Approximately 35 percent of Alabama's children are obese, which contributes to Alabama having among the highest rates in the country for adult hypertension and diabetes. Despite expert recommendations for childhood obesity prevention and treatment being available since 2007, few doctors apply them to their patients, including only 53 percent documenting Body Mass Index (BMI).1

Aim

For practices to deliver the 2007 Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity at least 80% of the time.

Measurement

Healthy Active Living (HAL) measures were based upon Healthy Weight Measures from the National Improvement Partnership Network (NIPN).

• Body Mass Index (BMI) percentile, Nutrition and Physical Activity Counseling (Figure 1)
• BMI Classification Documentation (Figure 2)
• Blood Pressure Percentile Documentation (Figure 3)
• Readiness to Change Documented (Figure 4)
• Balancing Measure Practice Survey—regarding impact of collaborative on obesity prevention and treatment and on other areas of care.

Methods

Twelve month learning collaborative based on Institute for Healthcare Improvement Breakthrough Series Model:

• Self-selected practice-based quality improvement (QI) teams consisting of a lead physician, nurse, and administrator
• Chart abstractions for patients age 2-17yo at the practice for a well child check, at least 10 charts per provider per month
• Practices reviewed monthly data and developed PDSA cycles to assess if change ideas led to improvement.
• Two face-to-face learning sessions as well as monthly webinars conducted by content experts and QI coaches.
• Motivational Interviewing instruction and role playing provided
• Part IV Maintenance of Certification and Continuing Medical Education provided for physicians and Continuing Education Units for Nurses

Results

Practice Demographics

- 10 practices (41 pediatricians and 77 pediatricians in training)
- 90,000 combined annual patient visits
- Single provider, Large multi-site groups, and Residency clinics
- Urban and Rural

Discussion

Practices successfully integrated the expert recommendations for obesity prevention and treatment into clinic workflow. Improvements included:

• Accurate measurement and documentation of height, weight, BMI, BMI percentile, blood pressure and blood pressure classification
• Incorporating motivational interviewing into visit to more effectively support behavior change
• Connecting patients to community nutritional and physical activity resources
• Decreasing missed opportunities to assess readiness to change in patients with elevated BMIs.

Challenges included:

• Inability of electronic health record to track blood pressure percentile prevented one practice from participating in that measure
• Lack of community supports in rural areas
• Lack of funding for dieticians

Practices reported that although collaborative topics could be covered in fewer than 12 months, they would have liked to have had ongoing access to data base to ascertain that gains were sustained.

Sample Collaborative Resources

Practice Created Patient Education and Self-Management Resources

• Bulletin Boards
• Rethink Your Drink Kits
• Handouts

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