



Let's Go! Childhood Obesity Project ECHO®

Dr. Tory Rogers
Dr. Carrie Gordon
Meg Nadeau

November 4, 2021



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.
- IT trouble? Chat to Meg Nadeau

Please turn on your video!

Please enter your name and organization in the chat box.

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

Introduce Yourself



Please mute your microphone when not speaking.

Microphones



Welcome and Introductions (10 min)

Lecture & Q&A (20 min)

Case/Discussion (25 min)

Close (5 min)

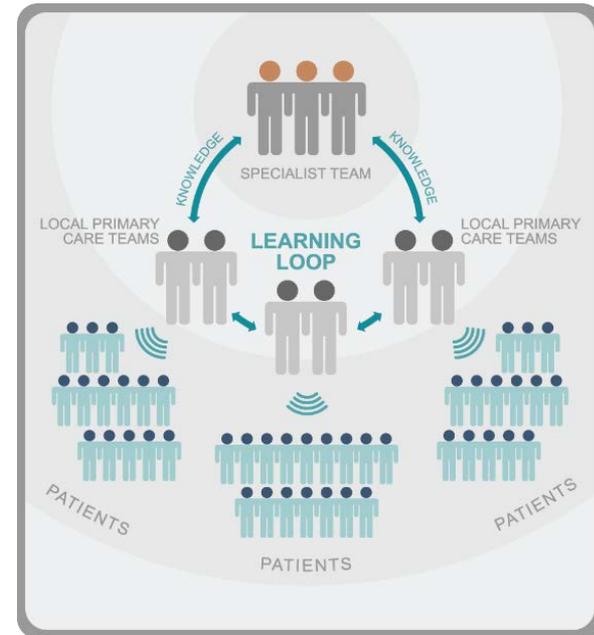
Agenda



What is Project ECHO?

ECHO...

- programs are all different, based on the focus, style, and individual team members involved;
- works to build expertise at the front lines of care to safely and effectively manage common, complex conditions so that providers can meet the need for specialty care within their community;
- is an educational model, not a patient care clinic; and
- is an ongoing multidirectional learning network that is not merely consultative and does not develop a patient-provider relationship.



Objectives for this Project ECHO®

- Increase the primary care provider and their team's knowledge of the disease and pathophysiology of childhood obesity
- Increase the primary care provider and their team's knowledge of how to identify abnormal weight gain and childhood obesity in the early stages
- Increase the primary care provider and their team's knowledge of how to assess pediatric patients with obesity
- Increase the primary care provider and their team's knowledge of the treatment options for childhood obesity
- Increase the primary care provider's confidence in caring for patients with obesity



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

Obesity Physiology and Building your treatment team

- Complex disease process with need for personalized treatment
- Individuals who carry extra weight are under no moral or ethical imperative to work on lowering their BMI
- Understanding of contributors and patients priorities will improve effectiveness of patient management
- Key to success—physician as detective/counselor
 - Screening tools
 - Motivational interviewing and Language
 - Comfort with multiple treatment modalities
 - TOUCHPOINTS



Team and communication plan

- Dietitian
 - Comfortable with MI, not prescriptive
- Counselor
 - Someone with skills in CBT and/or ACT
 - Internalized weight bias
 - Trauma
 - Anxiety
 - Depression
- Physical therapist/Trainer
 - Physical literacy / deconditioning
- Sleep specialist
- Cooking Matters/FI and Cooking supports
- Occupational therapist/Selective eating
- Behavioral specialist/Psychiatrist
- Obesity specialist
 - Genetic screening
 - Bariatric surgery
 - Medications



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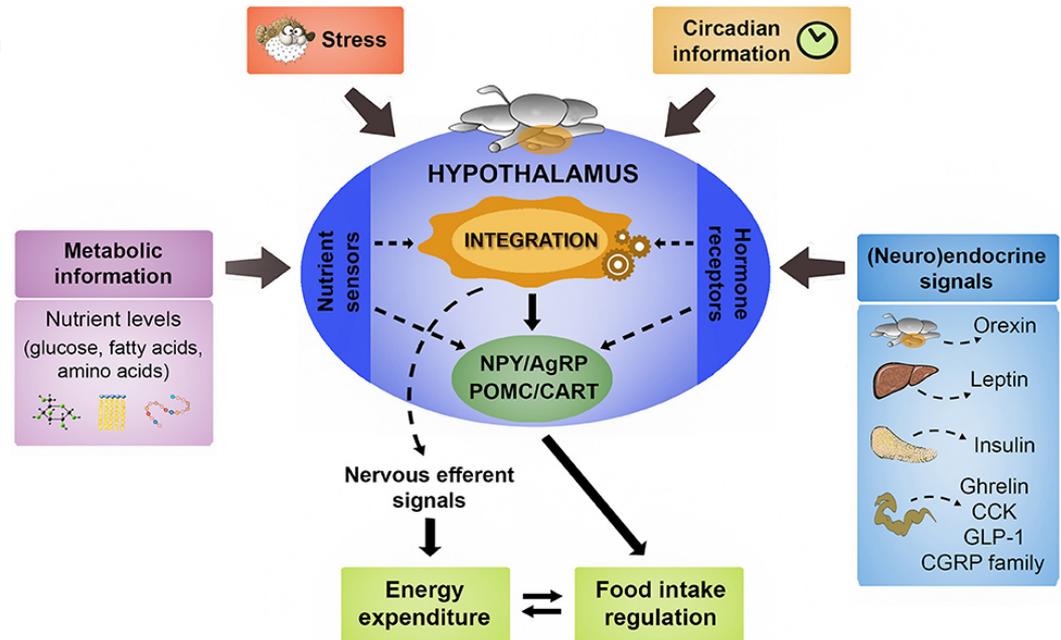
Tools

- Overview template note
- Order sets for referrals and labs
- Screening tools for contributors/comorbidities
- MI tools and/or trainings
- Lists of weight promoting medications/ alternatives
- Bias training
- Resources for FI
- Appropriate equipment
 - Chair size
 - Body composition scale
 - Blood pressure cuffs
- Confidence that treatment CAN help



Physiology and Medications

- Limiting food intake in the face of excessive hunger is not a long term plan
- Untreated internalized weight bias is a health risk
- Obesity is OFTEN associated with ADHD, Anxiety, Depression
- When weight promoting medications are needed consider adjuncts to minimize side effects
- Patients reporting healthy eating/active living are likely struggling with the ERS set point and can benefit from medical/surgical interventions
- Nutrition and physical activity and their connection to weight is more complicated than calories in/calories out



Measures of success: weight focus WILL NOT improve our patients relationship with food and their bodies

- Patient meeting personal goals
- BMI trends
- Decrease percentage adiposity and increased PA/strength
- Lab improvements or resolution of comorbidities
- Symptomatic improvement in excessive hunger
- Dietary quality improvements
- Improved family dynamics and communication about food and their bodies
- Improvements in self esteem, mood disorder and school performance



Norwegian Personalized Obesity Care Model

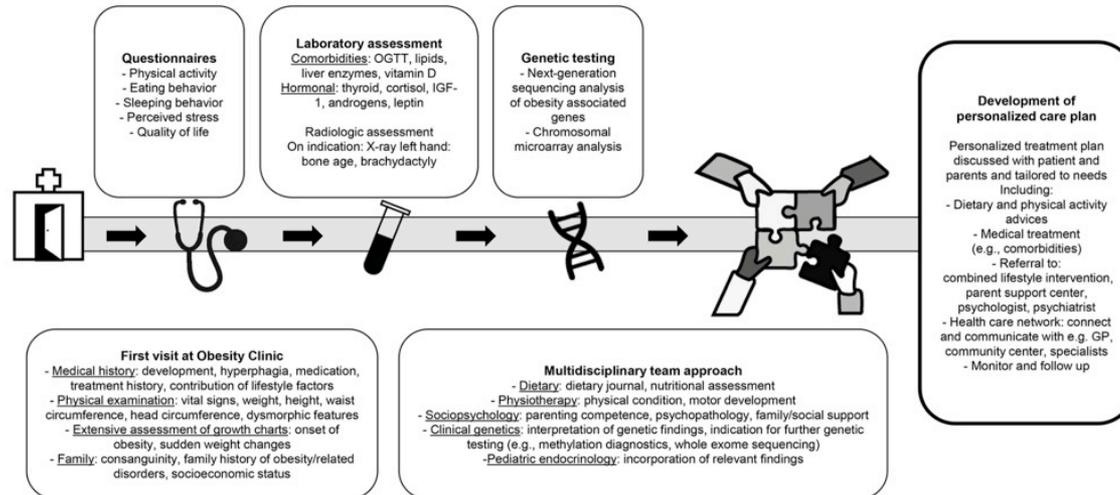


Identifying underlying medical causes of pediatric obesity: Results of a systematic diagnostic approach in a pediatric obesity center

Fig 2

Diagnostic approach.

Systematic diagnostic approach for children and adolescents with obesity and a suspicion of an underlying medical cause. Abbreviations: OGTT, oral glucose tolerance test; IGF-1, Insulin-like growth factor 1; GP, general practitioner.



doi: <https://doi.org/10.1371/journal.pone.0232990.g002>



Case Presentation

Dr. Erika Schumacher

Fiddlehead Pediatric Healthcare, Farmington ME



Reasons for Selecting this Case

Do NOT include PHI

Why did you choose this case?	<ol style="list-style-type: none">1.2.3.4.
What questions do you have for the group?	<ol style="list-style-type: none">1.2.3.4.

Basic Patient Information

Do NOT include PHI

Note any additional comments	
Age	
Gender Identity	
Race/Ethnicity	
Current Weight and Height	
Current BMI and BMI%	
How long has the patient had concerning growth trends?	

Growth Curve

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.		
Shortness of breath		
Abdominal pain		
Heartburn, dysphagia, chest pain		
Polyuria or polyphagia		
Constipation		
Menstrual irregularities		
Pain/discomfort with activity		
Flat affect, sad or loss of interest		
Internal weight bias		

Relevant Past Medical History

Do NOT include PHI

Medical History	Abnl, NL or N/A	Comments
Birth History		
Growth in First 2 years		
Developmental Concerns		
Puberty or Menstrual Concerns		
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		
Type 2 Diabetes		
Dyslipidemia		
PCOS		
CVD		
Bariatric Surgery		
Sleep Apnea		
Mood disorder		

Relevant Social History

Do NOT include PHI

What is the patient's living situation? (parents together, divorced, siblings?)	
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?)	
Is the family food insecure? If yes, is this being addressed?	
Is there a past history of trauma? If yes, is this being addressed?	
Is there a history of substance abuse? If yes, what substance and is this being addressed?	
Does the patient see a counselor? If yes, for what?	

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5-2-1-0

Nutrition

Comment on all that apply

Do NOT include PHI

Family food habits (Does the patient or family diet, or have food restriction patterns?)	
What is the family's understanding of nutrition?	
Does the patient have selective eating?	
Does the patient have any of the following: <ul style="list-style-type: none">- excessive hunger- night time eating- sneaking food	
Can the patient accept food limits?	

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5-2-1-0

Physical Activity and Socialization

Comment on all that apply

What does the patient do for physical activity?	
What does the patient like to do for physical activity?	
Does screen time significantly displace other activities like physical activity, school work, etc.?	
Does the patient have friends?	
Does the patient have healthy social interactions?	

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5-2-1-0

Relevant PE

Do NOT include PHI

	Check if positive, document any concerns
Hypertension	
Short Stature	
Tonsillar hypertrophy/mouth breathing	
Wheezing/Increased WOB	
Abdominal concerns (pain/liver enlargement)	
Gait/LE concerns	
Acanthosis nigricans/skin concerns	
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		
NAFLD		
HTN		
Sleep Apnea		
Depression		
PCOS		
SCFE		
Blount's Disease		
Idiopathic Intracranial Hypertension		

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5-2-1-0

Current Labs and Screens

Do NOT include PHI

Lab	Results	Fasting? Check if yes	No Labs Ordered
Glucose			
HbA1C			
LDL			
HDL			
Total Cholesterol			
Total Triglycerides			
ALT			
AST			
Vit D			
Other			
Other			

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

Current Medications

Medication and Dose	Start date	Comments

What have you tried?

Do NOT include PHI

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 internal 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



What's Next

- Office Hours
 - November 18 | 12:00 -1:00 pm
 - Opportunity to talk with Carrie and Tory about cases, workflows, labs, etc
- December 2 monthly session
 - Early identification and screening of overweight and obesity



Supplemental Learning CME Modules & Resources

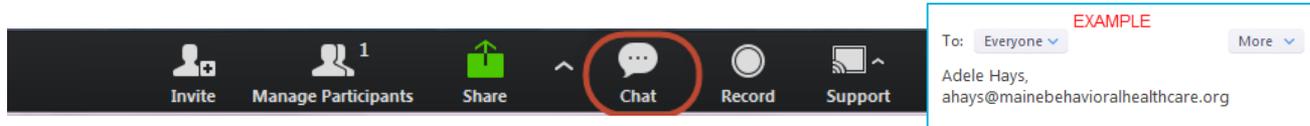
- CME Modules
 - Introduction to the Pathophysiology of Obesity
 - Bias and Stigma Associated with Obesity
 - Introduction to Motivational Interviewing
 - Talking with Patients and Families about Nutrition
 - Physical Literacy and Physical Activity
- Monthly Session recordings, resources, articles, etc.

[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.

Thank you

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

