

Eating Disorders Learning Collaborative Report In Response to LD 1044 (first regular session of the 123rd legislature)

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In the autumn of 2006, the State of Maine Legislature passed LD 2114, an Act to Address Eating Disorders in Maine. This bill directed the Maine Center for Disease Control and Prevention (MDC) to use existing resources to leverage private funding for the development of Eating Disorder treatment teams as well as to implement prevention and early detection strategies.

During 2006, Mainely Girls, developed a partnership with Medical Care Development (MCD) to raise private foundation funds for the Eating Disorder Learning Collaborative. Mainely Girls is a small non-profit dedicated to working with rural communities to assist them in focusing on girls' needs in a preventative and proactive manner, and to work on the state level to bring about positive change for girls, MCD acts as the fiscal agent for the funding, and has hired Mary Orear, Executive Director of Mainely Girls, as the Project Director. Given this, MCDC sole sourced \$20,000 to MCD to leverage the private funding. The total funding that has been obtained to date for the Learning Collaborative is \$145,000 inclusive of \$20,000 in state funds.

In addition, MCDC has provided some staff support (the Teen and Young Adult Health Program Manager and Office Associate) and supported conference calls and web-conferencing.

With these resources, Maine has taken one giant step forward in a three-year effort to establish a statewide network of eating disorders care providers. In addition, smaller, though significant, steps have been taken in providing eating disorders prevention programs to Maine's students, as well as education for school staff and parents.

Maine's Eating Disorders Learning Collaborative

Our first 11 treatment teams (53 people) participated in a two-day training in October 2007, and each team continues to meet on a schedule it sets for itself. Each team consists of at least three individuals:

- A physician, physician assistant, or nurse practitioner
- A dietitian, and
- An individual therapist, (and possibly a family therapist).

Prior to the training, an often-repeated complaint was how isolated and frustrated providers felt when treating patients with eating disorders. On a preliminary information collection form, many team members expressed their need for people and places to turn to when treatment wasn't working. A major focus of this project is to provide ongoing support so that team members have resources and support available to them. Through the team building process that was part of the October training, members have increased their knowledge of other providers they can turn to for assistance, and have interacted more consistently with other members of their teams. The value of local teams is demonstrated by additional therapists joining over one third of the teams. The project director serves as a conduit for identifying resources, and providing information and support to teams. In addition, the New England Eating Disorders Program (NEEDP) at Mercy Hospital in Portland continues to make itself available for additional consultation and support. Team members have reduced their feelings of isolation as they go through the process of working with patients whose complex illnesses are difficult to treat.

The Eating Disorders Learning Collaborative and the teams' locations, were advertised through press releases, professional newsletters, and letters to schools. The Collaborative is also listed on the state's 211 "warm line." School nurses, social workers, youth program directors, parents, psychiatrists, and those of all ages with eating disorders themselves contact the project director, with over 5 calls per month - asking to be put in touch with the

team of care providers in their area. Anecdotal information from comments to the project director indicate that these resources provide reassurance and relief that there is a place to turn to, and that established, trained teams exist. These calls also reflect the pain and impact eating disorders have on individuals, families, and friends, and the continuing need to address this issue.

The original plan for the Eating Disorders Learning Collaborative was to use web-conferencing for monthly in-service opportunities for teams. One session was held in January on co-morbidities such as depression, anxiety, and substance abuse. Twenty-seven team members and other providers participated in the web-conference with positive feedback. However, finding experts who are available and willing to present on these calls has been more difficult than expected. Alternative learning opportunities using pre-existing presentations and the internal assets of the team members in the Learning collaborative are currently being explored, including the possibility of web-based CMEs and CEUs. Through this new methodology, it is hoped that materials normally only available at national conferences will be available within Maine. Some of the identified topics that will be covered include:

- Early identification and intervention in disordered eating
- Trauma & its relationship to eating disorders
- Binge eating, obesity, and compulsive overeating
- Treatment of chronic vs. early stage eating disorders
- Treatment of those with medical complications
- Treating the male patient
- Eating disorders not otherwise specified

In addition, the NEEDP continues to host a monthly meeting where eating disorder treatment providers can bring cases for review. The Learning Collaborative is in the process of determining whether it is possible to work with them to offer this via teleconferencing, so that team members across the state can participate.

An Eating Disorders Learning Collaborative Clinical Advisory Board was established to help inform and guide this work. They participate in a monthly conference call meeting. Members include the project director and:

- Nancy Birkhimer, MPH,
- Bryn Doiron, MS, RD, LD
- Jonathan Fanburg, MD, MPH, FAAP
- Lorraine L. McElwain, MD
- Jennifer Walker, LCSW

Going Forward

A second team treatment training for at least 10 teams is scheduled for September of 2008, and team members from the first training will be invited to attend.

The Learning Collaborative continues to look for and find ways to stitch together a seamless continuum of care. To that end, in November we are bringing Drs. LaGrange and Lock to Portland for a day and a half training on using the Maudsley Approach. This training will provide team members with important skills to use when treating patients with eating disorders. Since the NEEDP uses a modification of this approach, this training may also improve skills in working with patients who are returning to the team after discharge from the NEEDP.

In addition, at least one college has asked that we organize a half-day program for Maine colleges, universities and residential-high schools at the Maine College Health Association's annual meeting in 2009 to address the unique challenges they face when addressing eating disorders in an educational setting.

Maine is only the third state to try to establish a statewide network to address eating disorders. In the last week, two other states have contacted us to learn more about our model. Over the next two years, we hope to refine and expand the model to provide a strong system of care for a complex set of diseases.

Eating Disorders Prevention and Early Intervention

Though less work was undertaken in this area, significant accomplishments were made. Three sets of *Eating*

Disorders Prevention Materials, (for grades 3-5, middle school, and high school), were compiled and published for use in Maine Public Schools. Sets were sent to the state's health curriculum library, to be borrowed by teachers. The project director distributed these sets during presentations to teachers at four health fairs in the last eighteen months. She also distributed the federal government's *BodyWise Packets for Educators*.

Going Forward

The Eating Disorders Work Group met in March to reiterate their intentions to:

- Create a public understanding that eating disorders are serious and growing illnesses.
- Continue printing, distributing and publicizing the prevention lessons for schools.
- Establish a gatekeepers training for school nurses, coaches, and guidance counselors that will focus on early intervention and possibly screening. The training will include what symptoms to look for, administrative protocols for intervention, and skills related to working with families.

Planning and resource development for these activities is in the early planning stages. The above outreach activities by the project director will continue.