



Let's Go! Childhood Obesity Project ECHO®

Dr. Tory Rogers
Dr. Carrie Gordon
Meg Nadeau

April 7, 2022



Housekeeping

- This session will be recorded for educational and quality improvement purposes.
- Please do not provide any protected health information (PHI) during any ECHO session.
- Zoom trouble? Chat to Meg Nadeau

Please turn on your video!

Please enter your name, organization, and email address (needed for CME) in the chat.

If you are watching as a group, please put everybody's information in the chat.

Introduce Yourself



Please mute your microphone when not speaking.

Microphones



Welcome and Introductions (5 min)

Lecture & Q&A (25 min)

Case/Discussion (25 min)

Close (5 min)

Agenda



Focus of this Project ECHO®

- Increase the understanding and minimization of bias and stigma that is associated with obesity
- Promote a supportive, health-forward approach in your workforce and office environment around treatment of obesity
- Model health-focused language for parents
- Put Motivational Interviewing into practice
- Develop individualized treatment plans based on obesity physiology to help families reach their healthy goals
- Initiate treatment early and provide timely follow up



Treating Patients who have Obesity

Carrie Gordon, MD

Maine Medical Center Weight & Wellness

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Putting the Evaluation Together

- Mood and relationship with food
 - Strategies for excessive hunger and dysfunctional eating patterns
- Learning and peer relationships
- Internalized weight bias and/or low self esteem
- Comorbidities (from labs and PE), including sleep
- Genetic risk and family history
- School avoidance/performance and bullying/teasing
- Physical Movement
- Understanding of nutrition and cooking skills
- Food insecurity and resource limitations/insurance coverage
- Weight promoting medications/Shifting to medication plans that optimize success



Organizing an Individualized Treatment Plan

- Individualize treatment!!!!
 - Remember of all the “team” working with this patient, you will have the broadest understanding
- Thorough evaluation with contributors and comorbidities outlined for family
 - Considering medication alternatives when appropriate
- Conversations about patient goals and expectations
 - If weight focused, consider working on getting under reasoning to deeper issues
 - Eliciting information about WHY/how things could be better if interventions are successful (better self esteem, more engaged with peers, more energy, less heartburn or constipation)
- Connecting family with trusted supports (PT, Cooking matters, RD, mental health)



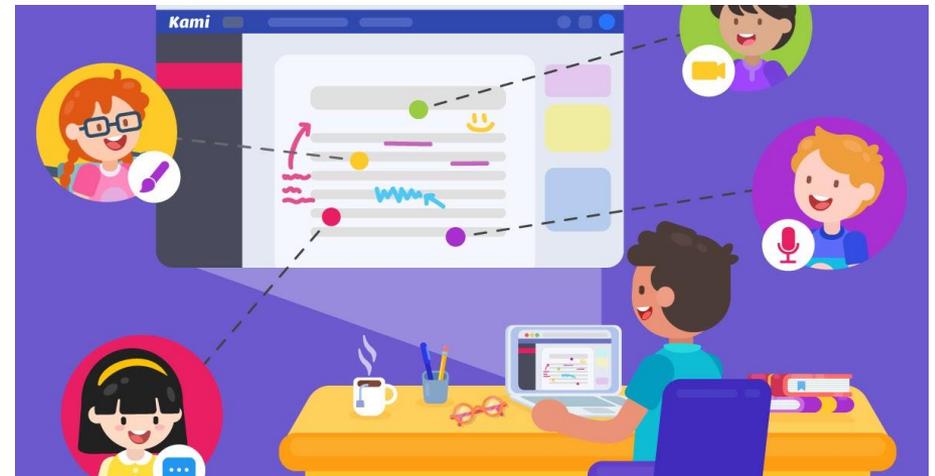
Moving from Evaluation to Treatment: Build Trust

- Health prevention focus, not WEIGHT
 - Modeling health focused language with an explanation about why this is important
 - Finding more comfortable ways to address concerning parent language in-office
 - Avoiding praise around weight changes, using **language of curiosity**
 - » Work with Patients, MA/Team on this
- Open conversations about barriers and realistic expectations around which changes are manageable at any given time
- Avoiding fad diets and developing healthy relationship with food
- Setting **strategic** follow up visits to navigate ups and downs
 - If they want to work on improved sleep, try a new medication discuss how long they want to try it before checking back in



Helpful Tools

- Asking permission!!!
 - To share your perspective on patients health and health risks related to nutrition/food relationships and activity
 - About how their chosen strategy will or won't help them reach their goals
 - To deliver educational information
 - About follow up willingness
- Motivational interviewing support for EHR
 - Obesity follow up visit guides
- Go-to dietitian, counselor and PA support
 - Insurance considerations
 - Nutrition tools
- Food insecurity resources
- Cooking Matters classes
- Econsults
- Body composition scale
- Books: This is Your Brain on Food
- Plan for billing and coding



Obesity Follow Up Visit Guides

- Review intake PE
 - Address comorbid illnesses
- Review flow for visit guides
 - Patient selection
 - Helpful hints for provider
 - Choice of questions
 - Reviewing barriers with confidence scales
 - Setting follow up based on progress and patient interest (give your recommendations, but allow them flexibility when working with scheduler to minimize your no-show/reschedule rates)



Let's Go! Project ECHO

Case Presentation

Michelle Sweetser, FNP
HealthReach Community Health Centers



Reasons for Selecting this Case

Do NOT include PHI

Why did you choose this case?	<ol style="list-style-type: none">1. insulin resistance2. morbid obesity3. hypertensive4. family obstacles
What questions do you have for the group?	<ol style="list-style-type: none">1. what would you try to motivate this young man?2.3.4.

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Basic Patient Information

Do NOT include PHI

	Note any additional comments
Age	18
Gender Identity	male
Race/Ethnicity	white
Current Weight and Height	394lbs, 6'1/2"
Current BMI and BMI%	52.78
How long has the patient had concerning growth trends?	since 2017, new to our practice then.

Growth Curve

Unable to provide screenshot

Relevant ROS

Do NOT include PHI

Sign	Present? Check if Yes	Comments
Headaches		
Snoring	✓	
Poor sleep hygiene - no standard bedtime, no bedtime routine, screens in bedroom, inadequate sleep duration, disordered sleep, etc.	✓	anxiety around sleep
Shortness of breath	✓	with activity
Abdominal pain		
Heartburn, dysphagia, chest paint		
Polyuria or polyphagia		
Constipation	✓	
Menstrual irregularities		
Pain/discomfort with activity		
Flat affect, sad or loss of interest	✓	regarding weight loss
Internal weight bias		

Relevant Past Medical History

Do NOT include PHI

Medical History	Abnl, NL or N/A	Comments
Birth History	please select	unable to obtain
Growth in First 2 years	please select	unable to obtain
Developmental Concerns	please select	
Puberty or Menstrual Concerns	Abnormal <input type="button" value="v"/>	taller then other males in family
Other		

Relevant Obesity Related Family History

Does the patient have a parent, or a first degree relative with any of the following?

Do NOT include PHI

Condition	Y, N, or Unknown	Comments
Obesity	Yes	2012, BMI 28 on return to practice 2017 44.5
Type 2 Diabetes	No	severe insulin resistance on Metformin
Dyslipidemia	Yes	
PCOS	No	
CVD	Yes	Hypertension, does not take meds reliably
Bariatric Surgery	No	not willing to consider
Sleep Apnea	Unknown	not willing to test at this time
Mood disorder	Unknown <input type="button" value="v"/>	does have anxiety, recurrent, will not take meds reliably and does not follow with couneslor

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Relevant Social History

Do NOT include PHI

What is the patient's living situation? (parents together, divorced, siblings?)	mom and dad divorced for 9 years, little to no current contact with dad, grew apart. lives with mom, step dad, sister, older brother, and gram
How is school going? (Are there signs of bullying? Does the patient attend school? How are their grades? Do they have an IEP or 504?)	Passing all classes some honors classes, 2 credits shy of graduating, working with guidance counselor on making this up
Is the family food insecure? If yes, is this being addressed?	yes, mom uses coupons to support families food, if she does not have a coupon she does not buy it or if not part of her coupon program, step dad cooks.
Is there a past history of trauma? If yes, is this being addressed?	pt not willing to open up on this, tried counseling, recurrent anxiety issues.
Is there a history of substance abuse? If yes, what substance and is this being addressed?	none known
Does the patient see a counselor? If yes, for what?	not currently, tried several times.

Nutrition

Comment on all that apply

Do NOT include PHI

Family food habits (Does the patient or family diet, or have food restriction patterns?)	poor, lots of low cost, budget friendly items, sweets and ready to go snacks
What is the family's understanding of nutrition?	knowledgeable, but very resistant to change due to financial restraints
Does the patient have selective eating?	no
Does the patient have any of the following: - excessive hunger - night time eating - sneaking food	per parents, lots of snack wrappers in room
Can the patient accept food limits?	no sneaks foods

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Physical Activity and Socialization

Comment on all that apply

What does the patient do for physical activity?	very little, family has treadmill and other equipment, not interested.
What does the patient like to do for physical activity?	not interested, is a gamer
Does screen time significantly displace other activities like physical activity, school work, etc.?	yes, has friends on line and games with them to stay social
Does the patient have friends?	not many at school
Does the patient have healthy social interactions?	per parents yes

Relevant PE

Do NOT include PHI

	Check if positive, document any concerns
Hypertension	✓ does not take meds daily, been seen by nephrology
Short Stature	
Tonsillar hypertrophy/mouth breathing	
Wheezing/Increased WOB	
Abdominal concerns (pain/liver enlargement)	
Gait/LE concerns	
Acanthosis nigricans/skin concerns	✓ insulin resistance, on metformin
Inappropriate pubertal development	
Age appropriate clinic interaction	
Dysmorphic findings	

Does the patient have any of the following?

Do NOT include PHI

Condition	Check if yes	Comments
Prediabetes/Diabetes		
Dyslipidemia	<input checked="" type="checkbox"/>	
NAFLD		
HTN	<input checked="" type="checkbox"/>	
Sleep Apnea	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	
PCOS	<input type="checkbox"/>	
SCFE	<input type="checkbox"/>	
Blount's Disease	<input type="checkbox"/>	
Idiopathic Intracranial Hypertension		

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Current Labs and Screens

Do NOT include PHI

Lab	Results	Fasting? Check if yes	No Labs Ordered
Glucose	86		
HbA1C	5.3		
LDL	51		
HDL	34		
Total Cholesterol	98		
Total Triglycerides	64		
ALT	18		
AST	13		
Vit D			
Other	insulin 46.3		
Other	tsh: wnl		

Screeners	At risk, Not at risk, Didn't Screen / Comments
PHQ9 - for depression	Not at risk
Vanderbilt for ADHD	Didn't screen
GAD-7/SCARED for anxiety related disorders	At risk
CRAFFT for substance abuse disorder	Not at risk
Other	

Current Medications

Medication and Dose	Start date	Comments
metformin 500mg 2tabs daily	2020	
lisinopril 20mg daily	2020	
hydroxyzine 50mg	2022	

What have you tried?

Do NOT include PHI

nephrology consult for hypertension resistance

weight and obesity referral to Portland refused distance

cooking matters refused

nutritionist at FMH attended 3 sessions

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Patient Successes and Challenges

Do NOT include PHI

Successes	Challenges

Some possible next steps for you....

1. Are there a few key take aways you can put into practice next week?
2. View a few of the supplemental learning options
3. Think about any bias you have that might get in the way with your patients
 - Bias screening test - <https://implicit.harvard.edu/implicit/takeatest.html>
4. Do you have a Team to help you?
 - Internal team
 - Community partners
 - Referring physicians
5. Do you need to develop new Workflows for Well Visits and Follow Up Visits?
6. Think about taking an MI course - ask us, we know of a few good ones

Supplemental Learning CME Modules & Resources

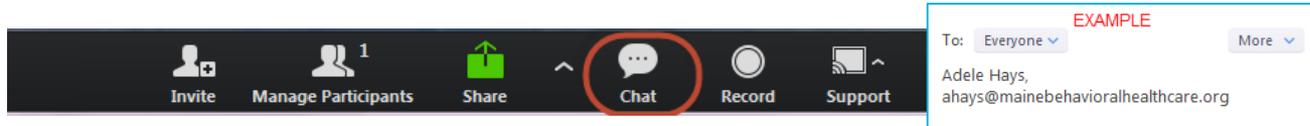
- CME Modules
 - Introduction to the Pathophysiology of Obesity
 - Bias and Stigma Associated with Obesity
 - Introduction to Motivational Interviewing
 - Talking with Patients and Families about Nutrition
 - Physical Literacy and Physical Activity *NOW AVAILABLE
- Monthly Session recordings, resources, articles, etc.

[LetsGo.org/ECHO](https://lets-go.org/ECHO)



Evaluation and CMEs

If you haven't already done so, please enter your name and email address in the Chat



- After each ECHO session, you will receive an email with a link to a brief evaluation survey and Post-Test.
 - Please complete within 1 week.
- Upon completion, a link to the CME credit will be sent to you.

What's Next

- Office Hours: April 21 from 12-1pm
 - Opportunity to talk with Carrie and Tory about cases, workflows, labs, etc
- Monthly ECHO session: May 5 | 12-1 pm
 - Lifestyle Modifications to Treat Obesity



Thank you

- Feel free to reach out to us at:
 - ObesityECHO@mainehealth.org
- or
- Tory - victoria.rogers@mainehealth.org
 - Carrie - gordoc@mmc.org

