

Statewide Plan to Expand Workforce Capacity for Treatment – Draft June 20, 2019
Proposed plan for August 2019-September 2021
Updated July 23, 2019

This draft has been compiled from lessons learned through the obesity treatment pilot recently concluded and overseen by Children’s Mercy, discussions and recommendations from the Health Care Advisory Committee that provided input on the pilot, and discussions of MOCAN’s Healthy Weight Advisory Committee and Health Care Working Group.

Long term goals: **Increase the number of children at a healthier weight.**
 Increase effective treatment options available for those children who have obesity.

Priority population for this plan: Children with obesity

Objective 1: **Increase health care workforce training and supports for delivery of weight management treatment.**

Strategies:

1. Establish infrastructure to provide obesity treatment training and technical assistance.
 - 1.1. **Lead person(s)/institution** will compile list of interested partners’ assets, capacity, and role they want to play in training and technical assistance to support obesity prevention and treatment at the community level by October 30, 2019.

Activities

 - Establish criteria for type of institution and services/ research/ supports that want included in inventory.
 - Seek funding and/or staffing support to develop and conduct survey.
 - Establish database of Missouri partners with capacity to provide obesity prevention and treatment training and technical assistance.
 - 1.2. **Healthy Weight Advisory Committee** will establish a Training Center Network, members of which will provide training opportunities and technical assistance for treatment actions.
 - 1.3. **Lead person(s)/institution** will lead collaborative process to finalize treatment component training plan by November 30, 2019.
 - 1.4. **Respective leads** will increase training opportunities and supports for health care workforce.

Medical Providers Training

Activities

 - Finalize on-line training for medical providers completed during pilot training phase.
 - Promote availability of on-line training to pediatric primary care providers.
 - Maintain availability of CMEs for providers completing training.
 - Evaluate other training delivery modes, e.g., ECHO, and compile plans for implementing.
 - Compile care coordination best practices among health care team. Include in training and/or online resource pages for all health care providers participating in delivery of care for weight management services.
 - Recommend linkages between clinics and community resources to effectively address families’ needs.

Behavioral Interventionist Training and Certification for Family Based Behavioral Treatment (FBT)

Activities

- Establish plan and secure resources to replicate in-person FBT training beginning March 2020.
- Evaluate best means to certify competency to deliver FBT.
- Establish certification process.
- Coordinate these efforts with FBT training options emerging from Childhood Obesity Research Demonstration project led by WU.
- Establish long-term plan for FBT training, certification and continuing education.

Registered Licensed Dietitian Training for Medical Nutrition Therapy (MNT)

Activities

- Finalize online training.
- Establish plan to replicate statewide training on key elements of MNT for weight management at least annually and assure sufficient continuing education options.
- Evaluate feasibility of Registered Dietitians, licensed in Missouri, becoming eligible FBT providers and compile recommendations for next steps to include dietitians as eligible providers.

2. Increase number of health care professionals that complete initial and continuing education opportunities.
3. Explore related pre-professional training opportunities.

Objective 2: Support reimbursement for obesity treatment for children and families.

Strategies:

- 1 The Mo HealthNet Division will establish Medicaid coverage for Family-Based Behavioral Treatment (FBT) and Medical Nutrition Therapy (MNT) by July 2020.
- 2 MOCAN's Healthy Weight Advisory Committee will monitor MO HealthNet Division's actions, urge final rule publication, and request updates and representation from MHD to MOCAN's HWAC and Healthcare workgroups.
- 3 HWAC will engage private insurers in this work to expand coverage for needed treatments in coordination with Washington University's Childhood Obesity Research Demonstration (CORD) Project efforts.
- 4 Improve accuracy of reporting obesity diagnosis on insurance claims.

Activities

- CM and OSEDA will publish results from analysis of 2016-17 Medicaid claims on obesity in relevant Missouri health care professional communication channels.
- Include obesity rates and benefits of accurate claims in health care provider trainings.
- Develop means for ongoing analysis of insurer claims data

- 5 Increase FBT and MNT referrals for children with obesity diagnosis.

Activities

- Develop or adapt resource supports for health care settings, such as model of care, communications, clinical information system changes, and ways to support practice change using CQI model.
- Disseminate communication and supports for practice changes for obesity treatments.
- Evaluate role of champions to enhance uptake of effective weight management services within health care settings and if determined viable, resources and training to establish these services
- Develop means for ongoing analysis of referral patterns.

- 6 Increase the number of children and their families that access and complete FBT and MNT.

Activities

- MU HCRC will seek funds, compile coordinated messaging campaign and implement to engage more families by (date).
- Enhance recruitment and retention strategies based on results from CORD grant and communication insights.
- Develop ongoing mechanism to evaluate utilization of FBT and MNT

Objective 3: Improve collaborative actions by providing education, expertise and guidance to advance and monitor sustainable, evidence-based strategies.

Strategies

- 1 MU-MOCAN will build infrastructure supports to carry out Healthy Weight Advisory Committee's functions of planning, resource attainment, evaluation and communication.
- 2 HWAC will establish priorities for collaborative plans and actions for 2020-2021.
- 3 HWAC will assure that it has appropriate expertise and representation, including the community voice, to guide actions and integrate efforts across sectors to prevent and treat obesity.



Achievements to date

- Experts are working with MHD as they finalize rule to expand Medicaid coverage for obesity treatments of FBT and MNT.
- Training pilot of medical providers, behavioral interventionists, and dietitians started 2017 and ended June 2019. Over 300 health care professionals participated in training pilot.
- Based on work to date, this plan for statewide dissemination of training/continuing education was compiled.
- Analysis of 2016-2017 Medicaid Claims data completed.
- Communication items (e.g., research, toolkit, brochure, talking points) developed for health care provider and policy maker audiences and training provided on how to use these materials.
- Current efforts have had contributions from staff and faculty at 3 universities, (University of Missouri-Columbia and Kansas City, Washington University), which are highlighted in Feb 2019 UPDATE.
- Have successful multi-institution funding applications to support work.
 - CM/WU-training pilot, (2016-2019)

- WU/CM/Freeman+-CDC Pediatric Weight Management Intervention (2019-2024)
- CM/MU/MOCAN communication resources (2017-2018)
- DESE Capacity-HFF/MFH (2016-2019?)
- DESE/DHSS-CDC Cooperative Agreement (2018-2023?)
- DHSS/MU-CDC Cooperative Agreement
- Have established the Healthy Weight Advisory Committee as formal workgroup within MOCAN to fulfill “Commission” recommendation with approximately 30 members.
- Have established goal, functions, membership details, guiding principles, and general next steps that are detailed in Overview Document.
- Have elected HWAC chair and vice-chair for 2020-21.

Obesity Treatment Rationale¹ (Objectives 1 and 2):

- As many as one in five pediatric patients and one in three adult patients could benefit from evidence-based treatment available for obesity.
- Effective multicomponent intensive behavioral treatment has been validated by the US Preventive Services Task Force but there is limited availability, insurance coverage, and referrals for this proven treatment.²
- Based on this mounting evidence and cost analysis, the MO HealthNet Division has published proposed rules to expand coverage for children ages 5 and older and adults who have an obesity diagnosis and are referred for intensive behavioral treatment (for adults) or family-based behavioral therapy (for children and adolescents) and medical nutrition therapy for adults, children and adolescents).³
- This coverage is anticipated to go into effect in 2020.
- This impactful change in coverage addresses a major barrier to providing evidence-based treatment for obesity; namely, lack of reimbursement for patients covered by Medicaid.
- The pilot project and subsequent plans address other barriers in Missouri, such as limited capacity of providers to diagnose and treat, lack of established training and certification processes for behavioral interventionists to provide FBT, lack of information on availability of these services, and no recognized referral and care coordination system.

Academic Centers Rationale⁴ (Objective 1.2):

- Establishing “Academic Centers” builds on existing infrastructure and expertise to enhance state and local capacity in both the prevention and treatment domains.
- This Missouri model was successfully used for increasing services and improving clinical and community capacity for children with autism spectrum disorders and their families.
- Current critical needs for prevention and treatment of obesity:
 - There is a range in level of severity

¹ <http://extension.missouri.edu/mocan/childhoodobesity/ChildhoodObesityReportSummary.pdf> (accessed 3/22/2019)

² <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-children-and-adolescents-screening1> (accessed 3/22/2019)

³ <https://www.sos.mo.gov/CMSImages/AdRules/moreg/2018/v43n17Sept4/v43n17a.pdf> , page 2557 (accessed 3/22/2019)

⁴ <http://extension.missouri.edu/mocan/childhoodobesity/ChildhoodObesityReportSummary.pdf> (accessed 3/22/2019)

- Obesity is often chronic and stigmatizing
- Complex etiology
- Requires a multi-faceted approach to prevention and treatment service delivery, which cuts across care and community settings.
- Growing public awareness of the unmet needs of children and families
- Effective behavioral treatments have emerged
- Family involvement is critical
- Early intervention is best, but children are often not identified in a timely way
- Inadequate number of providers that are equipped to deliver evidence-based treatment
- There is a readiness for change in systems of care through collaborative partnerships

Commission Rationale ⁵ (Objectives 3)

- Obesity is a complex medical, social and environmental problem.
- A statewide advisory group with multi-sector representation can provide expertise and guidance to advance and monitor sustainable, evidence-based strategies for decreasing childhood obesity.
- 24 states have established similar bodies.
- Helps integrate efforts across sectors, e.g., health care, public health, child care, and school.

⁵ <http://extension.missouri.edu/mocan/childhoodobesity/ChildhoodObesityReportSummary.pdf> (accessed 3/22/2019)