



**The Dan Hanley Memorial Trust**

**Report and Recommendations:  
2004 Health Care Leadership Forum**

**Report on Proceedings  
Executive Summary**

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The Dan Hanley Memorial Trust  
c/o Maine Health Information Center  
16 Association Drive  
P.O. Box 360  
Manchester, Maine 04351 - 0360  
PH: (207) 623-2555  
FAX: (207) 622-7086  
Email: [info@hanleytrust.org](mailto:info@hanleytrust.org)

## **The Dan Hanley Memorial Trust**

The Dan Hanley Memorial Trust was founded in 2003 to honor the work of Dan Hanley, MD, a Maine physician whose leadership in the areas of health care improvement, sports medicine, research, and education was recognized in Maine, as well as nationally and internationally. The Hanley Trust has three objectives:

- To honor Dr. Hanley and remember his accomplishments;
- To recognize similar courage and innovation in health care; and
- To develop a foundation of leadership within Maine's health care community that shares the values that made Dr. Hanley's accomplishments possible – *inclusion and collaboration, courage, hard work, innovation, kindness, and leadership.*

The Trust is committed to three major interrelated programs: the annual Hanley Health Care Leadership Forum, the annual Dan Hanley Leadership Award, and the newest initiative, the Hanley Fellows Program. In all of its work, the Trust's strategy is to position itself as a *leadership partner*, using its unique role to focus high-level attention and build consensus among key institutional and community players in addressing Maine's leading health care issues.

Throughout his lifetime, Dan Hanley tackled problems with an eye to operationalizing solutions and the Trust recognizes that Dr. Hanley would have wanted anything accomplished in his name to be real and meaningful. Therefore, the Trust's agenda is designed to have a lasting impact on the health of Maine people by addressing health care challenges Maine faces today and in the foreseeable future.

### **The 2004 Hanley Healthcare Leadership Forum**

The Hanley Forum provides a high-level but neutral arena in which top health leaders are encouraged and supported to forge substantive agreements about policy, collaboration, and resources. The June 2004 Forum focused on developing a Maine collaborative model for adopting and implementing screening and risk factor reduction guidelines as they are released nationally for implementation. Fifty statewide participants represented payers, hospitals, practitioners (physicians, nurses, rural health centers), health care delivery systems (PHOs, home health agencies), public health groups and community-based Healthy Maine Coalitions, state agencies (Bureau of Health, Governor's Office on Health, Policy and Finance, Legislature), employers, health educators, and quality assurance coordinators. Please see Appendix B for a complete list of participants.

The new U. S. Preventive Services Task Force (USPSTF) Obesity Guideline (Appendix A) was used as a test guideline for developing a model that 1) advances adoption of the Guideline in primary care, acute care, and community settings; and 2) identifies and builds a generic process that can be used by Maine's health care leadership in developing, recommending, and supporting an implementation approach for other guidelines as they are released.

Using the Obesity Guideline, the Forum explored how collaborative leadership by Maine's health care providers, health organizations, state agencies, and communities can be leveraged to improve the link between favorable research findings and better health outcomes for Maine people. Participants recognized that effective leadership and many excellent organizational efforts are already promoting best practices. However, participants also recognized that breaking down barriers to systemic change

requires statewide leadership and the Forum identified where and how such leadership might be applied to leverage existing efforts in order to increase the speed and reach of best practices.

The 2004 Forum included plenary sessions and facilitated workgroups in which participants refined a draft vision and objectives for implementation of the Obesity Guideline. The Forum concluded with participants providing written thoughts on how the work should best go forward, who could assume leadership roles, and what indicators might be used to measure short and longer-term success. \* This input was used to develop eight recommended *Success Indicators* and eight *Strategies for Action* that will build on and reinforce the leadership and comprehensive work underway across Maine organizations and practices. The Trust will work closely with identified leaders to move the work along, will continue to act as a convener to promote statewide action, and will report progress toward the vision of success throughout the year and at the 2005 Hanley Forum.

#### **Hanley Trust Board of Directors**

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#### **Hanley Forum Planning Committee**

James Harnar  
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Doug Libby  
John LaCasse  
Kellie Miller  
Sheila Hanley

#### **Break-Out Work Group Facilitators**

John LaCasse  
Deborah Deatruck  
Roger Renfrew, M.D.  
Dennis Shubert, M.D.

#### **Hanley Trust Executive Director**

Alice M. Chapin

#### **Forum Design Consultant and Facilitator**

Gary J. Stern

#### **Forum Graphic Consultant and Recorder**

Allison Foster

\* The full report, [Report and Recommendations: 2004 Health Care Leadership Forum](http://www.hanleytrust.org) may be found on the Hanley Trust website: [www.hanleytrust.org](http://www.hanleytrust.org).

## 2004 Hanley Health Care Leadership Forum Recommendations

*"Obesity is different from other medical conditions which often respond favorably to intensive clinical intervention. Obesity requires both cultural shift and personalized clinical reinforcement. Implementation of the Guideline must address this need for dual efforts as well as policy and environmental change."*

*-- Forum Participant*

### Vision

**A comprehensive statewide Healthy Weight Initiative improves health and quality of life for Maine people.**

### Success Indicators

- Standardized protocols and tools are in place for implementation of the Obesity Guideline\*, including use of BMI as a vital sign.
- Providers implement the Obesity Guideline.
- A statewide Healthy Weight coalition and broad-based community initiatives are in place.
- A statewide tracking system is in place and used over time to improve practice.
- The evidence base regarding successful interventions is strengthened.
- Public policy supports a focus on healthy weight and effective implementation of the Obesity Guideline.
- There is improved nutrition and exercise.
- There is a decrease in obesity and its negative effects.

### Strategies for Action

- Develop a statewide Healthy Weight Coalition.
- Develop and gain endorsement of standardized protocols and tools for implementation of the Obesity Guideline.
- Address healthy weight in health plan benefits packages.
- Put a statewide tracking system in place with baselines.
- Implement the Obesity Guideline and healthy weight initiatives across health care, employer, and community-based settings.
- Develop and implement public education plans.
- Address healthy weight at the policy level and through the Dirigo Process.
- Develop and implement pilot projects and initiatives.

\* Input from Forum participants suggested use of "Healthy Weight Guideline" vs. "Obesity Guideline." In these recommendations, in order to maintain consistency with USPSTF Guidelines (2003), "Healthy Weight" is used to reflect a comprehensive integrated approach, while "Obesity Guideline" is used with regard to provision of health care services and is a component of the Healthy Weight Initiative.

## Implementation of Strategies for Action

### 1. Develop a statewide Healthy Weight Coalition.

- A. A multi-stakeholder group including providers, payers, public health professionals, consumers, community-based programs, state agencies and the Governor's office, employers, schools, and others should come together as a planning and coordinating body for a comprehensive statewide Healthy Weight Initiative.
- B. Existing structures such as the Coalition on Smoking or Health should be explored as potential lead partners and administrative coordinators for developing the Healthy Weight Coalition.

### 2. Develop and gain endorsement of standardized protocols and tools for implementation of the Obesity Guideline.

- A. Common screening/referral protocols and educational tools should be based on evidence, best-known practices, and should be developed with the involvement, input, and leadership of Maine clinicians, public health professionals, consumers, payers, and community-based programs.
- B. Protocols and tools should address calculation of BMI as a vital sign as well as intensive counseling and behavioral interventions.
- C. Health systems, professional associations, community-based programs, and umbrella groups such as the Public Purchasers Steering Committee should endorse the Obesity Guideline and assume leadership positions in promoting its implementation.
- D. The development and inclusion of protocols and tools for use with young adults and children should be explored with interested parties such as the Maine Center for Public Health, the Bureau of Health, the Maine Chapter of the American Association of Pediatricians, and others.

### 3. Address healthy weight in health plan benefits packages.

- A. Maine private and publicly funded payers, with coordination provided by the Maine Association of Health Plans, should adopt codes for calculation of BMI, diagnosis and treatment of obesity, and referral for nutritional/behavioral counseling.
- B. Each payer should develop an adequate reimbursement schedule for care including financial incentives for clinicians that develop practice systems that assure positive outcomes.
- C. Payers, providers, and employers should develop a plan for funding ongoing practice system changes needed to fully implement the Obesity Guideline.

### 4. Put a statewide tracking system in place with baselines.

- A. The collection of baseline and ongoing obesity-related data should be included in statewide survey initiatives such as the Behavioral Risk Factor Surveillance Survey, the physician survey of the Maine Health Management Coalition, payers, and others.
- B. A fully-connected clinical information system that accommodates obesity-related data and includes a registry function should be implemented statewide.
- C. The Dirigo Health Quality Forum should adopt implementation of the Obesity Guideline as one of the Forum's quality measurement initiatives.
- D. Specific efforts should be undertaken to strengthen the evidence base regarding successful interventions.

- 5. Implement the Obesity Guideline and healthy weight initiatives across health care, employer, and community-based settings.**
  - A. Health systems, professional associations, and community stakeholders should educate their member health professionals on the use of the protocols and tools through newsletters, educational programs, and their standing committees.
  - B. The Obesity Guideline should be integrated into ongoing, preventative and chronic disease management by collaborating with practice-based chronic disease care model initiatives and with the statewide Quality Counts initiative.
  - C. A standardized set of screening/referral protocols should be incorporated into primary, specialty, and acute care settings.
  - D. Employers, with leadership by the Maine Health Management Coalition, should include healthy weight screening, referral, and nutritional/behavioral counseling as part of their wellness programs
  - E. Community-based programs including Healthy Maine coalitions should offer healthy weight screening, referral, and nutritional/behavioral counseling.
  
- 6. Develop and implement public education plans.**
  - A. Bureau of Health, community-based programs, consumers, schools, employers, health care delivery systems, professional associations (e.g., MMA, MOA, MMIC) and payers should collaborate to develop communications objectives, common materials and key messages designed for diverse populations, and to confirm roles and responsibilities for a coordinated Healthy Weight educational campaign.
  - B. Payers and employers should educate health plan members about healthy weight and about the benefits that are available through their plans.
  - C. Physicians should participate prominently in educational campaigns on a statewide basis and at the community level.
  - D. Web-based, telephone support and other effective services should be widely available to diverse populations in order to provide information on healthy weight and the Obesity Guideline including accessible, community-based exercise options and nutritional information.
  
- 7. Address healthy weight at the policy level and through the Dirigo Process**
  - A. Public policy issues related to obesity prevention and intervention for all ages should be identified, communicated, and addressed.
  - B. The governor and the governor's office should exercise leadership on healthy weight issues.
  - C. Healthy weight and implementation of the Obesity Guideline should be effectively addressed in Maine's State Health Plan.
  - D. The recommendations from the Commission on Public Health should be reviewed and incorporated into the Hanley Forum recommendations where appropriate.
  
- 8. Develop and implement pilot projects and initiatives**
  - A. Projects and initiatives associated with healthy weight and the Obesity Guideline should be identified and results should be disseminated. Collaborations may include the Maine Primary Care Association Obesity Project, Quality Counts Initiative, and Pathways to Excellence.
  - B. Projects and initiatives that focus on strengthening the evidence base for successful interventions should be specially encouraged.

## Leadership Roles

Fifty Maine health care leaders representing the major health care community stakeholders participated in the Forum. When asked to identify their current leadership roles related to the adoption and implementation of the Obesity Guideline, some leaders cited specific activity such as work underway to address obesity within the context of the chronic disease care model while others described how they might leverage their position to move the adoption of the Obesity Guideline forward within their own organization. It was clear from the discussion at the Forum plenary sessions and throughout the work group sessions that the right constellation of leaders was in attendance to make things happen.

The one group that wasn't well represented was the consumer and several leaders pointed out the need to include consumer representatives as the Trust moves forward with the Forum recommendations. Several organizations that represent consumers as well as individual consumers were suggested and will be contacted as work progresses.

Twenty-eight leaders offered specific suggestions for new leadership roles for themselves and their organizations or said they would like to be contacted to discuss possible leadership roles. These roles include:

- Participate in convening and serving as a member of a statewide coalition and/or collaborative venture with members representing advocates, consumers, providers, payers, policy makers, and other stakeholders.
- Develop key messages and use multiple communication vehicles within the employer environment, inform employees and dependents about all aspects of obesity including the calculation of BMI, why it's important, what is relevant and how to develop health habits to bring their BMI down.
- Work with payers to address benefit design, pay for performance including link to Pathways to Excellence, tracking codes, and integration with current interventions to catalyze adoption of BMI in provider settings.
- Encourage the Governor, Dirigo, and Bureau of Health to address obesity/healthy weight in a public statement by the Governor, incorporate it into the Dirigo effort, and address it in the State Health Plan.
- Involve stakeholders and gain endorsement of the Obesity Guideline from providers, chronic disease model managers, program managers, and other stakeholder groups.
- Incorporate calculation of BMI into chronic disease registries and promote the adoption of the Obesity Guideline.
- Calculate current rates of obesity by geographical areas and identify baseline numbers for establishing measurable short and longer-term goals.
- Conduct pilot projects.

*“Building on Dan Hanley's leadership example of tackling a problem in a collaborative manner and developing real solutions, the goal of the 2004 Forum was to begin the development of a Maine collaborative leadership model for adopting and implementing clinical screening and risk factor guidelines as they are released nationally. The model is aimed at promoting better outcomes for patients and improved quality of care. The 2004 Forum has offered an organizing point for leaders who have an interest in aligning this work in ways that will make Maine's response in the aggregate more effective.”*

*-- Hanley Trust Board of Directors*

## **APPENDICES**

## **OBESITY GUIDELINE**

**FORUM PARTICIPANTS**

## **Organizations**

Agency for Healthcare Research & Quality  
Anthem  
Anthem  
Anthem/Hanley Trust Board  
Bingham Program  
Bureau of Health  
Casco Passage/Hanley Trust Board  
CIGNA  
Diabetes Association/Maine General Hospital  
Dirigo Quality Forum  
Dirigo  
Dirigo Board Chair/Hanley Trust  
EMMC, pediatrician  
Practicing physician, Hanley Family  
Hanley Trust Board/SMMC Medical Director  
Hanley Trust Board  
Hanley Trust Board  
Hanley Trust Board  
Hanley Trust Executive Director  
Healthy Maine Communities/Farmington  
Hanley Trust Board - Chairperson  
IT Support Systems  
Maine Center for Public Health  
Maine Center for Public Health  
Maine Health Alliance  
Maine Legislature  
Maine Network for Health  
Maine Primary Care Association  
MaineHealth  
Medical Care Development, Inc.  
Me. Association of Health Plans  
Me. Health Access Foundation  
Maine Hospital Association  
Maine Health Information Center  
Maine Health Information Center  
Maine Health Management Coalition  
Maine Health Management Coalition  
Mid-Coast HealthCare  
Maine Medical Association  
Maine Medical Association  
Maine Medical Association  
Maine Medical Center PHO  
Practicing Physician/Mid-Coast Hospital  
UNE/Commission on Public Health  
University of Maine Nursing  
Wellness/Health Improvement, BIW  
Wellness/Health Improvement, MMHT

## **Forum Participant**

Carolyn Clancy M.D.  
Robert Scalettar, M.D.  
Dan McCormack  
Sheila Hanley  
Lisa Miller  
Dora Mills, M.D.  
Sharon Rosen  
Rob Hockmuth, M.D.  
Steve Sears, M.D.  
Dennis Shubert, M.D.  
Ellen Schneiter  
Robert McAfee, M.D.  
Bob Holmberg, M.D.  
Sharon Vitousek  
Terrence Sheehan, M.D.  
Roger Renfrew, M.D.  
Patricia Bergeron  
Maria Hanley  
Alice Chapin  
Leah Binder  
Sean Hanley  
Rod Prior, M.D.  
Paul Campbell  
Hugh Tyson  
Bill Diggins  
Representative Sean Faircloth  
Steve Ryan  
Kevin Lewis  
Deb Deatrack  
John LaCasse  
Katherine Pelletreau  
Wendy Wolf, M.D.  
Sandra Parker  
James Harnar  
Allison Foster  
Jan Wneck, M.D.  
Jan Wneck, M.D.  
Herb Paris  
Maroulla Gleaton  
Gordon Smith  
Lawrence Mutty, M.D.  
Peter Wood  
Scott Mills, M.D.  
Stephen Shannon  
Anne Keith  
Phyllis Wolfe  
Anne Wright