

Healthy Active Living: An ACHIA Obesity Prevention and Treatment QI Collaborative August 2014 – August 2015 (Post Intervention April 2016)



Participating Practices: Athens Limestone Pediatric Clinic, Charles Henderson Child Health Center, COA Adolescent Center, Dothan Pediatric Healthcare Network, Huntsville Pediatric Associates, Mobile Pediatric Clinic, Partners in Pediatrics, Purohit Pediatric Clinic, UAB Primary Care Clinic, USA Midtown Pediatrics

Background

Approximately 35 percent of Alabama's children are obese, which leads to our adults being #1 in the country for hypertension and #3 for 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 applying the easiest step of Body Mass Index (BMI). Because Pediatricians follow the child from birth they have a unique opportunity to impact obesity rates through evaluation, prevention and treatment of obesity.

At the same time, barriers to weight management exist:

- Lack of training to adequately measure and classify weight, height, body mass index and blood pressure
- Lack of training in motivational interviewing and engaging families in talking about weight management
- Lack of referral services for dietitians
- Concerns of time and staff commitment

Project Goals

- Increase proper use of BMI/nutrition and physical activity counseling for prevention and treatment, use of blood pressure/classification, motivational interview/self-management—all too at least 80%
- Apply motivational interviewing techniques to assist children and families in setting achievable nutrition and physical activity goals.

Project Aims

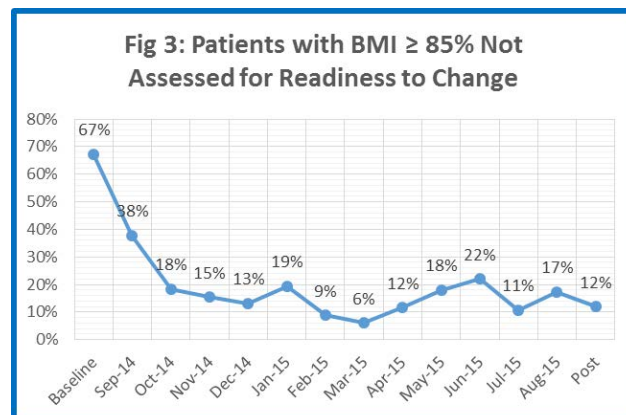
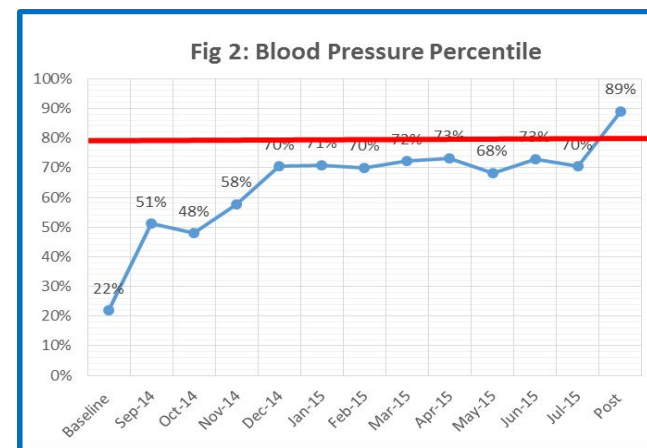
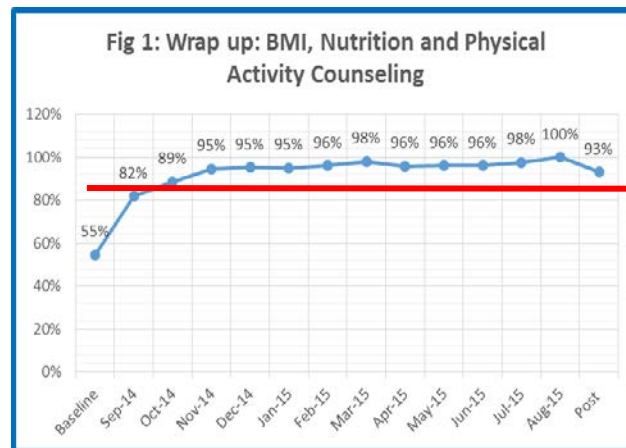
At health supervision visits for children and youth 2 – 17 years of age practices provide and document:

- BMI Percentage and Classification (90% of visits)
- BMI Classification (90%)
- Nutrition and Physical Activity Counseling (80% of visits)
- Blood Pressure Percentile (80% of visits)

For children with BMI $\geq 85\%$:

- Assess readiness to change (80% of visits)
- Support self-management goals (80% of visits)

Process Measure Results



Lessons Learned:

- Practices discovered they were not using proper techniques to correctly assess and classify height, weight and blood pressure and found the hands-on sessions to be of great value in improving assessments.
- Involving the entire clinic in the collaborative increased the effectiveness of motivating change in patients.
- Applying motivational interviewing techniques was effective in working with children, adolescents and families.
- Discussing real-world scenarios on the monthly calls stimulated good ideas to take back to the practice.
- Identifying and referring to local community resources for supplemental nutritional counseling and physical activity helped patients reach goals.
- Project duration could be shortened without affecting results
- Clinics in rural areas were limited in community resources and other referrals
- Six practices entered data 6 months after the collaborative ended. Improvements were maintained.

Participants	Project Partners	Project Support
10 Practices from all regions of Alabama	USA Department of Pediatrics	The Caring Foundation
41 pediatricians, 77 pediatricians in training, 22 other practice members	UAB Department of Pediatrics	ALL Kids
90,000 patient visits per year impacted	AL Chapter –AAP	ADPH-Title V

Name of Measure	Type	Numerator	Denominator	Goal
Fig 1 Wrap up of BMI Percentile, Nutrition and Physical Activity	Process	Number of children aged 2 - 17 who present for a health supervision visit and who had the following documented in the medical record on the day of the visit: Wrap-up: documentation in the medical record indicating the date of ALL of the following: 1) BMI Percentile AND 2) Counseling for Nutrition AND 3) Counseling for Physical Activity	Number of children aged 2 - 17 who present for an annual health supervision visit	N/A
Fig 2 Blood Pressure Percentile Documented	Process	Number of children aged 3 - 17 who present for a health supervision visit who had Blood Pressure Percentile documented in the medical record on the day of the visit	Number of children aged 3 - 17 who present for a health supervision visit	80%
Fig 3 Readiness to Change Assessed	Process	Number of children aged 2 - 17 with a BMI $>$ or $=$ to 85% who present for a health supervision visit and who had the following documented in the medical record on the day of the visit: Readiness to Change - Yes OR No	Number of children ages 2-17 who present to PCP for health supervision visit and have a BMI $>$ or $=$ 85%	80%