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Building Blocks for Promising Practice Models

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Working Together To Address Obesity

BETSY LAFORGE: Wow. That was impressive and that was a really wide view of a lot of things going on in California. I'm going to narrow the focus a little bit and talk about what—from a health plan perspective—what have we been doing around obesity, why have we been doing it. And then I'll sum up with some of the partnerships and collaborations that we've formed.

Now, one thing I do want to mention is every Blue Cross plan is a little bit different. So, the California plan is going to be different than the North Carolina plan, which is going to be different from whatever plan you may have in your state. But we've been very fortunate.

Blue Cross Blue Shield in North Carolina is the largest insurer in North Carolina. We cover at least the third of the population in North Carolina. And we feel that it is our responsibility to be a major player in the health of our state. We're also very fortunate that our CEO has a master's degree in Public Health. And so, he's been very committed to prevention and very open to a lot of the ideas that we've had about moving forward various initiatives related to prevention.

So, health plan has been a little bit slow on the uptake when it comes to this obesity issue. And there's a couple of reasons for that. I'm not going to state them all, but effective treatment is unclear. We've gotten pushed back from our provider community, our physician community, saying that it takes time, there's reimbursement issues, return on investment has been difficult to show. And so, most health plans--until very, very recently, most health plans have not looked at overweight and obesity. The only thing they've covered and they don't always cover it is surgery for morbid obesity. And there's really been very little activity that's going on related to this.

However, there are tremendous opportunities for health plans. We're very good at developing member programs and initiatives. We've done a lot of work around chronic disease. So, moving more into this prevention and addressing overweight and obesity is something we could have experience with. We have the opportunity to change how we are reimbursing providers. We can work with out employer groups, and they've been very receptive to that. And then we can certainly partner and work with the community.

So, what did we do? First, we wanted to make sure we understood the issue. It's interesting, health plans do not receive any claims data that would be related to weight. And so, we don't know what our population in—has look like in terms of the percent overweight, the percent obese because our claims data just can't tell us that.

So, back in 2004, when we started to look at this issue, we said we need to better understand our own population first. So, we've conducted several large scale surveys among our membership to really understand their perceptions, to understand what percentage of our population was obese and what might be barriers to change for them. We did a lot of literature reviews. We talked of other health plans. We didn't get much information from other health plans except Kaiser Permanente, which is—has been a leader. We talked to the CDC. We really tried to find what was going on out there as well as what was going on within the state.

This is a little bit of information from the surveys that we conducted. And no big surprise, the bullets down at the bottom there, we found 24 percent of our adult members were obese. And their cost was 32 percent higher. So claims cost was 32 percent higher than healthy weighed individuals. Thirty-eight percent of adults were overweight. And their cost were 18 percent higher.

What surprised us a little bit were some of the perception questions. And I just want to point a couple out. I mean, clearly, people were—are trying to lose weight. That's not a big surprise. But what did surprise us a little bit was that there was a fairly high percentage of individuals who were overweight or obese that felt their weight was just right.

And in addition--and the more overweight an individual was, the less likely they were to feel that weight affected health. So, there was a bit of a perception barrier that we found. We also looked at, in a separate survey, at childhood overweight within our population and parent perceptions about weight. We found that 36 percent of our 5 to 11-year-olds were really in that overweight or at risk category.

And that was one area that particularly concerned us because we feel that this population's probably going to continue to move into becoming overweight and obese adults. But once again, looking at the perceptions, a few surprises here although we're starting to see these kinds of results from the CHAMP surveys and some of the other national surveys going on, but 29 percent of our children across the board were above the 80th percentile, yet 59 percent of parents though their child's weight was just right, and six percent felt--and even six percent felt--seven percent that their children--child was underweight. Forty-five percent of parents indicated the child was not getting at least five servings of fruits and vegetables. No child--no parent reported that their child was getting 60 minutes of physical activity a day. Now, that's really surprising, and I can't even--I can't believe that's possible. I think that's more an indication that the parents don't know what their kids are doing. And we do know a lot of the kids are in front of the screen.

But this next one, I think, is also important. We found no significant difference in

costs, in claims costs between the overweight and the healthy weight children. Now, I can't explain that. I can't tell you for sure why that would be. I suspect it's because the kids that are in more of a normal weight category are out being physically active, hurting themselves. And so, that's offsetting the claims from kids with Type 2 diabetes, and those types of things.

However, this is not going to be an immediate return on investment that employers are going to feel they'll see or health plans are going to feel they see when we start to address childhood obesity. This is going to be a long term issue. If we don't stop it now, we're going to see the costs go up. But it's not going to be an immediate turn around in terms of cost savings.

So, what was Blue Cross's response? Well, we developed a program for healthy weight. We started with a program for adults. We have recently, at the beginning of this year, also implemented a program for children and families. We started reimbursing physicians for assessing weight, making weight a vital sign. Assessing weight and treating weight issues. Now, I believe Kaiser has been doing this for quite some time, but in terms of more of the traditional insurance-type plans, we believe we may have been one of the first insurers to actually take obesity as a primary condition, overweight and obesity as a primary condition and say, "We will pay your physician to have conversations about this, assess people's weight and then provide treatment." We began to reimburse for nutrition counseling. We began to credential dieticians and make them part of our

network.

We were not the first state to do this or the first plan to do this, there were one two ahead of us, but this is not the norm, and we felt this was a major initiative. And so, we now have close to 20 dieticians in our provider network across the state. And we're paying for six visits, six nutrition counseling visits. We are waiving the co-pay, so these are free visits for our members who are participating in our programs.

We've also done some media campaigns and have developed community partnerships as well as we're starting to move forward with employer group initiative programs and very robust programs that will be rolling out next year. This just shows you kind of visually what we did around our comprehensive member program, we call it Member Health Partnerships, focuses on healthy weight nutrition, physical activity and other, it also focuses on any other chronic disease that a person may have. And it's targeting both children and families. I've mentioned some of our enhanced benefits, our nutrition counseling visits. We also are covering FDA approved weight loss medications, not a big uptake on that, but we wanted to cover the gamut. We think that someday a decent weight loss medication may hit the marketplace that will be effective and we want to be ready for that. We're covering the physician office visits, which I already mentioned. Our program includes a lot of tools and information given to our members through the mail as well as online. Although in North Carolina, and I

think this is true in many parts of the country, the uptake in terms of online programs isn't that great. It's maybe four to five percent of the population is really going to the website to do online type interactive programming.

So, far more of the individuals are getting things in the mail. We send them tools, things like pedometers and age appropriates, things for kids to keep them physically active, as well as books and educational materials. We also provide telephonic health coaching and have created provider tool kits.

Now, this next slide is an example of some of the IMS that we put in our provider tool kits. What do I mean by this? So these are tool kits that are available to our physician community. So, these are free, and physician can request the tool kit. The tool kits contain things like posters, BMI wheels, tape measures, we're encouraging the taking of waist measurements in adults, age-specific educational materials, assessment and treatment guidelines that we've put into a pocket guide. So, we've really condensed those guidelines into steps, and then they can--the physician can stick it in their pocket.

In lifestyle diaries, now, the poster here is an example of one of the child, what's in one of the childhood kits. And I don't know that you can read any of the bullets down there, but what it focuses on, as well as what our program focuses on for children, is five fruits and vegetables a day, getting up and moving, becoming more active, reducing screen time, and then reducing them out of fruit juices and

sodas. We have had extremely positive feedback from our physician community on these tool kits.

Media campaigns. Blue Cross has really started to take prevention and interaction with our members and create commercials and radio spots related to this. It's kind of a branding campaign for us, but there's a lot of interest in really using more preventive care as part of our branding.

This gentleman, his name is Robert Amado, and he is a star in North Carolina. People know him. You can go out anywhere and I can show this picture and people will say, "Oh, yeah, that's Robert Amado. That's a guy that was on your commercial." And he's a real person. He's not a star. And he was somebody that in 2004 was in our pilot group for our Weight Management Program. He lost 80 pounds. Now, he is very unusual. This is not the norm, clearly. We see more like an average weight loss of nine pounds. But among those that lose weight, which were that 48 percent of participants did lose weight in the program, but he was this guy that couldn't even walk to the mailbox, and now he's out walking and he's off his medications, and his diabetes in under control. And he became just a wonderful spokesperson for us.

Since then, we've also had a commercial with a young girl, Diasia, who's 15, and who became more physically active and became a lot healthier. And she also became a name that's kind of known in the community also.

We've also done more of a grassroots campaign that we're calling Eat and Move, and it's targeting third graders, specifically targeting third graders with the idea of, through children, we can also reach the parents. And so, it's a number of things including online tools, radio spots, information in the pediatrician's offices and tools for schools. And we've been doing this for about the last four months, and have really taken it across the state. If anybody is interested in taking a look at the website, I've given you the link there.

Other community collaborations. For a number of years, Blue Cross has been a sponsor of a non-profit group called Be Active North Carolina. And they have really focused initially more on the preschool age children with physical activity. And they have been in the preschools, really helping make a difference in some of the standards around for the preschools as well as things that preschool can go on in the preschools in terms of physical activity and healthier eating.

We also worked with--Blue Cross worked with the Health and Wellness Trust Fund. This was money that came to North Carolina through our tobacco settlement. And this group has looked at both tobacco cessation among children and teenagers--excuse me, more teenagers, prevention for children and prevention of cessation for teens, as well as childhood obesity.

And Fit Together was a combined, joint collaboration between the Blue Cross

Blue Shield Foundation and the Health and Wellness Trust Fund. The focus here has been on healthy communities. So, like some of the work that's going on in California, we've been helping to fund grants to really look at how to create healthier communities, more open space, trails, connection, so that people can be out walking, et cetera. And then awards are given to various counties each year for some of the initiatives that they've created and then they're designated as a healthy community.

And then, finally, one other group that I wanted to mention is the North Carolina Alliance for Healthier Communities. This has been a group that's completely volunteer, non-profit, that was a number of the health plans with some other agencies like the Heart Association, a number of pharmaceutical companies and various groups. We've got about 20 different groups that pull together to say--a lot of times, we compete with each other in the state, and rather--and there are some issues that we know we all need to work together on. And so, this group has come together to say, "Okay, what are some of those issues we can all work together on?"

And there's been a number of different things that we've done, but one of the things I wanted I to highlight is we've got a nice website that has various tools and resources that are for community members for public health, for providers, for anyone that wants to access it. And one of the things we put on there a couple of years ago was a weight management registry. We went out and

surveyed weight management programs across the state, and we gave them a fairly lengthy questionnaire, so that we could better understand what types of services are these programs offering. What are the costs? What are the expectations? Who can join them? Where are they located? And we put it into a website so that you can go in and search by zip code or by county and find all the weight management programs in your community with detailed information about what kinds of professionals work within that program, what might it cost you, et cetera. So, I've also given you the link to that because it might be something that you want to take a look at. I know that there was interest from our Health and Human Services when we put that up to say, "That might be a place where we could also do some partnering and collaboration."

So, ongoing challenges for us. As I mentioned before, really identifying and knowing who to outreach to proactively has been an ongoing challenge. Communicating our new benefits has been an ongoing challenge, and that we keep working on. Demonstrating results and outcomes is going to be so important. And LuAnn, the National Business Group on Health recognized us when we came forward with our weight management program. And I recall that they said, we're going to--people are going to be watching you for outcomes and results. And we're getting ready to release some of our two-year results within the next couple of months here.

And then, of course, the next bullet, which you all know and one of the reasons

I’m standing up here today is that the collaborations and partnerships are so critical. This is never an issue we’re going to be able to tackle singly and in silos. We really, really are going to need to be working together.

And I’m going to be able to state here what LuAnn says because really building that interest and demand among employer groups has been sort of interesting because it’s not an issue that they’ve necessarily given a lot of thought to or connected obesity and healthcare cause. They’re starting to make those connections, but continuing to build better understanding. And that interest and that momentum among our employers, is going to be key because, at least for adults, that’s where they spend most of their time, is at their workplace, at least 40 hours a week, 40 or 50 hours a week. And worksites in general are not necessarily particularly healthy places, some are. And then, of course, it’s the same with the schools for our children. So, thank you very much.