



Americans In Motion

An American Academy of Family Physicians Initiative

**AIM to Change:
Encouraging Fitness for All
Prevention and Management of At-Risk,
Overweight and Obese Patients**



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Presenter

Michelle May, M.D., F.A.A.F.P.

- AIM Advisory Panel
- Founder, Director, Am I Hungry?, P.L.L.C.



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Evidence Based Recommendations

1. Clinicians should screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.

U.S. Preventive Services Task Force (USPSTF) from
<http://www.ahrq.gov/clinic/uspstf/uspsobes.htm>

2. Family Physicians should counsel patients to become more physically active.

Centre for Reviews and Dissemination from
<http://144.32.150.197/scripts/WEBC.EXE/nhscrd/expand?saan=0000276558>





Evidence Based Recommendations

3. Family Physicians should engage in intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.

U.S. Preventive Services Task Force (USPSTF) from
<http://www.ahrq.gov/clinic/uspstf/uspsdiet.htm>

4. Family Physicians should improve success in behavior change outcomes by employing a variety of behavioral counseling strategies, such as readiness to change assessment and motivational interviewing techniques.

Up to Date from
http://www.utdol.com/utd/content/topic.do?topicKey=genr_med/16507&type=A&selectedTitle=2~4



Session Objectives

- Make system and culture changes to promote the three components of fitness.
- Approach every patient encounter as an opportunity to engage in a fitness conversation.
- Utilize behavioral counseling techniques to open a dialogue.



Session Objectives

- Reinforce a long-term commitment to improving health and making lasting changes.
- Use the AIM to Change resources to move patients toward better health.
- Maximize reimbursement for treatment and management of conditions related to overweight and obesity.



Why Family Physicians?

- Obesity is a complex problem, involving environmental, behavioral and genetic components. Solving the problem requires a “whole person” approach.
- Obesity cuts across all demographic and socioeconomic boundaries, as do family physicians.
- The answer must include individual, family and community solutions.



AIM's Mission

To improve the health of all Americans by implementing a multifaceted fitness program for the individual, family and community that addresses:

- Physical activity
- Nutrition
- Emotional well-being



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AIM's Goals

- Encourage family physicians to be fitness role models.
- Improve family physicians' ability to positively affect the fitness of their patients.
- Enhance the awareness of family physicians' unique ability to promote fitness within their communities.



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Step Three: Patients & the Public



AIM seeks to promote a simple approach to better health

Where we are now:

- Toolkit and office posters
- Companion patient education materials
- Clinical assessment tools for patient visits
- School and community program



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The *AIM to Change* Approach

Goal: To help family physicians coach their patients to make mindful lifestyle choices with sustained, lifelong changes in mind.

- Non-diet approach to healthy living
- Moving from advice-giving to a patient-centered conversation
- Capitalizing on “teachable moments”
- Assess patients’ attitudes and readiness to change
- Tailor the approach to discuss their health and make meaningful change.



Non-diet approach to healthy living

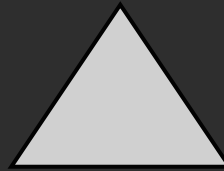
- Family Physicians will guide their patients to make mindful sustainable lifestyle choices



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Weight Management

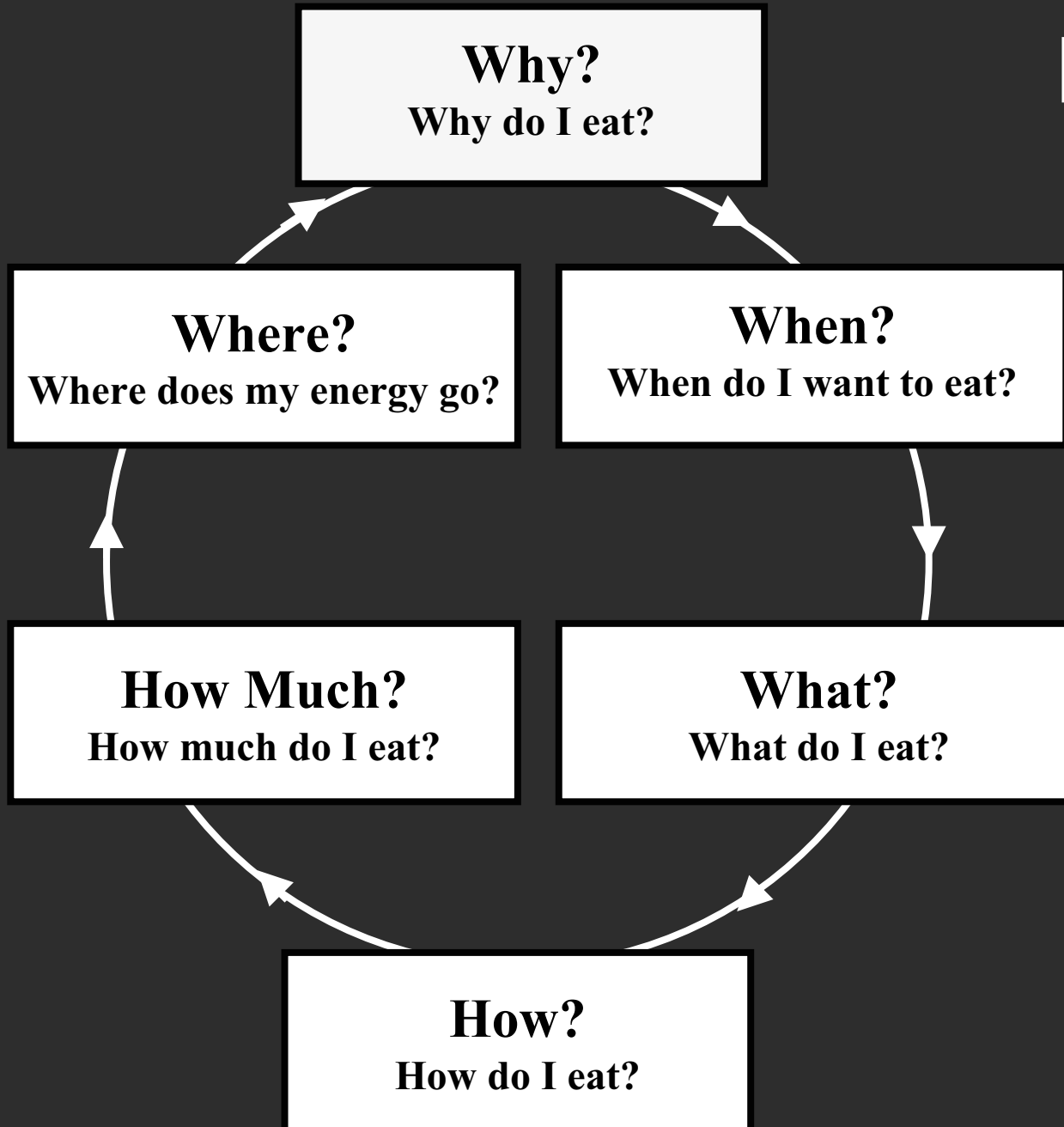


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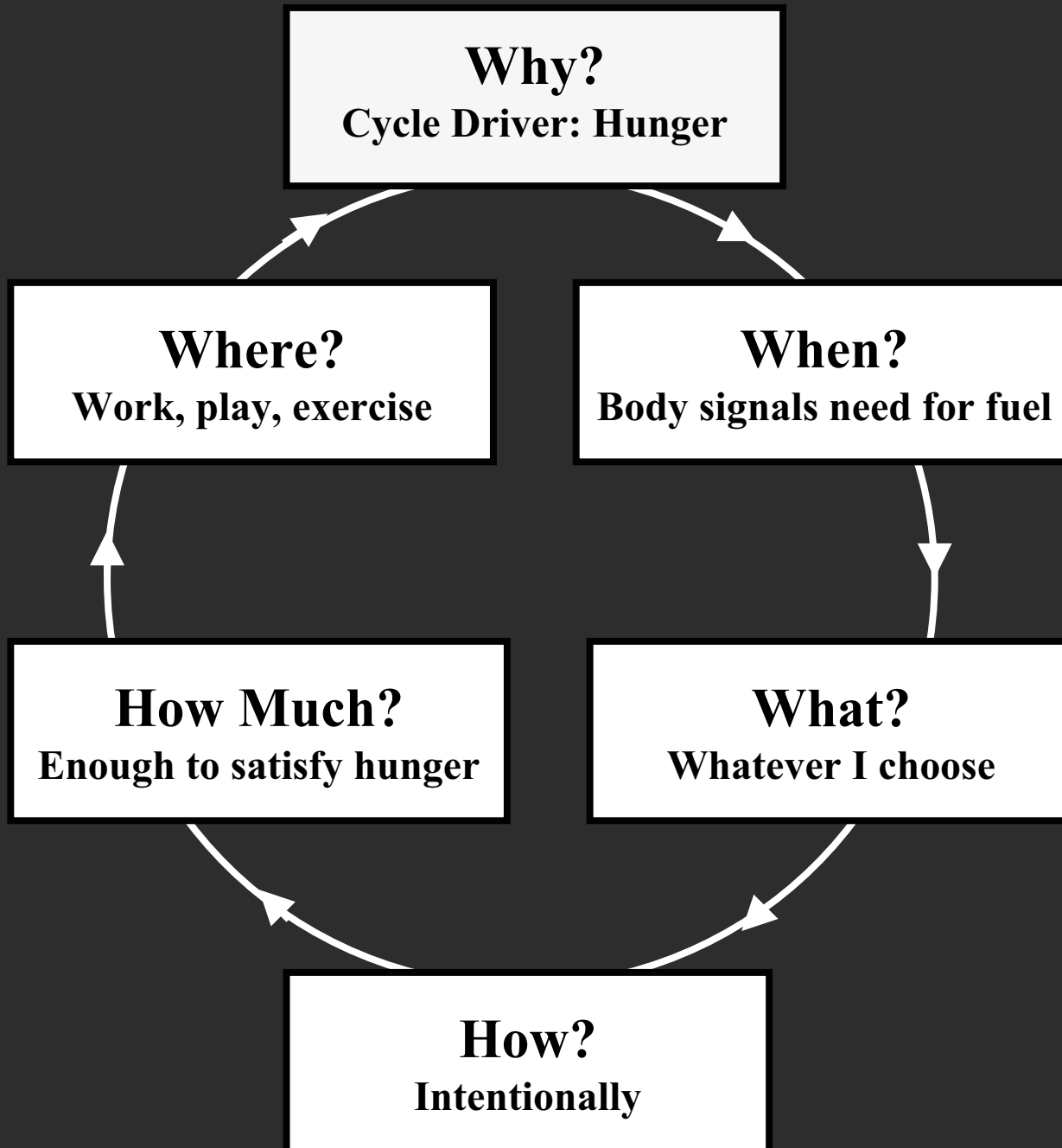
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Eating Cycle



From *Am I Hungry?*
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Instinctive Eating Cycle

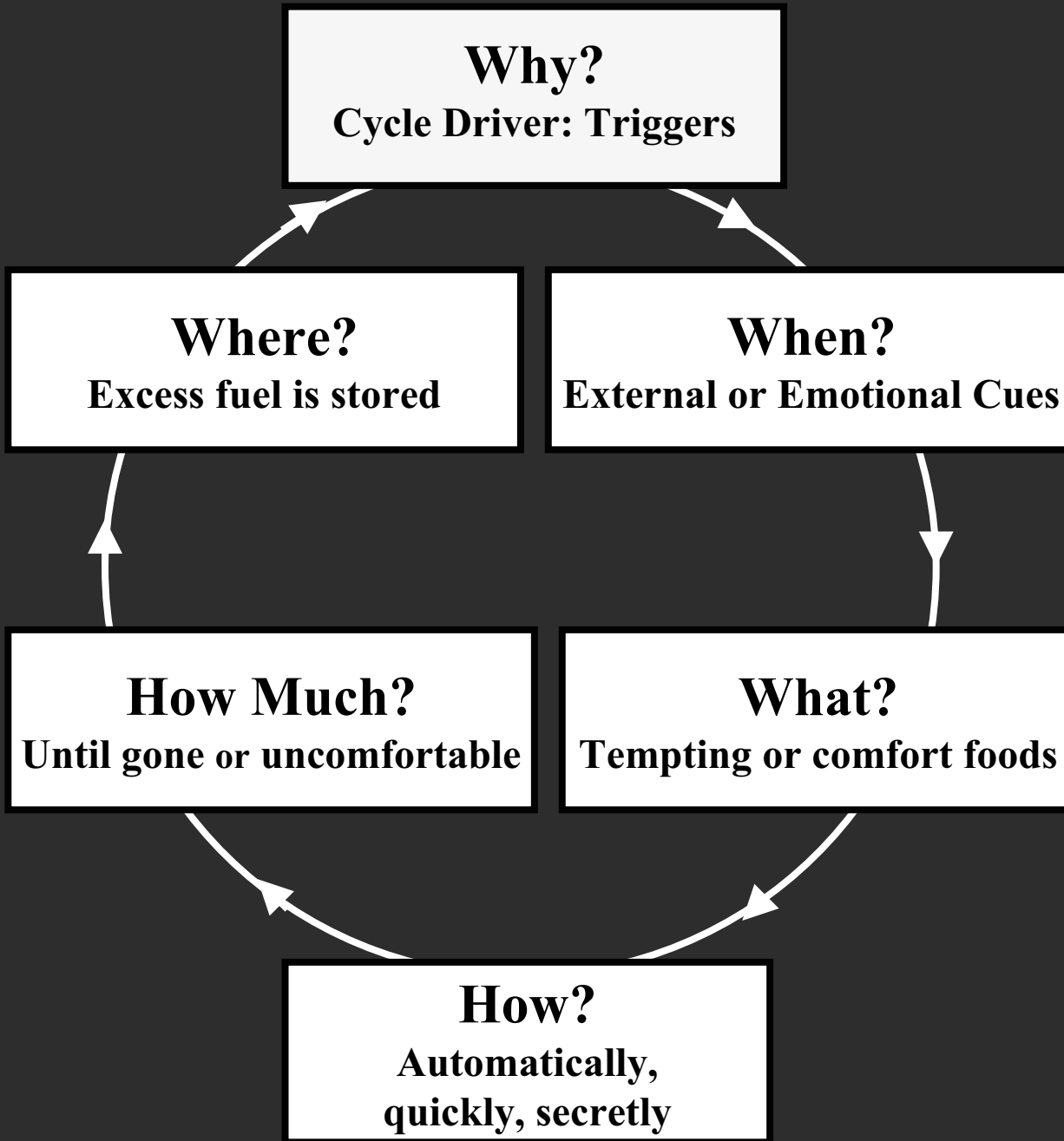


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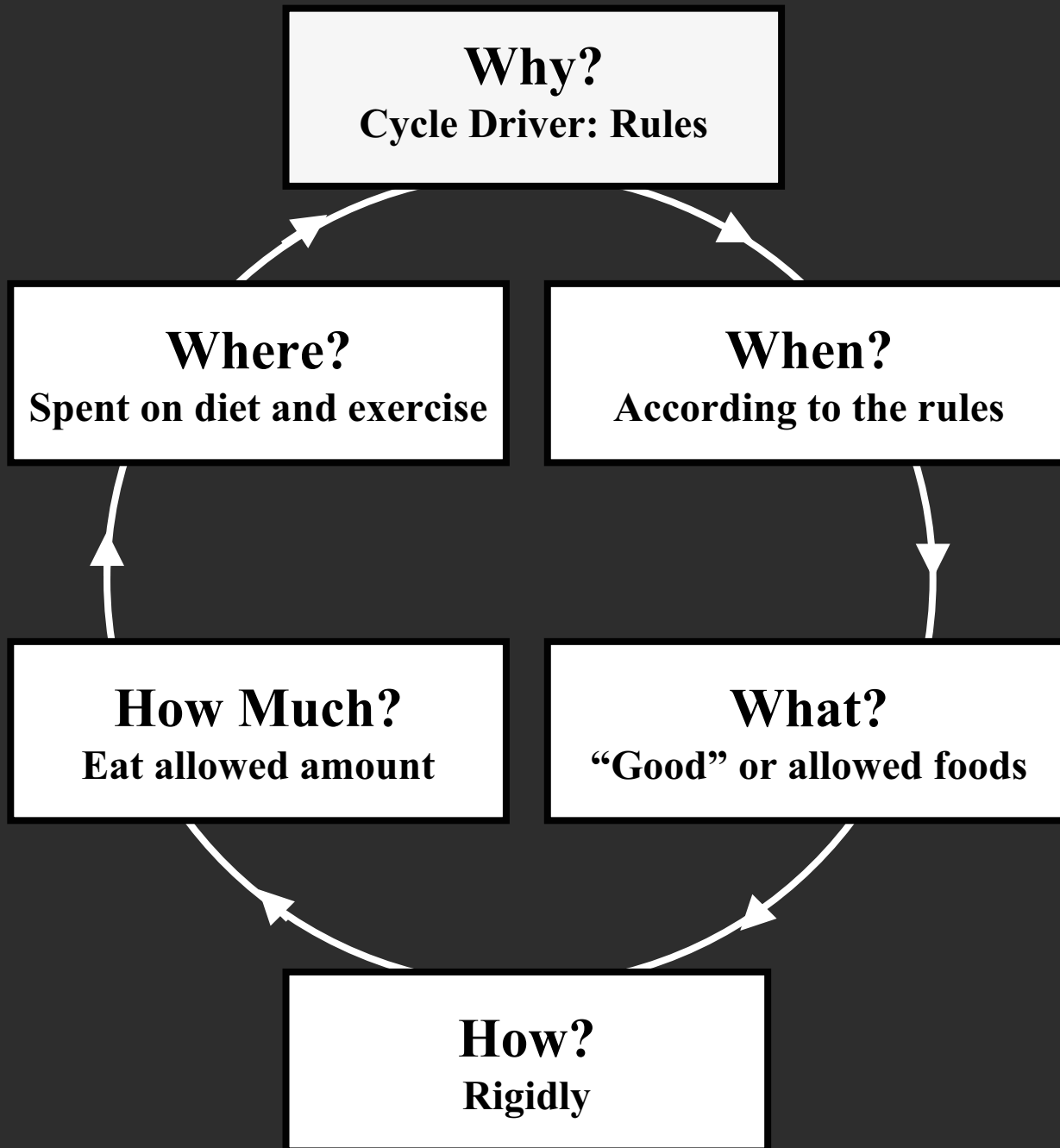
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Over Eating Cycle



From *Am I Hungry?*
Copyright 2006

Restrictive Eating Cycle



From *Am I Hungry?*
Copyright 2006

A black and white photograph of a stethoscope is positioned vertically on the left side of the slide, partially overlapping the dark background.

Why Diets Don't Work for Most People

- Diets require a lot of time and energy
- Diets may cause deprivation and guilt
- Diets don't address WHY people overeat in the first place
- Diets may disrupt metabolism



Difference Between Eating Cycles

- Overeating = Out of Control
- Restrictive Eating = In Control
- Instinctive Eating = In Charge





“Non-Diet” Weight Management

- Relearn to eat instinctively again
- Recognize and effectively cope with environmental and emotional triggers
- Balance eating for health with eating for pleasure
- Live an active, fulfilling life



Aim to Change Toolkit Objectives

1. Adapt the office environment to promote fitness
2. Include BMI & waist circumference measurements
3. Approach every patient encounter as an opportunity
4. Utilize behavioral counseling techniques
5. Reinforce a long-term commitment



#1- Adapt the office environment to promote the three components of fitness.



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Participant Poll

Do you include BMI as a vital sign?

-- Yes

-- No

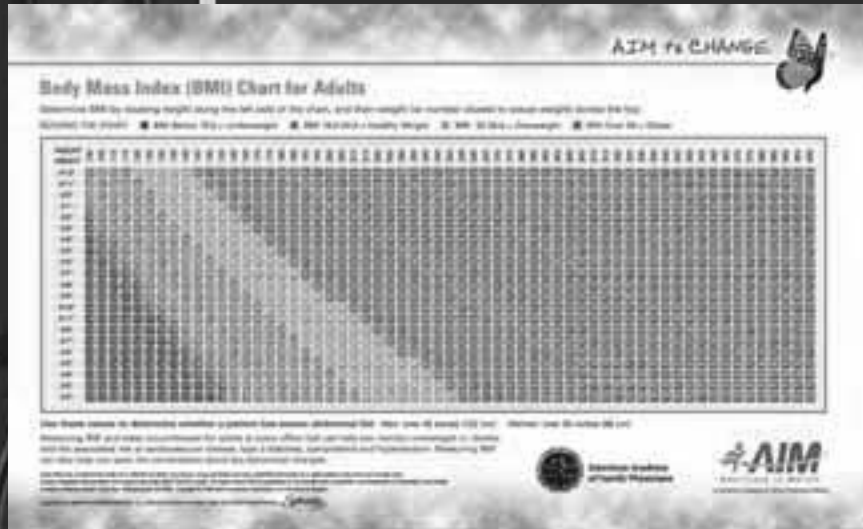


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#2 - Include BMI and waist circumference measurements as vital signs.

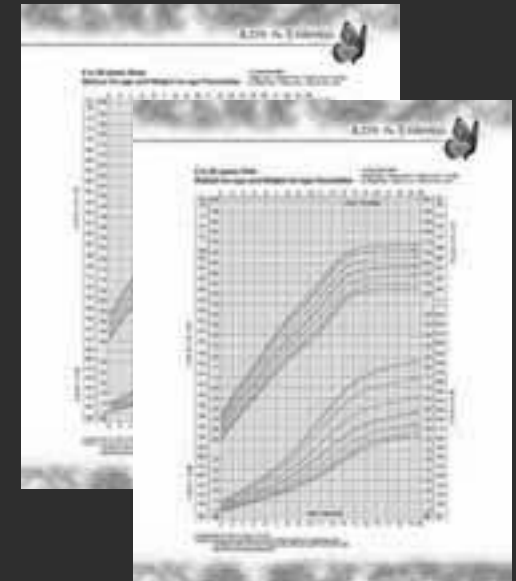
Body Mass Index (BMI) Chart for Adults



Adult Body Mass Index (BMI) Calculator



Boys' and Girls' Growth Charts



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#3 - Approach every patient encounter...



...as an opportunity to engage in a fitness conversation

...capitalize on teachable moments



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Participant Poll

Do you believe that it is important to address lifestyle issues with your patients?

-- Yes

-- No



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Two Components of Readiness

- Importance
 - Why should I change?



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Participant Poll

Are you confident that you can effectively empower patients to make lifestyle changes?

-- Yes

-- No



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Two Components of Readiness

- Importance
 - Why should I change?
- Confidence
 - How will I change?



A Communication Paradox

- In the typical physician office visit:
 - Physicians are active advice givers
 - Patients are passive listeners
- For successful behavior change, patients need to be active and empowered decision makers



#4 - Utilize behavioral counseling techniques to open a dialogue.

- The Five As
- Stages of Change Model
- Motivational interviewing
- ...Tailor your approach to enable patients to discuss their health and make meaningful change.

AIM to CHANGE 

FITNESS PRESCRIPTION SAMPLE
Date: 6/11/05

Patient name: John Smith

	Physical Activity	Healthy Eating	Emotional Well-Being
Aspirations (What do I want to do?)	Try to walk 30 min 3-4 times a week when possible. Wear a pedometer to track steps.	Get yourself to eat "healthy" before eating. Try to swap out one of 4 cups of coffee each day. Try more fruits & vegetables, and dairy.	Read a book, listen to music, try yoga, do Tai Chi.
Goals (My target)	Go more active every day.	Be aware of what you eat. Have mindful moments.	Reduce stress and relax.
Steps (What must I do first?)	Get a pedometer and try to walk 30 min 3-4 times a week.	Get rid of extra sugar. Stop eating before feeling full.	Try to do something every day.
Benefits (What's in it for me?)	Have energy, quality time with the kids, better health.	Be in charge of eating habits and diabetes.	Reduce stress and take care of self things.

PERSONAL GOALS: _____

Use the Food & Activity Journal and share your progress at the next visit.

Next follow-up visit scheduled for: _____

Physician signature: _____

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For more information visit www.aimtochange.org

 **AIM**
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5 A's

- Ask/Assess
- Advise
- Agree
- Assist
- Arrange



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5 A's

- Ask about/Assess dietary and activity practices and related risk factors.
- Advise to change.
- Agree on individual goals
- Assist to change practices or address motivational barriers.
- Arrange regular follow-up and support or refer to more intensive behavioral counseling.

<http://www.ahrq.gov/clinic/pocketgd/gcps2d.htm>



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Stages of Change

Stage of change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Attitude

- “Never”
- “Someday”
- “Soon”
- “Now”
- “Forever”

www.AAFP.org/afp/20000301/1409.html



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Motivational Interviewing

- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be
- Focused and goal-directed process
- Motivation is elicited, not imposed
- Avoid persuasion and instead guide your patient to resolve conflict between possible courses of action
- Resistance means you are ahead of them

www.MotivationalInterviewing.org



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A black and white photograph of a stethoscope is positioned vertically on the left side of the slide, partially overlapping the dark background.

Motivational Interviewing Techniques

OARS

- Open-ended questions
- Affirmations
- Reflective listening
- Summaries



OARS: Open Ended Questions

- Allows you to understand the patient's agenda (which may be different from yours)
- Allows the patient to create the impetus for forward movement in exploring change

“What would you like to talk about today?”

“What makes you feel that it might be time for a change?”



OARS: Affirmations

- Statements recognizing patient strengths
- What is possible
- They must be congruent and genuine

“You’ve tried lots of diets. It seems that if you think something is important, you’re willing to try new things to reach your goals”



OARS: Reflective Listening

- Statements – not questions - that keep the dialogue moving forward and focused on change
- Requires careful listening and insight

"You are not quite sure you are ready to make a change, but you seem aware that your lifestyle has caused concerns in your relationships, affected your health and that your doctor is worried about you."



OARS: Summaries

- Statements that reflect back to the patient what he or she has been telling you
- Focus on the *change* portions of the interaction
- Can also be used to shift the focus of the visit

“Let’s stop and summarize what we have just talked about. You’re not sure that you want to start a walking program, but you’ve been thinking about losing weight...”



#5 - Reinforce a long-term commitment to improving health and making lasting changes.

Health Guides

- Messages are:
 - Simple
 - Positive
 - Empowering
 - Non-diet
 - Focused on lifestyle changes



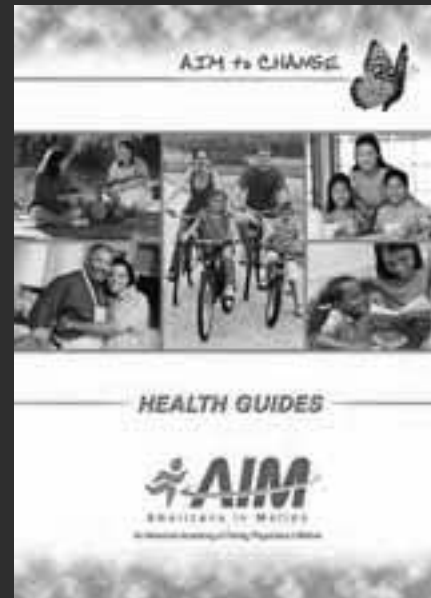
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#5 - Reinforce a long-term commitment to improving health and making lasting changes.

Health Guides Topics

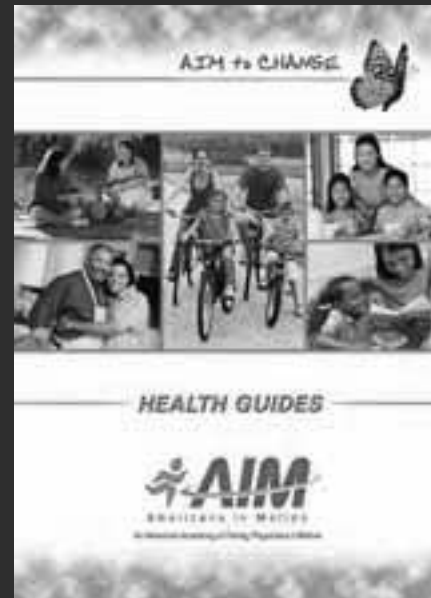
- Health is a state of mind and body
 - Benefits of Fitness
 - Stress
- Family Matters
 - Smart Healthy Meals
 - Family Playtime



#5 - Reinforce a long-term commitment to improving health and making lasting changes.

Health Guides Topics

- Be Your Own Expert
 - Balance
 - Variety
 - Moderation
- All Foods Fit
- Am I Hungry?
- Find Joy in Being Active
- Enjoying Special Events



Participant Poll

Do you write “prescriptions” for interventions other than medications, i.e. exercise?

-- Yes

-- No



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#5 - Reinforce a long-term commitment to improving health and making lasting changes.

Fitness Prescription

- Patient Oriented
- What do they WANT to do?
- What is their goal?
- Dose: how much and how often
- Benefits (“What’s in it for me?”)

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FITNESS PRESCRIPTION SAMPLE

Patient name: John Smith Date: 3/12/15

	Physical Activity	Healthy Eating	Emotional Well-Being
Opportunity (What do I want to do?)	Why is it useful. Do for a walk or run a mile. Use the stairs when possible. Wear a step counter to track steps.	Are you full. Are I hungry? before eating. Try 2 cups instead of 4 cups of coffee each day. Try some fruits & vegetables, and dairy.	Get a list, before to work. Try deep-breathing.
Goal (My target)	Be more active every day.	Be aware of what you eat. Have useful snacks.	Reduce stress and relax.
Time (How much, how often?)	At least 30 mins a day or try 15 mins, twice a day.	Eat only when hungry. Stop eating before feeling full.	Try to do something every day.
Benefits (What's in it for me?)	Have energy, quality time with the kids, better health.	Be in charge of eating habits and diabetes.	Reduce stress and take your mind off things.

PERSONAL GOALS: _____

Use the Food & Activity Journal and share your progress at the next visit.

Next follow-up visit scheduled for: _____

Physician signature: _____

For more information visit www.aimtochange.org

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Sponsored by a grant from United Way, LLC, under the auspices of United Way, Orlando.



#5 - Reinforce a long-term commitment to improving health and making lasting changes.

Food and Activity Journal

- Increase awareness of eating patterns/triggers
 - Time
 - Food and Drink
 - Physical Symptoms, Thoughts, Feelings
 - Am I hungry?



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#5 - Reinforce a long-term commitment to improving health and making lasting changes.

Sample Page

Food and Activity Journal

- What did I do to be active today? (Time)
- What did I do for myself today? (“Me time”)
- Food for Thought (notes, goals, insights, challenges, questions)

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Date: Monday, May 17 SAMPLE DAY ONE

TIME	Food and Drink	Activity	Thoughts, Feelings	Next Steps
7:00 am	2 slices of toast with a spread of butter, 2 cups of coffee.		I was eating fast, or I grabbed something quick.	No
7:30 am	12 banana, 1 container of blueberry yogurt.		It felt like something of mine, I wanted to get something light.	Snack!
8:00 am	2 slices of popovers, a veg. protein salad with 2/3 cup dressing, 1/2 cup hot sauce.		Reading a book, I was inspired! I was great to take a break from work.	NO!
8:30 am	1 cup of hot milk, a small bowl of cereal with milk and banana, 1/2 cup.		It is better to have a meal for everyone, I just had to think of it.	Not really.
9:00 am	1 whole chicken breast, 1 hard-boiled egg, 1/2 cup of oatmeal, 1/2 cup of oatmeal, 1/2 cup of oatmeal, 1/2 cup of oatmeal, 1/2 cup of oatmeal.		After playing sports for a bit with the kids, I felt ready to eat!	No
9:30 am	2 whole hard-boiled eggs with a piece of whole hot milk.		I was really enjoying myself.	Not at all.

WHAT DID I DO TO BE ACTIVE TODAY? (Include time)

Wished the day would be like the 12 months.

Thought about the 12 months with the kids for about an hour.

FOOD FOR THOUGHT (Notes, goals, insights, challenges, questions)

Thought: To do it or to eat it in the morning or before bed?

If I had just to play with the kids, when I was 12, I had to eat after afterwards.

Thought: I hope to be seen, not to be.



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Payment for Services

ICD-9 Codes

- Obesity, Unspecified: 278.00
- Morbid Obesity: 278.01
- Overweight: 278.02




Preventive Medicine Services Visit

- Social, family & risk factor review
- Comprehensive exam
- Counseling and guidance to reduce risk factors in a number of areas, including diet and exercise



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“Welcome to Medicare” Physical Exam

- One time visit.
- Beneficiaries enrolled in Medicare Part B with effective dates on or after January 1, 2005.
- Performed within first 6 months of enrollment.





“Welcome to Medicare” Physical Exam

- Review medical and social history including diet and physical activity
- Education on prevention
- Counseling on diet



Other Strategies for Getting Paid

- Bill for treatment of co-morbidities
- Check with payors
- Negotiate with self-insured companies
- Self-pay programs — FSAs
- Group visits



Other AIM Resources

Tips for Healthy Children & Families

Eating Healthy Together
 • Share meals. The best way to encourage healthy eating is to eat together.
 • Take a walk together after dinner.
 • Use a grocery list for shopping ideas.
 • Make water fun by giving it a sweet garnish like lemon or berries.
 • Make dinner fun by involving everyone.
 • Use a scale to help your child see the difference between a healthy weight and an overweight child.

Family Playtime
 • Spend time together every day.
 • Take a walk together after dinner.
 • Use a grocery list for shopping ideas.
 • Make water fun by giving it a sweet garnish like lemon or berries.
 • Make dinner fun by involving everyone.
 • Use a scale to help your child see the difference between a healthy weight and an overweight child.

Did you know?
 • The best activities are the ones that you enjoy!
 • The best activities are the ones that you enjoy!

Ask your family doctor how easy it is to make small changes and get big rewards.

Healthy Habits for Life

Move More
 • Be active every day
 • Walk when you can
 • Find time to play

Rest & Reflect
 • Enjoy quality time
 • Reduce stress
 • Make time for hobbies
 • Have a positive attitude

Eat Healthy, Choose Wisely
 • Eat according to your hunger
 • Plan family meals
 • Enjoy healthy snacks
 • Drink plenty of water
 • Eat a variety of foods

Ask your family doctor how easy it is to make small changes and get big rewards.

Patient education posters and companion tear pad for the office



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Other AIM Resources



AAFP-AIM pedometer



AIM wristband



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CME Opportunities

www.AmericansInMotion.org

- Online CME bulletins
- CME Podcasts
- CME Webcasts



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AIM's School Program –

- AIM has partnered with Scholastic, Inc. to develop a fitness curriculum for 3rd and 4th graders
- Available to elementary schools across the nation
- Sign up today to be a presenter by visiting www.readysetfit.org



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Additional info at
www.AmericansInMotion.org

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Questions & Answers



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Thank You!



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