Childhood Obesity in Primary Care
Attendees: Prior to the start of the activity, please review the below information to ensure successful participation in this Enduring Activity

Accreditation and Designation Statements

• The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

• The AAP designates this enduring material for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

• This activity is acceptable for a maximum of 1.0 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

• The American Academy of Physician Assistants (AAPA) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Physician assistants may receive a maximum of 1.0 hours of Category 1 credit for completing this program.

• This program is accredited for 1.0 NAPNAP CE contact hours of which 0 contain pharmacology (Rx), (0 related to psychopharmacology) (0 related to controlled substances), content per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.
Purpose of Course
The Childhood Obesity in Primary Care Modules are designed to provide evidence-based practice for obesity prevention and treatment and use of effective strategies with families. The modules also aim to create healthcare systems that better supports evidence-based practice, increasing the likelihood of effective and sustainable changes in practice. In addition, the modules also enhance collaboration of providers with other healthcare professional and with broader community initiatives.

Learning Objectives
Upon completion of this activity, participants will be able to:
- Explain the purpose and key components of a Key Driver Diagram
- Define the steps in PDSA cycles within the Model for Improvement and how cycles are used to change practice systems
- Identify the Global Aim and Key Drivers for the Childhood Obesity in Primary Care project
Disclosure of Commercial Support for AAP CME Activities

The AAP gratefully acknowledges support for Childhood Obesity in Primary Care Module 2 in the form of educational support from Nestlé Nutrition.

Disclosure of Financial Relationships and Resolution of Conflicts of Interest for AAP CME Activities Grid

The AAP CME/CPD program develops, maintains, and improves the competence, skills, and professional performance of pediatricians and pediatric healthcare professionals by providing quality, relevant, accessible, and effective educational experiences that address gaps in professional practice. The AAP CME/CPD program strives to meet the educational needs of pediatricians and pediatric healthcare professionals and support their lifelong learning with a goal of improving care for children and families. [AAP CME/CPD Program Mission Statement, May 2013]

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**Activity Title:** Childhood Obesity in Primary Care Module 2: Building a System to Improve Primary Care
**Activity Location:** Online/Enduring Material
**Activity Date:** December 1, 2018 - November 30, 2021

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* A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

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<th>Relevant Financial Relationship (Please Indicate Yes or No)</th>
<th>Name of Commercial Interest(s)*</th>
<th>Disclosure of Off-Label (Unapproved)/Investigational Uses of Products</th>
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<tbody>
<tr>
<td>Janice Liebhart, MS</td>
<td>Faculty/Staff/Planning Committee</td>
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<td>None</td>
<td>Do not intend to discuss</td>
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<td>Alison Baker</td>
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|--------------------|-----------------------|-------------------------------------------------------------|-------------------------------------------------------------
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Product-Specific Advertising / Links to Product Websites
No product-specific advertising of any type appears in this activity. No links to product websites appear in this activity.

List of Principal Faculty and Credentials
• Janice Liebhart, MS

Method of Participation
Participants will participate in the module online. Upon completion of the webinar, participants will complete an assessment in order to receive CME credit.

Minimum Performance Level
Per the 2010 revision of the American Medical Association (AMA) Physician’s Recognition Award (PRA) and credit system, a minimum performance level must be established on enduring material and journal-based CME activities that are certified for AMA PRA Category 1 Credit™. In order to successfully complete this Ambulance Safety for the 21st Century Webinar CME activity for AMA PRA Category 1 Credit™, learners must demonstrate a minimum performance level of 70% or higher on the post-activity assessment, which measures achievement of the educational purpose and objectives of the activity.
Medium or Combination of Media Used
Enduring Material

List of hardware/software requirements
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• For Firefox and Chrome, Silverlight 1.0 or later
• Windows Media Player 9.0 or later
• Broadband Internet connection (256 Kbps & above)
• No network blocks or filters that disable streaming media

Mac
• Mac OS X 10.4.8 or later
• Safari 2.0.4 or later (or Firefox 2.0 or later)
• Silverlight 1.0
• Broadband Internet connection (256 Kbps & above)
• No network blocks or filters that disable streaming media

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Provider Contact Information
If you have questions about this course or encounter technical problems, please contact Nikki Berry at nberry@aap.org

Privacy and Confidentiality Statement
Childhood Obesity in Primary Care
Building a System to Improve Primary Care

Janice Liebhart, MS
AAP Institute for Healthy Childhood Weight
About Janice

- Institute for Healthy Childhood Weight Evaluation Manager
- Key staff member for quality improvement initiatives
Janice Liebhart, MS

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Learning Objectives

- Explain the purpose and components of a key driver diagram

- Define the steps in PDSA (Plan-Do-Study-Act) cycles within the Model for Improvement and how cycles are used to change practice systems

- Identify the global aim and key drivers for the Childhood Obesity in Primary Care project
Today’s Presentation

- Definition of quality improvement (QI)

- Rationale for QI in obesity prevention and treatment

- Common model for facilitating QI

- Structure of the Childhood Obesity in Primary Care project
Definition of Quality

“The degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge”

1 Institute of Medicine (IOM), 2001
AAP Quality Agenda

“Every Child Gets the Right Care Every Time”

- Safe
- Effective
- Efficient
- Timely
- Equitable
- Patient-Centered
- Professionalism
- Patient Safety
- Business Operations - Finance
- Access
- Health Care Equity

IOM Six Quality Aims

Outcomes
Why is Quality Improvement (QI) Needed?

- Lag between new knowledge and routine practice
- Multiple quality aims
- Complexity of practice system environments
- Differences across practice systems
“Every system is perfectly designed to get the results it gets.”

~Paul Batalden, MD
Standards for Obesity Prevention and Treatment

- Expert committee recommendations (ECR) regarding prevention, assessment, and treatment
- US Preventive Services Task Force Statement: Screening for Obesity in Children and Adolescents
- Expert panel on integrated guidelines for cardiovascular health and risk reduction
- Children’s Hospital Association consensus statements
  - Comorbidities of childhood obesity
  - Addressing prediabetes in childhood obesity treatment programs

References:
Quality Gap in Obesity Prevention and Treatment

- Nearly all pediatricians now report calculating/plotting BMI at all well child visits for children 2 and older.

- About 2/3 discuss healthy behaviors at every well child visit.

7 Frintner, et al., 2018; 8 AAP, 2017
Quality Gap in Obesity Prevention and Treatment

- A modest majority or minority of pediatricians:
  - Consider their prevention counseling to be somewhat or very effective
  - Report very good or excellent ability to conduct several key assessments for children with overweight or obesity

\(^8\) AAP, 2017
Model for Improvement

- Common framework used to accelerate QI process
- Endorsed by Institute for Healthcare Improvement (IHI)
- Used by hundreds of healthcare organizations, including:
  - American Board of Pediatrics
  - American Academy of Pediatrics
  - National Institute for Children’s Health Quality (NICHQ)
  - Cincinnati Children’s Hospital Medical Center

\(^9\) Langley, et al., 2009; \(^10\) Institute for Healthcare Improvement (IHI), 2018
Model for Improvement

Three questions

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

One process

ACT

PLAN

STUDY

DO
A Good Aim Statement is SMART

S → Specific
M → Measureable
A → Actionable
R → Realistic
T → Time-bound
Example Aim Statements

Between October and next March, participating practice teams will enhance access to care by:

- Identifying the primary care pediatrician or physician-led care team for 90% or more of all patients
- Ensuring that 90% or more of all patients receive their health supervision visits from their primary care pediatrician or physician-led team members

Adapted from: Florida Medical Home Demonstration Project, 2018
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

ACT

PLAN

STUDY

DO
Measures

- Link directly to stated aims and numeric goals
  - Use of data to take action
  - Common frame of reference

- Provide ongoing feedback about change processes
  - Learning, not judgment
  - “You can’t improve what you don’t measure.”
Common Measurement Strategy

- “Vital few” (e.g., 6-10)
- Reported monthly
- Relatively easy to collect
- Submitted with qualitative reports
- Different types:
  - **Outcome**: Impact on patients
  - **Process**: Changes in practice system
  - **Balancing**: Unintended changes
Example Measure #1

Numerator: Total number of patients with an identified primary care pediatrician or physician-led care team

Denominator: Total number of patients in monthly chart review
Example Measure #2

Numerator: Total number of patients whose primary care pediatrician or physician-led care team member provided the most recent health supervision visit

Denominator: Total number of patients with an identified primary care pediatrician or physician-led care team

Relevant Cases In Sample

Eligible Sample
Plotting Measures Over Time

**Most Recent Health-Supervision Visit by Primary Care Pediatrician (Process)**

- **Goal** (dashed line)
- **Group** (solid line)

- **Percent**
  - Cycle 1: 95.0
  - Cycle 2: 100.0
  - Cycle 3: 90.0
  - Cycle 4: 90.0
  - Cycle 5: 90.0
  - Cycle 6: 100.0
  - Cycle 7: 90.0

- **Cycle**: 1 to 7
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

ACT

PLAN

STUDY

DO
Components for Tests of Change

1. “Change concepts”: Interventions or strategies for change that can be adapted to your unique environment

2. PDSA test method
Change Package

- Primary content for a collaborative
- Often presented as a Key Driver Diagram
- Typically organized from general strategies to very small, specific changes
Key Driver Diagram

Global Aim

Specific Aims

Key Drivers
System factors that directly contribute to achieving the aim

Interventions
Actions and interventions necessary to achieve primary drivers

Tools & Resources
Resources to enact interventions
Global Aim

To assess the effectiveness of systems of care and implement tools, strategies and measures designed to improve medical “homeness”, including enhancing access to care and providing family-centered care.
Specific Aim(s)

Between October and March, the participating practice teams will enhance access to care by:

- Identifying the primary care pediatrician or physician-led care team for 90% or more of all patients
- Ensuring that 90% or more of all patients receive their health supervision visits from their primary care pediatrician or physician-led team member
Key Driver Diagram

Global Aims

Specific Aim(s)

Key Drivers

- Identify primary care pediatrician or physician-led care team
- Ensure patients receive health supervision visits from primary care pediatrician or physician-led team members

Interventions
Key Driver Diagram

Key Driver
- Ensure patients receive health supervision visits from primary care pediatrician or physician-led team members

Interventions
- Expand or tailor appointment hours to better accommodate practice population
- Offer alternative ways for providers/teams to interact with patients

Tools & Resources
- Consumer Assessment of Healthcare Provider and Systems (CAHPS) Survey
- Appointment tally sheet (calculates supply vs. demand)
- AAP Practice Management Online (change ideas & resources)
- Consider nurse triage services to help families determine if in-person visit is needed
- Develop multiple access points for communication, including visits, phone, e-mail, and Internet

Childhood Obesity in Primary Care
PDSA Cycle

ACT

PLAN

STUDY

DO
Why Test?

- Increase your belief that the change will result in improvement
- Predict how much improvement can be expected
- Learn how to adapt the change to local conditions
- Evaluate costs and side-effects
- Minimize resistance to implementation
PDSA Cycle

PLAN
- Formulate an objective and prediction
- Plan to carry out the test (who, what, where, when)
- Plan for data collection

ACT

STUDY

DO
Flow Diagram

Medical Summary/Care Plan Reviewed With & Offered to Patient

Clinical Support Staff
- Review scheduled well-child visit charts

Pull out existing medical summary/care plan or template to chart

Pediatrician
- Review existing medical summary/care plan

Conduct exam

Discuss medical summary/care plan with patient

Update medical summary/care plan

Patient/Family
- Provide feedback and share concerns

Front Office Staff
- Load updated medical summary/care plan into patient portal

Before Appointment

During Appointment

After Appointment
PDSA Cycle

ACT

PLAN

STUDY

DO
- Carry out the plan
- Document what happens
- Begin data analysis
## QI Teams: Common roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Clinical Leader</strong></td>
<td>Has authority to make clinical changes and solve problems</td>
</tr>
<tr>
<td><strong>Technical Expert</strong></td>
<td>Knows one or more key processes extensively</td>
</tr>
<tr>
<td><strong>Day-to-Day Leader</strong></td>
<td>Leads team; ensures completion of all tasks</td>
</tr>
<tr>
<td><strong>Project Sponsor</strong></td>
<td>Links team to senior management</td>
</tr>
</tbody>
</table>
PDSA Cycle

STUDY
- Complete data analysis
- Compare to predictions
- Summarize what was learned

ACT

PLAN

DO
PDSA Measures ≠ Project Measures

- More frequent
- Less formal
- Small scale (e.g., 1 patient, 1 provider)
- Quick indicator of whether a change is working
- Goal is to ultimately improve project-level measures
PDSA Cycle

ACT
Select one action based on results:
- Adopt?
- Adapt?
- Abandon?
Plan next test

PLAN

STUDY

DO
Does Your Prediction Match Results?

No:

- ✓ Did your method of testing fail?
- ✓ Is the change ineffective?

Yes: Expand the test

- ✓ Scale: More units
- ✓ Scope: Different conditions
Expanding the Test

Scale: Rule of 5
- Start with 1 patient (or MD or day)
- If successful, increase to 5

Scope:
- Spread change to different team roles, patient groups, sites, etc.
Scaling & Implementing Change

- Evidence
- Best Practice
- Testable Ideas

P/D/S/A  P/D/S/A  P/D/S/A  P/D/S/A

Changes that result in improvement

- Small Scale Test
- Follow-up Tests
- Wide-scale Tests
- Implementation of Change
Flag template prior to visit

Integrate template into patient portal

Medical Summaries or Care Plans Reviewed with & Offered to Patient

Childhood Obesity in Primary Care
Sustainability

✓ “Locking in progress”

✓ “Capacity to continue to deliver intended benefits” (particularly after a program period has ended)

✓ “Integration of a new program within an organization”
Summary: Process to achieve aims

- Plan and implement small tests of change
- Scale up successful changes
- Combine various strategies for change
- Measure changes over time
- Consider sustainability throughout
References


