ALLIANCE FOR A HEALTHIER GENERATION

A Physician's Guide

HEALTHIER GENERATION BENEFIT

A comprehensive list of Healthier Generation Benefit resources for physicians

FOUNDED BY: American Heart Association. CLINTON FOUNDATION

INTRODUCTION

About the Guide

This guide is designed for physicians like you providing services for the assessment, prevention, and/or treatment of childhood obesity. The Alliance for a Healthier Generation would like to provide you with our collection of fundamental resources in order to support our efforts to tackle childhood obesity and effectively implement the Alliance's Healthier Generation Benefit (the 'Benefit').

Each section in this guide provides an overview of the available resources that are aimed at improving knowledge, facilitating dialogue, and streamlining diagnosis and prevention of childhood obesity. One section discusses the Healthier Generation Benefit and how it can help you combat childhood obesity. Another section explains how a physician can get started on providing the Benefit. A list of some resources that you can provide to your patients about childhood obesity and weight management is also provided. This guide also contains an appendix of additional resources you might find useful in your practice, including hard copies of some of our online resources.

About the Alliance for a Healthier Generation

Founded in 2005 by the American Heart Association and the Clinton Foundation, the Alliance is leading the charge against the childhood obesity epidemic by engaging directly with industry leaders, educators, parents, healthcare professionals, and kids themselves.

The mission of the Alliance is to reduce the nationwide prevalence of childhood obesity and to empower kids to make healthy lifestyle choices. The Alliance does so through a holistic approach: working with schools, out-of-school sites, the food and beverage industry, insurers, employers, registered dietitians (RDs), and physicians. The Alliance for a Healthier Generation is taking action to reduce the prevalence of childhood obesity by making it easier for kids to be physically active and eat healthier foods.

More information on the Alliance is available in the Appendix.

HEALTHIER GENERATION BENEFIT

As a primary care provider (PCP), the Alliance invites you to join a select group of leading insurers, employers, and national medical associations providing comprehensive healthcare services to children and families for the prevention and treatment of childhood obesity via the Healthier Generation Benefit.

What is the Benefit?

The Healthier Generation Benefit (the 'Benefit') is a comprehensive health benefits program that addresses the childhood obesity epidemic aimed at stopping the upward trend of body mass index (BMI) among children at risk of developing overweight or obesity. The Benefit:

- Includes at least four annual follow-up visits with a primary care provider and four annual visits with a registered dietitian for children ages 3-18;
- Is offered to all children regardless of weight status or to children ages 3-18 with a BMI at or above the 85th percentile;
- Is offered without the requirement of a co-morbid condition.

Today, more than 2.8 million kids have access to the Benefit. By informing children and their parents about the risks associated with obesity, diagnosing obesity early, and providing guidance and tools to help combat the disease, you can help extend our efforts to tackle obesity. Additionally, by promoting the Alliance and the Benefit to healthcare providers and patients nationwide, the potential for impact on the fight against childhood obesity is huge. Help us reach that goal!

To date, there are 19 companies participating in the Benefit:

Aetna Inc. *(via select employers including Owens Corning and Paychex)*

American Heart Association

Blue Cross Blue Shield of Kansas City

Blue Cross Blue Shield of North Carolina

Blue Cross Blue Shield of Massachusetts

Capital District Physicians' Health Plan

Cigna

Clinton Foundation

Georgia State Health Plan

Grand Valley Health Plan

Highmark Inc.

Humana

Leviton

Nationwide Children's Hospital

North Shore Long Island Jewish Health System

PepsiCo

Sanofi

Weight Watchers

WellPoint

How can I get involved?

The Alliance collaborates with the American Academy of Pediatrics and the Academy of Nutrition and Dietetics to develop tools and resources that support healthcare providers in implementing the Benefit and other effective weight management strategies. The Alliance encourages you to find out if the Benefit is available in your area (see blue box).

Participating pediatricians offer services as part of the Benefit, utilize expert-developed tools and resources including care coordination protocols, and attend free CME-accredited webinars. Please visit www.aap.org for more information on the continuing education credit webinars as well as to access additional care coordination protocols.

Additional webinar resources

Below is a list of additional resources about the Benefit and how you can get involved. If you belong to one of the listed insurers, make sure to visit: www.healthiergeneration.org/take_action/healthcare/webinars_for_healthcare_providers to learn more about our webinar offerings specific to each provider. Some of these webinars are tailored to specific providers. Registration and log-in information may be required prior to access.

If you are having trouble with registration, please contact: healthcare@healthiergeneration.org.

Here's a list of the webinars currently offered by the Alliance:

The Importance of Addressing Weight-based Bullying with Your Pediatric Patients

Join the American Academy of Pediatrics Institute for Healthy Childhood Weight, the Alliance for a Healthier Generation, Academy of Nutrition and Dietetics and Strategies to Overcome and Prevent (STOP) Obesity Alliance for a discussion about weight-based bullying including testimonials from practice and discussion of resources available to support healthcare professionals.

Establishing and Maintaining Effective Registered Dietitian and Pediatrician Teams

This session will highlight a case study of coordinated pediatric weight management care between a pediatrician and registered dietitian team. The logistics of coordinating visits and communication will be covered and specific obstacles will be addressed. Participants will learn how to connect with an RD or PCP counterpart and resources to support coordinated care developed by the American Academy of Pediatrics, the Academy of Nutrition and Dietetics, the American Heart Association, and the Alliance for a Healthier Generation, will be discussed in detail.

Prevention, Assessment, and Treatment of Childhood Obesity; What Does Success Look Like?

Looking for successful clinical models of care for childhood obesity? Download the webinar to hear from two clinician teams who successfully helped their pediatric patients reach their weight-loss goals.

Prevention, Assessment and Treatment of Childhood Obesity:
Closing the Gap in Provider Reimbursement

This session will highlight the latest evidence base that supports a multidisciplinary approach to treat child overweight and obesity. The Healthier Generation Benefit will be described and specific benefit offerings will be described in detail. Providers will learn about the specific eligibility and reimbursement process for members, and have an opportunity to address specific questions on the reimbursement process. This webinar is available for the following members:

Anthem Blue Cross and Blue Shield in Virginia

Aetna, Inc.

Blue Cross Blue Shield Kansas City

Capital District Physicians' Health Plan

Highmark, Inc.

Humana, Inc.

GETTING STARTED

Healthcare providers can be an active part in the solution to the obesity epidemic by providing children with primary care visits and visits to RDs as part of the Benefit. The American Academy of Pediatrics and the Academy of Nutrition and Dietetics are collaborating to help clinicians provide education, improve care coordination, offer resources to eligible families, and help with recruitment of medical professionals.

Here are some resources to help you get started: www.healthiergeneration.org/take_action/healthcare/.

Determining Eligibility

Since the Healthier Generation Benefit is a pilot program, the Benefit is offered to a select group of individuals. In order to determine if your patient is eligible for the Healthier Generation Benefit, please ask or verify (which can be made by calling the phone number on the patient's insurance card) the following questions:

1. Do you get your insurance through any of the following insurance companies (either as a primary account holder or a dependent)? If yes, the patient has access to the Benefit. If no, proceed to the next question.

- Anthem VA
- Blue Cross Blue Shield of NC
- Blue Cross Blue Shield of MA
- Capital District Physician's Health Plan
- Grand Valley Health Plan
- Highmark, Inc.

2. Do you get your health insurance through any of the following employers (either as a primary account holder or a dependent)? If yes, the patient has access to the Benefit. If no, proceed to the next question.

- Alliance for a Healthier Generation
- American Heart Association
- Cigna (employees and dependents only)
- Clinton Foundation
- Leviton
- Nationwide Children's Hospital
- North Shore Long Island Jewish Health System
- PepsiCo (offers the Benefit without copay)
- Sanofi
- Weight Watchers

3. Do you get your insurance through any of the following insurance companies AND are you employed at a qualifying company listed below (either as a primary account holder or a dependent)?

- Aetna *(Aetna refers to the program as GetNHealthy):*
  - Aetna Inc. *(employees and dependents are eligible)*
  - City of Scottsdale
  - Lockheed Martin Corporation
  - Mars, Incorporated
  - Nationwide Children's Hospital, Inc.
  - Owens Corning
  - Paychex, Inc.
- Blue Cross Blue Shield of Kansas City
  - You will need to call to verify
- Humana:
  - Commonwealth of KY (offers the Benefit without copay)
  - Business Coalition of Milwaukee
  - Children's Hospital of Wisconsin

Primary Care Physician Superbill

To simplify claims submission for PCPs and RDs, the American Academy of Pediatrics Institute for Healthy Childhood Weight and the Alliance for a Healthier Generation have developed a comprehensive billing form ('superbill') which providers can submit to insurers for reimbursement. This tool contains the most up-to-date diagnostic and procedural codes, including 'V codes' for preventive services, and is updated as needed to reflect current billing guidelines. The use of AAP/Alliance superbill when submitting claims to insurers is highly encouraged. You can find the latest superbill in the Appendix.

Pediatric Weight Management Care Coordination Resources

You are invited to use the Pediatric Weight Management Resources to support care coordination efforts between primary care providers and registered dietitians, and help families establish and maintain a healthy weight.

The Pediatric Weight Management Care Coordination Resources were designed by a team of experts from the American Academy of Pediatrics, the Academy of Nutrition and Dietetics, and the American Heart Association, to support PCPs and RDs providing comprehensive and coordinated weight management care for patients and families.

These resources can be helpful to any PCPs and RDs who wish to provide comprehensive multidisciplinary care to pediatric patients who are overweight or obese, or at risk for overweight or obesity.

Care coordination forms are available in the Appendix.
For further questions, please contact healthcare@healthiergeneration.org.

PATIENT RESOURCES

The Alliance has a plethora of resources you can use to effectively implement the Benefit, to complement your efforts in addressing childhood obesity, and to address any knowledge gaps about childhood obesity. Some of these resources can be made available in your office to your patients and their families.

Weigh In guide

The Weigh In guide provides scenario-based solutions and is created by the STOP Obesity Alliance and the Alliance for a Healthier Generation to offer practical advice to discuss weight and health with children. The Weigh In guide would be an excellent resource as a conversation guide for parents and adult caregivers of children.

For more information about the guide: www.stopobesityalliance.org/ebook/weighin.

A Year of Being Well

This 'Be Well' book is an excellent resource featuring success stories from different families on how they can play a role in promoting healthier lives for their children. Each of the 13 steps to be well is presented through the stories of real parents with real families who have successfully overcome real obstacles on their paths to living better. Download the book for free. An accompanying Discussion Guide is also available for download. Hard copies of this book, available in both English and Spanish, are also available for free, including free shipping and handling. Please feel free to order as many as you like.

For more information about the book: www.bewellbook.org.

Additional Family Resources

Find the family resources in the Appendix.

LEARN MORE ABOUT THE HEALTHIER GENERATION BENEFIT

Contact Jenny Bogard, National Healthcare Advisor
954.415.7837 | jenny.bogard@healthiergeneration.org

APPENDIX

BACKGROUND ON CHILDHOOD OBESITY

Today about 1 in 3 kids in the United States is overweight or obese. If we don't reverse this epidemic, the current generation of young people could suffer from greater morbidity and mortality rates than their parents.

The need for early intervention:

A January 2014 study in the *New England Journal of Medicine* describes the importance of weight early in a child's life. Children entering kindergarten who were overweight or obese were 4 times as likely to be overweight and/or obese by the time they were in 8th grade, thus highlighting the importance of early intervention.

A February 2014 study in the *Journal of the American Medical Association* estimated the prevalence of obesity among 2-19 year olds at 16.9%, with a further 31.8% defined as overweight. The study showed no significant change in obesity prevalence among youth or adults in the past 10 years, further reinforcing the need for active measures to be taken in order to effectively tackle the obesity epidemic.

Economic impact of childhood obesity:

- With annual health care costs of obesity-related illnesses estimated around $190.2 billion, obesity represents approximately 21% of annual healthcare spending in the United States.
- Healthcare expenses are three times higher for an obese child versus the average insured child– the average annual total health expenses for an obese child is estimated to be $3,743 compared to $1,108 for a normal weight child.
- Obese adults incur an average of 42% more healthcare costs than healthy-weight individuals.
- Health experts predict that medical costs, on obesity alone, will reach $1 trillion annually by 2030.
- Childhood obesity alone is responsible for $14.1 billion in direct annual costs.

Childhood Obesity:

AN AMERICAN EPIDEMIC

ALLIANCE FOR A HEALTHIER GENERATION

Prevalence

- Today about one out of three children and adolescents (ages 2-19) in the United States is overweight.
- 17 percent of children and adolescents aged 2-19 years are obese (approximately 12.5 million).
- Childhood obesity rates have essentially tripled in the past 30 years. In 1980, 6.5 percent of children ages 6 to 11 were obese; in 2008, 16.9 percent of children in this age group were obese. Meanwhile, the obesity rate for teens climbed from 5 percent to 17 percent during this time period.

Immediate Health Implications of Excess Weight

- Obese children and adolescents are at increased risk for insulin resistance, prediabetes and type 2 diabetes, which is a leading cause of kidney failure, blindness and stroke. Due to childhood obesity trends, experts project that one in three children born in 2000 will develop type 2 diabetes.
- Children and adolescents who are obese are at greater risk for bone and joint problems.
- Children and adolescents who are obese are more likely to have breathing problems such as asthma and sleep apnea.
- Children and adolescents who are overweight or obese are more likely to suffer socially and psychologically. They may develop low self esteem and depression. They are also at high risk for weight bias and bullying.

Long-term Health Impact

- Children who are overweight are more likely to grow up to be overweight adults and more likely to develop health problems later in life. Obesity can increase a person's risk for more than 20 major diseases.
- Youth who are obese are more likely to have risk

factors for cardiovascular disease, such as high cholesterol or high blood pressure. Nearly 70 percent of children who are obese already have at least one risk factor for cardiovascular disease.

- Obesity is associated with increased risk for many types of cancer including breast, colon, prostate, pancreatic and Hodgkin's lymphoma.

Causes

- Overweight and obesity result from a "caloric imbalance"—too few calories are burned for the amount of calories consumed. This imbalance is created by various genetic, behavioral, societal, and environmental factors.
- A range of different environmental factors determine whether or not the healthy choice is the easy choice for children and their parents. "Obesogenic" environments are ones that promote increased consumption of unhealthy food and physical inactivity.
- Many students have unregulated or unsupervised access to sugar drinks and less healthy foods at school throughout the day from vending machines, at fundraising events, school parties, and sporting events. This has caused an increase in sugary drink consumption by children. Sugar sweetened drinks are the largest source of added sugar in American

Childhood Obesity:

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childrens' diets and have been associated with obesity.

- Unhealthy foods that are low in nutrients but high in calories, sugars, salt, and fat are heavily advertised and marketed to children and adolescents; in comparison, advertising for healthier foods is almost nonexistent.
- A vast majority of adolescents do not get enough physical activity. Daily physical education in school can help students meet the Physical Activity Guidelines for Americans. However, 92 percent of elementary schools do not have daily physical education classes year-round. Currently only 33 percent of students attend daily physical education classes.
- Nearly one-third of elementary schools do not schedule recess on a regular basis. Some schools lack the space to play while others have replaced recess with more seat time.

Progress

- The increase in childhood obesity rates has leveled off in recent years and in some places actually seems to be in decline. Most of decreases in childhood obesity rates are occurring in places where concerted efforts are being made to change school policies, increase opportunities for physical activity in communities and increase access to fresh foods.
- Between 2006 and 2011, New York City saw a 5.5 percent decline in the obesity rate among children in grades K-8. According to the CDC, this significant drop may be due to several interventions implemented in New York City to improve nutrition and increase physical activity in schools and day care centers.
- A 2010 study found that school-based programs helped overweight and obese children slim down. The study took place in 42 middle schools across the U.S. and assigned some students to receive a school program that emphasized diet and exercise, while others received no program. Those who received the intervention saw bigger drops in BMI, insulin levels and waist circumference than those who did not take part in a school-based program.

Disparities

- There are significant racial and ethnic differences in the prevalence of childhood obesity in the U.S. Hispanic boys, aged 2 to 19 years, are significantly more likely to be obese than non-Hispanic white boys, while non-Hispanic black girls are significantly more likely to be obese than non-Hispanic white girls. In African American and Hispanic communities nearly 40 percent of the children are overweight or obese.
- African American, Hispanic and Native American children are developing type 2 diabetes at much higher rates than their Caucasian peers. Almost half of children in these communities are at risk of developing diabetes.

Economic Impact

- In 2011, the Society of Actuaries (SOA) estimated that the total economic cost of overweight and obesity in the United States was $270 billion per year in increased medical care and loss of worker productivity due to higher rates of death and disability.
- The costs of hospitalizations related to childhood obesity alone were estimated to be around $237.6 million in 2005.

Impact on National Security

- Department of Defense data shows 27 percent of all young Americans, 17 to 24 years of age, are unable to join the military because they are too overweight to pass the physical requirements necessary to enlist.

About Us

ALLIANCE FOR A HEALTHIER GENERATION

Working to eliminate childhood obesity and inspire all young people in the United States to develop lifelong, healthy habits.

The Alliance for a Healthier Generation, founded by the American Heart Association and the Clinton Foundation, works to reduce the prevalence of childhood obesity and to empower kids to develop lifelong, healthy habits. The Alliance works with schools, companies, community organizations, healthcare professionals and families to transform the conditions and systems that lead to healthier children.

About Us

By engaging and activating the leaders who can transform the environments and communities that nurture our children, the Alliance for a Healthier Generation has been able to affect change including:

- Supporting 24,000 schools in all 50 states in their efforts to increase access to healthy foods and physical activity to more than 14 million students before, during and after school.
- Supporting 6,300 out-of-school time providers, reaching more than 5.5 million youth, in their efforts to create healthier environments.
- Building a coalition of major health insurers, employers and national medical associations to provide more than 2.8 million children, through a network of 56,000 healthcare providers, healthcare benefits for the prevention and treatment of childhood obesity.
- Brokering voluntary agreements with industry leaders to reduce calories and portions sold to kids in schools; agreements that have contributed to a 90 percent reduction in total beverage calories shipped to U.S. schools between 2004 and 2010.

Healthier Generation Benefit

ALLIANCE FOR A HEALTHIER GENERATION

"More than nine million children between the ages of 6 and 19 years of age are overweight or obese. This statistic underlines the need for a comprehensive approach to manage this crisis. That is why the American Academy of Pediatrics is proud to collaborate with the Alliance's Healthier Generation Benefit."

— Robert W. Block, MD, FAAP, Past President, American Academy of Pediatrics

Until recently, most healthcare professionals have been unable to work with families around the prevention, assessment and treatment of childhood obesity because related services were not covered in the standard benefit packages. That changed when the Alliance for a Healthier Generation launched the Healthier Generation Benefit in 2009.

Increasing Access to Care

The Alliance convened national medical associations, leading insurers and employers to offer comprehensive health benefits to children and families for the prevention and treatment of childhood obesity.

Reaching more than 2.8 million young people, the Healthier Generation Benefit is available from some of the nation's leading employers and insurance companies including Aetna, Accenture, Blue Cross Blue Shield of North Carolina, Blue Cross Blue Shield of Massachusetts, Highmark, Inc., Humana, PepsiCo, Sanofi and WellPoint.

Eligible children have access to at least four follow-up visits with their primary care provider and four visits with a registered dietitian per year, through the Healthier Generation Benefit. These healthcare professionals work with children and their families to establish and maintain a healthy lifestyle.

Building a Network of Providers

In addition to increasing access to childhood obesity-related healthcare services, the Alliance works with both the American Academy of Pediatrics and the Academy of Nutrition and Dietetics to educate healthcare professionals about the availability of the Healthier Generation Benefit and share best practices for coordinated care between providers.

More than 56,000 healthcare providers across the country are currently a part of the Healthier Generation Benefit network with additional providers joining the list each day.

Insurers, employers and national medical associations are encouraged to contact the Alliance for a Healthier Generation to learn how they can get involved in providing and covering prevention and treatment services.

ALLIANCE FOR A HEALTHIER GENERATION

LAST UPDATED 6/17/2014

American Academy of Pediatrics Institute for Healthy Childhood Weight

PATIENT NAME	PATIENT ID #	DATE OF BIRTH	AGE	SERVICE DATE	DR NO	F/C	NEW PT

INSURANCE COMPANY	POLICY #	GROUP #	ACCOUNT TYPE

INSURED'S NAME	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	BALANCE

	Office Visit	NEW	FEE	EST	FEE	MOD	U
	Nurse's Clinic			99211			
	Brief	99201					
	Limited OV	99202		99212			
	Intermediate	99203		99213			
	Extended	99204		99214			
	Comprehensive	99205		99215			
	Emergency Basis			99058			
	After Hours			99050			
	Evenings/Weekends – Normal Hours			99051			
	Well Child Care	**NEW**	**FEE**	**EST**	**FEE**	MOD	U
	Infant	99381		99391			
	1-4 Years	99382		99392			
	5-11 Years	99383		99393			
	12-17 Years	99384		99394			
	18 Years and over	99385		99395			

	Urine HCG	81025			
	Vaginal prep – KOH	88150			
	Vaginal Prep - Saline	87210			
	VACCINES/TOXOIDS	**CODE**	**FEE**	**U**	
	IA w/ counseling, pt <19yrs, 1st or only component	90460			
	Each Additional comp	90461			
	Admin (MA) – 1 Inl Vax	90471			
	Addl Vax(_X12ea=)	90472			
	Admin (MA)-Oral Nasal	90473			
	Addl Vax(_X12ea=)	90474			
	DT (ped) <7yrs	90702			
	DTaP (X5332)	90700			
	DTap-HBV-IPV	90723			
	DTap-Hib	90721			
	HAV	90633			
	HBV (Ped/Adol)	90744			

	PROCEDURES	**CODE**	**FEE**
	Burn TX 1	16000	
	Umb Cauterization	17250	
	Circumcision	54150	
	Cryotherapy 1-14 Lesions	17110	
	Imp Cerumen Rem Bilateral____	69210	
	Ear Piercing	69090	
	Remove FB-Ear	69200	
	Remove FB – Conjunctiva	65205	
	Remove FB – Nose	30300	
	Remove FB-Skin	10120	
	I & D Abscess	10060	
	Pap Smear	Q0091	
	Nursemaid Elbow	24640	
	Urethral Cath	51701	

	PREV COUNSELING/REPORTS	**CODE**	**FEE**	MOD	U
	15 min. conference	99401			
	30min. conference	99402			
	45min. conference	99403			
	Special Report	99080			
	Risk Assessment –Teen	99420			
	Developmental Screening	96110			
	CONSULTATION	**CODE**	**FEE**		
	Brief	99241			
	Limited	99242			
	Intermediate	99243			
	Extended	99244			
	Comprehensive	99245			
	PROLONGED SERVICE	**CODE**	**FEE**	MOD	U
	30-75 Minutes (Direct)	99354			
	Each Additional 30min (Direct)	99355			
	Telephone Mgmt. _____Mins	9944____			
	LABORATORY	**CODE**	**FEE**		
	Hemoglobin	85018			
	Draw Fee	36416			
	Glucose F'Stick	82962			
	Occult Blood (fecal)	82770			
	Pimworm Prep	87208			
	Influenza Rapid A_____ B_____	87804			
	RSV Rapid Screen	87807			
	Gp A Strep Rapid Screen	87880			
	Lab Specimen Handling	99000			
	Urinalysis w/Micro	81000			
	Urinalysis w/o Micro	81001			
	SCREENING/TESTING	**CODE**	**FEE**	Units	
	PPD	86580			
	Hearing (Pure Tone)	92551			
	Tympanometry	92567			
	Vision Screen	99173			
	Instrument-Based Vision Screen	99174			
	RESPIRATORY CARE			Units	
	Aerosol Tx.	94640			
	Pulse Oximetry Single	94760			
	Spirometry	94010			
	Spirometry a/p Alb	94060			

	HBV Adol. 2 Dose	90743	
	Hib (3Dose)(Merck)	90647	
	HIBV-C (4Dose)(Aventis)	90648	
	HBV+Hib(Comvax)	90748	
	HPV - Quad	90649	
	FluMist	90660	
	Flu (6-35months)	90657	
	Flu (>35months)	90658	
	Flu (6-35months) No Prsrv	90655	
	Flu (>35months) No Prsrv	90656	
	Flu, Quad, (>35months)	90688	
	Flu, Quad (6-35months) No Prsrv	90685	
	Flu, Quad (>35months) No Prsrv	90686	
	IPV	90713	
	Meningococcal Conj	90734	
	MMR	90707	
	MMRV	90710	
	PCV13	90670	
	Rotavirus 3-dose	90680	
	TdaP	90715	
	Varivax	90716	
	THERAPEUTIC INJECT.	**CODE**	**FEE**	**U**
	Decadron IM	J1100		
	LA Bicillin 300-600ku IM	J0530		
	LA Bicillin 1.2mL U IM	J0540		
	Rocephin ($25ea 250mg)	J0696		
	Epinephrine (0.1mg)	J0171		
	Synagis (each 50 mg)*	90378		
	Admin. IM Inl.*	96372		
	Albuterol (concentrated)	J7611		
	Xopenex (concentrated)	J7612		
	Albuterol (unit dose), 1mg	J7613		
	Xopenex (unit dose), 1mg	J7614		
	Racemic Epinephrine	J7699		
	Saline infusion	J7050		
	Mask for DME	A7015		

	LACERATION REPAIR	**CODE**	**FEE**
	Scalp/Trunk/Extrem		
	(<2.5cm)	12001	
	(2.6-7.5cm)	12001	
	(7.6-12.5cm)	12002	
	Face/Ears/Eyelids		
	(<2.5cm)	12011	
	(>2.5cm)	12013	
	Dermabond	G0168	
	SUPPLIES	**CODE**	**FEE**
	Burn Tray	A4550	
	Cath Kit	A4550	
	Circ Tray	A4550	
	Ear Tray	A4550	
	Eye Tray	A4550	
	FB Removal Tray	A4550	
	I & D Tray	A4550	
	Surgical Tray	A4450	
	Suture Rem Tray	A4649	
	Misc. Supplies	99070	

RECEIVED BY

CASH CREDIT

CHECK

CHECK #

____PROVIDER # 330831376

TOTAL DUE

AMOUNT PAID

#	DX	ICD	#	DX	ICD	#	DX	ICD
	Abdominal Pain (unspec site)	789.00		Hand/Food/Mouth Disease	074.3		Tibial Torsion	736.89
	Abnl Weight Gain	783.1		Headache (unspec)	784.0		Tinea Capitis	110.0
	Abscess_____(location)			Head Injury, closed (w/o LOC)	850.0		Tinea Corporis	110.5
	Acanthosis Nigricans	701.2		Head Lice	132.0		Tinea Versicolor	111.0
	Acne vulgaris	706.1		Hearing Loss	389.9		Tinea Pedis	110.4
	Adenoidal Hypertrophy	474.12		Heart Murmur	785.2		TMJ Dysfunction	524.60
	Adhesion (Foreskin)	605		Hemangioma-skin (benign)	228.01		Tonsillar Hypertrophy	474.11
	Adhesion (Vaginal)	623.2		Hematochezia	578.1		Tonsillitis, Acute	463
	Allergic Diathesis	995.3		Hematuria-benign, microscopic Hematuria, gross	599.72 599.71		Torticollis, Congenital	754.1
	Allergic Rhinitis	477.9		Hernia, Inguinal, Unilat (unspec)	550.90		Upper Respiratory Infection	465.9
	Anemia	285.9		Hernia, Umbilical	553.1		Urinary Tract Infection	599.0
	Ankyloglossia	750.0		Herpangina	074.0		Urticaria	708.9
	Anorexia	783.0		Hip Dislocation, Unilat (unspec)	754.30		Vaginitis/Vulvitis (unspec)	616.10
	Apnea, NB, other	770.82		Hyperlipidemia	272.4		Varicella	052.9
	Apnea, NB, Primary	770.81		Impaction, cerumen	380.4		Vesico Ureteral Reflux	593.70
	Asthma, Extrinsic (unspec)	493.00		Impetigo	684		Viral Exanthem	057.9
	Asthma w/Status Asthmaticus	493.01		Influenza	487.1		Viral Illness	079.99
	Asthma w/Acute Exacerbation	493.02		Insect Bite, by site _____			Visual Disturbance	368.9
	Asthma-Exercise-Induced	493.81		Jaundice, neonatal	774.6		Vomitting	787.03
	Asthma-Cough Variant	493.82		Keratosis Pilaris, congenital	757.39		Wart, Common/Flat	078.19
	Attention Deficit-Inattentive	314.00		Laceration (by site) _____			Wart-verruca vulgaris	078.10
	Attention Deficit-Hyperactive	314.01		Lacrimal Duct Stenosis, Aquired	375.56		Wart-verruca plantaris	078.12
	Atypical Nevus (trunk)	216.5		Lymphadenitis, Chronic	289.1		Weight Loss	783.21
	Back Pain	724.5		Lymphadenopathy	785.6		Wheezing	786.07
	Balanitis	607.1		Migraine Headache (unspec)	346.90		Well Baby Exam (<8 days)	V20.31
	Bronchiolitis (RSV)	466.11		Milk/formula Intolerance	579.8		Well Baby Exam (8-28days)	V20.32
	Bronciolitis (acute)	466.19		Molluscum Contagiosum	078.0		Well-Baby /Child Exam (>28 days)	V20.2
	Burn _____	949.__		Mononucleosis	075		Routine PE (18 & older)	V70.0
	Cellulitis _____	682.__		Nausea/Vomiting	787.01		Sports PE	V70.3
	Cerebal Palsy (unspec)	343.9		Nosebleed	784.7		Well-Woman GYN Exam	V72.31
	Chest pain (unspec)	786.50		Otalgia	388.70		Preoperative Exam	V72.84
	Colic. Infantile	789.7		Otitis externa	380.10		Follow-up Exam	V67.9
	Concussion – LOC <30'	850.11		Otitis Media – Acute	382.00		Follow-up Exam after RX	V67.59
	Concussion – LOC 30-59'	850.12		Otitis Media – Acute w/perf	382.01			
	Conjunctivitis, Allergic	372.05		Otitis Media – Chronic Serous	381.10			
	Conjunctivitis, Purulent	372.03		Otitis Media – Chr Suppurative	382.3		Learning problems	V40.0
	Constipation	564.01		Otorrhea	388.60		Behavior Problems	V40.39
	Corneal Abrasion	918.1		Overweight	278.02		Conference w/Parent	V65.11
	Costochondritis	733.6		Paronychia-finger	681.02			
	Cough	786.2		Paronychia-toe	681.11		Circumcision (newborn)	V50.2
	Croup	464.4		Perianal Fissure	565.0		Ear piercing	V50.3
	Dental caries (unspec)	521.0		Pharyngitis	462		Suture/Staple Removal	V58.32
	Dehydration	276.5		Pinworms	127.4			
	Dermatitis, atopic	691.8		Pityriasis alba	696.5		Exposure STDs	V01.6
	Dermatitis, contact	692._		Pityriasis rosea	696.3		Contraception Counseling	V25.09
	Dermatitis, diaper	691.0		Plagiocephaly, Positional	754.0		Contraception Mgmt	V25.49
	Developmental Delay, physiological	783.40		Pneumonia	486			
	Diarrhea	787.91		Premature Infant, weight____	765.1_		Comvax (HIBV-HBV)	V06.8
	Dysfunct Uterine Bleeding	626.8		Premature Infant, Wks_____	765.2_		DTaP	V06.1
	Dysmenorrhea	625.3		Proteinuria	791.0		Hepatitis A	V05.3
	Dysuria	788.1		Purulent Rhinitis	472.0		Hepatitis B	V05.3
	Eczema-dyshidrotic	705.81		Rash (unspec)	782.1		Hemophilus Influenza B-	V03.81
	Ecezma-nummular	692.9					HPV	V04.89
	Encopresis	787.6		Rectal Bleeding	569.3		Influenza	V04.81
	Enuresis, 1 Nocturnal	788.36		Roseola	057.8		MMR	V06.4
	Enuresis, 2, non-organic	307.6		Scabies	133.0		MMRV	V06.8
	Eustachian Tube Dysfunction	381.81		Scarlet Fever	034.1		Meningococcal	V03.89
	Failure to Thrive	783.41		Scoliosis	737.30			
	Fatigue	780.79		Seborrhea	690.10		Pneumococcal Vaccine	V03.82
	Feeding problems, newborn	779.3		Seizure Disorder	780.39		Polio (injectable)	V04.0
	Feeding problems, infant	783.3		Seizure, Febrile	780.31		Rotavirus	V04.89
	Femoral Anteversion	755.63		Sinusitis – Acute	461.9		RSV / Synagis	V04.82
	Fever	780.6		Sinusitis – Chronic	473.8		Td	V06.5
	Fifth Disease	057.0		Sleep Disturbance	780.50		TdaP	V06.1
	Folliculitis	704.8		Speech Delay	315.39		Varicella	V05.4
	Foreign Body _____			Speech Impairment	784.59			
	Fracture _____			Sprain/Strain by site_____			Dietary Counseling	V65.3
	Fussy Infant	780.91		Stomatitis, Aphthous	528.2		Exercise Counseling	V65.41
	Gastritis-acute w/o hemorr	535.00		Streptococcal Infection	034.0		BMI <5th Percentile	V85.51
	Gastroenteritis – infectious	009.1		Stye	373.11		BMI 5th<85th Percentile	V85.52
	Gastroesophageal Reflux	530.81		Syncope	780.2		BMI 85th<95th Percentile	V85.53
	Granuloma Umbilical	686.1		Teething Syndrome	520.7		BMI >95th Percentile	V85.54
	"Growing Pains" (Myalgias	729.1		Thrush	112.0			

DIAGNOSIS:
DIAGNOSIS:
DATE OF INJURY:
PROVIDER SIGNATURE:
DATE:

NEXT APPOINTMENT

Pediatric Weight Management Care Coordination Resources

Supporting Care Coordination between Primary Care Providers and Registered Dietitians

The following materials were designed by the a team of experts from the American Academy of Pediatrics, the Academy of Nutrition and Dietetics, and the American Heart Association, to help support primary care providers (PCPs) and registered dietitians (RDs) provide comprehensive and coordinated weight management care for patients and families. These materials were developed as part of the Alliance for a Healthier Generation's Healthier Generation Benefit, which enables healthcare providers to be an active part of the solution to the obesity epidemic by providing eligible children with at least four follow up visits with their primary care provider, and four visits with a registered dietitian as part of their health insurance benefits. These resources can be helpful to any primary care practitioners and registered dietitians who wish to provide comprehensive multidisciplinary care to patients who are overweight or obese, or at risk for overweight or obesity.

Materials include:

- **Connecting With a Provider:** How to find a PCP or RD in your area for coordination of care.
- **Suggested Pediatric Weight Management Protocols:** Visual reference charts for PCPs and RDs to coordinate the process and scheduling of pediatric weight management care office visits.
- **Pediatric Weight Management – Medical Summary**: A form for PCPs to guide the assessment component of the child's first office visit.

Supporting documents developed by the American Academy of Pediatrics (AAP) and Academy of Nutrition and Dietetics includes:

- **Pediatric Weight Management – Ongoing Care Coordination and Information Sharing**: A form for PCPs and RDs to summarize and document key information from each office visit.
- **Academy of Nutrition and Dietetics Pediatric Weight Management Evidence-Based Nutrition Practice Guideline Algorithm:** An overview of the services provided by a RD related to nutrition screening, assessment and intervention.
- **Target Behaviors Checklist and Possible Framework:** Behaviors identified by AAP Endorsed Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity.
- **Nutrition Topics:** A variety of nutrition education and counseling topics, based on recommendations cited in the Academy of Nutrition and Dietetics Evidence-Based Pediatric Weight Management Nutrition Guidelines that may be provided by RDs during the child's office visits.
- **Academy of Nutrition and Dietetics Initial and Follow-up Pediatric Weight Management Progress Notes** (included in the Academy of Nutrition and Dietetics Pediatric Weight Management Toolkit): A form for RD's to document nutrition services that occur during each visit

with the child/family. The form can be attached with the *Care Coordination and Information Sharing* form and sent to the PCP and included in the child's medical record.

Background:

The Alliance for a Healthier Generation works to address one of the nation's leading public health threats – childhood obesity. Founded in 2005 by the American Heart Association and the Clinton Foundation, the Alliance works to positively affect the places that can make a difference in a child's health: homes, schools, doctor's offices, and communities.

The Alliance has convened national medical associations, leading insurers and employers to offer comprehensive health benefits to children and families for the prevention and treatment of childhood obesity. The Alliance Healthier Generation Benefit enables healthcare providers to be an active part of the solution to the obesity epidemic by providing eligible children with at least four follow up visits with their primary care provider, and four visits with a registered dietitian as part of their health insurance benefits. This program is in adherence with the AAP endorsed Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity, the Medical Home model, and the Academy of Nutrition and Dietetics Practice Guidelines.

We invite you to use the Pediatric Weight Management Resources to support care coordination\ efforts between primary care providers and registered dietitians, and help families establish and maintain a healthy

Connecting with a Provider

For Registered Dietitians: How to find a Primary Care Provider

If you do not have an existing relationship with a PCP in your area please contact the local chapter of the American Academy of Pediatrics: http://www.aap.org/member/chapters/chaplist.cfm or the local chapter of the American Academy of Family Physicians: https://nf.aafp.org/eweb//DynamicPage.aspx?webcode=ChpList&Site=aafpv to identify practitioners in your community.

For Primary Care Providers: How to Find a Registered Dietitian

For physicians who do not have an existing relationship with a local registered dietitian (RD), the following resources can be used to locate an RD:

1. The Academy of Nutrition and Dietetics “Find a Registered Dietitian” Network.: http://www.eatright.org/programs/rdfinder/
   Use the online “Find a Registered Dietitian” (RD) network to identify RDs by geographic locations and areas of expertise such as pediatric nutrition or weight management.

2. Hospital outpatient nutrition departments
   If an RD is not listed in the Academy of Nutrition and Dietetics “Find a Registered Dietitian” directory for a particular location, contact local hospital outpatient nutrition departments for information on outpatient weight management nutrition services provided by hospital-based RDs.

Some health insurance plans have produced online provider directories; check the plan’s website for more information on how to find an RD healthcare provider.

Suggested Pediatric Weight Management Protocols

DEFINING VISIT SCHEDULE OVER A CALENDAR YEAR

The following care paths are a possible framework for pediatric weight management care (prevention plus) between primary care providers and registered dietitians participating in the Healthier Generation Benefit. These paths are not meant to be prescriptive, but provide a possible schedule of visits throughout the year after a problem is identified. In general, if you have a patient with a BMI ≥ 85th percentile, the goal should be to work with the patient and family on behavior change. To support this behavior change, it would be ideal for the patient and family to have 8-12 touch points with a provider. There is flexibility in how these touch points can be structured (i.e. with whom PCP, RD, other, and via various mechanisms via office visit, phone or other mechanism). As a provider, you will need to identify what is best for the patient and family.

step one

1ST PCP VISIT Well Child Visit: Problem Identified

At the Well Child Visit, primary care provider (PCP) should determine appropriate treatment track based on patient and family readiness and confidence to change.

Track 1: For patients and families who are engaged and ready to begin weight management with a registered dietitian (RD) after the initial visit.

Track 2: For patients and families who are not fully engaged and need more time to learn about overweight and obesity and the associated risk factors as well as the value of seeing a registered dietitian (RD) and importance of follow-up.

TRACK 1	TRACK 2
1ST RD VISIT 2-4 weeks following 1st PCP Visit (Well Child Visit)	**2ND PCP VISIT** 2-4 weeks following 1st PCP Visit (Well Child Visit)
2ND RD VISIT 2-4 weeks following 1st RD visit	**1ST RD VISIT** 2-4 weeks following 2nd PCP Visit
2ND PCP VISIT 2-4 weeks following 2nd RD Visit	**2ND RD VISIT** 2-4 weeks following 1st RD visit
3RD RD VISIT 4-6 weeks following 2nd PCP Visit	**3RD PCP VISIT** 6 weeks following 2nd RD Visit
3RD PCP VISIT 6 weeks following 3rd RD Visit	**3RD RD VISIT** 4-6 weeks following 3rd PCP Visit
4TH PCP VISIT 8 weeks following 3rd PCP Visit	**4TH PCP VISIT** 8 weeks following 3rd RD Visit
4TH RD VISIT 4-6 weeks following 4th PCP Visit	**4TH RD VISIT** 4-6 weeks following 4th PCP Visit
5TH PCP VISIT 4-8 weeks following 4th RD Visit	**5TH PCP VISIT** 4-8 weeks following 4th RD Visit

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Suggested Pediatric Weight Management Protocols

FOR PRIMARY CARE PROVIDERS

1ST PCP VISIT (WELL CHILD VISIT)

- Calculate and plot BMI
- Assess medical risk (patient & family history, patient growth, parental obesity)
- Assess behavior risk (sedentary time, physical activity, nutrition)
- Assess family and patient attitudes (concern and motivation)
- Referral for follow-up care (with PCP and RD as appropriate)

2ND PCP VISIT

- Calculate and plot BMI
- Order relevant labs
- **(TRACK ONE)** Discuss first visit with RD and review behavior plan (goals and next steps)
- **(TRACK TWO)** Engage family in weight management (via 15-minute obesity prevention protocol—see Table 4 on page 173 of *Expert Committee Recommendations and Target Behaviors Checklist*)
- **(TRACK TWO)** If family is ready, make referral for ongoing follow-up weight management with PCP and/or RD
- Address patient/family concerns
- Complete appropriate care coordination forms to share patient information with other partners in care (i.e. RD, school nurse, exercise physiologist, sub-specialist involved in care, etc.)

PCP VISITS 3-5

- Calculate and plot BMI
- As appropriate conduct 15 minute obesity prevention protocol (see Table 4 on page 173 of Expert Committee Guidelines or flip chart,) with emphasis on identified goals
- Review patient and family's goals
- Review *Pediatric Weight Management Ongoing Care* Coordination and Information Sharing from dietitian, as available
- Discuss visit with RD
- Assess progress
- Refine or set lifestyle goals
- Address medical concerns
- Order labs as appropriate
- Complete appropriate care coordination forms to share patient information with other partners in care (i.e. RD, school nurse, exercise physiologist, sub-specialist involved in care, etc.)

Suggested Pediatric Weight Management Protocols

FOR REGISTERED DIETITIANS

1ST RD VISIT

- Medical and nutrition evaluation (blood pressure, height, weight, BMI, growth chart, review labs). See *Academy of Nutrition and Dietetics Pediatric Weight Management Evidence-Based Nutrition Practice Guidelines.*
- Review PCP comments and goals as available
- Nutrition assessment (including readiness to change assessment) See *Academy of Nutrition and Dietetics Pediatric Weight Management Evidence-Based Nutrition Practice Guidelines.*
- Determine nutrition diagnosis
- Prioritize needs and goals based on child and family interests and issues (refer to Nutrition Topic List)
- Begin intervention/counseling/education (for example: food pyramid food choices, review portion sizes or other nutrition topic from list) See *Academy of Nutrition and Dietetics Pediatric Weight Management Nutrition Intervention Algorithm.*
- Recommend food and activity records and/or self-monitoring activity to support goals
- Document
- Discuss/share plan with PCP

RD VISITS 2-4

- Review medical record/chart notes and *Pediatric Weight Management Ongoing Care Coordination and Information Sharing* form from PCP as available; acknowledge PCP feedback on goals/revised goals & medical status, review reports from other consultants, as applicable
- Review labs from PCP, as applicable.
- Medical and nutrition re-evaluation. Recheck weight, etc. See *Academy of Nutrition and Dietetics Pediatric Weight Management Evidence-Based Nutrition Practice Guidelines.*
- Update/modify nutrition diagnosis, as needed
- Review goals from prior session
- Reinforce progress
- Counseling on nutrition topic for the session (Items identified from Nutrition Topic List)
- Establish new goals (or maintenance goal(s) at last visit). See *Academy of Nutrition and Dietetics Pediatric Weight Management Nutrition Intervention Algorithm.*
- Recommend food and activity records and/or self-monitoring activity to support goals
- Document
- Discuss/share plan with PCP

CHILD'S NAME *(Last, First)* _____ **DOB**_____ **SEX** ☐ M ☐ F **DATE OF VISIT**_____

Pediatric Weight Management Medical Summary: Assessment

VITAL SIGN (BASELINES)

HT_____in/cm_____% **WT**_____**LB/KG**_____% **BMI**_____kg/m^² **BMI%**_____

BLOOD PRESSURE_____/_____ **mmHg**_____% **PULSE**_____ **BPM**_____ **OTHER**_____

RELEVANT FINDINGS

Patient History (Diet, Physical Activity)	
Symptoms	
Physical Exam	
Lab(s)*	

** Attached most recent relevant labs (e.g. total cholesterol mg/dl; LDL calculated and direct mg/dl, HDL C mg/dl; triglycerides mg/dl; ALT; fasting glucose):*

DIAGNOSES AND CO-MORBIDITIES

- Abnormal lipids
- Acanthosis nigricans
- Asthma
- Disordered Eating
  (e.g. binge eating, food-seeking behavior, etc.)
- GERD
- Elevated blood pressure; hypertension not diagnosed
- Hypertension
- Mental Illness (e.g. Depression, Anxiety)
- Other:
- Metabolic syndrome
- Elevated liver enzymes
- NASLD or NASH
- Orthopedic issues/joint/bone problems
- Abnormal Menses
- Polycystic ovarian syndrome
- Pre-diabetes
- Snoring
- Sleep Apnea

BEHAVIORAL ASSESSMENT

Did you discuss readiness and confidence to change with the patient and/or parent/caregiver? ☐ Y ☐ N

RESULTS_____

PCP PERCEPTION_____

Was a target behavior identified (only for engaged/ready patients)? ☐ Y ☐ N If so, what:

_____

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American Academy of Pediatrics Institute for Healthy Childhood Weight

CHILD'S NAME *(Last, First)* _____ DOB_____ SEX ☐ M ☐ F DATE OF VISIT_____

Pediatric Weight Management Medical Summary: Family Strengths & Additional Information

FAMILY INFORMATION *(Who is at home, who cares for child, circumstances such as financial or emotional stresses):*

Caregivers_____

Siblings _____

Other important facts _____

CHILD'S STRENGTHS *(e.g. personality traits, current extracurricular activities, hobbies)*

SPECIAL CIRCUMSTANCES/OTHER COMMENTS

PHYSICIAN/PROVIDER SIGNATURE_____

PRINT NAME ABOVE _____ **DATE OF VISIT**_____

CHILD'S NAME *(Last, First)* _____ DOB_____ SEX ☐ M ☐ F DATE OF VISIT_____

Pediatric Weight Management Medical Summary: Prevention Plus/Structured Weight Management

INITIAL VISIT

NICKNAME _____ EMAIL _____

PARENT (CAREGIVER) _____RELATIONSHIP_____

ADDRESS _____

PHONE _____BEST TIME _____ALT PHONE_____

OTHER PARENT (CAREGIVER) _____PHONE_____

EMERGENCY CONTACT/RELATIONSHIP _____ _____PHONE_____

OTHER EMERGENCY CONTACT _____ _____PHONE_____

HEALTH INSURANCE PLAN _____ _____IDENTIFICATION #_____

ALLERGIES/REACTION _____ _____

_____

CURRENT MEDICATIONS/DOSE AND SUPPLEMENTS/OTC/HERBS/VITAMINS _____

_____

PRIOR SURGERIES/PROCEDURES

_____Date_____ _____Date_____

_____Date_____ _____Date_____

HISTORY OF PRIOR ILLNESS/MEDICAL HISTORY _____ _____

_____

MOST RELEVANT LAB FINDINGS

_____Date_____ _____Date_____

_____Date_____ _____Date_____

PHYSICAL LIMITATIONS_____ _____

_____

CHILD'S NAME *(Last, First)* _____ **DOB**_____ **SEX** ☐ M ☐ F **DATE OF VISIT**_____

INITIAL VISIT (CONTINUED)

PRIMARY CARE PROVIDER _____ **CLINIC/HOSPITAL** _____

PHONE _____ **OTHER** *(fax, email, etc.)*_____

OTHER RELEVANT PROVIDERS _____ **CLINIC/HOSPITAL** _____

PHONE _____ **OTHER** *(fax, email, etc.)*_____

CHILD'S NAME *(Last, First)* _____ **DOB**_____ **SEX** ☐ M ☐ F **DATE OF VISIT**_____

Pediatric Weight Management Ongoing Care Coordination and Information Sharing

This form is to help facilitate information sharing. The form should be completed after each office visit.
One copy is for the chart and another to be emailed/faxed to the other provider.

TYPE OF VISIT ☐PCP ☐RD **VISIT NUMBER** (1-10)_____

MEDICAL STATUS (UPDATE AS RELEVANT)

HEIGHT_____ **DATE HEIGHT WAS OBTAINED**_____ **WEIGHT**_____ **BMI**_____ **BMI%**_____ **OTHER**_____

RELEVANT LABS_____

DIAGNOSES (THE MEDICAL AND/OR NUTRITION PROBLEMS) _____

****RD attach the ADA MNT Initial Pediatric Weight Management Progress Note (source: ADA Pediatric Weight Management Toolkit)*

BEHAVIORAL ASSESSMENT (UPDATE RELEVANT INFORMATION SINCE LAST VISIT)

Nutritional Re-assessment Since Last Visit *(Eating Pattern notes, food preferences)*

☐ NO CHANGE ☐☐ RELEVANT NEW FINDINGS ☐☐ RESOLVED OR IMPROVED

GOALS/COMMENTS _____

_____

**** RD attach the ADA MNT Follow-up Pediatric Weight Management Progress Note*

Activity Re-assessment

☐ NO CHANGE ☐☐ RELEVANT NEW FINDINGS ☐☐ RESOLVED OR IMPROVED

GOALS/COMMENTS _____

_____

Family/Patient Concerns

☐ NO CHANGE ☐☐ RELEVANT NEW FINDINGS ☐☐ RESOLVED OR IMPROVED

GOALS/COMMENTS _____

_____

BEHAVIORAL PLAN

Target Nutrition and Activity Behaviors Identified

☐ NO CHANGE ☐☐ RELEVANT NEW FINDINGS ☐☐ RESOLVED OR IMPROVED

GOALS/COMMENTS _____

_____

_____

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CHILD'S NAME *(Last, First)* _____ DOB_____ SEX ☐ M ☐ F DATE OF VISIT_____

Pediatric Weight Management (Continued)

Goal setting *(What are the family/patient goals)*

☐ NO CHANGE ☐ RELEVANT NEW FINDINGS ☐ RESOLVED OR IMPROVED

GOALS/COMMENTS _____

_____

_____

Family and Patient Monitoring *(eg mechanism for tracking progress such as chart, contract, journals, etc)*

☐ NO CHANGE ☐ RELEVANT NEW FINDINGS ☐ RESOLVED OR IMPROVED

COMMENTS _____

_____

_____

SUMMARY STATEMENT: HIGHLIGHTING/OVERARCHING ACCOMPLISHMENTS, CHALLENGES, AND SOLUTIONS

Major wins/accomplishments _____

_____

_____

Challenges/barriers/concerns _____

_____

_____

PROVIDER SIGNATURE AND DATE _____

NEXT SCHEDULED VISIT _____

TEN TIPS FOR CREATING A

Family Garden

ALLIANCE FOR A HEALTHIER GENERATION

Nutrition begins from the ground up and creating a family garden can provide the perfect platform to teach kids the benefits of healthy eating. To help increase your kids' appetites for nutritious foods here are 10 tips on how to successfully create a family garden.

1. CHART YOUR COURSE: Create a list of fruits and vegetables you want to comprise your garden. As a family, vote on the plants that will populate your crop.

2. LOOK BEFORE YOU LEAP: Have all family members sketch the garden of their dreams. Incorporate elements of each design into an outline that best suits your space.

3. DO YOUR RESEARCH: Take a family trip to the library and explore how to successfully care for and create a garden.

4. BE CLIMATE FRIENDLY: Determine what fruits and vegetables will thrive in your local conditions.

5. REACH OUT: Chat with local gardening businesses to request useful information and ask about specials they might have.

6. TURN RESPONSIBILITIES INTO A BREAK: Create a maintenance schedule that allows your family to tend the garden together.

7. SUNLIGHT: Be sure to plant the garden in an area with sufficient sunlight.

8. PLANT THE RAINBOW: Include fruits and vegetables that possess a wide variety of colors to increase your garden's nutritional value.

9. APPRECIATE THE FRUITS OF YOUR LABOR: Don't forget to explore the garden and enjoy a snack.

10. SHARE YOUR SUCCESS: Donate excess food to soup kitchens and local charities to provide those in need with a nutritious meal.

DID YOU KNOW you have access to the **Healthier Generation Benefit** from the Alliance for a Healthier Generation? Eligible children and families are provided at least 4 follow up visits with a primary care provider and 4 follow up visits with a registered dietitian. Ask your child's doctor or nurse about the **Healthier Generation Benefit** and how your family can establish and maintain a healthy lifestyle.

HealthierGeneration.org

FOUNDED BY: American Heart Association. CLINTON FOUNDATION

Let's Be Real: 5 Tips for Eating Real Food as a Family

The month of May has arrived, the sun is out and the flowers are blooming! It's the perfect time of year to bring out those colorful and fresh fruits and vegetables. Skip out on the fast food, frozen dinners, and salty snacks. This month is about giving your body the real food it needs. Remember, you are what you eat!

Here are 5 tips from the Alliance for a Healthier Generation to make real food a reality:

1. **Check out your local farmer's market:** Instead of trekking to the grocery store, pick up some fruits and veggies from the farmer's market. Locally grown and extra fresh, you're sure to find some delicious treats for your dinner table. Bring the whole family and have everyone pick something they like!

2. **Pack a healthy picnic:** Take advantage of the beautiful spring weather and go on a picnic in the park. Get some fresh air and make eating healthy a fun activity! Need healthy picnic snack ideas? Try fruit-on-a-stick, Greek yogurt with blueberries, and sandwiches made with wholegrain bread.

3. **Plant a garden:** There is nothing more rewarding than growing and eating your own food. Teach your kids where their food comes from in your very own backyard. Hint: some easy vegetables to grow are tomatoes, carrots, and cucumbers.

4. **Eat at home:** The secret to eating real food lies in a home-cooked meal. Stay away from convenient stores, restaurants, and processed foods. Add flavors to lean meats and fish with herbs and spices and make sure to always have a fresh salad or seasoned vegetables on the side.

5. **Commit to whole grains:** Stock your kitchen with whole grain snacks. Whole grain bread, pasta and rice are healthy options and help round out your healthy, home cooked meal.

About the Alliance for a Healthier Generation
The Alliance for a Healthier Generation, founded by the American Heart Association and the William J. Clinton Foundation, works to reduce the prevalence of childhood obesity and to empower kids to develop lifelong, healthy habits. The Alliance works with schools, companies, community organizations, healthcare professionals and families to transform the conditions and systems that lead to healthier children. To learn more and join the movement, visit www.HealthierGeneration.org.

# # #

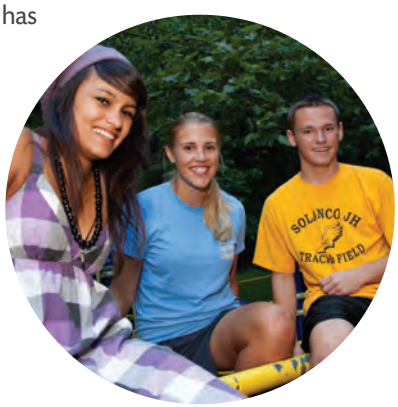
BACK-TO-SCHOOL PHYSICALS:

Get the Facts on BMI

ALLIANCE FOR A HEALTHIER GENERATION

Healthcare providers look at key measurements like Body Mass Index (BMI) to see whether a child is at risk for weight-related health problems. Since each child is different—and because all kids change and grow so quickly—a healthcare provider is the best person to decide whether your child's diet and lifestyle are truly healthy for him or her. As the school year begins and you make the annual visit to the pediatrician, learn the facts about your child's BMI—and what it needs to be.

WHAT IS OVERWEIGHT? The word overweight (or, over a certain weight) has mostly been used as a description. Now, overweight is a condition all its own. To a healthcare provider, overweight (or, excess weight) in a child is a sign of potential obesity.



WHAT IS OBESITY? Children whose BMI are in a certain percentile are said to be "obese." Obesity happens when, over time, a child takes in more fuel (calories) than his or her body can use.

WHAT IS BMI? Body Mass Index is a number that predicts risk of disease by comparing a child's weight to his or her height.

HOW CAN I LEARN MY CHILD'S BMI? Be sure to have your healthcare provider check your child's BMI regularly—to make sure it's accurate, and to see any changes.

WHAT IS A HEALTHY BMI? Each child's BMI value is compared with other children by looking at the respective growth curve. Your child's BMI will fall into a percentile. The chart to the right shows weight status categories and the corresponding percentiles to help you determine what particular BMI value means for your child.

WEIGHT CATEGORY	PERCENTILE
UNDERWEIGHT	Less than the 5th percentile
HEALTHY WEIGHT	5th percentile to less than the 85th percentile
OVERWEIGHT	85th percentile to less than the 95th percentile
OBESE	Equal to or greater than the 95th percentile

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HealthierGeneration.org

FOUNDED BY: American Heart Association. CLINTON FOUNDATION

HEALTHY HOLIDAY SEASON:

Tips for Keeping your Family Healthy

ALLIANCE FOR A HEALTHIER GENERATION

The holidays don't have to kick-off two months of unhealthy habits for your family. Try the following tips to ensure a healthy and fun holiday season:

HALLOWEEN

Trick or post-dinner treat: Trick or treat after eating a wholesome dinner. Children who are full may be less likely to snack on the treats they accumulate.

Pillow cases are for pillows: Give the kids smaller treat containers like recycled grocery bags or small, plastic jack o' lanterns so they won't bring home too many sweets. Use your pillow cases to create ghostly costumes instead.

Scare 'em with vitamin E: Instead of handing out candy corn, hand out prepackaged servings of carrots or dried fruit that has no added sugar. Both are great sources of vitamins that can help your children stay healthy. Take it a step further and hand out cut fruit and berries packed in small plastic bags.

THANKSGIVING

Bake, mash & smash: Sweet potatoes are a fantastic source of energy and one of the most nutritious vegetables around. Bake 'em, smash 'em, mash 'em, or stuff 'em. Toss them in salads, or in with other baked veggies.

Don't forget the fruit: Baked apples or poached pears are perfect, healthy ways to end any autumn meal.

Stuffed with nutrition: Try adding fresh veggies and whole wheat bread to stuffing for a delicious, nutritious traditional dish.

GIVE THE GIFT OF HEALTH

Exercise Class Gift Cards: Inspire a little gym motivation by giving your friends exercise class gift cards. Whether it's Yoga, spinning, Zumba or their personal favorite, you can help them stay physically active this winter. Bonus points if you offer to be their buddy and join.

Must-Have Holiday Cooking Gear: A portable grill top or a steamer for a stove is an easy way to prepare vegetables and meats in a nutritious, delicious fashion.

Bike Tune-up: Are there bikes gathering dust in the garage? Get them working good as new with a professional tune-up and inspire your family to start riding.

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FLIP THE SWITCH ON SUMMER:

Tips to Help Limit Your Family's Screen Time

ALLIANCE FOR A HEALTHIER GENERATION

With warm weather to bask in, there are plenty of reasons to cut down on screen time. Replacing sedentary hours with creative or physical activities can lead to a happier and healthier home. To help your family unplug here are 10 ideas on how to cut down screen time.

1. CREATE A SCHEDULE: Craft a plan to decide which shows your family will watch. To increase effectiveness, create a schedule for other electronic use, such as Internet and video games.

2. KEEP A LOG: Have your kids track the time they spend in front of screens. The number may prompt them into making behavioral changes.

3. MAKE GOALS: Instead of setting strict time limits, create goals for cutting back on screen time and reward your family for reaching them.

4. MIX AND MATCH: Constructively multitask when using electronics. While watching TV, perform exercises or make crafts. When using the computer, take breaks to stretch and walk around.

5. PARTICIPATE IN OUTDOOR ACTIVITIES: Join a family club or play a sport!

6. FIND A HOBBY: Adding a hobby to your family's day can help you evade those omnipresent electronics.

7. SCREEN-FREE ZONES: Eliminate screens from mealtimes. Instead, have family discussions or eat outside if the weather permits. In addition, remove screens from bedrooms.

8. COVER IT UP! Cover up electronics not in use. This will encourage your family to engage in other activities.

9. BUILD A BLOCKADE: Put all electronics in one room for a day and avoid the space at all costs.

10. HAVE A LIBRARY ADVENTURE: Take a family trip to the library. Reward your child for reading by allowing them to stay up 15 minutes past their bedtime.

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Is Your Child's School Healthy?

3 QUESTIONS FOR PARENT'S NIGHT

ALLIANCE FOR A HEALTHIER GENERATION

School is the place where young people spend the most time, aside from home. Did you know students consume up to 50 percent of their daily calories while on campus? Here are three simple questions from you can ask to find out if your child's school is creating a healthy environment.

1. ARE THERE OPTIONS FOR DAILY PHYSICAL ACTIVITY? Ask about formal physical education (PE), minutes of recess, and physical activity breaks throughout the day. The Alliance for a Healthier Generation recommends at least 20 minutes of recess every day and 60 minutes of PE per week for elementary school students and at least 90 minutes of PE each week for middle school. More is even better.

2. ARE HEALTHY MEALS, SNACKS AND BEVERAGES AVAILABLE? Check out the school vending machine and confirm that healthy options such as water and prepackaged fruit are available and whether fruits and vegetables are served as part of meals and snacks. Find out if school fundraisers rely on sales of unhealthy snacks and suggest healthy alternatives like walk-a-thons.

3. HOW CAN I HELP? Is there a school wellness council or committee that consults with faculty, administrators, parents and students? Find out if you can help support that group or serve on the council yourself.

Asking questions like these can spark dialogue between parents, teachers and administrators that inspires positive change in the health of students. Follow up these questions with individual visits to faculty members, and volunteer to encourage a healthier environment for children at school.

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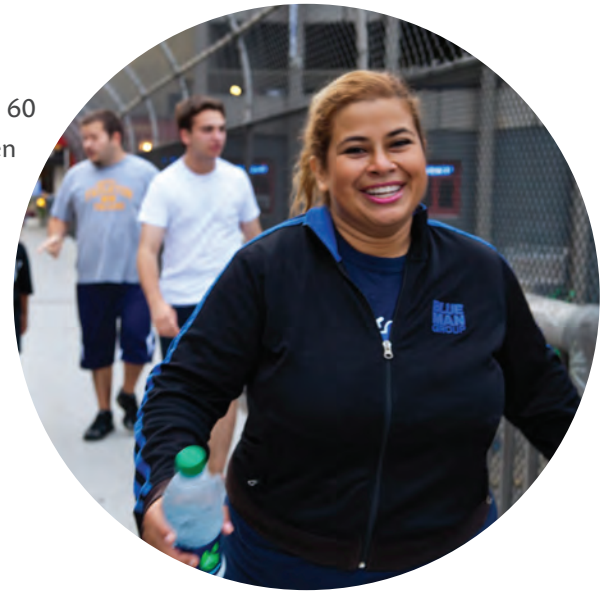
FOUNDED BY: American Heart Association. CLINTON FOUNDATION

FIVE TIPS FOR

Staying Active this Winter as a Family

ALLIANCE FOR A HEALTHIER GENERATION



Here is the rule: get one hour or more of physical activity each day! The good news is that your kids' 60 minutes of physical activity doesn't need to happen all at once. Just help them get active for 10 or 15 minutes a few times a day. Here are five simple tips to help turn your home into a fun physical activity zone in the winter.

1. KANGAROO JUMP: Tape a shoelace to the floor in a straight line. Have your child stand on one side of the string with both feet together. Count to three, and cheer as he or she jumps over the string and back 10 times. Take a short break—and do it again!

2. DOUBLE TIME: When watching TV at home, do jumping jacks, pushups, or crunches during commercial breaks.

3. HOUSE MUSIC: There's no better way to get active than to dance! It doesn't have to be perfect—sometimes it's more fun to be silly! Just turn up the music and move to the beat. Teach your kids to dance while they talk on the phone, watch TV, brush their teeth or clean their rooms or try to hop on one foot with your kids all the way through their favorite song.

4. HOOP IT YOURSELF: A trash can (or even a box) makes a great indoor basketball goal– perfect for a quick game of one-on-one.

5. CRAB CRAWL: Sit with your feet flat on the floor, knees bent. Lean back and place your hands flat on the floor behind you. Lift your seat off the floor, putting your weight on your hands and feet. Now, crab crawl around the room with your kids!

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Get Your Green On: 5 Ways to Enjoy the Summer Harvest

Summer is here and things are heating up in gardens, farms, and markets across the country. There is no better time to take advantage of fresh and local produce to help you increase the number of fruits and vegetable servings in your diet. Are you getting your five a day? Create your own summertime challenge and see which family member can reach your goal!

Here are 5 tips from the Alliance for a Healthier Generation to help you enjoy the summer harvest:

1. **Redefine Dessert:** Satisfy your sweet tooth with some watermelon and cantaloupe! In the heat of the summertime, there is nothing more refreshing than some cool, ripe fruit. Skip on the cake and cookies –this kind of dessert is OK to eat at any time of day!

2. **Feeling Tired?** Fruits and vegetables are known to keep you extra alert! Eating an apple is a more reliable method of staying awake than drinking a cup of coffee. The natural sugar in an apple is stronger than caffeine!

3. **Cool as a Cucumber:** Soup in the summertime may sound surprising, but a chilled cucumber or carrot puree garnished with parsley is an exciting and delicious idea for bringing these vegetables into your diet. Just sauté, puree and you are on your way!

4. **The Hotter, the Healthier:** Bring out some hot peppers this summer. Not only are peppers high in vitamins, chili peppers are full of capsaicin, a natural component utilized to treat various ailments, such as arthritis and high blood cholesterol.

5. **Grill It Up:** Why cook indoors on a beautiful summer night? Zucchini, peppers, and mushrooms make a great grilled kebab! Add some sweet grilled corn on the cob to complete the meal!

About the Alliance for a Healthier Generation
The Alliance for a Healthier Generation, founded by the American Heart Association and the William J. Clinton Foundation, works to reduce the prevalence of childhood obesity and to empower kids to develop lifelong, healthy habits. The Alliance works with schools, companies, community organizations, healthcare professionals and families to transform the conditions and systems that lead to healthier children. To learn more and join the movement, visit www.HealthierGeneration.org.

# # #

Weigh-In: Talking to Your Children about Weight and Health
Inter-family Weight Differences

ALLIANCE FOR A HEALTHIER GENERATION

Every day, parents and caregivers of children are confronted with challenging questions and situations for which they are unprepared. Your son, who is of average weight, pokes fun of your daughter and calls her "fat." What do you say?

WHAT A PARENT NEEDS TO KNOW:

- Weight-based teasing by family members is extremely common, nearly half of females affected by overweight and a third of males affected by overweight report experiencing weight-based teasing by family members.
- Nearly half of mothers and a third of fathers have been reported to show weight bias. Weight teasing among family members isn't harmless–family teasing is associated with higher BMI in the long-term.
- Responsibility, guilt and pressure felt by parents of children with obesity for not being able to help their child lose weight can also lead to parental frustration and anger, which can be taken out on the child, but further research is required.

TIPS FOR WHAT A PARENT MIGHT SAY:

- I don't know if you know this, but your sister is dealing with a health issue.
- Like some of your friends who may have asthma or trouble concentrating, your sister carries around too much weight and that can hurt her health too.
- Struggling with extra weight is really hard to manage. As a family, we need to be supportive.
- One of the hardest things about this is that most people don't understand that carrying extra weight is an issue of health and they might tease her about how she looks, which is really unfair.

MORE TIPS FOR WHAT A PARENT MIGHT SAY: weighinguide.com

The Weigh In website provides scenario-based solutions and is created by the STOP Obesity Alliance and Alliance for a Healthier Generation to offer practical advice to discuss weight and health with children.

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Weigh-In: Talking to Your Children about Weight and Health Bullying

ALLIANCE FOR A HEALTHIER GENERATION

Your child is behaving badly or acting withdrawn and says he doesn't want to go to school. When you ask why, he says that a bunch of kids have been teasing him and calling him fat and ugly. What do you say?

WHAT A PARENT NEEDS TO KNOW:

- A main reason for teasing at school is weight. Weight bullying is more common than teasing for sexual orientation, race/ethnicity, physical disability or religion.
- Children with obesity are often bullied because peers see them as different and/or undesirable. This often means that children are not invited to social activities like parties or are excluded from certain groups.
- Bullying can lead to depression, anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, loss of interest in activities that your child used to enjoy and may even impede academic development.
- Bullying is not just letting kids be kids–the consequences of bullying extend into adulthood.
- Weight stigmatization often leads to increased food consumption as a coping strategy among adolescents.
- Weight teasing is associated with higher rates of disordered binge eating behaviors among both boys and girls when compared to overweight children who were not teased.
- Losing weight should not be the solution to addressing bullying. There are resources available that can guide a parent on ways to intervene, help their child create a safety plan, and talk to school staff.

TIPS FOR WHAT A PARENT MIGHT SAY:

- I'm so sorry this is happening and I'm really glad you told me. Teasing is not fair and is wrong. It really can hurt your feelings.
- One of the hardest things about teasing is that they are talking about your weight in terms of how you look.
- They are making you feel like how much you weigh is a measure of who you are as a person. And it is not. You are (FILL IN with positive attributes, e.g., caring, a good friend, smart, a hard worker).

- Weight is a measure of your health and carrying extra weight can hurt your health.
- I love you and I don't have a problem with how you look, but as your parent, I'm concerned that you are carrying around extra weight and this can hurt your health. It can also mean that you don't have as much energy or get to do the things that you really like to do.

MORE TIPS FOR WHAT A PARENT MIGHT SAY: weighinguide.com

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Well-Child Visits

ALLIANCE FOR A HEALTHIER GENERATION

DID YOU KNOW?

Your child will have 31 well-child visits with his/her primary care provider.

The majority of the visits will occur before the age of 5.

It's never too early to talk to your doctor about healthy habits!

START THE CONVERSATION BY ASKING THE FOLLOWING 3 QUESTIONS:

1. Is my child eating the right foods?
2. How much physical activity should my child be getting?
3. What is one new thing I can do to help my child maintain a healthy lifestyle?

DID YOU KNOW your employer/insurer is participating in an initiative with the Alliance for a Healthier Generation?

Take advantage of the Healthier Generation Benefit which provides eligible children and families at least 4 free follow up visits with a primary care provider and 4 free follow up visits with a registered dietitian (co-pay may apply).

Ask your child's doctor or nurse about how this Benefit can help you and your family live longer, healthier lives.

For additional tools and resources, visit **HealthierGeneration.org.**

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