow diagram depicting HW surveillance?

    - MU/quality measures?
    - behaviors/settings (eg. prioritizing resources for physical activity in the workplace)?
- Determine and obtain physical props (if necessary)

Patient 3, Scenario 3

HIMSS TPM:

David Shippen

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Patient: Rachel Smith, 6 year old, well child visit (scenario is independent of car accident)

Use Case: Healthy Weight profile streamlines reporting of patient BMI data for more coordinated pediatric care and population health management.

Concept Highlights:

- Addressing obesity in the physician's office and in the community can yield dramatic improvements in health outcomes and cost savings.
- Healthy Weight profile demonstrates how BMI can serve as an effective population health indicator.
- Healthy Weight profile highlights how EHRs can empower both patients and communities to make healthier choices.

Script (2-3 minutes):

Measured height and weight data are captured in the electronic health record (EHR) as part of the health care visit. Collecting body mass index (BMI) in this setting can help health care providers appropriately screen, direct counseling, and provide care to patients. EHRs offer the ability to make this data more available to public health agencies where it can be used to help inform and prioritize obesity prevention efforts in states and communities. Standards for BMI data collection and use will improve data quality and consistency making population-based aggregation and comparison easier.

Value to all stakeholders and society:

- Approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese.
- Obese children are challenged with a number of social and health-related problems and are at a greater risk for experience obesity in adulthood.
- Childhood obesity leads to other chronic conditions (hypertension, diabetes).

Commented [KLB7]: From Seung Hee: How about the association between obesity and asthma?

Value to patient:

- Healthy Weight profile supports a child patient BMI report to parents with information on health risks and steps to take to manage the child's weight
- Parent's knowledge of their child's obesity can galvanize behavior modification

- BMI information can be considered in the context of child's other conditions for the development of a tailored weight loss regime
- Patient and patient's caretaker's knowledge of their BMI can galvanize behavior modification to take more responsibility for health
- Accurate BMI data (e.g. height, weight, date of birth, date of service, sex, associated conditions) and calculations supported by the EHR provides accurate information to the patient and provider to tailor care
- Healthy weight information can be considered in the patient context—including healthy weight behaviors, school or early care situation, health conditions, goal setting, resource identification, diagnosis & intervention, plan creation, and linkages to community — for empowerment of the patient and the development of a tailored weight loss regime
- Behaviors to inform patient tracking … considering PHR component

Value to provider:

- Healthy weight information can be used to develop patient specific behavior change strategies, referrals to dieticians, track patient's weight over time, etc in order to improve patient care
- Guideline based clinical decision support to assist providers in implementing best practices for patient tailored weight management (e.g. tests for associated conditions, appropriate preventive screening). By using CDS, physicians will be following guidelines laid out by professional organizations and leading obesity experts in the field (e.g. USPTF; IOM; Obesity HER Expert Panel; …)
- Can encourage patient BMI screening and comparison of patient's BMI to national and local populations
- Alignment with meaningful use vital signs requirement and Clinical Quality Measures. Can help provider meet specialized registry MU requirement by sending BMI data to public health registries
- Healthy weight reports can inform quality improvement activities in the provider practice and health system. A shift towards for pay-for-performance, with the goal of lowering costs and improving patient health outcomes, places a priority on effectively treating and preventing obesity for all patients
- Data exchange can help build evidence-base for weight management best practices
- Profile supports a coordinated well child visit (BMI, immunizations, social history)

Value to EHR vendor:

- Healthy Weight profile reflects the functionality EHR systems will be expected to have for effective population health management.
- Provides increased value to consumers by meeting international healthy weight standards and aligns with obesity initiatives
- Helps customers meet meaningful use V/S req't and CQM.

Value to Public Health:

Commented [FJL(8]: 7.Institute of Medicine (2010). Bridging the Evidence Gap in Obesity Prevention: A Framework to Inform Decision Making. Washington, DC, The National Academies Press.
8.Barlow, S.E. and the Expert Committee (2007). "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report." Pediatrics 120 (Supplement_4): S164-192.
9. Krebs NF, Himes JH, Jacobson D, Nicklas TA, Guilday P, Styne D. Assessment of Child and Adolescent Overweight and Obesity. Pediatrics Dec 2007; 120:S4 S193-S228.
10.Pediatric Nutrition Handbook (2008). 6th ed. Kleinman RE, ed. Elk Grove, Village, IL: American Academy of Pediatrics
11.Screening for and Management of Obesity in Adults, Topic Page. U.S. Preventive Services Task Force. http://www.uspreventiveservicestaskforce.org/uspstf/uspsobes.htm
12.Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, The Evidence Report. September 1998. US Department of Health and Human Services Public Health Service, National Institutes of Health, National Heart, Lung, and Blood Institute. NIH Publication No. 98-4083.

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- Currently obesity prevalence data at state and local levels are limited; to address this public health agencies are beginning to explore EHR based BMI surveillance for more fine-grained and timely information Healthy Weight profile information, such as BMI, can provide data to prioritize resources and inform more targeted interventions such as programs and policies to support healthy eating and active living (schools programs and menus, built environment improvements for decreased dependency on cars, more fresh produce markets, more playgrounds and recreational areas).
- Healthy Weight profile supports aggregated, de-identified data reports examining obesity disparities by demographic subpopulations and environmental associations.
- The prevalence of obesity varies by a number of factors, including community, school, early care and education
- Having ongoing BMI information helps both target and monitor community-based health interventions.

The establishment of health information technology standards for healthy weight information exchange reflects important trends in population health management. Increasingly, public health agencies will be expected to leverage EHRs to improve chronic disease outcomes. At the same time, health care providers are being incentivized to focus on health outcomes of their patient populations. The Healthy Weight Surveillance project highlights how EHRs can empower both patients and communities to make healthier choices.

Technical Notes/Follow up issues:

The context of this scenario is a well-child visit. Does SWP want to demonstrate anything around immunizations (,?)/ data to registries and PH programs (ie. Immunes, obesity prevention, others can find);

Commented [FJL(10]: With all the values to cover listed above, Stating or showing that the data is useful to various PH programs is of value, forecasting is a lower priority in the healthy weight profile.

Technical Notes/Follow up issues:

- Address patient consent?
- Determine presenter(s)
- Create slides (if necessary)
    - focus on individual patient well-child visit vs. population health?
    - address integrated child health information systems? Health Weight with immunizations, newborn screening, etc? I.e., the value of finding information from one effective interoperable system versus multiple systems, databases, interfaces
    - Data flow diagram depicting HW surveillance?
    - MU/quality measures?
    - behaviors/settings (eg. prioritizing resources for physical activity in schools- the playground scenario)?
- Create GUI, AVR mock ups (if necessary, static or interactive?)
- Determine and obtain physical props (if necessary)