



The Dan Hanley Memorial Trust

Report and Recommendations:
2004 Health Care Leadership Forum

Report on Proceedings

August 15, 2004

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*** This full report is also available on the Hanley Trust website: www.hanleytrust.org.**

Executive Summary

The Dan Hanley Memorial Trust

The Dan Hanley Memorial Trust was founded in 2003 to honor the work of Dan Hanley, MD, a Maine physician whose leadership in the areas of health care improvement, sports medicine, research, and education was recognized in Maine, as well as nationally and internationally. The Hanley Trust has three objectives:

- To honor Dr. Hanley and remember his accomplishments;
- To recognize similar courage and innovation in health care; and
- To develop a foundation of leadership within Maine's health care community that shares the values that made Dr. Hanley's accomplishments possible – *inclusion and collaboration, courage, hard work, innovation, kindness, and leadership.*

The Trust is committed to three major interrelated programs: the annual Hanley Health Care Leadership Forum, the annual Dan Hanley Leadership Award, and the newest initiative, the Hanley Fellows Program. In all of its work, the Trust's strategy is to position itself as a *leadership partner*, using its unique role to focus high-level attention and build consensus among key institutional and community players in addressing Maine's leading health care issues.

Throughout his lifetime, Dan Hanley tackled problems with an eye to operationalizing solutions and the Trust recognizes that Dr. Hanley would have wanted anything accomplished in his name to be real and meaningful. Therefore, the Trust's agenda is designed to have a lasting impact on the health of Maine people by addressing health care challenges Maine faces today and in the foreseeable future.

The 2004 Hanley Healthcare Leadership Forum

The Hanley Forum provides a high-level but neutral arena in which top health leaders are encouraged and supported to forge substantive agreements about policy, collaboration, and resources. The June 2004 Forum focused on developing a Maine collaborative model for adopting and implementing screening and risk factor reduction guidelines as they are released nationally for implementation. Fifty statewide participants represented payers, hospitals, practitioners (physicians, nurses, rural health centers), health care delivery systems (PHOs, home health agencies), public health groups and community-based Healthy Maine Coalitions, state agencies (Bureau of Health, Governor's Office on Health, Policy and Finance, Legislature), employers, health educators, and quality assurance coordinators. Please see Appendix B for a complete list of participants.

The new U. S. Preventive Services Task Force (USPSTF) Obesity Guideline (Appendix A) was used as a test guideline for developing a model that 1) advances adoption of the Guideline in primary care, acute care, and community settings; and 2) identifies and builds a generic process that can be used by Maine's health care leadership in developing, recommending, and supporting an implementation approach for other guidelines as they are released.

Using the Obesity Guideline, the Forum explored how collaborative leadership by Maine's health care providers, health organizations, state agencies, communities and consumers can be leveraged to improve the link between favorable research findings and better health outcomes for Maine people. Participants recognized that effective leadership and many excellent organizational efforts are already promoting best practices. However, participants also recognized that breaking down barriers

to systemic change requires statewide leadership and the Forum identified where and how such leadership might be applied to leverage existing efforts in order to increase the speed and reach of best practices.

The 2004 Forum included plenary sessions and facilitated workgroups in which participants refined a draft vision and objectives for implementation of the Obesity Guideline. The Forum concluded with participants providing written thoughts on how the work should best go forward, who could assume leadership roles, and what indicators might be used to measure short and longer-term success.* This input was used to develop eight recommended *Success Indicators* and eight *Strategies for Action* that will build on and reinforce the leadership and comprehensive work underway across Maine organizations and practices. The Trust will work closely with identified leaders to move the work along, will continue to act as a convener to promote statewide action, and will report progress toward the vision of success throughout the year and at the 2005 Hanley Forum.

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- The full report, [Report and Recommendations: 2004 Health Care Leadership Forum](http://www.hanleytrust.org) may be found on the Hanley Trust website: www.hanleytrust.org.

2004 Hanley Health Care Leadership Forum Recommendations

“Obesity is different from other medical conditions which often respond favorably to intensive clinical intervention. Obesity requires both cultural shift and personalized clinical reinforcement. Implementation of the Guideline must address this need for dual efforts as well as policy and environmental change.”

-- Forum Participant

Vision

A comprehensive statewide Healthy Weight Initiative improves health and quality of life for Maine people.

Success Indicators

- A. Standardized protocols and tools are in place for implementation of the Obesity Guideline*, including use of BMI as a vital sign.
- B. Providers implement the Obesity Guideline.
- C. A statewide Healthy Weight coalition and broad-based community initiatives are in place.
- D. A statewide tracking system is in place and used over time to improve practice.
- E. The evidence base regarding successful interventions is strengthened.
- F. Public policy supports a focus on healthy weight and effective implementation of the Obesity Guideline.
- G. There is improved nutrition and exercise.
- H. There is a decrease in obesity and its negative effects.

Strategies for Action

- 1. Develop a statewide Healthy Weight Coalition.
- 2. Develop and gain endorsement of standardized protocols and tools for implementation of the Obesity Guideline.
- 3. Address healthy weight in health plan benefits packages.
- 4. Put a statewide tracking system in place with baselines.
- 5. Implement the Obesity Guideline and healthy weight initiatives across health care, employer, and community-based settings.
- 6. Develop and implement public education plans.
- 7. Address healthy weight at the policy level and through the Dirigo Process.
- 8. Develop and implement pilot projects and initiatives.

* Input from Forum participants suggested use of “Healthy Weight Guideline” vs. “Obesity Guideline.” In these recommendations, in order to maintain consistency with USPSTF Guidelines, “Healthy Weight” is used to reflect a comprehensive integrated approach, while “Obesity Guideline” is used with regard to provision of health care services.

Implementation of Strategies for Action

1. Develop a statewide Healthy Weight Coalition.

- A. A multi-stakeholder group including providers, payers, public health professionals, consumers, community-based programs, state agencies and the Governor's office, employers, schools, and others should come together as a planning and coordinating body for a comprehensive statewide Healthy Weight Initiative.
- B. Existing structures such as the Coalition on Smoking or Health should be explored as potential lead partners and administrative coordinators for developing the Healthy Weight Coalition.

2. Develop and gain endorsement of standardized protocols and tools for implementation of the Obesity Guideline.

- A. Common screening/referral protocols and educational tools should be based on evidence, best-known practices, and should be developed with the involvement, input, and leadership of Maine clinicians, public health professionals, consumers, payers, and community-based programs.
- B. Protocols and tools should address calculation of BMI as a vital sign as well as intensive counseling and behavioral interventions.
- C. Health systems, professional associations, community-based programs, and umbrella groups such as the Public Purchasers Steering Committee should endorse the Obesity Guideline and assume leadership positions in promoting its implementation.
- D. The development and inclusion of protocols and tools for use with young adults and children should be explored with interested parties such as the Maine Center for Public Health, the Bureau of Health, the Maine Chapter of the American Association of Pediatricians, and others.

3. Address healthy weight in health plan benefits packages.

- A. Maine private and publicly funded payers, with coordination provided by the Maine Association of Health Plans, should adopt codes for calculation of BMI, diagnosis and treatment of obesity, and referral for nutritional/behavioral counseling.
- B. Each payer should develop an adequate reimbursement schedule for care including financial incentives for clinicians that develop practice systems that assure positive outcomes.
- C. Payers, providers, and employers should develop a plan for funding ongoing practice system changes needed to fully implement the Obesity Guideline.

4. Put a statewide tracking system in place with baselines.

- A. The collection of baseline and ongoing obesity-related data should be included in statewide survey initiatives such as the Behavioral Risk Factor Surveillance Survey, the physician survey of the Maine Health Management Coalition, and others.
- B. A fully-connected clinical information system that accommodates obesity-related data and includes a registry function should be implemented statewide.
- C. The Dirigo Health Quality Forum should adopt implementation of the Obesity Guideline as one of the Forum's quality measurement initiatives.
- D. Specific efforts should be undertaken to strengthen the evidence base regarding successful interventions.

- 5. Implement the Obesity Guideline and healthy weight initiatives across health care, employer, and community-based settings.**
 - A. Health systems, professional associations, and community stakeholders should educate their member health professionals on the use of the protocols and tools through newsletters, educational programs, and their standing committees.
 - B. The Obesity Guideline should be integrated into ongoing, preventative and chronic disease management by collaborating with practice-based chronic disease care model initiatives and with the statewide Quality Counts initiative.
 - C. A standardized set of screening/referral protocols should be incorporated into primary, specialty, and acute care settings.
 - D. Employers, with leadership by the Maine Health Management Coalition, should include healthy weight screening, referral, and nutritional/behavioral counseling as part of their wellness programs
 - E. Community-based programs including Healthy Maine coalitions should offer healthy weight screening, referral, and nutritional/behavioral counseling.

- 6. Develop and implement public education plans.**
 - A. Bureau of Health, community-based programs, consumers, schools, employers, health care delivery systems, professional associations (e.g., MMA, MOA, MMIC) and payers should collaborate to develop communications objectives, common materials and key messages designed for diverse populations, and to confirm roles and responsibilities for a coordinated Healthy Weight educational campaign.
 - B. Payers and employers should educate health plan members about healthy weight and about the benefits that are available through their plans.
 - C. Physicians should participate prominently in educational campaigns on a statewide basis and at the community level.
 - D. Web-based, telephone support and other effective services should be widely available to diverse populations in order to provide information on healthy weight and the Obesity Guideline including accessible, community-based exercise options and nutritional information.

- 7. Address healthy weight at the policy level and through the Dirigo Process**
 - A. Public policy issues related to obesity prevention and intervention for all ages should be identified, communicated, and addressed.
 - B. The governor and the governor's office should exercise leadership on healthy weight issues.
 - C. Healthy weight and implementation of the Obesity Guideline should be effectively addressed in Maine's State Health Plan.
 - D. The recommendations from the Commission on Public Health should be reviewed and incorporated into the Hanley Forum recommendations where appropriate.

- 8. Develop and implement pilot projects and initiatives**
 - A. Projects and initiatives associated with healthy weight and the Obesity Guideline should be identified and results should be disseminated. Collaborations may include the Maine Primary Care Association Obesity Project, Quality Counts Initiative, and Pathways to Excellence.
 - B. Projects and initiatives that focus on strengthening the evidence base for successful interventions should be specially encouraged.

Leadership Roles

Fifty Maine health care leaders representing the major health care community stakeholders participated in the Forum. When asked to identify their current leadership roles related to the adoption and implementation of the Obesity Guideline, some leaders cited specific activity such as work underway to address obesity within the context of the chronic disease care model while others described how they might leverage their position to move the adoption of the Obesity Guideline forward within their own organization. It was clear from the discussion at the Forum plenary sessions and throughout the work group sessions that the right constellation of leaders was in attendance to make things happen.

The one group that wasn't well represented was the consumer and several leaders pointed out the need to include consumer representatives as the Trust moves forward with the Forum recommendations. Several organizations that represent consumers were suggested and will be contacted as work progresses.

Twenty-eight leaders offered specific suggestions for new leadership roles for themselves and their organizations or said they would like to be contacted to discuss possible leadership roles. These roles include:

- Participate in convening and serving as a member of a statewide coalition and/or collaborative venture with members representing advocates, consumers, providers, payers, policy makers, and other stakeholders.
- Develop key messages and use multiple communication vehicles within the employer environment, inform employees and dependents about all aspects of obesity including the calculation of BMI, why it's important, what is relevant and how to develop health habits to bring their BMI down.
- Work with payers to address benefit design, pay for performance including link to Pathways to Excellence, tracking codes, and integration with current interventions to catalyze adoption of BMI in provider settings.
- Encourage the Governor, Dirigo, and Bureau of Health to address obesity/healthy weight in a public statement by the Governor, incorporate it into the Dirigo effort, and address it in the State Health Plan.
- Involve stakeholders and gain endorsement of the Obesity Guideline from providers, chronic disease model managers, program managers, and other stakeholder groups.
- Incorporate calculation of BMI into chronic disease registries and promote the adoption of the Obesity Guideline.
- Calculate current rates of obesity by geographical areas and identify baseline numbers for establishing measurable short and longer-term goals.
- Conduct pilot projects.

“Building on Dan Hanley's leadership example of tackling a problem in a collaborative manner and developing real solutions, the goal of the 2004 Forum was to begin the development of a Maine collaborative leadership model for adopting and implementing clinical screening and risk factor guidelines as they are released nationally. The model is aimed at promoting better outcomes for patients and improved quality of care. The 2004 Forum has offered an organizing point for leaders who have an interest in aligning this work in ways that will make Maine's response in the aggregate more effective.”

-- Hanley Trust Board of Directors

Participant Input by Forum Topic Area

Proposed Vision of Success and Related Elements

Forum participants responded to a written survey to identify the extent of their agreement with the following draft vision of success for medical excellence in Maine with regard to the Obesity Guideline:

Use of the Obesity Guideline statewide results in screening and treatment for obesity that improves health and quality of life for Maine people.

On a 5 point scale with 5 being “strongly agree” and 1 being “strongly disagree”, Forum participants collectively rated the vision statement at 4.56.

The following suggestions were made to strengthen the vision of success.

(Presented in order of greatest number of mentions to least number of mentions.)

- A. Broad cross-sector leadership should work in concert on a comprehensive integrated approach that addresses health care, public health, and environmental and cultural issues.**
- B. The evidence base is being assembled, but more work is needed.**
- C. Specific protocols for screening and treatment must be developed.**
- D. Terminology: use *healthy weight* vs. *obesity*.**

- A. Broad cross-sector leadership should work in concert on a comprehensive integrated approach that addresses health care, public health, and environmental and cultural issues.**
(17 mentions)

- The obesity guidelines call for clinicians, payers, and the community to work in concert on screening treatment and policy environment change.
- We need to stress complementary roles of health service providers & political & public health leaders in this effort.
- Need statewide leadership that is inclusive and collaborative
- Providers and community organizations need to be collaborative for real!
- Needs to include focus on children and schools.
- Needs to be discussed/modified by key stakeholders.
- Health service providers and political and public health leaders
- Leadership from the Executive & Legislative branches of government prioritizes this issue for the people of Maine.
- A “5” if use includes comprehensive, integrated approach that involves all relevant parties.
- Need to recognize complementary community health leading factors.
- Also need to generally strengthen support for the public health/chronic care model of health systems in order to be successful in addressing obesity or any other chronic condition.
- Obesity is different from other medical conditions which often respond favorably to intensive clinical intervention. Obesity requires both cultural shift and personalized clinical reinforcement. The Guideline must address this need for the dual efforts & policy/ environmental change and protocols or it will be ineffective.
- I strongly endorse this goal but environmental change is so important and so pivotal that this too should become the focus of the Trust if real quality of life improvements are to be achieved.
- We need to stress prevention.
- Accessible affordable services and healthy food vendors.

- I'm not sure health care system vs. public health approach is more important.
- The Obesity guidelines are included in health professional education/training.

B. The evidence base is being assembled, but more work is needed

(9 mentions)

- We've heard that this is evidence-based.
- Struggle with the endorsement of counseling and behavioral interventions, given the USPSTF conclusion that the evidence is insufficient to recommend them.
- Until we have better evidence we should encourage piloting creative new approaches.
- Evidence on link of BMI to health is weak - this creates false expectations.
- we don't know the evidence base of treatment.
- Acknowledge the complexity of eating/weight issues and the lack of evidence regarding successful interventions.
- We need a set of core indicators established as a baseline and regular re-measurement to reflect the impact of new programs.
- Assessment of problem - Gallup organization.
- Intensive counseling and behavioral modification has been shown to have good effect so measuring appropriate referral rates to such programs may be appropriate if those services are easily accessible statewide and reimbursed.

C. Specific protocols for screening and treatment must be developed

(7 mentions)

- Needs to include focus on overweight and risk conditions, screening & interventions.
- I strongly endorse screening for obesity.
- I endorse this vision and recognize its vital importance - but we must keep in mind the practical applications of the guideline- how and what do we expect providers to provide/refer for treatment, and how can they fit one extra work and responsibility into their practice.
- Treatment element is very vague.
- "First do no wrong" We have to be sensitive to the emotional impact of this topic and know how to address it appropriately in various age groups, cultural settings, and with an idea of the baseline psychological setting for each patient/citizen.
- Clarify treatment & standardize.
- Consensus process needs to be completed (such as that used by the NE Public Health and Managed Care Initiative for diabetes and asthma). We (MaineHealth & partners) also do this for asthma, so there is a single guideline that has been endorsed by public and private payers (except Aetna) and is communicated to providers and patients.

D. Terminology: use *healthy weight* vs. *obesity*

(3 mentions)

- Change Obesity Guideline to Healthy Weight Guideline.
- Use Healthy Weight guideline
- Change obesity to healthy weight.

One mention each:

- Contributors to health & quality of life.
- Guideline may not be implementable due to lack of resources of education & funding infrastructure on intervention side.
- Youth need visions for the future.

On the written survey, Forum participants were also asked to rate how important they felt each of the following nine elements is to achieving the draft vision of success, with 5 being “very important” and 1 being “not at all important”. Participants also suggested “critical modifications” that would strengthen the potential for achieving the vision.

1. The Obesity Guideline is endorsed and used by health care providers statewide.

Collective rating by Forum participants: 4.64

- Both for individual patient care and for community leadership.
- The Healthy Weight Guideline is developed to include a Maine-based intervention component, endorsed by payers, employers, clinicians, and community members and used by health care providers statewide.

2. The Obesity Guideline is endorsed and used by employers and community stakeholders statewide.

Collective rating by Forum participants: 4.50

- Include endorsement of guideline by payers, as well.

3. Community stakeholders and providers are not faced with multiple or competing screening and referral protocols.

Collective rating by Forum participants: 4.55

- I think that the focus on BMI is misplaced and that additional risk predictors and the use of simple weight as a factor need to be featured as well. We will not get the biggest bang for our buck by educating patients on BMI alone.
- Need to have broader context for obesity - not just BMI.
- BMI is essential for MD's if we are to be consistent.
- Have providers know what appropriate intervention and referrals are.

4. Providers and Maine people have adequate resources to follow the Obesity Guideline.

Collective rating by Forum participants: 4.77

- If “D” requires new electronic technology as described in “H”, there needs to be open dialogue regarding the barriers to implementation of that technology along with a complete plan to assist providers statewide to collectively overcome the barriers.
- Providers and Maine people have adequate resources and incentives to follow the Obesity Guideline.
- Add: Each payer is challenged to recognize the importance of prevention/ detection/ treatment/etc. to their enrollees & to devise mechanisms - funding, reimbursement, patient education, etc. - to support a successful campaign. This includes public payers.

5. Maine people understand why BMI is important to their health.

Collective rating by Forum participants: 4.38

- Optimal weight or "best for me" weight.
- Weight, not necessarily BMI & know a target weight.
- Education is key - educate consumers as well as providers regarding the importance and relevance of BMI guidelines.

6. Maine people “know their number.”

Collective rating by Forum participants: 4.19

- Maine people know their number and what it means.
- And understand exactly what the BMI is. Simply "knowing your number" is not enough. People should know how to change it, how it affects their overall health, etc.

7. Maine people know they have access to obesity care.

Collective rating by Forum participants: 4.53

- Maine people know they have access to healthy weight consultations and obesity care.
- Maine people know they have access to obesity care or help for obesity.
- Maine people know they have access to obesity care and overweight prevention.

8. There is a statewide patient-specific information system that captures clinical data specific to the diagnosis and treatment of obesity and that meets the needs of community stakeholders, providers, and payers.

Collective rating by Forum participants: 4.24

- Funding is obviously a primary barrier but there are others that require equal attention. For example, technology currently in use may need to be replaced or modified; it may not be capable of interconnectivity; it may not provide desired data. A number of hospitals have invested significant resources into the purchase and implementation of technology only to find that is inadequate, fatally flawed or otherwise unsuitable and must be shelved. Also, technical expertise necessary to implement/maintain/use the technology is not currently available statewide. The simple statement of this goal belies the complexity of steps necessary to achieve it.
- There is a statewide patient-specific information system that captures clinical data including the diagnosis and treatment of obesity and that meets the needs of community stakeholders, providers, payers, and policy makers.

9. In lieu of multiple systems, guideline adherence and patient outcomes are measured and reported uniformly to community stakeholders, providers, and payers.

Collective rating by Forum participants: 4.40

At the close of the final plenary session, Forum participants provided additional suggestions for strengthening the vision of success and effectively implementing the Obesity Guideline.

It is important to design and implement the necessary baselines and data systems.

- Assessment of obesity problem - Gallup poll model - expensive but essential in looking at the problem.
- Piggy back onto Youth Health Access Survey or BFRSS - goal for 2005 survey.
- Invest early on to survey problem on county basis.
- Hospital service areas are an important basis for information since the public health infrastructure is built on those areas.
- School district level data would be ideal.
- Must measure success by asking if BMI is being measured and if patients are being referred to counseling.

The issues must be addressed at the policy level and from multiple perspectives.

- Must look at environmental as well as clinical.
- Obesity can not be solved by providers alone. Hand to hand public policy must be in partnership with each other.
- Guidelines don't have to be exclusively implemented at practices - must interact with community.
- Make change to State Health Plan to address obesity both clinical & environmental factors.
- Public policy issues should be identified and addressed.

Consumers should be part of the leadership model.

- Concern that end user (patient) is not represented.
- Lacking feedback from patients.
- Who will represent the voice of the people who will be impacted?

Develop links and protocols.

- Primary care link to mental health intervention is important.
- Statewide agreement on protocols would be helpful.

The Hanley Trust should remain involved.

- Trust can serve as independent, convening body with support of Quality Forum and lend support to Coalition.
- Provide an arena for reporting back on progress next year.

One mention each:

- Doctors and providers have great credibility and people will listen to them in policy advocacy and when educating the public.
- Have mechanism in place at Maine Medical Association to identify obesity as priority and inform provider members.
- Public statement by Governor.
- Public Coalition like one on Tobacco or Health.
- Educational program on Obesity and calculation of BMI.
- Endorse practical tool kit.

Break-Out Work Groups on Objectives

Forum participants were pre-assigned to facilitated work groups to address the topics of Guideline Adoption, Reimbursement, Awareness, and Clinical Information. In the break-out sessions, participants considered a draft list of objectives that may be critical to realizing the vision of success and responded to the following questions:

- a. To what extent do we endorse these objectives?
- b. What objectives might be added, changed, combined, or dropped?
- c. What operational strengths in Maine could we build upon to achieve the objectives?
- d. What barriers would have to be addressed in order to achieve the objectives?
- e. Who in Maine should take leadership to move forward on the objectives?

At the conclusion of the break-out sessions, facilitators presented the following recommendations for how the objectives might be modified and reported highlights of the individual work group discussions.

Break Out I: Guideline Adoption

Recommended Objectives:

1. Common screening/referral protocols and educational materials should be based on evidence, best-known practices, and should be developed with the involvement and input of Maine clinicians, patients and community stakeholders.
2. The Healthy Weight Guideline should be integrated into ongoing, preventative and chronic disease management.
3. Health care delivery systems and professional associations should include the Healthy Weight Guideline and the common screening/referral protocols in educational programs and materials.
4. A common set of screening/referral protocols should be incorporated into primary, specialty, and acute care settings.
5. Employers should include screening, referral, and nutritional/behavioral counseling as part of their wellness programs and reimbursed benefits.
6. Community-based programs should offer screening, referral, and nutritional/behavioral counseling.
7. Intervention needs to be defined and protocols should be established for clinicians and community organizations.
8. An ongoing forum and process should be established with the Governor's involvement.
9. Make BMI a vital sign.
10. Address/counter advertising.
11. Enact policy changes, e.g. "sin taxes" on soda, junk food, etc.

Guideline Adoption verbal report:

- Strengths
 - "We are Maine"
 - Collaboration
 - Good support at community level
- "Healthy Weight" instead of obesity
- Under weight may also be an issue
- Evidence base not as strong as for some other interventions
- Struggled with "What is the intervention?" – definition needs more clarity
- Needs to be a connection between practice and public policy
- Leadership - importance of community and physician leadership in community
- Diversity - cultural, language - not necessarily racial
- Inclusion of community health coalitions
- BMI as vital sign - important tool
- Tool kits - develop provider skills and identify locally available resources
- Integrate obesity diagnosis into chronic disease management model
- Should be common screening & protocols
- Link with community and employer based programs
- On-going process - how do we make this happen
- High level governmental involvement essential - Governor, Dirigo, Bureau of Health

Break Out II: Reimbursement

Recommended Objectives:

1. Maine payers should adopt common codes for care including calculation of BMI, prevention, diagnosis and treatment of obesity, and referral for nutritional/behavioral counseling.
2. Each payer should develop an adequate reimbursement schedule for care.
3. Payers, providers, and employers should develop a plan for funding ongoing practice system changes needed to fully implement the Obesity Guideline.
4. Payer reimbursement programs should include financial incentives for clinicians who develop practice systems that assure positive outcomes.
5. Publicly funded programs should be developed to reach the uninsured and underinsured.
6. Payers should educate subscribers about BMI and requesting that the doctors follow the guidelines.

Reimbursement verbal report:

- Make sense to increase the number of codes for billing?
- Agreement that the insurers/payers can incentivize the health system to adopt and adhere to care that is consistent with the Obesity Guideline
- May be other ways to help physicians to understand that obesity is a separate, significant problem
- Insurers unlikely to adopt a common strategy for reimbursing for additional care elements related to the guideline
- Companies that purchase insurance could pressure insurers to adopt a particular reimbursement strategy

- Concern that the focus of getting payment for physician office services might ignore the need to fund public health/ population based initiatives to reduce obesity
- Payers could require documentation that measuring BMI was accomplished as part of the normal physical
- Incentives should encourage office system and health system changes that assure adoption of many guidelines, not just Obesity Guideline
- Public Purchasers Steering Committee, insuring about 500,000 Maine lives, could provide leadership in the design of incentives that could increase guideline compliance in the health systems
- Maine Quality Forum could provide leadership regarding the adoption of guidelines and development of office systems
- Need broad agreement about best practice and how best to pay for it
- Strategies to increase guideline compliance need to recognize that physicians can't just take on more work or expense
- Office systems need to change and insurers / payers / purchasers need to offer to cover the costs of these changes

Break Out III: Awareness

Recommended Objectives:

1. Bureau of Health, community stakeholders, schools, employers, health care delivery systems, professional associations (e.g., MMA, MOA, MMIC) and payers should collaborate to develop communications objectives, common materials and key messages, and to confirm roles and responsibilities for a coordinated educational campaign.
2. The Bureau of Health and community stakeholders should educate the population about obesity (including the calculation of BMI), why it (obesity) is important to their health, and "know your number."
3. Payers and employers should educate health plan members about obesity including BMI and other predictors of risk, why it is important to their health, "know your number," and about the benefits that are available through their plans.
4. Web-based, telephone support and other effective services should be available, accessible and appropriate in order to provide information on obesity and the Obesity Guideline. Comprehensive statewide referrals should be available including accessible, community-based exercise options and nutritional information.
5. Public policy issues related to obesity prevention and intervention for all ages should be identified, communicated and addressed.

Awareness verbal report:

- Revise vision statement - less about individuals - "Maine community"
- Is it BMI or is it the bigger picture?
- Clinical measurement vs. healthy weight
- Don't just focus on clinically managed obesity but include secondary prevention
- Found objective #2 controversial.
- Objective #4 - not everyone has access to telephones and computers. Also raises questions of literacy - how do we make info available to everyone?
- #5 should go beyond adults
- Coalition needs to be formed similar to Coalition on Tobacco or Health

- Barriers:
 - How important is BMI?
 - Lack of scientific evidence
 - "Nothing works" - response by people with obesity problem
 - Willingness to label children as obese a problem
 - Health literacy - 1 in 5 people are functionally illiterate
 - Impact of media
 - Lack of financial incentives for practices
 - Leadership in area of environmental interventions
 - Lack of inducements in school re: diet and transportation

Break Out IV: Clinical Information

Recommended Objectives:

1. A fully-connected, clinical information system should be implemented statewide, including all providers and with a registry function.
2. Payers, employers, state government and health care delivery systems should collaborate to add BMI to patient record and examine forms as vital signs to measure adoption of the Obesity Guideline.
3. The clinical information system should use tracking codes over time to capture data elements related to diagnosis of obesity.
4. The clinical information system should include fields to track data relevant to obesity in patient registries that allow providers to track patients diagnosed with obesity.

Clinical Information verbal report:

- To measure BMI - for everyone
- Tracking codes - must be used to measure success
- Patient registries - must be used to track patients
- Barriers:
 - Tracking code for BMI
 - Expense & complexity of technology
 - Challenge of change
 - Obesity is seen as primary care problem
- Assets:
 - Tradition of using data in Maine
 - All payer claims database
 - State Health Plan
 - Leverage to work with the big issues
 - Electronic Medical Record (EMR) and interconnectivity
 - No "parking garages" until EMR's are implemented statewide

Short and Longer-Term Indicators of Success

On the written survey, Forum participants were asked to identify short-term (6 months – 1 year) and longer-term (3 – 5 years) indicators of success. Responses are presented in order of the greatest number of mentions to least number of mentions.

Short-Term Indicators

1. **A Multi-Stakeholder Obesity or Health Coalition sets a comprehensive agenda.**
2. **Health care providers put the Obesity Guideline into practice including use of BMI as a vital sign.**
3. **A statewide measurement system is in place with baselines.**
4. **Public awareness plans are implemented.**
5. **Obesity/Healthy Weight is adequately addressed in health plan benefits packages.**
6. **Physicians are high profile advocates on obesity/healthy weight issues.**
7. **Obesity/Healthy Weight is effectively addressed in Maine's State Health Plan.**
8. **The governor exercises leadership on obesity/healthy weight issues.**

1. **A Multi-Stakeholder Obesity or Health Coalition sets a comprehensive agenda**

(12 mentions)

- Partnerships – Public health Coalitions initiatives
- Multi-stakeholder collaborative established with clear, measurable goals
- Form coalition, inventory existing initiatives, and include public policy leaders
- Coalition is forming
- Development of the Maine standard in applying the guidelines, emanating out of a statewide coalition
- We have statewide agreement on intervention protocols & resources
- From an obesity or health coalition to include business, schools, payers, purchasers & establish common set of objectives
- Forming a coalition
- Public coalition for education/political incentives
- Task Force focused with lead organization convening & supporting growth towards independence
- Get feedback from all stakeholders regarding this engagement & adoption of the initiative
- Leaders in policy & environmental sectors are major players

2. **Health care providers put the Obesity Guideline into practice including use of BMI as vital sign**

(9 mentions)

- Provider behaviors change in response to above structural changes.
- How many primary care practices are in conformance with the guideline
- Adoption by primary care practices to make BMI a vital sign
- Use of guideline in office – do a survey
- Utilization/application of BMI- Obesity guideline @pilot PCP's
- Physicians use BMI as vital signs workup
- Screening plan standardized in primary care and in schools
- Education program - provider organizations
- Educate Maine physicians about BMI

3. A statewide measurement system is in place with baselines

(7 mentions)

- Baseline measurement by county
- Measure baseline data
- Tools to measure – identify key indicators
- Standardize measure tool
- Complete documentation of status at population level @ onset of initiative (county by county) via youth survey, polling, BRFSS, etc.
- County-level analysis of 2005 Behavioral Risk Factor Survey
- Look at providing health risk screening to employees and follow them for improving health behaviors

4. Public awareness plans are implemented

(7 mentions)

- Increase awareness of public and our respective organizations
- Public awareness, knowledge of BMI
- Statewide education on BMI. Physicians are a key part of this - measure & counsel on BMI
- BOH: adopt as part of public awareness campaign
- Initial awareness campaign
- Coordinated awareness campaign
- Publicity

5. Obesity/Healthy Weight is adequately addressed in health plan benefits packages

(6 mentions)

- Benefit packages
- Review benefit health design
- Physician reimbursed for screening BMI & screening weight & referring for help
- Inclusion in health plans
- Public purchasers incentives physicians through tracking codes for obesity reimbursement for counseling
- BMI code available

6. Physicians are high profile advocates on obesity/healthy weight issues

(3 mentions)

- Physicians learn their roles in community education
- See physicians taking high profile stand on environmental change/organized voice of physicians on environmental change
- An organized voice of physicians taking high profile positions on environmental change

7. Obesity/Healthy Weight is effectively addressed in Maine's State Health Plan

(3 mentions)

- Dirigo & employer health plan coverage address/include guidelines & wellness programs
- State health plan addresses & includes guidelines
- Include in state health plan – with specifics

8. The governor exercises leadership on obesity/healthy weight issues

(3 mentions)

- Trust if high-level blessings of Governor & Dirigo
- Publish public statement from Governor
- Public Statement by Governor (endorsement of public health involvement)

One mention each:

- Dirigo Health Agency/Anthem and MeHAF co-sponsor a project this summer to begin "mind set" change, disseminate BMI calculation, and begin public education campaign
- Obesity is included in a statewide patient registry
- Picker patient satisfaction – when BMI was raised in office – was it done respectfully.
- Survey PCP's @CHCs
- Obesity/Healthy weight issues are addressed in ways that are culturally relevant
- A Maine Toolkit for implementing Obesity Guideline protocols is available to health care providers
- The outcomes of this Hanley Forum (MMA news??) are published
- A screening plan is standardized in primary schools

Longer-Term Indicators

- 1. There is a decrease in obesity and its negative effects as measured by BMI**
- 2. A statewide measurement system is in place and used over time**
- 3. There is improved nutritional behavior**
- 4. Providers use BMI; protocols and codes are in place**
- 5. Broad community-based initiatives are in place**
- 6. There are positive changes in public policy**

1. There is a decrease in obesity and its negative effects...

(7 mentions)

- Show some clinical progress
- Decrease in Obesity
- Stabilize the incidence of Obesity.
- Growth of obesity has been slowed or even modestly reduced.
- Rate of obesity decreasing.
- Measurable decrease in obesity epidemic.
- Decrease in negative health consequences to obesity.

2. ...as measured by BMI

(9 mentions)

- BMI, Chronic Disease, Quality of Life
- Decline in BMI and overweight
- Make BMI vital signs for all providers to measure
- Lower BMI
- Average BMI reduction for state
- Chronic Illness Registry – change in BMI population
- Capture incidence of BMI measurements in Maine
- Decrease in BMI
- Include accountability about doing BMI - document the BMI reduction in the practice by risk type

3. A statewide measurement system is in place and used over time

(6 mentions)

- Follow-up measurement
- Outcomes measured by standardized or centralized registries
- Need to develop measures at offset and then track & trend feedback is critical.
- Population-based measures
- Demonstrated success through data-based measurement criteria
- Established statewide registry, pooled data collection

4. There is improved nutritional behavior

(6 mentions)

- Schools have more physical education and less snack food
- Fast food industry serves healthy meals
- More convenient availability of healthy foods and snacks
- Improved nutritional behavior
- Nutritional awareness that is culturally appropriate
- Awareness, among parents and adults, increased availability of health foods & snacks, caloric info at major chains for consumers

5. Providers use BMI; protocols and codes are in place

(4 mentions)

- Clinical adoption of measuring BMI, addition of BMI to vital signs, show broad screening

- Code use
- January 2005 - track codes adopted.
- Survey of PCP's indicating high level of buy-in participation in BMI and follow-up

6. Broad community-based initiatives are in place

(4 mentions)

- Community wide approach
- Develop culture at worksites/schools
- Communities are structured to promote social activities that are physical
- Community wide initiative

7. There are positive changes in public policy

(3 mentions)

- Policy change
- Significant environmental change in transportation, medical policy
- Media policy affecting food - beverage advertising.

One mention each:

- Community wide healthy weight support & intervention resources are identified, documented & integrated
- Assess how many screening programs you start
- Training programs for providers at MMA, MOA and hospital staffs
- Start to educate public in newspapers, educate kids in schools, get on curricula
- Greatly increased BMI awareness among parents and adults
- Address in State Health Plan & piggyback onto agenda of current coalition
- Acknowledgement of payer's role
- Integration of PC-MH mental health aspects of obesity
- Inclusion of motivational itinerary precepts in an intervention model (as extension of tool kit)
- Increase physical activity
- Enrollment in referral/treatment programs
- Infrastructure for referral for intervention mix
- Measure health care costs - reduced cost from obesity = success
- This continues as a topic of conversation/focus

Priorities for Action

In the Forum written survey, participants were asked to reflect on the emerging vision for success, the related objectives, and other perspectives that had been shared in the Forum and provide their recommendations for the key action steps that should be taken in Maine in the next 3 – 6 months. Responses are presented below in order of the greatest number of mentions to least number of mentions.

- 1. Develop a Statewide Coalition to comprehensively address Healthy Weight in Maine.**
- 2. Develop a plan to educate Maine people about healthy weight.**
- 3. Develop protocols for Obesity Guideline implementation and reimbursement in Maine health care settings.**
- 4. Address healthy weight at the policy level and through the Dirigo process.**
- 5. Gain endorsement of the Obesity Guideline and protocols for implementation by Maine stakeholder groups.**
- 6. Develop tools and educate health professionals on use of Guideline and protocols**
- 7. Conduct related research including establishment of baselines and evaluation of progress and achievement.**
- 8. Develop and implement pilot projects and initiatives.**

1. Develop a Statewide Coalition to comprehensively address Healthy Weight in Maine.

(31 mentions)

- Develop a planning group to organize next steps to develop a coalition to endorse, promulgate and enhance adoption of the guidelines.
- Quickly assess all the groups already involved in obesity and try to avoid redundancy.
- Form an Obesity Coalition, public and private but led by private sector organizations.
- Organize small group of interested/committed stakeholders to map out "Obesity/Overweight Health Weight Coalition" a la the Maine Coalition on Smoking or Health.
- Coalition of provider-payers-patients – other consumers- public health – workers – education – policy makers to focus attention/education & guidance on this crisis.
- Convene stakeholders including large, midsize, & small employers, payers (public & private) & consumers to discuss adoption of a Healthy Weight Guideline.
- Formalize creation of the Healthy Weight Coalition include other community stakeholders including food industry.
- Establish a multi-disciplinary collaborative to identify a contract for responders, e.g. BMI, lifetime activities, access to health food.
- Establish statewide collaborative based on model of coalition for smoking or health.
- Convene a multi-stakeholder group with a task of fleshing out an implementation/intervention plan for the guideline specific to Maine Communities.
- Convene a child health obesity forum.
- Formation of task force on obesity to include all stakeholders (like smoking or health)
- The development of a coalition of stakeholders dedicated to the myriad of obesity issues.
- Quality Forum to convene stakeholder to serve as convener about guidelines adoption stimulant – legal, training, educational that would require adoption.
- Expand role of Coalition on Smoking on Health to include obesity.
- Develop a work plan for the coalition – agree on priorities. Began that process today – consensus not necessarily assured.
- A coalition with appropriate leadership and membership should be formed.

- Develop ongoing (Collaboration of payer, purchasers, providers, public such as ...) Governor's Forum for Healthy Weight (or lifestyle) - encourage his leadership as bully pulpit.
- Encourage development of Public Collaboration for Healthy Weight (or lifestyle) to provide political voice/incentives to Governor & legislators & payers
- Hold a 2 day conference on obesity to include scientists community leaders and others experts as well as opportunities for networking.
- Convene a collaborative task force.
- The coalition should be broad based inclusive, non-governmental and focused.
- Follow-up conference of Coalition
- "What is to be done" should be considered very broadly and include schools, the State Department of Agriculture, as well as farms, etc. etc. - not just the usual suspects as important as they are.
- Convene planning group to analyze the potential of a coalition of leaders.
- The Coalition once formed can prioritize the goals and plans needed to obtain the vision.
- Implement work plan. Resources will be required.
- Engage broad group of stakeholders in the Coalition.
- Get collaborative group together to develop education in support of intervention development.
- Emerge with a blueprint for action including clinical protocols and policy/environmental change.
- Recruit state and local leaders -> practice and community

2. Develop a plan to educate Maine people about healthy weight.

(21 mentions)

- To plan an outreach strategy that encourages individuals to visit doctors, attend community based, worksite settings etc. to learn their weight status.
- Get Governor and Office on Health Policy with Bureau of Health to run public campaign to educate public on issue and get adherence & buy in. Get all existing coalitions to add this to their agendas and it will need to be on their radar screens.
- Educate - develop a "know your number" campaign - let people know what it is they are measuring with BMI.
- Statewide awareness program - government initiative.
- Broader awareness (providers, consumers)
- Hanley Trust should promote BMI media campaign or advocate others do so.
- MMA should train willing physicians to be community spokespersons - "message" - "don't weight 'til it's too late" - for prevention.
- Awareness & public education campaign is launched & sustained. "Sin Tax" is considered for funding this.
- Provide simple tool to healthcare providers, public health workers, patients to calculate BMI (e.g. BMI plastic throw away calculator).
- Public & professional use of BMI
- Governor & Dirigo health develop a series of public awareness efforts to raise public's awareness of issue - launch to be determined.
- Education of public regarding the importance of a health weight and their responsibilities for proper weight maintenance.
- Advertising
- Develop plan for public education regarding the guideline and seek public support for program in schools and communities that would strengthen effort of guideline adoption by the health system.
- Provide media attention to topic.
- Ask the Governor to convene a media summit to include broadcasters, the food & beverage industry and publishers.

- Educate kids in schools, start early & keep it up through high school, college, medical school curricula.
- Plan major provider & public awareness communications plan based on know your number.
- To include overweight/obese individuals in planning interventions (including public awareness campaigns)
- Educate the payer enthusiasts about why BMI is not a concept/tool that can be communicated to all Maine people at this point in time.
- Develop educational material and information to provide to employer decision makers. Payers could be vehicle for deployment.

3. Develop protocols for Obesity Guideline implementation and reimbursement in Maine health care settings.

(20 mentions)

- Tracking code/payment code for determination of BMI.
- Develop actuary sensitive protocols log in office use of guideline.
- Addition of BMI to existing patient registry efforts, such as CV-DEMS and PECS.
- Add BMI to diagnostic code as a modifier or other appropriate data element as to capture BMI, & provide incentives for doing so, e.g. \$2 per patient encounter.
- Talk to private & public payers about adding BMI # as modifier onto their codes & reimburse a buck for including it then can track the data.
- Build screening into every visit - with trend charting and early warning system.
- Inclusion of guidelines as quality measure.
- To include BMI as vital sign.
- Focus on creating case for establishing tracking code.
- Proactively provide PCP's with information & support they need to add BMI as a vital sign on records, registries and exam sheets.
- Physician algorithm of care for difficult categories of obesity
- Initiate discussion with public purchaser steering committee about strategies for improving systems for preventive guidelines adoption in the health system.
- To initiate dialogue on reimbursement not only for physicians but also behavioral counseling, nutritional counseling
- Develop consistent protocol for providers who are referring patients for nutritional counseling - make it easy for the patient or else you will lose their interest.
- Build operational definition of high intensity intervention - step toward payment.
- Fold this guideline into the chronic disease model and focus on system change to allow adoption of an effective model.
- Payers should meet to discuss what if anything they are willing to do in the areas of reimbursements, incentives, & common guidelines. This conversation will necessarily be limited by current anti trust law.
- Work with providers and payers to develop common guidelines and financial incentives for providers to discuss/counsel patients about BMI.
- Develop consensus among payers concerning adequate financial incentive for practices that develop system to comply with guidelines.
- Payers/employers need to look at how to implement this guideline.

4. Address healthy weight at the policy level and through the Dirigo process.

(17 mentions)

- Dirigo should make this a priority through the Quality Forum.
- Include in Dirigo Health Plan

- The Governor/administration must designate this issue as a priority & lend its force & influence towards a broad commitment to achieving a healthy weight for all Maine people.
- Articulate vision for implementing movement to adopt the public health/chronic care model effectively in Maine's health care system through the State Health Plan.
- Link the guideline adoption efforts with a more public health approach with a focus on policy.
- Support development of local public health infrastructure & leadership through State Health Plan.
- Calculate/publicize BMI of Maine House & Senate members, publicize average of those two bodies & implement intervention.
- Work on at least one issue in the upcoming legislative session but don't totally overlook opportunities to work on other policy issues (e.g. financing, etc.) related to obesity, overweight.
- Implement Dirigo Health Plan & associated State Health Plan with mechanisms to support & demand implementation of guidelines.
- Build structural support of Public Health Board and governor - visible support
- Education of payer leaders & legislative leaders on the crisis of obesity.
- Link community and medical activities.
- Recognize that this is both a quality of care issue and a public health issue. Recognize the social, emotional and economic context which contributes.
- Education of legislative leaders on the crisis of obesity.
- Seek funding e.g. grants, sin tax, etc.
- Access to appropriate counseling and treatment.
- Financing for counseling and treatment.

5. Gain endorsement of the Obesity Guideline and protocols for implementation by Maine stakeholder groups.

(14 mentions)

- Obtain MMA Executive Committee endorsement also MOA, MPHA, etc.
- Get PCP's and other physicians to use as a vital sign and part of patient encounter discussion. Engage other health care providers such as dentists.
- Public purchasers group endorses mechanisms and commits funds to support guidelines. Timeframe for incorporation into Benefit packages is determined.
- Engage specialty societies in similar fashion.
- Add obesity guideline to the agenda of the public purchasers steering committee, recommend to Me. Quality Forum.
- Request adoption of blueprint by key professional associations (i.e. MMA, MPHA)
- Engage Medical Association and Hospital Association, PHO's, through their Quality councils/committees to make this their priority.
- Engage payers & employers to support payment mechanisms & incentives for providers & patients.
- Focus on PCP buy-in & awareness as a starting point for implementation.
- MMA needs to convene to agree on a consistent message & approach.
- Encourage MeHAF to support community initiatives both practice and policy.
- Adoption of guideline formally by all appropriate organizations in state. (12 months)
- Acknowledgement of MPCA as a statewide association affecting care of a disproportionately poor and morbid population.
- Physicians are very effective when they provide a sustained voice based on clinical experience for population-based work.

6. Develop tools and educate health professionals on use of Guideline and protocols.

(13 mentions)

- Work with Maine Family Practitioners, Internal Medicine, provider organizations and MeHAF/Maine Medical Assoc. - Overweight Prevention and Management Grant groups to provide best science/based evidence "tool kits" to providers for overweight prevention and management.
- Group should take on development of a Chronic Illness Package" of tools/resources for Primary Care, Specialty Care Drs., and community groups doing screenings and providing food stamps/school lunch and &WIC.
- Education of providers regarding the critical need for obesity screening across all levels and types of health care settings.
- Set up a booth at the MMA, MHA, & MOA annual meeting and any provider annual meeting to educate health care providers about getting BMI guidelines for healthy weight, how to treat. Make sure unified treatment approach.
- Communicate meeting proceedings to existing groups, e.g. medical societies, Maine-Harvard PRC at MCPH
- Educate clinicians & planners & payers.
- Identify key organizations to promote measurement and understanding of BMI in health care practice.
- Education of providers regarding how to screen for obesity and track that screening.
- Provide simple tool to healthcare providers, public health workers, patients to calculate BMI (e.g. BMI plastic throw away calculator).
- Education of public health officials and providers about the actual morbidity & mortality within ranges of BMI
- Get hospital and health systems on board to set the example of actively incorporating BMI and intervention for employees
- Work with Anthem National to develop Anthem provider tool kits for BMI calculation, guideline recommendation.
- Physician education and tools to make compliance feasible.
-

7. Conduct Related Research Including Establishment of Baselines and Evaluation of Progress and Achievement

(7 mentions)

- Catalog/research similar initiatives across the country – identify best practices.
- Initial assessment of obesity rates in Maine
- Continue push for statewide information system (that BMI is included in).
- Aggregate data acquired to existing patient disease registries to track prevalence, improvement over time, how impacts morbidities & existing chronic diseases.
- Monitor progress on-going.
- Support coordinated statewide information technology infrastructure to speed development of EMR.
- Broadly distribute the outcomes from this conference.

8. Develop and Implement Pilot Projects and Initiatives

(5 mentions)

- Pilot blueprint models in several Maine communities.
- That has (by virtue of its member FQHCs) made great strides already in chronic care, especially diabetes and depression. With over 100,000 patients receiving primary care @ FQHCs and

experience in team approaches to chronic conditions and public health issues in the primary care practice, our members are well poised for demonstrating new methods & solutions.

- Begin consideration of how MaineCare program might be re-structured to support chronic care model, using obesity as an early rallying point.
- Work with Anthem national +Bureau of Health+DOT to provide pilot grant for community (school) Board walk/bike paths addressing problem; lack access to safe physical activity in rural communities.
- Creation of "coordinated community response" to Obesity such as FQHCs did with Domestic Violence.

APPENDIX A

OBESITY GUIDELINE

APPENDIX B

FORUM PARTICIPANTS

Organizations

Agency for Healthcare Research & Quality
Anthem
Anthem
Anthem/Hanley Trust Board
Bingham Program
Bureau of Health
Casco Passage/Hanley Trust Board
CIGNA
Diabetes Association/Maine General Hospital
Dirigo Quality Forum
Dirigo
Dirigo Board Chair/Hanley Trust
EMMC, pediatrician
Practicing physician, Hanley Family
Hanley Trust Board/SMMC Medical Director
Hanley Trust Board
Hanley Trust Board
Hanley Trust Board
Hanley Trust Executive Director
Healthy Maine Communities/Farmington
Hanley Trust Board - Chairperson
IT Support Systems
Maine Center for Public Health
Maine Center for Public Health
Maine Health Alliance
Maine Legislature
Maine Network for Health
Maine Primary Care Association
MaineHealth
Medical Care Development, Inc.
Me. Association of Health Plans
Me. Health Access Foundation
Maine Hospital Association
Maine Health Information Center
Maine Health Information Center
Maine Health Management Coalition
Mid-Coast HealthCare
Maine Medical Association
Maine Medical Association
Maine Medical Association
Maine Medical Center PHO
Practicing Physician/Mid-Coast Hospital
UNE/Commission on Public Health
University of Maine Nursing
Wellness/Health Improvement, BIW
Wellness/Health Improvement, MMHT

Forum Participant

Carolyn Clancy M.D.
Robert Scalettar, M.D.
Dan McCormack
Sheila Hanley
Lisa Miller
Dora Mills, M.D.
Sharon Rosen
Rob Hockmuth, M.D.
Steve Sears, M.D.
Dennis Shubert, M.D.
Ellen Schneider
Robert McAfee, M.D.
Bob Holmberg, M.D.
Sharon Vitousek, M.D.
Terrence Sheehan, M.D.
Roger Renfrew, M.D.
Patricia Bergeron
Maria Hanley
Alice Chapin
Leah Binder
Sean Hanley, M.D.
Rod Prior, M.D.
Paul Campbell
Hugh Tyson
Bill Diggins
Representative Sean Faircloth
Steve Ryan
Kevin Lewis
Deb Deatrick
John LaCasse
Katherine Pelletreau
Wendy Wolf, M.D.
Sandra Parker
James Harnar
Allison Foster
Jan Wneck, M.D.
Herb Paris
Maroulla Gleaton, M.D.
Gordon Smith
Lawrence Mutty, M.D.
Peter Wood
Scott Mills, M.D.
Stephen Shannon, D.O.
Anne Keith
Phyllis Wolfe
Anne Wright

APPENDIX C

OBJECTIVES AND PROGRAM OF THE 2004 HANLEY LEADERSHIP FORUM

Objectives and Program of the 2004 Hanley Leadership Forum

Building on Dan Hanley's leadership example of tackling a problem in a collaborative manner and developing real solutions, the goal of the 2004 Forum was to begin the development of a Maine collaborative leadership model for adopting and implementing clinical screening and risk factor guidelines as they are released nationally. The model is aimed at promoting better outcomes for patients and improved quality of care.

The Forum has offered an organizing point for leadership who have an interest in aligning this work in ways that will make Maine's response in the aggregate more effective. In plenary sessions and interdisciplinary work groups, the Forum participants identified and discussed best approaches for advancing the implementation of the guideline in the broadest sense. Issues included public policy, environmental and cultural change, protocols in the provider setting, community-based strategies including employer support and involvement, promoting buy-in and consensus among Maine's payers, and identifying needs to support a system-based infrastructure for sharing information.

The Forum addressed how collaborative leadership by Maine's health care providers, health organizations, payers, state agencies, and communities can be leveraged to improve the link between favorable research findings and better outcomes.

APPENDIX D

FORUM WRITTEN SURVEY AND WORK GROUP DISCUSSION GUIDE

**Appendix D:
The Dan Hanley Memorial Trust 2004 Health Care Forum**

Vision of Success

Please circle the number that reflects the *extent of your agreement* with the following vision of success for medical excellence in Maine with regard to the Obesity Guideline:

Use of the Obesity Guideline statewide results in screening and treatment for obesity that improves health and quality of life for Maine people.

Strongly agree					Strongly disagree
5	4	3	2	1	

Please circle the number that reflects *how important* you feel each of the following elements is to achieving the above vision of success.

A. The Obesity Guideline is endorsed and used by health care providers statewide.

Very important					Not at all important
5	4	3	2	1	

B. The Obesity Guideline is endorsed and used by employers and community stakeholders statewide.

Very important					Not at all important
5	4	3	2	1	

C. Community stakeholders and providers are not faced with multiple or competing screening and referral protocols.

Very important					Not at all important
5	4	3	2	1	

D. Providers and Maine people have adequate resources to follow the Obesity Guideline.

Very important					Not at all important
5	4	3	2	1	

E. Maine people understand why BMI is important to their health.

Very important					Not at all important
5	4	3	2	1	

F. Maine people “know their number.”

Very important					Not at all important
5	4	3	2	1	

G. Maine people know they have access to obesity care.

Very important					Not at all important
5	4	3	2	1	

H. There is a statewide patient-specific information system that captures clinical data specific to the diagnosis and treatment of obesity and that meets the needs of community stakeholders, providers, and payors.

Very important					Not at all important
5	4	3	2	1	

I. In lieu of multiple systems, guideline adherence and patient outcomes are measured and reported uniformly to community stakeholders, providers, and payors.

Very important					Not at all important
5	4	3	2	1	

Break Out II: Reimbursement (John LaCasse, facilitator)

Vision: Providers and Maine people have adequate resources to follow the Obesity Guideline.

Following is a list of objectives that may be critical to realizing a vision of success for medical excellence in Maine with regard to the Obesity Guideline. Please circle the number that reflects how strongly you endorse each statement.

- 1. Maine payors should adopt common codes for care including calculation of BMI, prevention, diagnosis and treatment of obesity, and referral for nutritional/behavioral counseling.**

Strongly endorse					Do not endorse
5	4	3	2	1	
- 2. Each payor should develop an adequate reimbursement schedule for care.**

Strongly endorse					Do not endorse
5	4	3	2	1	
- 3. Payors, providers, and employers should develop a plan for funding ongoing practice system changes needed to fully implement the Obesity Guideline.**

Strongly endorse					Do not endorse
5	4	3	2	1	
- 4. Payor reimbursement programs should include financial incentives for clinicians who practice preventive medicine related to obesity and/or who achieve positive outcomes.**

Strongly endorse					Do not endorse
5	4	3	2	1	
- 5. Programs providing coverage for care of uninsured and underinsured Maine people should include adequate benefits for compliance with the Obesity Guideline.**

Strongly endorse					Do not endorse
5	4	3	2	1	

Discussion questions:

- a. To what extent do we endorse these objectives?
- b. What objectives might be added, changed, combined, or dropped?
- c. What operational strengths in Maine could we build upon to achieve the objectives?
- d. What barriers would have to be addressed in order to achieve the objectives?
- e. Who in Maine should take leadership to move forward on the objectives?

Break Out III: Awareness (Meredith Tipton, facilitator)

Vision: Maine people understand why BMI is important to their health.

Maine people “know their number.”

Maine people know they have access to obesity care.

Following is a list of objectives that may be critical to realizing a vision of success for medical excellence in Maine with regard to the Obesity Guideline. Please circle the number that reflects how strongly you endorse each statement.

1. **Bureau of Health, community stakeholders, employers, health care delivery systems, professional associations (e.g., MMA, MOA, MMIC) and payors should collaborate to develop communications objectives, common materials and key messages, and to confirm roles and responsibilities for a coordinated educational campaign.**

Strongly endorse

Do not endorse

5 4 3 2 1

2. **The Bureau of Health and community stakeholders should educate the population about obesity including the calculation of BMI, why it is important to their health, and “know your number.”**

Strongly endorse

Do not endorse

5 4 3 2 1

3. **Payors and employers should educate health plan members about obesity including the calculation of BMI, why it is important to their health, “know your number,” and about the benefits that are available through their plans.**

Strongly endorse

Do not endorse

5 4 3 2 1

4. **Web-based and telephone support services should be available with information on the Obesity Guideline and comprehensive statewide referrals including accessible, community-based exercise options and nutritional information.**

Strongly endorse

Do not endorse

5 4 3 2 1

5. **Public policy issues related to obesity prevention and intervention should be identified and addressed.**

Strongly endorse

Do not endorse

5 4 3 2 1

Discussion questions:

- a. To what extent do we endorse these objectives?
- b. What objectives might be added, changed, combined, or dropped?
- c. What operational strengths in Maine could we build upon to achieve the objectives?
- d. What barriers would have to be addressed in order to achieve the objectives?
- e. Who in Maine should take leadership to move forward on the objectives?

Break Out IV: Clinical Information (Dennis Shubert, facilitator)

Vision: There is a statewide patient-specific information system that captures clinical data specific to the diagnosis and treatment of obesity and that meets the needs of community stakeholders, providers, and payors.

In lieu of multiple systems, guideline adherence and patient outcomes are measured and reported uniformly to community stakeholders, providers, and payors.

Following is a list of objectives that may be critical to realizing a vision of success for medical excellence in Maine with regard to the Obesity Guideline. Please circle the number that reflects how strongly you endorse each statement.

- 1. Payors, employers, state government and health care delivery systems should collaborate to adopt a common set of performance indicators to measure compliance with the Obesity Guideline and patient outcomes.**

Strongly endorse
5 4 3 2 1
Do not endorse

- 2. The clinical information system should capture data elements over time related to diagnosis and treatment of obesity.**

Strongly endorse
5 4 3 2 1
Do not endorse

- 3. The clinical information system should include disease registries that allow providers to track patients diagnosed with obesity.**

Strongly endorse
5 4 3 2 1
Do not endorse

- 4. The clinical information system should be used to measure and report uniform and standardized output that is accessible to community stakeholders, providers and payors statewide.**

Strongly endorse
5 4 3 2 1
Do not endorse

Discussion questions:

- a. To what extent do we endorse these objectives?
- b. What objectives might be added, changed, combined, or dropped?
- c. What operational strengths in Maine could we build upon to achieve the objectives?
- d. What barriers would have to be addressed in order to achieve the objectives?
- e. Who in Maine should take leadership to move forward on the objectives?

**The Dan Hanley Memorial Trust
2004 Health Care Forum
Concluding General Session**

Please provide your name and organizational affiliation:

Name: _____ Organization: _____

Vision of Success

Please circle the number that reflects *how strongly you endorse* this vision of success for medical excellence in Maine with regard to the Obesity Guideline:

Use of the Obesity Guideline statewide results in screening and treatment for obesity that improves health and quality of life for Maine people.

Strongly endorse

Do not endorse

5

4

3

2

1

If you circled 4 or lower, please provide any suggestions to strengthen the vision of success:

With regard to the following set of elements, please note the few critical modifications you would make to strengthen the potential for achieving the vision of success.

- A. The Obesity Guideline is endorsed and used by health care providers statewide.**
- B. The Obesity Guideline is endorsed and used by employers and community stakeholders statewide.**
- C. Community stakeholders and providers are not faced with multiple or competing screening and referral protocols.**
- D. Providers and Maine people have adequate resources to follow the Obesity Guideline.**
- E. Maine people understand why BMI is important to their health.**
- F. Maine people “know their number.”**
- G. Maine people know they have access to obesity care.**
- H. There is a statewide patient-specific information system that captures clinical data specific to the diagnosis and treatment of obesity and that meets the needs of community stakeholders, providers, and payors.**
- I. In lieu of multiple systems, guideline adherence and patient outcomes are measured and reported uniformly to community stakeholders, providers, and payors.**

Modifications that would strengthen this set of elements (add, change, combine, drop):

If additional space is needed, please continue on the back side of this page.

Priorities for Action

Action is necessary on a number of fronts in order to maintain momentum toward medical excellence in Maine with regard to adoption of the Obesity Guideline. Based on the emerging vision for success, the related objectives, and other perspectives that have been shared in this Forum, please provide your recommendations for the key action steps that should be taken in Maine in the next 3 – 6 months.

Key action steps in the next 3 – 6 months:

- 1.

- 2.

- 3.

- 4.

- 5.

Leadership Roles

The Hanley Forum occurs in the context of many ongoing initiatives seeking to advance medical excellence in Maine. Please list current leadership roles you may have with regard to adoption of the Obesity Guideline:

Current leadership roles with regard to the Obesity Guideline:

Based on the vision of success, objectives, and priorities for action that have been discussed in this Forum, please indicate new leadership roles you might consider with regard to adoption of the Obesity Guideline:

New leadership roles with regard to the Obesity Guideline:

If you are not sure at this time about new leadership roles you might consider, but would like to be contacted by the Hanley Trust to discuss possibilities, please check the box below.

- Yes, please contact me to discuss possible leadership roles with regard to adoption of the Obesity Guideline.**

A Leadership Model

What are your reflections on this emerging leadership model to achieve statewide adoption of Obesity Screening and Referral Guidelines?

How will we know if we are successful?

A. What might be short-term (6 months – 1 year) indicators of success?

B. What might be longer term (3 – 5 years) indicators of success?

In what ways might this Forum process and emerging leadership model be generalized to advancing the adoption of other Guidelines on a collaborative and statewide basis?

Thank you for your responses.