



Promoting Health: Improving Patient Outcomes for Childhood Obesity through a Coordinated System of Care (“Promoting Health”)



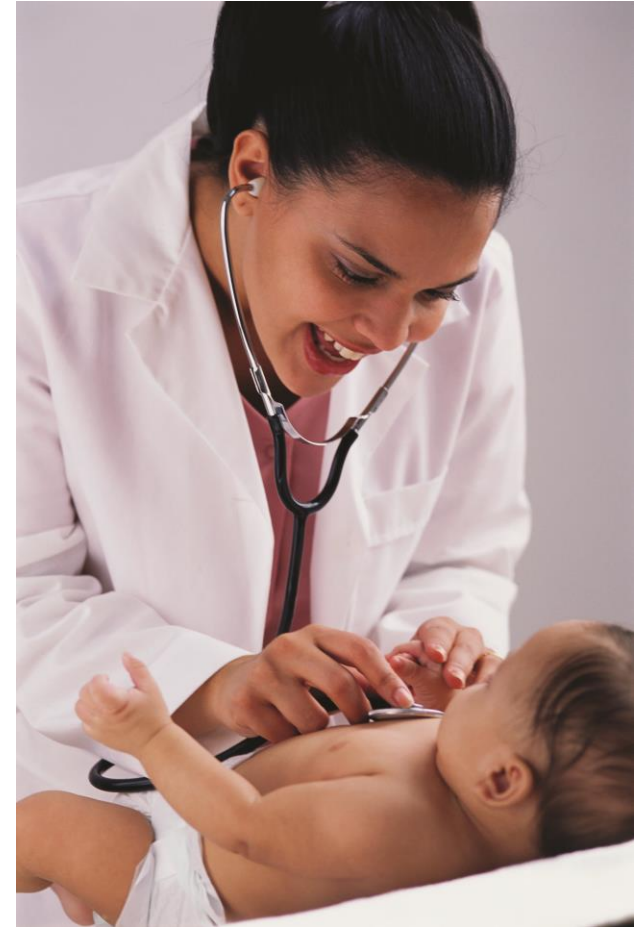
Illinois Chapter, American Academy of Pediatrics
Obesity Prevention Initiatives
Health Disparities and Social Justice Conference
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Illinois Chapter, American Academy of Pediatrics (ICAAP)



- Chapter, AAP
- Nonprofit/public health
- 2,200 + members statewide
- Mission – ensure quality care
- CME, QI, systems change, advocacy, collaboration



Childhood Obesity Health Equity and Social Justice



- Disparate impact – 50% or more of pediatric patients at community health centers have overweight/obesity
- 80% of adolescents with obesity at increased risk 20 chronic conditions
 - Cardiovascular disease
 - Stroke
 - Diabetes
 - Arthritis
 - Certain cancers

Learning Objectives



- Understand steps to integrate clinical and community systems through a coordinated system of care
- Identify communication flow among partners to collaborate in a referral system with medical and nonmedical community resources
- Summarize different technological systems adapted for referral systems

Coordinated System of Care Pilot Goals



- Create model for coordinated system of care, including digital communication
- Improve quality of pediatric obesity care among all providers
- Improve health behaviors and patient outcomes through increased clinical and community integration

Clinical and Community Integration Strategies to Improve Health



“Obesity is a continuing unmet
challenge”



US Preventive Services Task Force, 2007, 2017

Closing the Integration Gap for Childhood Obesity





Project Steps

1. Engage clinic partners
2. Build community partner network
3. Identify care coordinator (navigator)
4. Continuous quality improvement
5. Consider HIPAA compliance
6. Data and Evaluation

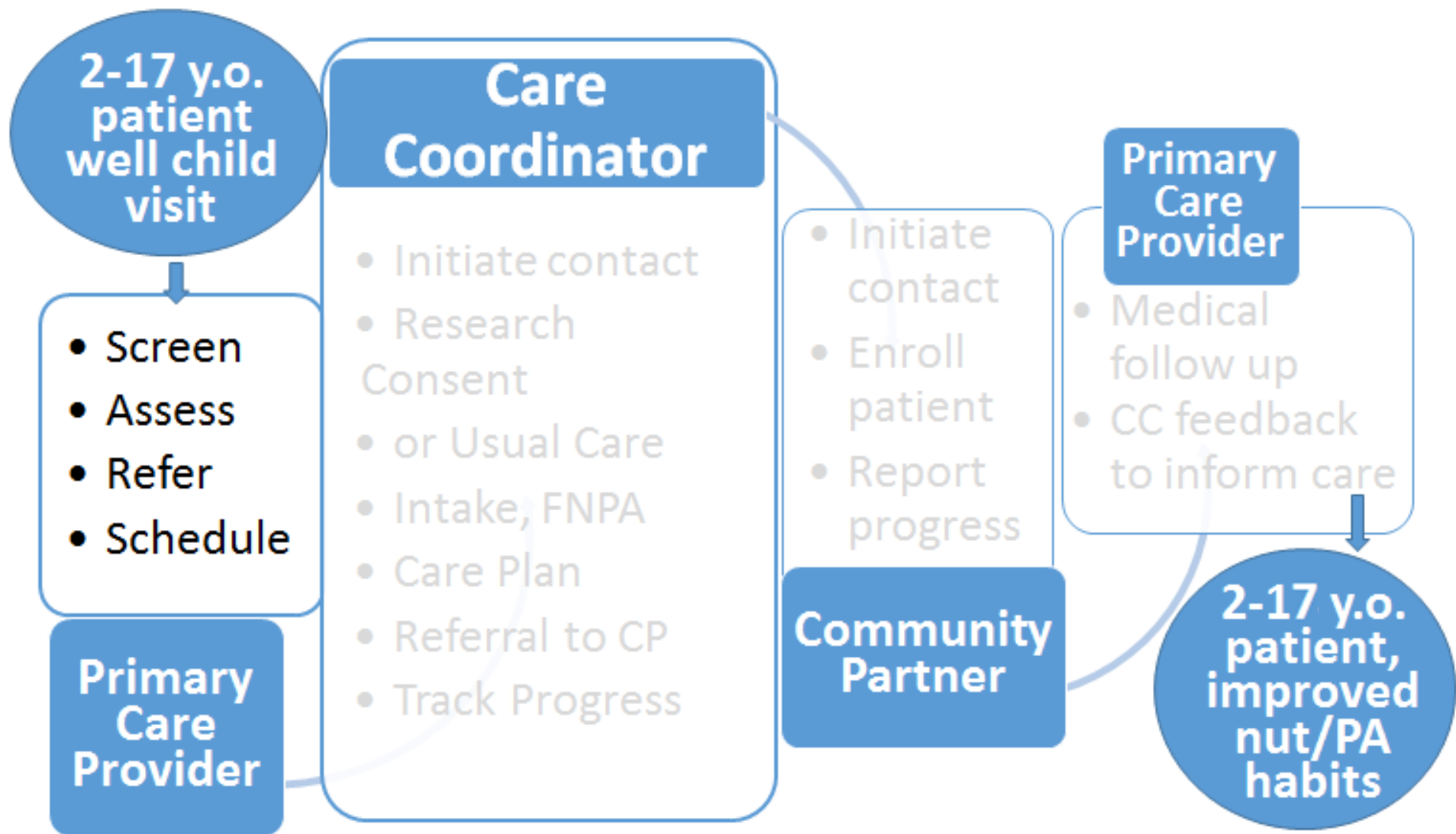
Clinic Partners

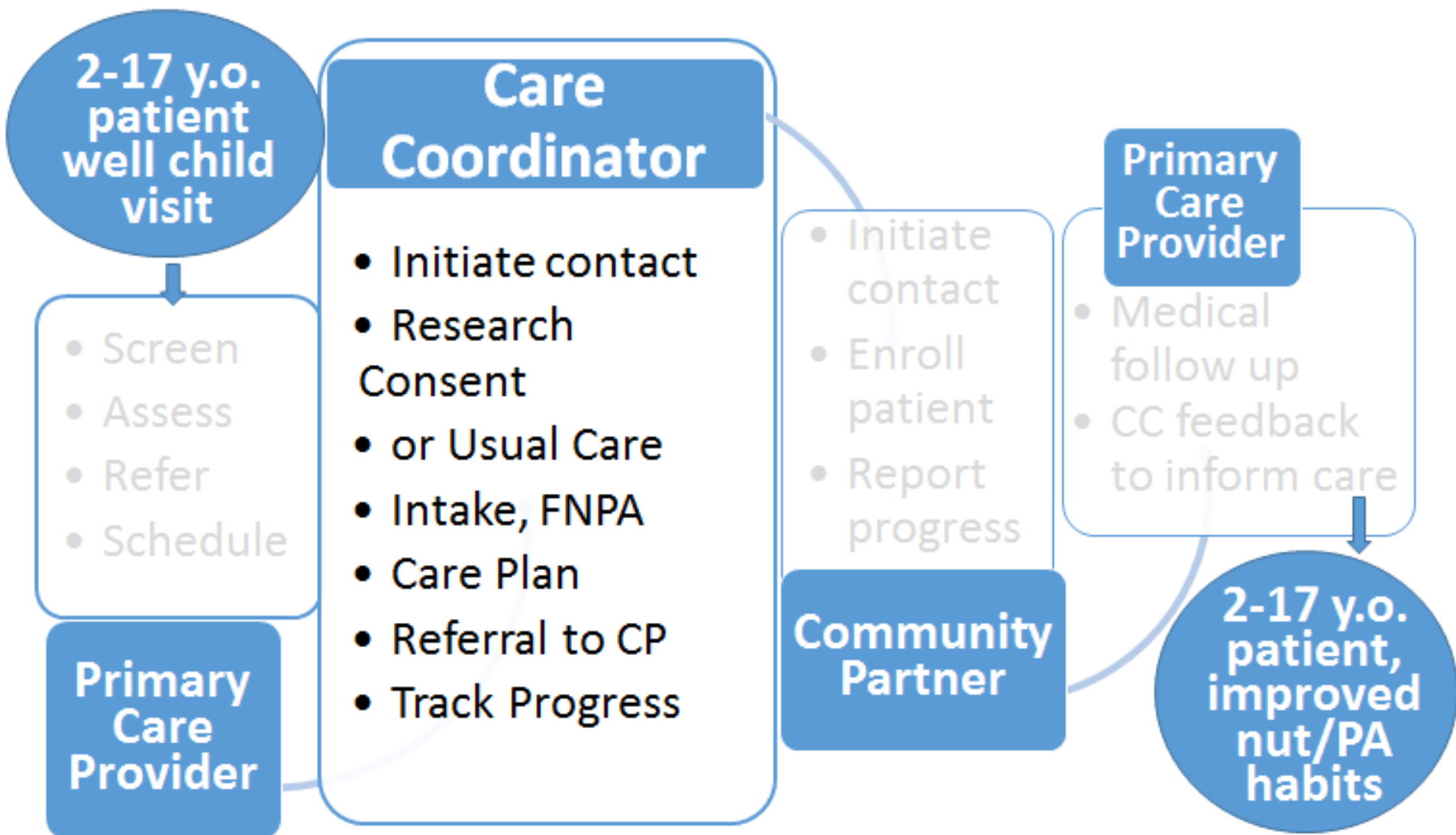


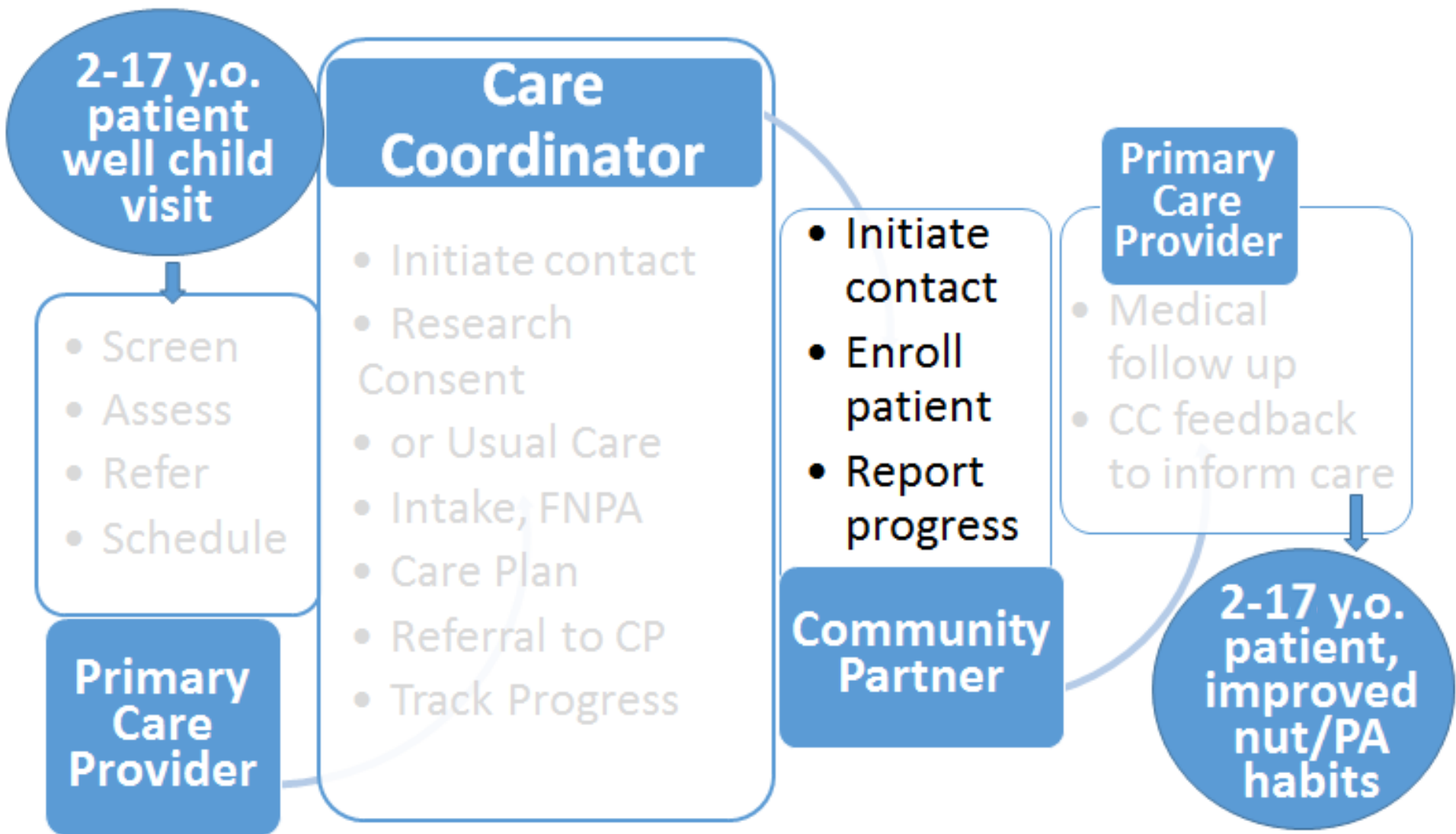
- Erie clinic sites
 - Division Street
 - Evanston

- Heartland clinic site
 - Devon – Rogers Park





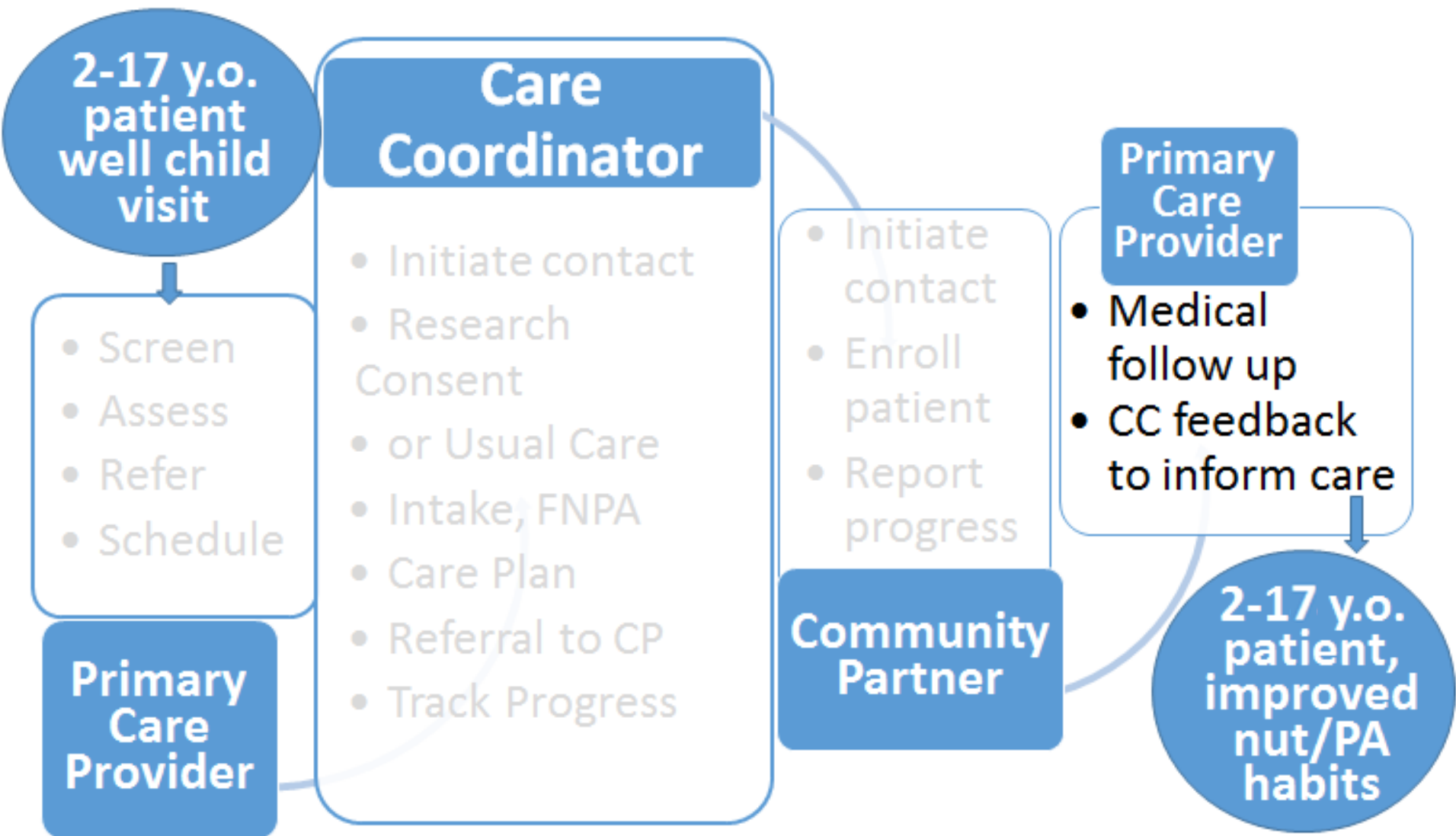


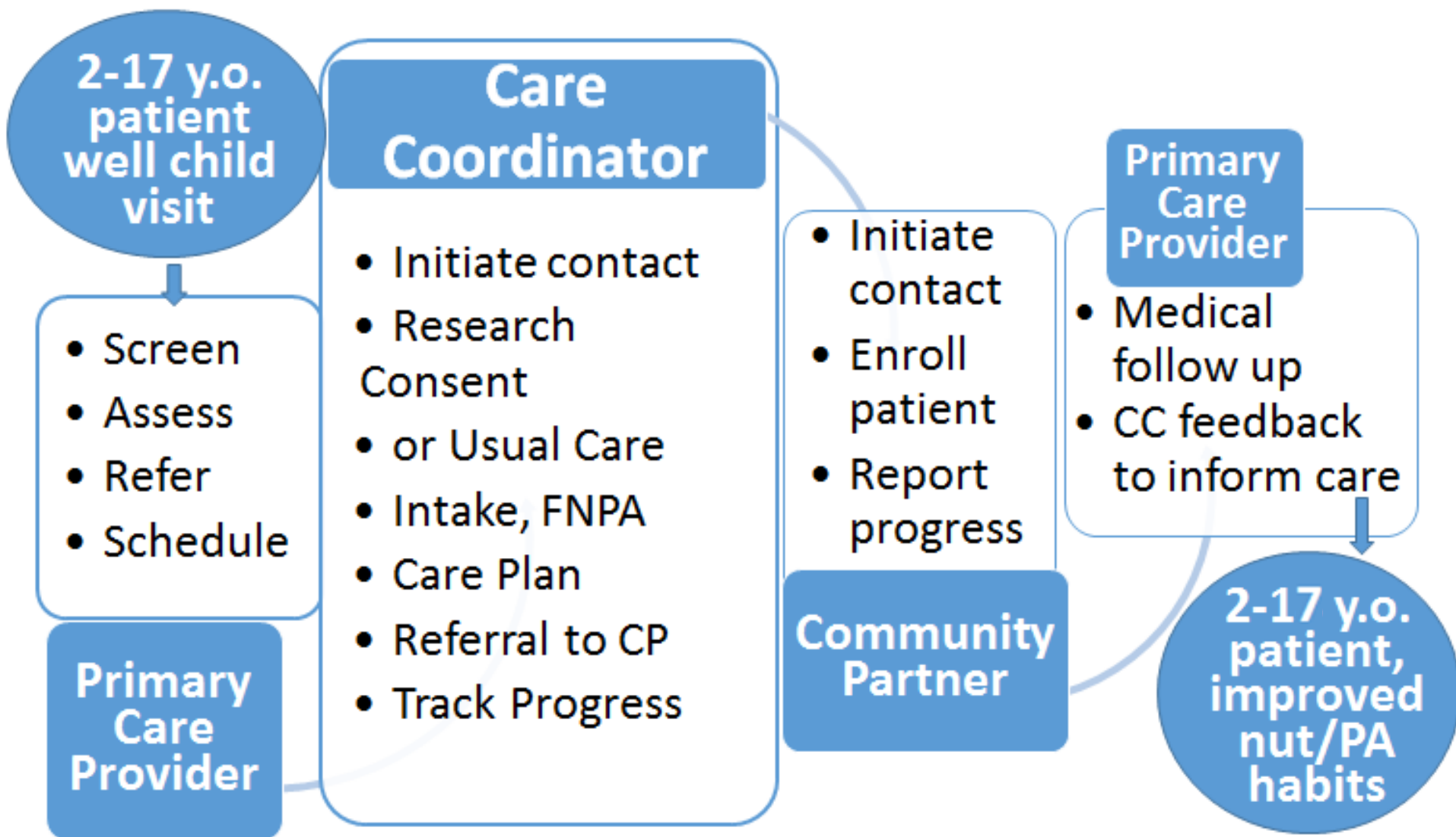


Community Partner Network

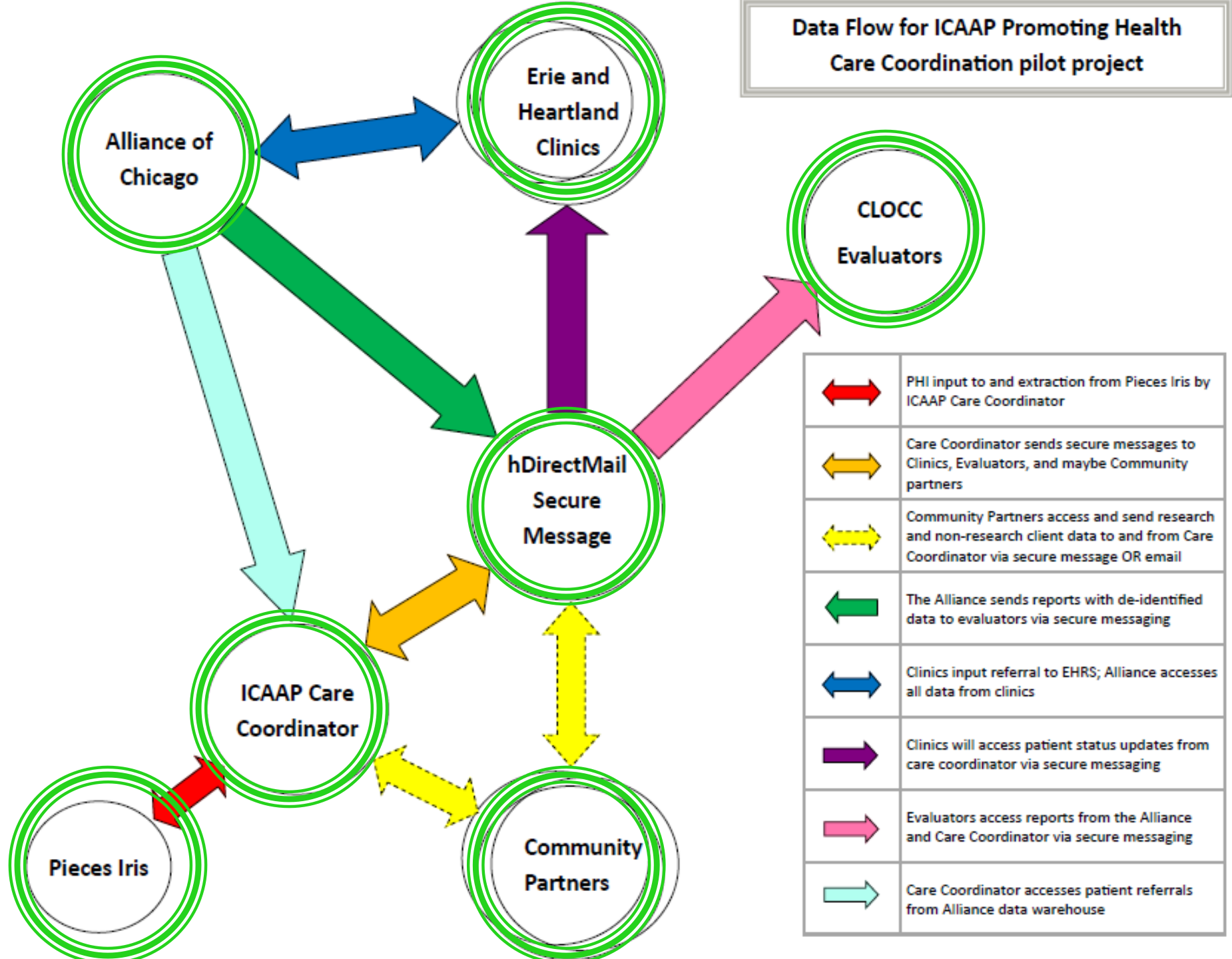


Take
charge
of your
health





Data Flow for ICAAP Promoting Health Care Coordination pilot project



	PHI input to and extraction from Pieces Iris by ICAAP Care Coordinator
	Care Coordinator sends secure messages to Clinics, Evaluators, and maybe Community partners
	Community Partners access and send research and non-research client data to and from Care Coordinator via secure message OR email
	The Alliance sends reports with de-identified data to evaluators via secure messaging
	Clinics input referral to EHRs; Alliance accesses all data from clinics
	Clinics will access patient status updates from care coordinator via secure messaging
	Evaluators access reports from the Alliance and Care Coordinator via secure messaging
	Care Coordinator accesses patient referrals from Alliance data warehouse



Evaluation

- Outcome Measures: provider counseling and referral (quality improvement); physical activity and nutrition habits; BMI for relevant patients
- Data collection: surveys (providers, participant, patient, community partner), care coordination database, data warehouse (EHRS data from each clinic)

Technology and Evaluation Partners



- Technology

- Centricity – EHRs
- Data warehouse
- Pieces Iris – care coordination platform



- Evaluation

- Maryann Mason, PhD
Principal Investigator
- Amy Christison, MD,
FAAP, University of IL,
College of Medicine





ICAAP Referral Report from Clinics

BMI \geq 85	BMI \geq 95	Nutrition/ Physical Activity Counseling	Nutrition/ Physical Activity %	Readiness to Change Question Asked	Ready Change %	ICAAP Referral TO DATE	ICAAP Referral %
1155	679	451	39%	270	23%	254	22%



ICAAP Referral Report

CP Referrals

ICAAP Referral Report	CP Referrals
2	Chicago Park District
2	CHildServ
3	Actors Gymnasium
3	Cooking Matters held at Heartland
4	ProActive Kids
8	GCFD
9	Heartland Nutrition Counseling
11	Howard Area Community Center Summer Camp
13	Cooking Matters Everthrive
55	Total Referrals

Takeaway



- Extremely complicated to streamline digital systems in healthcare, especially to nonmedical sectors
- Need to address underlying causes of OW/OB (food insecurity, **transportation**, poverty, lack of equity, systems that are not readily accessible)
- Healthcare system financing – duplicative administrative systems, and invasive/expensive care rather than primary care and effective community-led efforts

Promoting Health Grant Funders



- Telligen Community Initiative
- Otho S.A. Sprague Memorial Institute
- Wellcare Innovation Institute



For More Information

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