Healthier Generation Benefit: Supporting Organizations

Academy of Nutrition and Dietetics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

EMORY UNIVERSITY
Evaluation

Data Sources:

- Claims data
- Yearly interviews with insurers, employers, and provider organizations
- Interviews/focus groups with parents
Evaluation

Outcomes:
- Utilization of HGB
- Best practices for utilization and implementation
- Challenges in implementation
- Effective messaging of the Benefit
Where are we today?
Early findings from the evaluation (2011)

Administrative Barriers to Offering the Health Coverage:
Few barriers noted
For several this is expansion of an existing Benefit

Benefit Changes:
One signatory dropped disease management program requirement
Another eliminated the deductible and co-insurance
Promising Engagement Strategies

Insurer specific webinars

Strategic coordinators that interact with providers specifically on the Benefit

Direct meetings with hospitals and providers

Distribution of provider toolkits, Benefit coding guidelines, and childhood obesity posters
Percentage of Covered Children with an Overweight or Obesity Diagnosis Over Time

- Small but consistent increase in the number of covered children that are identified as overweight or obese.
- Overall percentage increased from 1.5% to 1.9%.

This signatory allows providers to use the broadest range of available diagnosis codes.
Number of Overweight or Obese Children with at least One Preventive Medicine Visit

- Most children diagnosed as overweight or obese have at least one preventive medicine visit with a PCP.
- Overall percentage with a preventive medicine visit increased from 65% to 71%.

This signatory dropped co-pays for use of the benefit.

Signatory reviewing data to better understand why so low.
Changes in Use of RD Services by Overweight or Obese Children

Overall percentage with 1 or more counseling visits increased from 3% to 4%.

This signatory actively recruited RDs to join their network and sent lists of area RDs to their members.

This signatory dropped co-pays for use of the benefit.
Next Steps:
Healthier Generation Benefit 2.0

• Integrated Care Delivery Models
• HEDIS reports
• Focus on family wellness model
Next Steps:
AAP Institute for Healthy Child Weight
Quality Improvement Project

• Recruit MD/RD teams
• 18 month project
• Look for strategies to enhance communication between physicians and dietitians
Next Steps:
Train-the-trainer pilot in North Carolina

- Educate sales team in North Carolina
- Develop materials for providers
- Engage office staff
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