



ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO®

Session 12: Success Stories

Date: August 15th, 2024

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

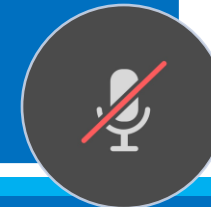
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Introduce Yourself



- Please mute your microphone when not speaking

Microphones



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome, Updates	Christina Tortolani, PhD
7:35 AM – 7:50 AM	Success Story – East Greenwich Pediatrics	Heather Pelletier, PhD
7:50 AM – 8:05 AM	Success Story – Aquidneck Pediatrics	Brittany Vose, MA
8:05 AM - 8:25 AM	Group Reflections/Discussion	All
8:25 AM – 8:30 AM	Wrap Up	Christina Tortolani, PhD Liz Cantor, PhD

Objectives

- Identify 1-2 changes in clinical practices for treating eating disorders
- To discuss or describe shifts and attitudes towards eating disorders.
- To identify 1-2 barriers that arise in implementing FBT in primary care



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Restrictive Eating Disorders ECHO®

Success Stories - East Greenwich Pediatrics

Presenter(s): Heather Pelletier, PhD

Date: August 15, 2024

Contact Info:

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Patient Information

Do Not Include PHI

Age/Grade	13yo/rising 7th grader
Gender Identity	Cis female
Race/Ethnicity	Biracial (South Asian/White)
Weight and Height	Pretreatment: 103 lbs Current: 117 lbs
BMI percentile and expected body weight	Pretreatment: BMI = 17.5 and expected weight 115-120 lbs Current: BMI = 21.4 and expected weight 115-120 lbs
Family constellation	Divorced parents, 50-50 shared custody Lives with mom only at her house Lives with father, step-mother and 2 yo half-brother at father's house
How long has this individual been in your care?	Since birth
Insurance type (Commercial, Medicaid, Uninsured, Other)	Commercial

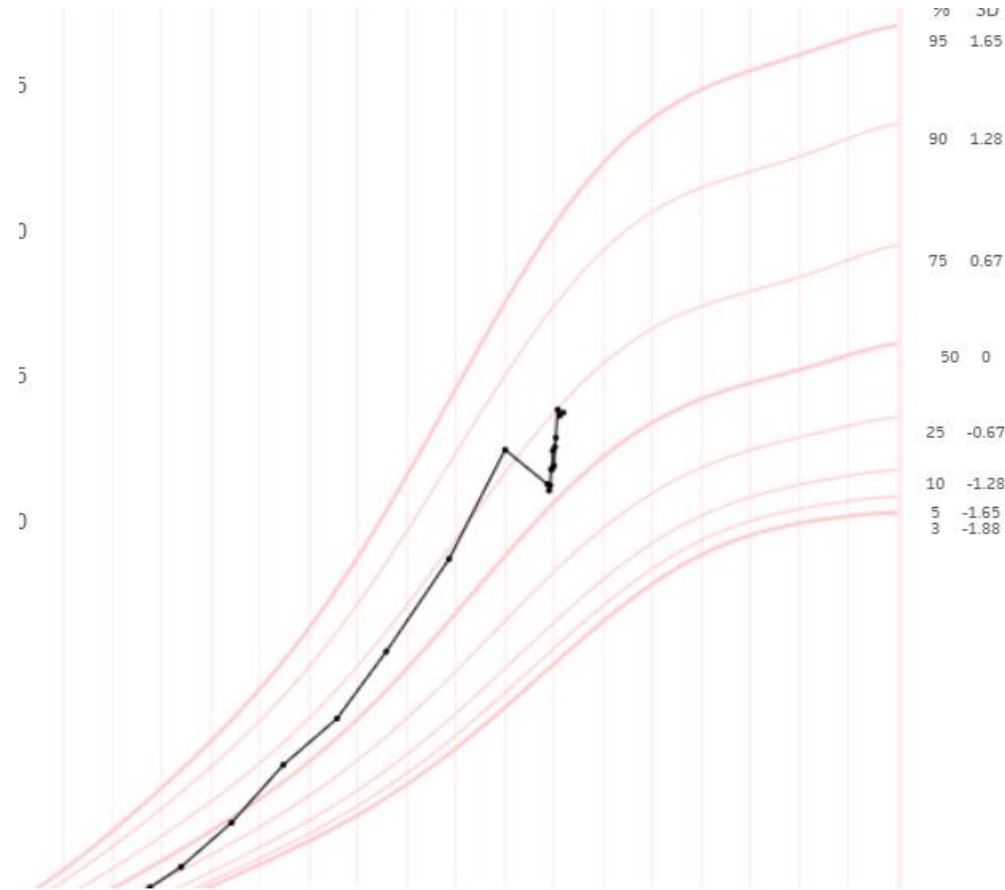
Success story

Do Not Include PHI

<p>Presenting Problem - including start date</p>	<p>3/15/24: father portal messaged pediatrician to alert her ahead of the well visit that they had noticed food restricting behaviors (skipping lunch, refusing high calorie snacks) start in January 2024</p> <p>3/18: Pediatrician discussed IBH (HP) and offered urgent appointment for FBT</p> <p>3/20: FBT started with father & step-mother, note for supervised lunches sent to school</p> <p>3/26: started FBT with mother separately (refused joint parent participation)</p> <p>4/1: Wt check with pediatrician</p> <p>4/10: started weekly wt checks with NP (Amanda)</p> <p>5/23: FBT sessions with HP ended due to strong progress (4 sessions with father and 1 with mother)</p>
<p>Current disposition</p>	<p>Weekly individual therapy</p> <p>7/17: after maintaining weight for 6 weeks with a monthly wt check, shifted to 3 month wt checks</p>

Growth Curve

Do Not Include PHI



How we got here

Do Not Include PHI

Treatment description:

3/18: Pediatrician discussed IBH (HP) and offered urgent appointment for FBT

3/20: FBT started with father & step-mother, note for supervised lunches sent to school

3/26: started FBT with mother separately (refused joint parent participation)

4/1: Wt check with pediatrician

4/10: started wt checks with NP (Amanda 10 weekly sessions, 1 monthly session, now 3 month frequency and will return in Oct.)

5/23: FBT sessions with HP ended due to strong progress (4 sessions with father and 1 with mother)

Barriers/how those barriers were addressed

1) mother's denial of ED and refusal to participate in FBT with HP: individual meetings with parents and remaining focused on supporting efforts at father's home

2) splitting behaviors: coordination between HP/AV, limit setting

3) Full weeks with each parent: used wt checks to monitor progress and patterns

How we got here

Do Not Include PHI

Family strengths: step-mother is a physician, father and step-mother remained aligned, they all had the ability to calmly communicate, verbalized questions and concerns with trx recs

Treatment components

- 3 meals, 3 snacks/all supervised at father's home, unknown at mother's
- Discontinued all sports and maintained fx activity only until June
- Weekly open weight checks with NP
- FBT sessions with HP
- Coordination with new therapist

What practice changes supported this treatment success?

- 1) Developing our ED levels protocol
- 2) Increasing communication between HP/AV (or other providers involved)
- 3) Developing templated letter for supervised lunches at school
- 4) Setting limits with families
- 5) Standardizing small steps in the process as we learned (gowns, void, privacy)



ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO® Success Stories – Aquidneck Pediatrics

Presenter(s): Brittany Vose, MA

Date: August 15, 2024

Contact Info: bvose@aquidneckpediatrics.com

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Patient Information

Do Not Include PHI

Age/Grade	17 – entering Senior Year Anxiety; ADHD inattentive type; Dyslexia
Gender Identity	Female
Race/Ethnicity	Caucasian
Weight and Height	Pre treatment weight: 88lbs Height: 63in Current weight: 98.6 lbs
BMI percentile and expected body weight	Pretreatment BMI percentile : 0.69% Pre treatment expected body weight: 95lbs Current BMI percentile: 6.6% Current expected body weight: 100-104lbs
Family constellation	Parents and younger sister. Younger sister is a pescatarian; father has hx of various dietary practices
How long has this individual been in your care?	02/01/2024
Insurance type (Commercial, Medicaid, Uninsured, Other)	UMR

Success story

Do Not Include PHI

<p>Presenting Problem - including start date</p>	<ul style="list-style-type: none"> • June 2023, pt presented with dizziness/lightheadedness for the past few days with standing up and walking, going up stairs but sometimes at rest as well with no concerning cardiac symptoms. • She has always been thin, though has had a 4lb wt loss in the last year and is eating very little- only one meal and 1-2 snacks per day despite swimming competitively for 1-2 hrs/night throughout the winter season. • Chronic hx of “picky eating.” • Concern for malnutrition-labs and ECG ordered with recommendation of 3x3 meal plan with supervision and no exercise. • Pt began outpatient therapy. <p>June 2023- January 2024: Outpatient therapy; nutrition consults; medical monitoring with PMD; however “felt left in the dark” with minimal outcome.</p> <p>February 1, 2024- began FBT</p>
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Success story

Do Not Include PHI

Current disposition	<ul style="list-style-type: none">• 8lb increase since the beginning of FBT, (previously was at a 10lb increase).• Patient reports endorsing increased hunger cues, improved energy, decrease in fatigue and is currently completing 2 out of 3 meals unsupervised.• Patient denies any current symptoms of lightheadedness, dizziness, headaches, and cardiac symptoms.• Mother remains in control of preparation of all meals.• Patient remains on recommended activity restriction; however this has been difficult to adhere to due to employment and summer schedule.• Current treatment focus remains on increasing volume to support increased levels of daily activity.

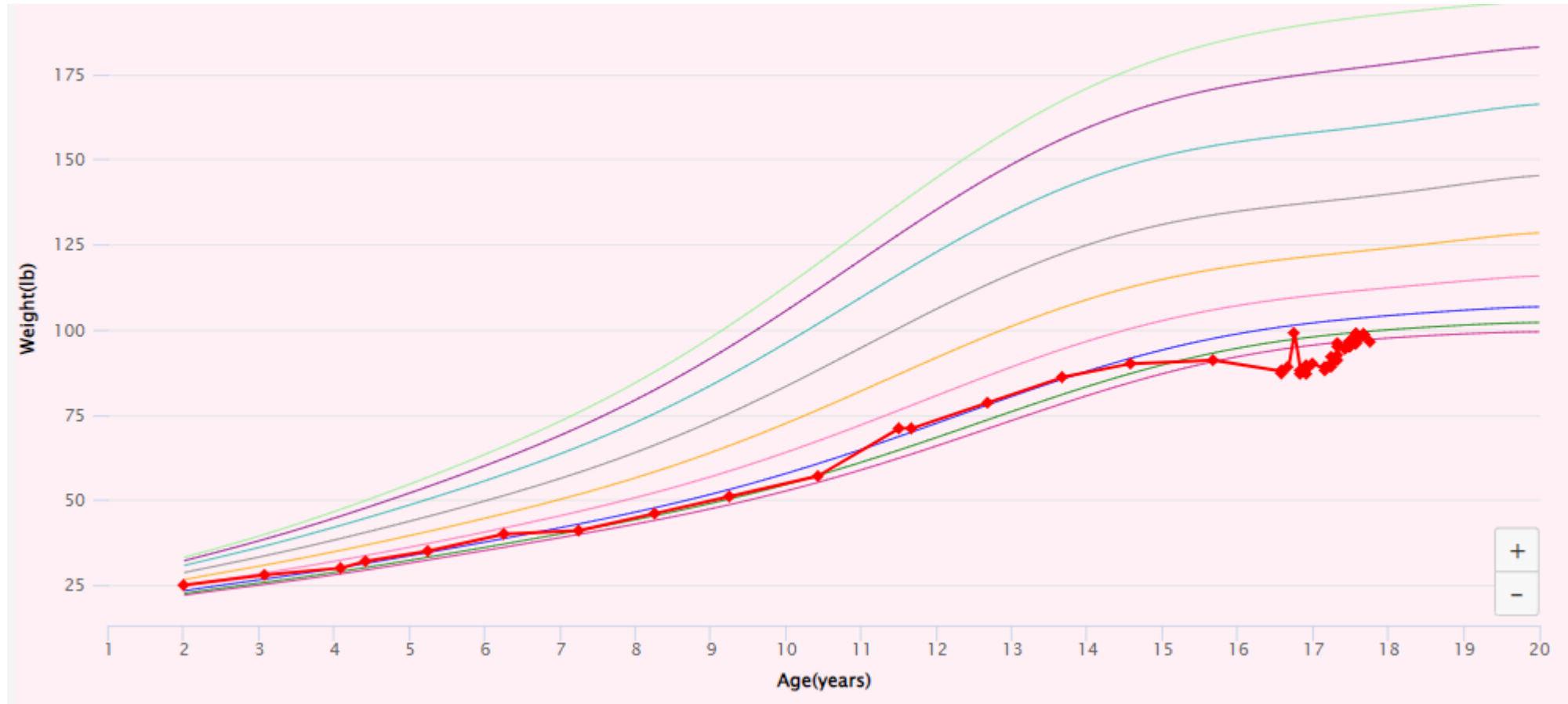
Growth Curve

Do Not Include PHI

Visit Date	Wt(lb)	Age(y)	%tile
08-09-2024	96.4	17y 9m 19d	2.57
07-17-2024	98.6	17y 8m 27d	4.31
07-10-2024	98.6	17y 8m 20d	4.31
06-28-2024	98.6	17y 8m 7d	4.31
06-26-2024	98.2	17y 8m 5d	3.97
06-18-2024	95.8	17y 7m 28d	2.39
06-11-2024	98.4	17y 7m 21d	4.28
06-11-2024	98.4	17y 7m 21d	4.28
06-04-2024	98.8	17y 7m 14d	4.64
06-04-2024	98.8	17y 7m 14d	4.64
05-28-2024	96.4	17y 7m 7d	2.76
05-21-2024	96.4	17y 7m	2.76
05-14-2024	96.6	17y 6m 24d	3.01
05-14-2024	96.6	17y 6m 24d	3.01
05-07-2024	95.8	17y 6m 17d	2.49
05-07-2024	95.8	17y 6m 17d	2.49
04-30-2024	95	17y 6m 9d	2.04
04-30-2024	95	17y 6m 9d	2.04
04-23-2024	95.2	17y 6m 2d	2.15
04-09-2024	94.6	17y 5m 19d	1.93
04-02-2024	94.4	17y 5m 12d	1.83
03-26-2024	94.4	17y 5m 5d	1.83
03-19-2024	96	17y 4m 29d	2.84
03-12-2024	95	17y 4m 22d	2.23
03-06-2024	92.5	17y 4m 16d	1.13
02-27-2024	91	17y 4m 6d	0.71
02-14-2024	92	17y 3m 24d	1.03
02-07-2024	90	17y 3m 17d	0.54
02-01-2024	89	17y 3m 11d	0.37
01-17-2024	89	17y 2m 27d	0.4
01-11-2024	88	17y 2m 21d	0.28

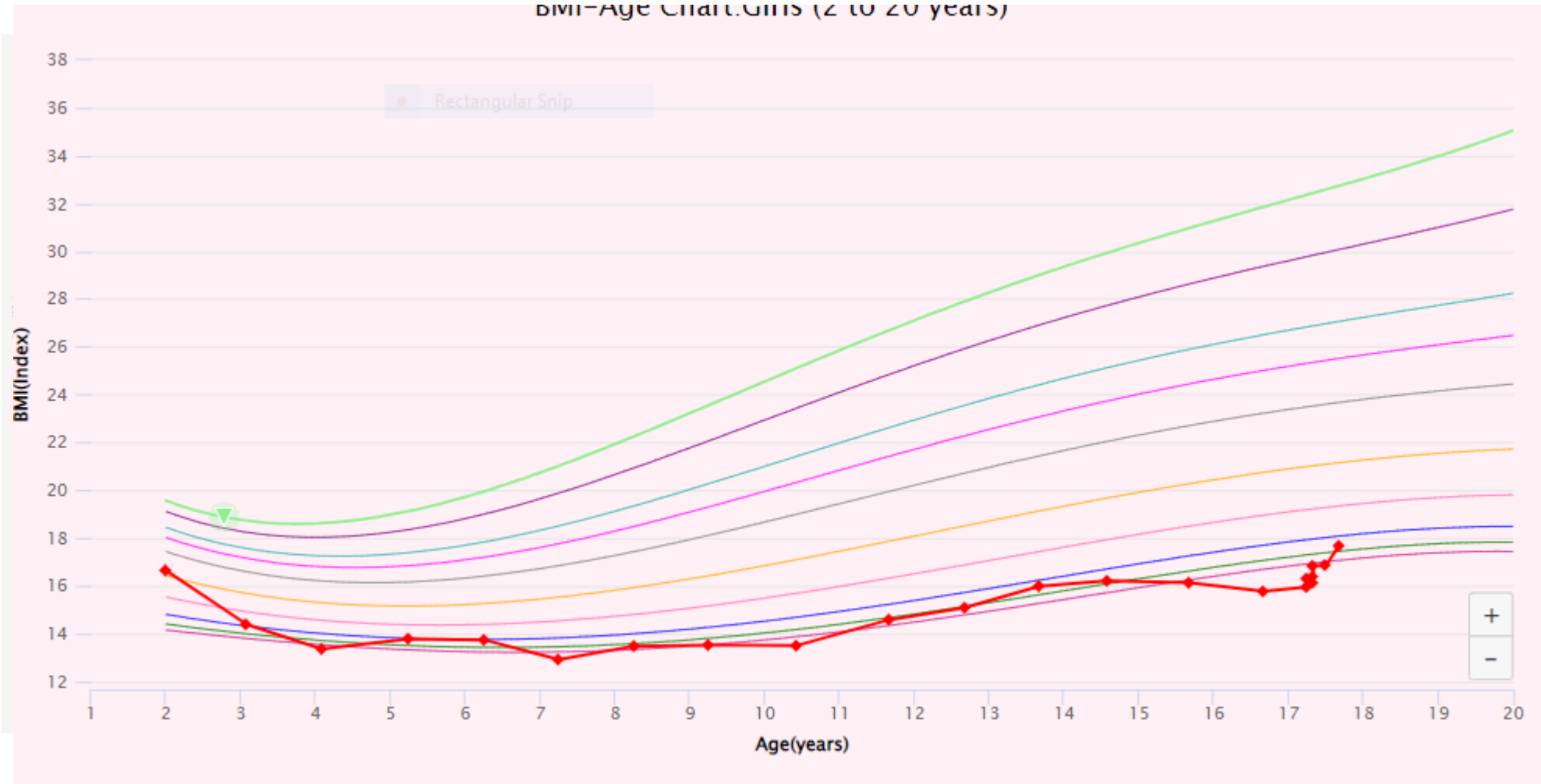
Growth Curve

Do Not Include PHI



BMI Chart

Do Not Include PHI



How we got here

Do Not Include PHI

Treatment description:

- Course of treatment (when, how often)
 - Weekly FBT sessions with Mother and Patient
 - FBT sessions included weekly weight check and orthostatic vitals
- Barriers/how those barriers were addressed
 - Non compliance with activity restriction
 - Minimal follow through with higher levels of care
 - Lunch supervision
 - Father's Role
 - Summer schedule

How we got here

Do Not Include PHI

- Family strengths
 - Family shares an acceptance and appreciation for one another
 - Mother has always managed all food preparation
 - Patient is future oriented about attending college
- Treatment components
 - Meals: 3x3 Meal Plan
 - Physical activity: Exercise restriction – functional movement only; however patient continued to work as a swim instructor 2x per week
 - Weekly orthostatic vitals and weight checks

How we got here

Do Not Include PHI

- What practice changes supported this treatment success?
 - PMD's taking an active role in bridging care
 - Implementation of a Protocol for Identified Eating Disorder Clients
 - Increased education on eating disorders
 - Common language among providers

Summary & Clarifying Questions



Reflections for the group

Do Not Include PHI

1. What motivated you to participate? Did the project meet expectations?
2. What was the most impactful part this project?
 - Can you identify 1 or 2 especially important takeaways?
3. What changes have you made in your practice as a result of this project? How will you sustain these changes?

Next Steps: Post Survey

For those who have completed a Pre-Survey, a Post-Survey will be required to gather your feedback and insights on the project.

Due Date: Friday August 30th , 2024

The survey link will be sent to you by Nijah.

Your feedback is crucial for understanding the impact of this ECHO[®] project and enhancing future initiatives.



Thank you!



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Director at Bryant University



Liz Cantor, PhD,
Pediatric IBH
Practice
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Pat Flanagan, MD,
Clinical Director/PCMH
Kids Co-Chair



Linda Cabral, MM,
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Manager



Nijah Mangual, BA
Program
Coordinator

Project team and Participating practices

Aquidneck Pediatrics
Atlantic Pediatrics
Bald Hill Pediatrics
Barrington Pediatric Associates

East Greenwich Pediatrics
Coastal Medical Toll Gate Pediatrics
Coastal Medical Narragansett
Smithfield Pediatrics

Thank you to
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support.



CME Credits

(applied for MDs, PAs, Rx, RNs, NPs, PhD)

- BH clinicians can submit their certification to their accrediting agency for credit equivalency
- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form: <https://www.surveymonkey.com/r/RSKN6W9>
- Evaluations must be completed to receive credit
- Certificates will be mailed ~ 1 month after event

