



Monitoring Physical Activity in a Form that is Meaningful for Patients and Providers Enrolled in a Weight Management Program

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History-Weight Control Research Project (WCRP)

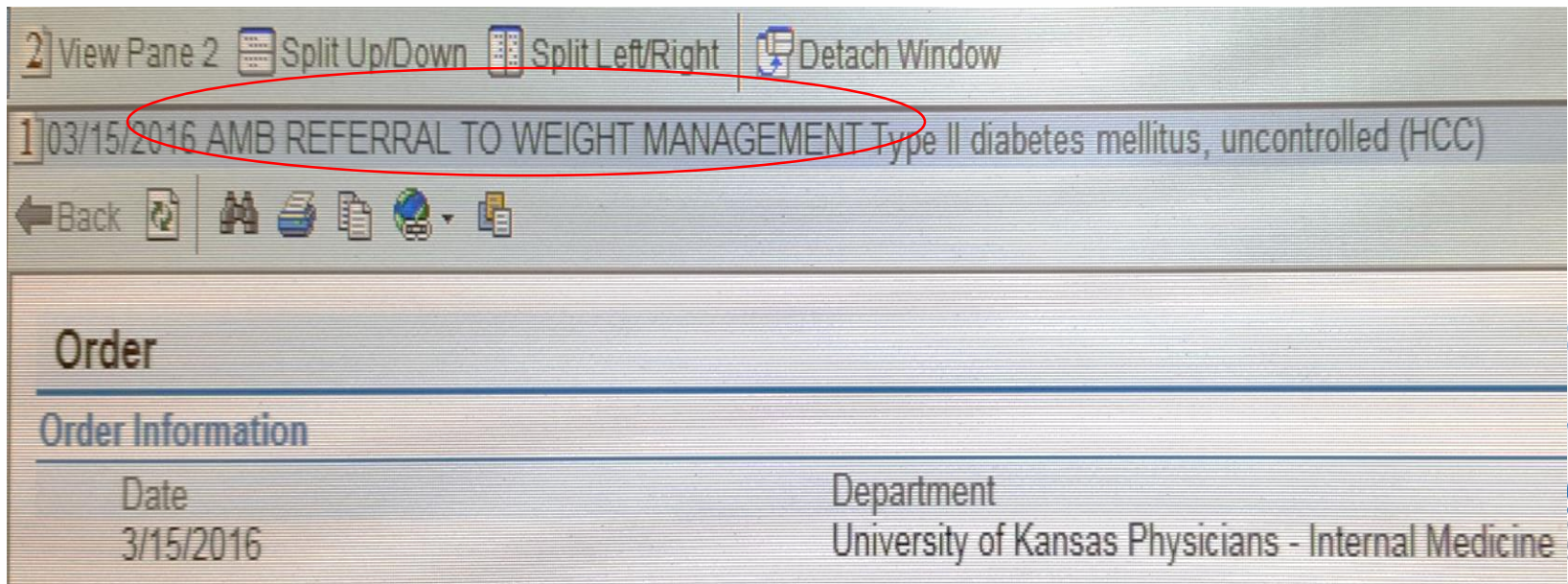
- Introduction to weight management in 1985 by luck of the draw
- Launched at The University of Nebraska-Kearney in 1986 with NIH funding to investigate VLCD and retention of lean mass with PA
 - Mission- provide a platform for clinical treatment and research for weight management
 - 4 sites, mostly rural (i.e., more cows than people)
- Migrate to The University of Kansas-Lawrence in 1997
- Further migration to The University of Kansas Medical Center 2011 with facilities and programs in Lawrence and Kansas City

Kansas University Weight Management Program (KUWMP)

- Medically managed- MD, nurse practitioner, nurse
- Insurance eligible
- Three approaches for energy restriction
 - Conventional diet, LCD (prepackaged meals), VLCD (shakes)
- 300 minutes of MVPA
- Theoretically grounded behavioral approach (SCT)
 - Weekly 1-hour meetings
- Group dynamics
 - Face-to-face, group conference call
- 3-month modules, treatment and maintenance

Referral Process

- Patients recruited from a variety of sources
 - Physician, Word of Mouth, Brochures in local clinics, etc. ~ 48/month
 - Automated referral process through KUMC's EMR (O2/Epic) ~52/month
 - Physician is able to refer during appointment
 - Provides additional information for purpose of referral



The screenshot displays an EMR interface with a toolbar at the top containing icons for 'View Pane 2', 'Split Up/Down', 'Split Left/Right', and 'Detach Window'. Below the toolbar, a red oval highlights the text '03/15/2016 AMB REFERRAL TO WEIGHT MANAGEMENT Type II diabetes mellitus, uncontrolled (HCC)'. A navigation bar below the oval includes a 'Back' button and several icons. The main content area is titled 'Order' and contains a section for 'Order Information' with the following details:

Date	Department
3/15/2016	University of Kansas Physicians - Internal Medicine

Recruitment Process

- Program staff contacts to schedule orientation within 2 business days of referral
- Orientation (of the 100 referred/month 44% attend)
 - Background of program and staff
 - Diet options
 - Program guidelines
 - Insurance and billing information
 - Schedule physician appt. & begin program

Referral Report— Monthly Avg. Q4 2015	
Avg. Inquiries	90
Physician Inquiries	46 (52%)
Attend Orientation	50 (56%)
Begin Program	24 (26%)

Physicians' Role

- Health history
- Medical review and adjustment
 - EKG, blood chemistry
- Barriers to dietary compliance
 - EATS-26, BES
- Capacity to meet program PA recommendations
 - Address PA compliance at follow-up visits
- Communication with patients' PCP
 - Medication adjustments
 - Program outcome letter
 - Anthropometrics, blood chemistry, medication changes



Health Education

- Educators: Registered Dietitians, Exercise Specialists, Exercise Psychologists
- Comprehensive lifestyle management curriculum through SCT at weekly meetings
- Utilizes current recommendations from national societies to make evidence-based curriculum
 - American College of Sports Medicine
 - Academy of Nutrition & Dietetics
 - The Obesity Society
 - American Heart Association



Our Approach

- Comprehensive lifestyle management education
 - Phase I (24 weeks)
 - Highly structured
 - Diet & PA guidelines specified
 - Phase II (minimum of 24 weeks recommended)
 - Sustainable lifestyle modification
- Group support & accountability
- Motivational interviewing



Exercise is Medicine

- Physical activity is a vital component of the KUWMP
 - From orientation through treatment, benefits of exercise are reinforced
 - Program compliance reviewed by MD/NP at follow-up visits
- Reporting PA mins and steps twice weekly
- Our approach:
 - 300 minutes of structured exercise (MVPA)
 - Guidance on incorporating flexibility and resistance training
 - Encouraging decreased sedentary time
 - Increasing movement through Activities of Daily Living (ADLs)



Exercise

- Prescription for PA discussed on a group and individual level
 - Barriers to physical activity
 - 1 mile walk test
 - 10 week ramp-up to 300 minutes MVPA
- 10+ minutes per class devoted to movement
 - Modifications provided
 - Improved exercise self-efficacy through practice
- Access to exercise facilities and exercise professionals



Home Exercise

- Group exercise via video conferencing
 - Health educator leads exercise
 - Health educator sees group and participants can see each other
 - Group support
 - Interaction between leader and participant & participant to participant



Insurance & Billing

- 2012—Affordable Care Act recognizes obesity as a disease on a federal level
 - 23 states now have a specific health benefit to cover bariatric surgery
 - + 3 states provide coverage in some policies but not all
 - 16 states cover dietary counseling for obesity
 - Including weight loss programs
 - 7 states cover nutrition counseling for diabetes-related treatment



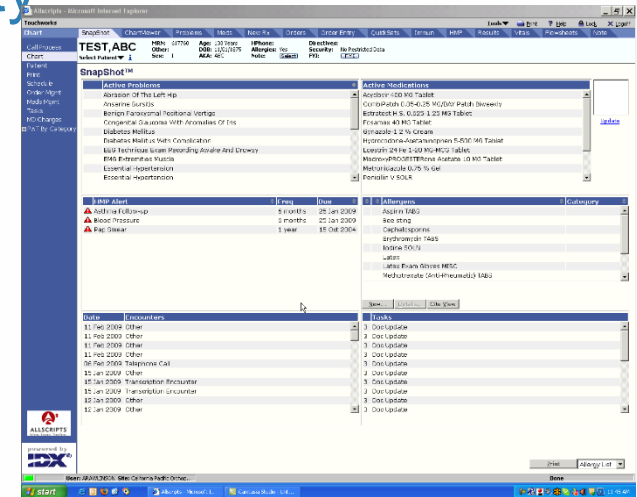
Reimbursement for Obesity Treatment

- Direct insurance coverage
 - G0447—Intensive Behavioral Therapy for Weight Management
 - G0473—face-to-face group counseling for obesity
 - MD, NP, CNS
 - “incident to” billing for Registered Dietitians
 - Billing processed through KU Medical Center
- Optional rewards programs offer incentives
 - e.g. *HealthQuest* Rewards Program through State of Kansas
 - Credits earned by participating in wellness activities
 - Incentive on insurance premiums



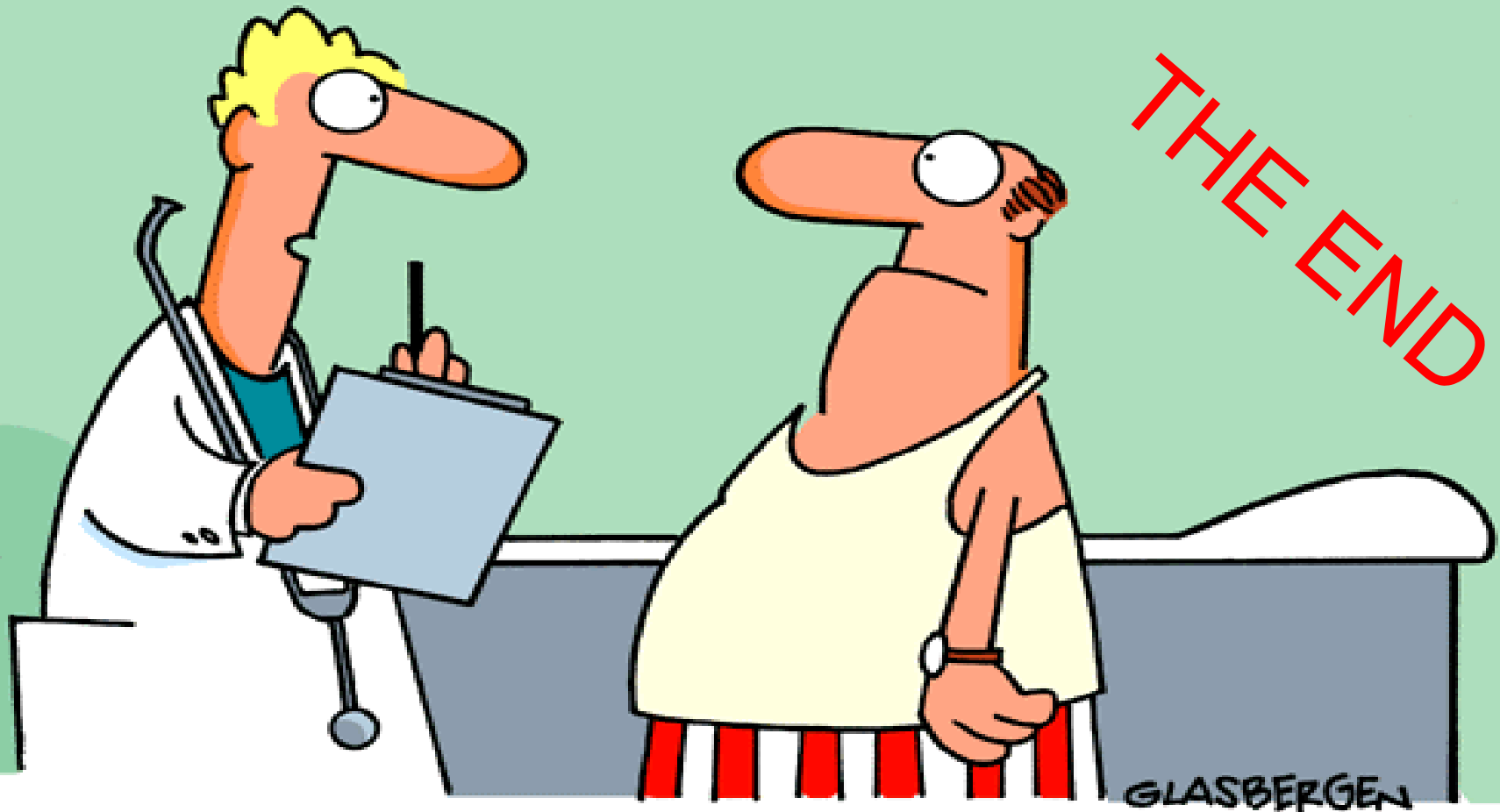
Billing & Coding

- We bill for pre-existing conditions related to lifestyle and weight in addition to obesity treatment
 - e.g. diabetes, hypertension, GERD
- Guidelines for G0447
 - BMI>30
 - IBT: maximum of 22 visits in 12 mos
 - 6.6 lbs loss by 6 mos to continue coverage
- Medical management costs submitted to insurance
- Class fees and cost of food in the program is often out of pocket
 - Some Flexible Spending Accounts allow for coverage of these components



Summary

- Client referral via automated system and others
- MD supervision
- Diet, PA, behavior
- Insurance billing
- Communication with PCP



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

Coding

ICD-9 CM: Overweight, obesity and other hyperalimentation

ICD-10 CM: Obesity, unspecified

Visit Diagnoses and Associated Orders

Essential hypertension - Primary

ICD-9-CM: 401.9

ICD-10-CM: I10

BASIC METABOLIC PANEL [80048 CPT(R)] - *Standing Order*

Obesity, unspecified

ICD-9-CM: 278.00

ICD-10-CM: E66.9

BASIC METABOLIC PANEL [80048 CPT(R)] - *Standing Order*

Exercise is part of the package, not directly reimbursed

Chart **TEST, ABC** MRN: 617760 Age: 130 Years IPPhone: Other: DOB: 11/01/1975 Allergies: Yes Directives: Security: No Restricted Data
 Select Patient Sex: I AKA: ABC Note: FYI:

- Chart
- Patient
- Print
- Schedule
- Order Mgmt
- Meds Mgmt
- Tasks
- MD Changes
- PAT By Category

Snapshot™

Active Problems
Abrasion Of The Left Hip
Anserine Bursitis
Benign Paroxysmal Positional Vertigo
Congenital Glaucoma With Anomalies Of Iris
Diabetes Mellitus
Diabetes Mellitus With Complication
EEG Technique Exam Recording Awake And Drowsy
EMG Extremities Muscle
Essential Hypertension
Essential Hypertension

Active Medications
Acyclovir 400 MG Tablet
CombPatch 0.05-0.25 MG/DAY Patch Biweekly
Estratest H S, 0.025-1.25 MG Tablet
Fosamax 40 MG Tablet
Gynazole-1 2 % Cream
Hydrocodone-Acetaminophen 5-500 MG Tablet
Loestrin 24 Fe 1-50 MG-MG Tablet
MachroxyPROGESTERone Acetate 10 MG Tablet
Metronidazole 0.75 % Gel
Peridilin V SOLR

[Update](#)

LIMP Alert	Freq	Due
Asthma Follow-up	6 months	25 Jan 2009
Blood Pressure	6 months	25 Jan 2009
Pap Smear	1 year	15 Oct 2004

Allergens	Category
Aspirin TABS	
Bee sting	
Cephalosporins	
Erythromycin TABS	
Iodine SOLN	
Latex	
Latex Exam Gloves MISC	
Methotrexate (Anti-Rheumatic) TABS	

Date	Encounters
11 Feb 2009	Other
11 Feb 2009	Other
11 Feb 2009	Other
11 Feb 2009	Other
06 Feb 2009	Telephone Call
15 Jan 2009	Other
15 Jan 2009	Transcription Encounter
15 Jan 2009	Transcription Encounter
12 Jan 2009	Other
12 Jan 2009	Other

Tasks
3 Doc Update
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