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Community Resources for Elevated BMI in Downeast, ME

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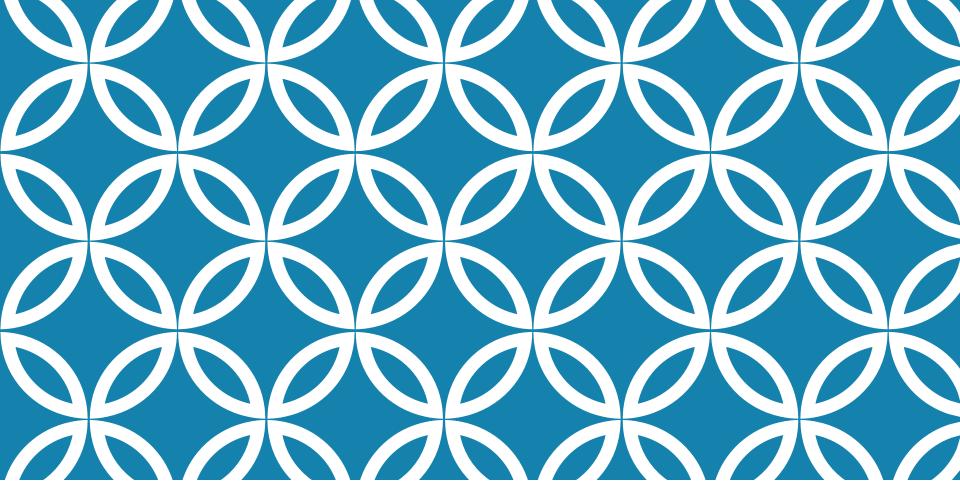
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COMMUNITY RESOURCES FOR ELEVATED BMI IN DOWNEAST, ME ELEANOR WIDENER DIXON CLINIC, GOULDSBORO, MAINE

Nicolas Monte April 2014 Dr. Kerry Crowley, MD

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THE PROBLEM

The US is currently mired in a decades-long battle against an epidemic of obesity

 According to the CDC 69.2% of the US population over the age of 20 is either overweight or obese.

As primary care clinics move towards becoming "Patient-Centered Medical Homes" the need exists to provide adequate and specific educational materials

• While a great wealth of educational resources exist to inform patients about the nature and pathogenesis of individual diseases, access to specific <u>local</u> treatment tools is lacking.

Although nearly all clinicians screen patients for elevated BMI and provide general information about general healthy habits, this is often the limit of the discussion

 Time restrictions on appointment length hinders the ability of the clinician to adequately provide recommendations about how/where patients may work to reduce their BMI.

COSTS OF ELEVATED BMI AND OBESITY

Among adults in the US, the medical costs associated with obesity and increased BMI are estimated at 147 billion dollars.

Maine's <u>annual</u> adult cost is estimated at \$452.7 million dollars.

A recent 2012 study examining the medical costs due to childhood obesity in the state of Maine puts the cost at a staggering 1.2 billion dollars over the next 20 years.

COMMUNITY PERSPECTIVE

Lack of Consolidated Resources for local tools and techniques to reduce BMI.

Name withheld, EWD Clinic Manager

"As we continue to grow in our pledge to be a patient centered medical home, we have found a need to provide patients with as much educational materials as possible at the time of their discharge, however, none of the services we subscribe to have any information about local resources that patients can take advantage of."

Name withheld, patient

"I'm a lobsterman who fishes out of Prospect Harbor, and every year when the boat is taken out of the water my weight goes up and I can never get it back to where I used to be. I want to exercise but I can't afford to go to a gym, and I don't know what I can do to manage my weight through the fall and winter."

IN-HOUSE EDUCATIONAL MATERIALS TO BE DISTRIBUTED TO PATIENTS

The Clinic is in the process of implementing a new system to automatically provide patients with educational materials at the time of their discharge

 The handout that I sourced, arranged, and compiled will be added to the clinics electronic medical record system so that it can be given to patients immediately following each clinical encounter where elevated BMI is discussed.

Six page Handout created that clearly and efficiently details local tools, classes, and healthy habit support groups. Sections include:

- Local Weight Loss Support Groups such as TOPS, Weight Watchers, and OverEaters Anonymous
- Hospital sponsored exercise classes that cover topics such as weight lifting, strength exercises, line dancing, t'ai chi, and indoor winter walking.
- Map provided and many walking/hiking trails outline that are spread across Hancock County to provide ample opportunity to patients regardless of where in the Downeast Region they happen to live.

All are attached to email

RESULTS

Providers at EWD Clinic – 5 MDs, 2 FNPs

Positive response

• "This is a great summary of what patients can do in our area. I really like that I can print and give this out to my patients in stead of having a long talk with them."

Negative response

- "It's difficult to know how many patients actually read the materials we print and give to them after each appointment. Many of them probably just throw them all away as soon as they walk out the door".
- Because this is a rural area, even though there is a wide variety of things for people to do, it still may be tough
 for some of the senior citizens to arrange for transportation to exercise locations.

POTENTIAL EVALUATION

Patients

- Ask patients what they know about exercise opportunities in the area
- Read handout together
- Ask if they were familiar with the options presented to them in the handout.
 - Check in with patients at subsequent visits to see if they have taken advantage of the tools discussed in the printed materials.

Physicians

 Use Quality Measures and evaluation metrics to analyze how many patients are being given these BMI education resources over a given period of time.

FUTURE DIRECTIONS

Refining the Handout

Adding additional courses, workout locations, and hiking trails to continue to expand the geographic and economic reach of the educational materials.

Ask patients to provide reviews of the local resources that they themselves have tried and then distribute those reviews to other patients as a type of self-renewing evaluation of effectiveness.

Continue to update class times/dates/locations to ensure they the most current information is available to patients.

REFERENCES

National Center for Health Statistics. Health, United States, 2012: With Special Feature on Emergency Care. Hyattsville, MD. 2013. Table 63 (page 1 of 2). Selected health conditions and risk factors: United States, selected years 1988–1994 through 2009–2010 http://www.cdc.gov/nchs/hus/contents2012.htm#063.

Finkelstein, EA, Trogdon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. Health Affairs 2009; 28(5): w822-w831.

Medical Costs of Childhood Obesity in Maine, SOE Staff Paper 603, November 2012. Todd Gabe, Professor of Economics, School of Economics, University of Maine. https://docs.google.com/file/d/0ByNSaqVer3roQzZxZ0NiNHA3VUE/edit?pli=1

Bhattacharya, J., and M.K. Bundorf. 2009. The incidence of the healthcare costs of obesity. Journal of Health Economics 28(2009): 649-658.

Hammond, R.A., and R. Levine. 2010. The economic impact of obesity in the United States. Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy 2010(3): 285-295.

Ogden, C.L., M.D. Carroll, L.R. Curtin, M.M. Lamb, and K.M. Flegal. 2010. Prevalence of high body mass index in U.S. children and adolescents. Journal of the American Medical Association 303(3): 242-249.