

# Medicaid and Public Health Collaboration to Reduce Obesity in Low-Income Children: Maryland

Childhood obesity is a significant problem in both Baltimore City, an area with high rates of poverty and chronic disease, as well as Maryland's more-affluent Howard County, which has concentrated pockets of income disparities and poor health. With leadership from the Horizon Foundation,<sup>1</sup> a diverse coalition of partners is addressing childhood obesity in these two areas by: (a) creating new data systems to measure obesity prevalence in children; (b) transforming high-volume Medicaid practices to better prevent, diagnose, and treat obesity; (c) assessing how to better treat severe obesity through specialty centers; and (d) delivering nutritional counseling in community settings.

## Collaborative Structure

With public health and Medicaid collaboration at its core, the diverse team, led by the Horizon Foundation, included: Maryland Medicaid; the Maryland Department of Health (the division of Chronic Disease); Baltimore City and Howard County Health Departments; the Maryland Chapter of the American Academy of Pediatrics (MDAAP); and two Medicaid managed care organizations, Priority Partners and Riverside Health. Members of the team had collaborated previously to address childhood obesity in the region through initiatives such as Howard County Unsweetened and Sugar-Free Kids Maryland, and MDAAP clinical quality improvement initiatives with local pediatricians.<sup>2,3</sup>

## INNOVATIONS IN CHILDHOOD OBESITY PROFILE SERIES

Although a wide range of efforts to reduce childhood obesity are currently underway, few involve meaningful collaboration between the Medicaid and public health sectors. To leverage this untapped opportunity, the Center for Health Care Strategies (CHCS), with support from Kaiser Permanente Community Benefit, launched the *Innovations in Childhood Obesity (ICO)* initiative in 2015 to foster collaboration between Medicaid and public health organizations to develop, test, and disseminate innovative approaches for reducing obesity among low-income children. This series of profiles details how state Medicaid and public health agencies partnered to reduce the prevalence of childhood obesity in their communities.

## Intervention Focus

The Maryland team focused on helping providers to better prevent, diagnose, and treat childhood obesity by:

1. *Creating a new data-sharing infrastructure to measure the prevalence of overweight, obesity, and severe obesity among children enrolled in Medicaid in Baltimore City using accurate and reliable proxies.*

Because aggregate childhood obesity data are not readily available for children enrolled in Maryland Medicaid, the team developed credible proxy estimates for Baltimore City children. Partnering with federally qualified health centers (FQHCs) in the city, the Baltimore City Health Department created a data-sharing infrastructure to gather

childhood obesity data from the FQHCs' electronic medical records (EMRs) and estimate obesity prevalence of children enrolled in Medicaid. The partnering FQHCs receive an analysis of the data to inform their current efforts and identify opportunities for program improvements.

## *2. Improving service delivery in high-volume Medicaid pediatric practices through an MDAAP learning collaborative and the creation and distribution of EMR templates.*

After learning that providers at high-volume Medicaid pediatric practices were not routinely billing for childhood obesity treatment codes, MDAAP developed a nine-month Maintenance of Certification (MOC)<sup>4</sup> quality improvement learning collaborative for these practices with funding from the Annie E. Casey Foundation and the Horizon Foundation. The collaborative was designed to improve performance on nine best-practice measures connected to improved prevention, diagnosis, and treatment of childhood obesity.<sup>5</sup> It targeted participation from at least 40 pediatric practices serving large numbers of Medicaid-enrolled children in Baltimore City and Howard County, and offered 13 didactic and quality improvement-focused sessions on improving service delivery. In addition, the team researched EMR templates that reflect best practices for childhood obesity prevention, and continues to work with EMR vendors and childhood obesity experts to improve EMR usage in this area.

## *3. Assessing the need, feasibility, and sustainability of specialty treatment centers to address severe obesity.*

The team received feedback from community pediatricians about the need for external resources to which they could refer difficult cases, so it assessed whether the state could increase the capacity of specialty treatment centers, e.g., Centers of Excellence, to treat severe obesity in children. It also examined the billing and regulatory structures within these centers to consider the feasibility and sustainability of increasing access to services.

## *4. Developing an upstream Medicaid prevention and treatment pilot for delivering nutritional counseling in community settings.*

After learning of billing, regulatory, and sustainability challenges within specialty treatment centers, the team identified a need to increase access to more prevention services such as nutritional counseling within the community. The state Medicaid agency explored pathways for Medicaid to cover nutritional counseling by dietitians within the community, particularly at Head Start centers.

*“Participating in this collaborative gave us the incentive, platform, technical assistance, and accountability we needed to work on this problem together. We have much work to do, but we have come a long way because of this partnership.”*

– Glenn E. Schneider, Horizon Foundation and Maryland Team Lead

## Evaluation

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### Measurement

In order to assess the occurrence of childhood obesity in Baltimore City without access to prevalence data, the team used clinical data from three large FQHCs to serve as proxies for the prevalence of overweight and obese children. It also analyzed Medicaid claims

data to better understand the extent to which childhood obesity billing codes were being used by high-volume Medicaid providers.

The team used various process and outcome measures to evaluate the learning collaborative's effectiveness in improving the quality of care around prevention, diagnosis, and treatment of childhood obesity and related conditions. Examples include measures of reach (e.g., the number of practices and providers involved) and success (e.g., the proportion of pediatricians documenting body mass index [BMI] during an exam).

## Findings

FQHC data showed that the baseline prevalence of childhood obesity in Baltimore City was far higher than nationally representative data.<sup>6</sup> In one of the participating FQHCs, 30 percent of two-year-old patients were obese, while nationally, 8.9 percent of children two to five years of age are obese.<sup>7</sup> Despite this, childhood obesity treatment codes were used by providers in less than half of the visits with obese children, suggesting that pediatricians needed training on best practices in coding and/or appropriate treatment during the visit. These findings established need for the MDAAP learning collaborative.

Findings from the learning collaborative, which included 44 high-volume Medicaid pediatric providers from Baltimore City and Howard County, were promising. The team observed improvements across all nine quality of care measures tracked through the collaborative. By the end of the nine months, more than 95 percent of participating providers were documenting BMI during child visits, and more than 80 percent were providing nutrition and physical activity counseling to children identified as overweight or obese.

The Maryland team is notably large, with dedicated partners from a variety of fields related to childhood obesity prevention and control. This allowed the team to tackle a number of goals and successfully evaluate each facet of the program, including the analysis of complicated medical claims data. Findings indicate that there is substantial need for interventions to address childhood obesity in Baltimore, and that learning collaboratives are an effective strategy to improve how pediatricians address this critical health issue in a clinical setting.

## What's Next?

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The Maryland team is continuing to expand upon the above work. Members are exploring funding mechanisms and implementation needs for embedding a dietitian within local Head Start agencies to deliver nutritional counseling services in the community, and empower and educate low-income families. The Maryland Department of Health is also evaluating the MDAAP learning collaborative to determine if the knowledge and training delivered to providers is being implemented after nine months. Additionally, the team is in contact with pediatric EMR vendors and childhood obesity experts to assess whether creating a new EMR template or revising an existing template would better reflect best practices in childhood obesity prevention and reduction.

## ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs.

## ABOUT INNOVATIONS IN CHILDHOOD OBESITY

CHCS, with support from Kaiser Permanente Community Benefit, launched the *Innovations in Childhood Obesity (ICO)* initiative to: (1) fuel the development of obesity-reduction efforts by states, health plans, and their community partners; and (2) expand cross-sector collaboration within selected states. The *ICO* fostered collaboration between Medicaid and public health organizations in five states — Arizona, Maryland, Oklahoma, Oregon, and Texas — to develop, test, and disseminate innovative approaches to reduce obesity in low-income children. To learn more, visit [www.chcs.org](http://www.chcs.org).

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## ENDNOTES

<sup>1</sup> The Horizon Foundation is a philanthropy located in Howard County, Maryland, dedicated to improving the health and wellness of people living or working in Howard County. For more information: <http://www.thehorizonfoundation.org/>.

<sup>2</sup> Howard County Unsweetened is a county-wide initiative aiming to reduce the consumption of sugary beverages. For more information: <https://hocounsweetened.org/>.

<sup>3</sup> Sugar-Free Kids Maryland is a coalition implementing efforts to reduce the risk of diabetes, tooth decay, and heart disease in children. For more information: <http://www.sugarfreekidsmd.org/>.

<sup>4</sup> In order to maintain their board specialty certification with the Academy of Pediatrics, pediatricians are required to periodically participate in a quality-improvement process. This is an intensive process requiring providers to pull random charts for analysis and participate in quality improvement cycles and didactic learning sessions. Modeled after a successful collaborative previously piloted by MDAAP in Howard County, the project's learning collaborative employed proven strategies to improve provider and practice performance.

<sup>5</sup> The nine measures included best practices related to: (1) collecting/tracking BMI; (2) nutritional, physical activity, and media exposure counseling; (3) readiness to change assessments; (4) documentation of self-management goals; (5) proper lipid profile screening and fasting plasma glucose (or HgA1C) screenings; and (6) appropriate blood pressure monitoring.

<sup>6</sup> Nationally, 8.9 percent of children ages 2 – 5 are obese (does not include overweight). For more information, see <https://www.cdc.gov/obesity/data/childhood.html>.

<sup>7</sup> The Centers for Disease Control and Prevention (April 2017). "Childhood Obesity Facts: Prevalence of Childhood Obesity in the United States, 2011 – 2014." Available at: <https://www.cdc.gov/obesity/data/childhood.html>.