

Clark County Primary Care Provider  
Clinical Practice Guidelines Interview Report

Use of BMI, Overweight/Obesity Management  
Type II Diabetes, Asthma, Physical Activity, Nutrition and Tobacco Use

Steps to a Healthier Clark County

Health Systems Intervention Team

October 2004



# Steps to a Healthier Clark County

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### Primary Care Provider Clinical Practice Guidelines Interview Report

**Background:** In September, 2003, Community Choices 2010 was awarded a STEPS grant from the U.S. Department of Health and Human Services. The STEPS grant objectives are to:

- reduce the proportion of adults and youth who are overweight and obese;
- increase the proportion of people who engage in regular physical activity;
- increase the proportion of people who consume at least 2 fruits and 3 vegetables a day;
- reduce the proportion of non-smokers exposed to environmental tobacco smoke;
- increase the likelihood that diabetes is diagnosed; and
- reduce complications of asthma and diabetes.

One of the early initiatives for the Clark County STEPS grant was to develop and administer a survey on the use of the Body Mass Index as a measure and the use of clinical guidelines for overweight/obesity, diabetes, asthma, physical activity, nutrition, and tobacco use.

The *2001 Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*<sup>1</sup> recommends the use of the Body Mass Index (BMI) as a common metric for defining and assessing overweight and obesity. Further, the BMI has been found by the U.S. Preventive Services Task Force to be "a reliable and valid method for identifying adults at increased risk for mortality and morbidity due to overweight and obesity."<sup>2</sup>

In order to determine the level of familiarity and local use of BMI as a measure of body mass, and to gather clinical practice information on all STEPS targets, it was decided to conduct key informant interviews with the major primary care provider groups. The STEPS interview targeted areas included overweight/obesity management, type II diabetes, asthma, and the associated behavioral risk factors of physical activity, nutrition and tobacco use.

**Purpose:** The purpose of the clinical practice guidelines interview was to assess the range of clinical practice variations for the three chronic conditions of overweight/obesity, asthma, and diabetes, as well as for underlying behavioral risk factors such as diet, physical activity, and tobacco use in health care systems. This preliminary assessment of clinical practices in Clark County will direct further activity aimed at promoting best practices toward STEPS objectives.

**Methodology:** A questionnaire was developed for health care administrators asking whether they had clinical practice guidelines for each of the listed areas. Clark County's five major primary care provider groups and their respective quality improvement staff were identified. It was felt that interviewing the quality improvement staff rather than individual physicians would be most effective in determining availability and use of standardized clinical guidelines. A student intern contacted each organization via telephone, described

the purpose of the project and solicited a future time to call and complete the interview/questionnaire. Questionnaires were e-mailed to each provider group prior to the telephone interviews. Multiple telephone contacts were made as needed to complete each interview/questionnaire. Key informant interviews were completed in July and August 2004.

## RESULTS

### **A. Availability of Clinical Guidelines for the assessment and/or treatment of clinical conditions**

While not all respondents had clinical practice guidelines, there was consensus in making use of information recommended by specialist societies (American Diabetic Association, American Lung Association, American Heart Association, etc.), the U.S. Preventive Services Task Force, and insurance and pharmaceutical companies as general resources for both patients and clinicians.

#### **A. 1. Use of BMI Clinical Guidelines:**

- Four out of five PCP groups had BMI practice guidelines for specific targeted diagnostic groups. Weight management was the most common justification for use of BMI clinical guidelines. Clinical guidelines that incorporated the use of the BMI as a screening tool were available for patients with a BMI greater than 27, a diagnosis of obesity, cardiac disease, or type II diabetes.
- Some clinicians now use practice guidelines that are downloaded and stored in their palm pilots.
- One group utilized BMI guidelines only for patients needing bariatric surgery.

**Recording BMI as a Vital Sign:** The use of the BMI as a measure of body mass varied largely in Clark County, from annual BMI documentation for all patients to BMI documentation solely for patients receiving bariatric surgery.

- Three out of five group practices indicated that they do use the BMI as a routine vital sign.
- The two provider groups who used the BMI most effectively had electronic medical records that flagged and calculated the BMI, and provided reminders to counsel patients with a BMI greater or equal to 27.
- The third practice that self identified themselves as using the BMI as a vital sign, documented the BMI on their initial assessments and, subsequently, only if weight management was noted as an issue for the patient.
- One provider reported that discussions are underway to implement BMI as a screening measure for weight management patients but not for all patients.
- One provider group does not use the BMI as a screening tool; rather, it is only used for bariatric surgery patients.

#### **A. 2. Obesity/Weight Management Clinical Guidelines:**

- Three PCP groups had clinical guidelines for weight management that addressed obesity.
- Guidelines used were cited from these sources:
  - American Diabetic Association;
  - U.S. Preventive Services Task Force; and
  - Ambulatory Record Certification of the Oregon Medical Association which provides compliance with the National Committee for Quality Assurance standards for Oregon managed care organizations.



b. Obesity/Wt Mngmt	every visit (2);	annually (1)	as needed (1)	never (1)
c. Diabetes	qtrly (1) every visit (2);	annually (1)	as needed (1)	never
d. Physical Activity	every visit (1);	annually (2)	as needed (2)	never
e. Nutrition/Diet	every visit (1);	annually (1)	as needed (3)	never
f. Tobacco Use	if user, every visit (3);	annually (1)	as needed (1)	never

**E. Provision of Preventive Services:** All groups either provided or referred patients to weight management, nutrition and diet counseling, exercise fitness specialists, mental health counseling, or tobacco cessation programs as needed.

**G. Final Comments:**

Concern was expressed over the lack of reimbursement for weight management. Provider groups would like to record BMIs, and encourage healthier lifestyles with increased physical activity and better nutrition; but unless the patient is diabetic or has a diagnosis of obesity, reimbursement for these services is not provided. Consequently, a BMI often gets coded as “weight management.” Further, apprehension still exists among providers about discussing weight status, as well as smoking status and drinking status.

Respondents were encouraged to discuss how they felt their organization performed in the clinical areas addressed, how the process was changing, where they thought their organization was headed in the future, pitfalls and obstacles to implementing procedures and policy, etc. Responses were not limited and respondents were encouraged to expound and qualify their responses.

- Reimbursement is needed for treatment to reduce body weight using a multifaceted approach that incorporates improved nutrition, and physical activity.
- Electronic medical records provide a huge advantage - force clinicians to follow guidelines. There is no system in place that forces calculation of BMI (computer records, etc.). An incremental change of databases can be expected in the future, tying PCP guideline suggestions with clinic programs.
- Use of BMI and guidelines is in alignment with the recent push to measure patient outcomes involved in chronic disease which reduces provider variation (teaching programs, pilot programs) while emphasizing evidenced-based medicine.

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**Recommendations from interviewees:**

1. Review reimbursement practices among health plans to assure reimbursement for treatment and prevention services for overweight and obesity.
2. Encourage regular use of BMI and optimally with electronic medical records that flag the provider with a reminder to calculate and record BMI.
3. Promote use of patient self-management preventive services as emphasized in the Diabetes Collaborative and CDEMS.
4. Use BMI as a standard baseline screening measure that is included in overall health baseline measure; e.g., smoking, binge drinking, drug use, and BMI, etc., at initial and routine intervals.
5. Encourage use of tools that make clinical guidelines more readily available for providers; such as, having them downloaded into their palm pilots.

6. Explore providing an in-service to providers on motivational interviewing to increase provider skills in best way to talk/ ask patients about weight and other issues that may be associated with a negative social stigma.
7. Contact County Medical Association to inquire and advocate for availability of most up-to-date practice guidelines on these topics for members.

**Recommendations from Steps to a Healthier Clark County Health Systems**

**Intervention Team:**

The Health Systems Intervention Team was concerned by the considerable variation in the recognition, practice and messaging of PCP clinical practice guidelines. Consistent use of clinical guidelines and messaging regarding overweight and obesity management is needed among primary care provider groups in Clark County. A preliminary initiative and possible actions under consideration from the October 8<sup>th</sup> Health Systems Intervention Team meeting are listed below.

**Health System Intervention Team Clinical Guidelines Initiative:**

Advance the consistent use of overweight/obesity, diabetes, asthma, physical activity, nutrition, and tobacco use clinical practice guidelines in the six STEPS focal areas in primary care practices in Clark County, Washington.

**Possible Actions:**

- Coordinate Physician breakfast with representative providers to solicit their involvement to champion advancement of standardized clinical obesity/overweight, diabetes and asthma management in Clark County.
- Advance BMI as a vital sign in all clinical practices.
- Disseminate BMI educational campaign materials.
- Encourage inclusion of BMI as a vital sign for groups with electronic medical records.
- Explore standardization of asthma clinical practices.
- Contact county medical society to advocate availability of most recent clinical guidelines regarding overweight/obesity, physical activity, nutrition, diabetes, asthma and tobacco.
- Advocate for reimbursement for prevention management of the following risk factors: overweight/obesity management, physical activity, nutrition and tobacco use.
- Encourage expanding nursing assessment to address healthy lifestyle choices before physician visit.
- Provide resources to health care providers on community health resources and referrals.

**Sources:**

1. U.S. Department of Health And Human Services, Public Health Service, Office of the Surgeon General. *The Surgeon General's call to action to prevent and decrease overweight and obesity 2001*. [Electronic version]. Rockville, MD: Author.
2. U.S. Preventive Services Task Force. *Screening for Obesity in Adults: Recommendations and Rationale*. November 2003. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/3rduspstf/obesity/obesrr.htm>.

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