

The Healthy Weight and Your Child Collaborative: A Pilot Project to Improve Obesity-related Primary Care and Cultivate Clinic-Community Linkages for Pediatric Weight Management



Janice L. Liebhart, MS¹; Katherine H. Hohman, DrPH, MPH²; Eileen Reilly, MSW¹; Jeanne Lindros, MPH¹; Stephanie J. Womack, MA¹; Sandra G. Hassink, MD, MS¹

¹Institute for Healthy Childhood Weight, American Academy of Pediatrics
²Research, Evaluation & Data Sciences, YMCA OF THE USA



Background

- Recommended treatment for pediatric obesity involves the provision of intensive multi-component, family-based lifestyle counseling.
- However, significant gaps exist with respect to access to obesity treatment for patients and families, due to the complexities of care and lack of available evidence-based community partners to assist primary care providers (PCPs).
- When suitable community partners are available, considerable effort is still required to ensure the quality of care, including the development of effective clinic-community linkages. Such linkages must be capable of exchanging information in a timely and secure manner and with sufficient and appropriate content, to facilitate smooth transitions of care and continuous access to a medical home for patients and families.

Project Structure & Participation

Objectives and Participants

- Between January and September 2018, the AAP Institute for Healthy Childhood Weight and Y-USA partnered to conduct a pilot collaborative of local primary care practices and YMCAs in diverse regions across the US in which local Ys were planning to offer the Healthy Weight and Your Child (HWYC) program.
- The HWYC program** is an evidence-based 25-session family-based, lifestyle-change program, delivered over 15-18 weeks, for children ages 7-13 with obesity. It was successfully adapted by Y-USA from the Mind Exercise Nutrition Do-It (MEND) curriculum.
- Project objectives** included a) improving obesity-related care within practices and b) developing effective clinic-community linkages between practices and YMCAs offering the HWYC program.
- Fourteen pediatric practices were recruited to participate in the pilot, representing 6 US regions (See map.): 1) Austin, TX; 2) Houston, TX; 3) Dover/Newark, DE; 4) Columbus, OH; 5) Nashville, TN; 6) Louisville, KY.



Project Goals:
To improve general obesity-related care and access to treatment for pediatric patients with obesity, including through referrals to the HWYC program

Quality Improvement Goals:

- Improve obesity assessment and care in general
- Ensure appropriate referrals/follow-up & continuity of care for patients with obesity

Community-Clinic Collaboration Goals:

- Establish or enhance collaborative relationships between local practices and YMCAs, including through appropriate referrals and effective care coordination

Key Strategies

- Virtual 9-month QI collaborative (for the 14 pediatric practice teams)
- Training, tools, & TA provided by AAP
- Regional pediatrician champions help support QI

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- Initial training
- Webinars or calls held for practice teams by AAP and YMCAs by Y-USA
- Regional pediatrician champions help initiate and support collaboration

Data Sources

- 7 cycles of clinical data for 3 patient groups:
 - Patients ≥2 yrs. attending well visits
 - Patients 7-13 yrs. with obesity attending well visits
 - Patients who attended a HWYC program that recently ended
- Team periodic progress reports
- Individual pre/post surveys

Data Sources

- Midpoint & post-project key informant interviews with 4 groups:
 - AAP staff
 - Y-USA staff
 - Local YMCAs
 - Regional pediatrician champions
- Post-project focus groups with practice team PCPs/staff
- Referral data from local YMCAs
- QI data sources (listed above)

Project Components

- The project included two components, reflecting its dual objectives; a quality improvement (QI) component, occurring within local practices, and a collaborative component, involving both local practices and YMCAs.

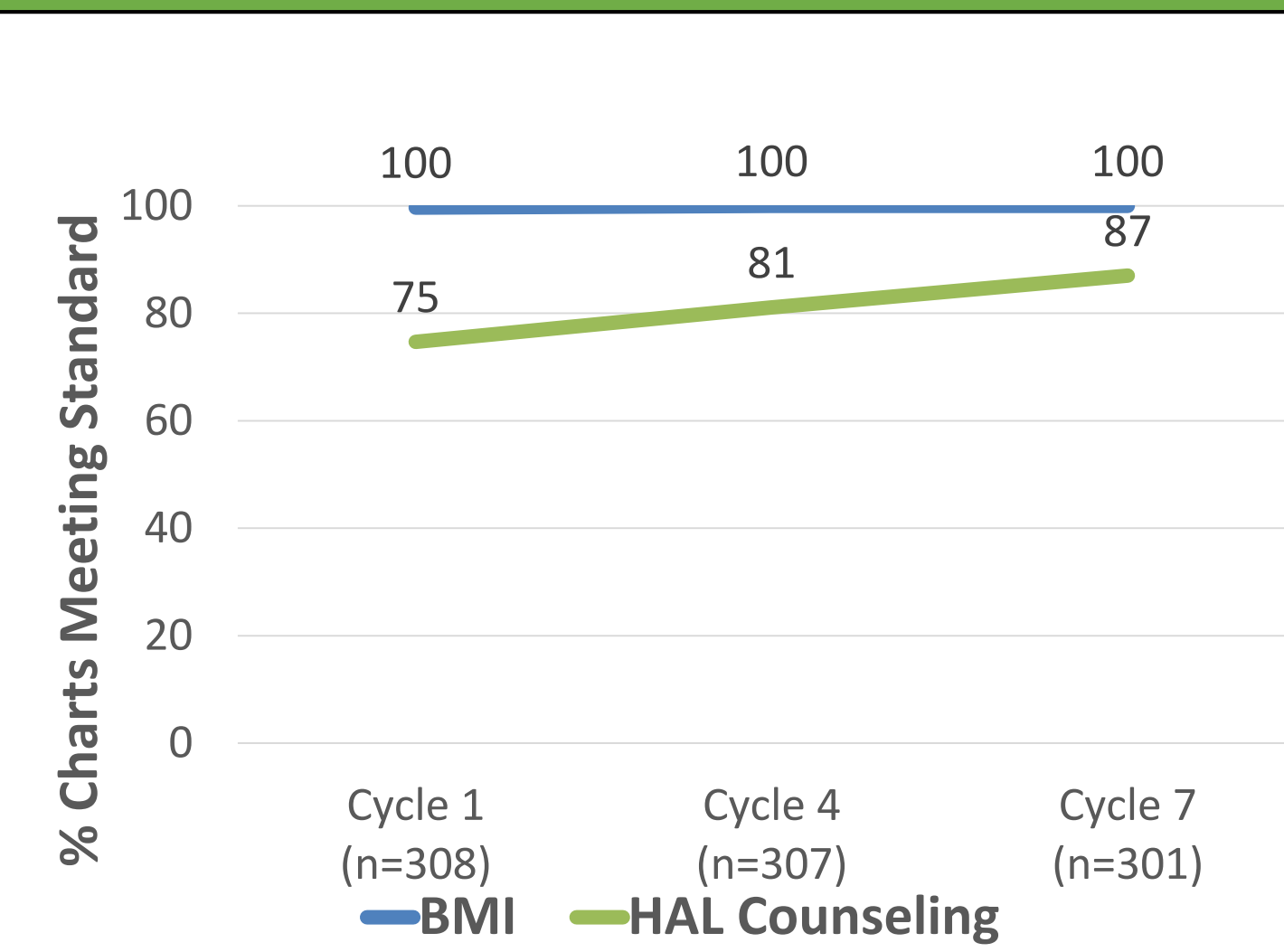
Key Strategies

- Key strategies for the QI component involved participation in a virtual 9-month collaborative, based on the Model for Improvement, including the provision of relevant training, tools, and a project website for submitting data.
- Practices and YMCAs were supported throughout the project by AAP and Y-USA staff teams respectively, who provided initial training, technical assistance and periodic webinars/calls. Practices also received support from pediatrician champions (1-2 per region) who recruited practices and assisted with local efforts.

Data Sources

- Data sources for the QI component included 7 cycles of submitted clinical data relevant to 3 patient groups and 6 total measures. Practices also submitted periodic progress reports on QI efforts, and team members completed pre-/post- project surveys to assess relevant changes to knowledge, confidence, and behavior.
- Data sources (collected by ICF International, Inc.) to evaluate the collaborative component include midpoint and post-project interviews conducted with AAP and Y-USA staff, local YMCAs, and regional pediatrician champions, as well as post-project focus groups, conducted with PCPs and staff members from local practices.
- All 7 cycles of clinical data and midpoint evaluation results are presently available; other results are pending.

QI Results: All Children Ages ≥ 2 years



Measures and Sampling:

- Two measures pertained to all children attending well child visits: BMI assessment conducted and Healthy Active Living (HAL) counseling provided. Goals = 95% and 80%, respectively.
- A convenience sample of 20 charts were submitted by all practices during Cycles 1, 4, & 7. Practices not meeting goals for both measures continued to submit data and work toward improvements during interim cycles

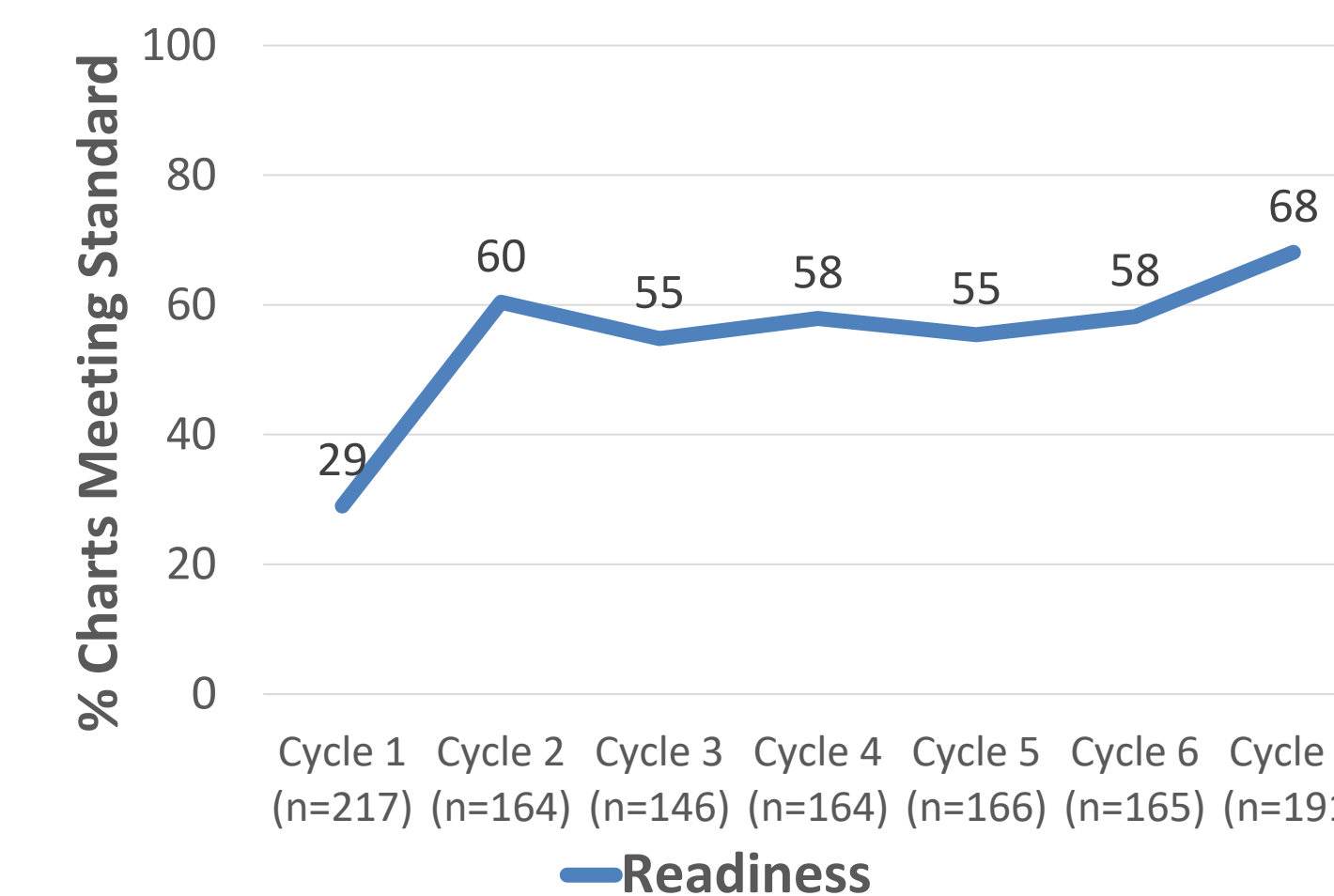
Results

- Practices universally assessed BMI throughout the collaborative.
- Practices increased their frequency of providing HAL counseling from 75% to 87%. Similarly, the percentage of teams at goal-level increased from 57% to 86%.

QI Results: Children Ages 7-13 with Obesity

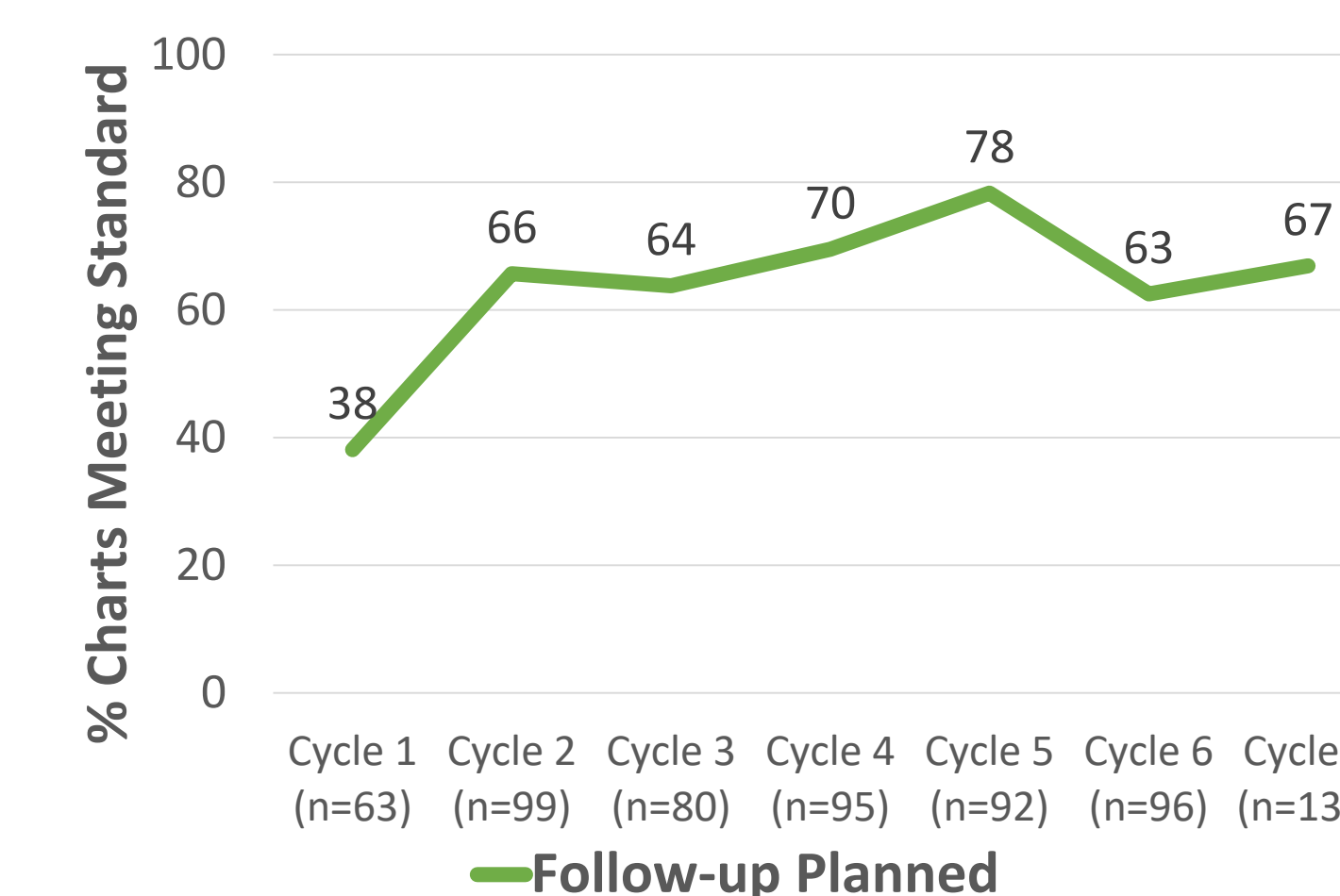
Measures and Sampling:

- Three measures pertained to children ages 7-13 with obesity attending well visits: 1) Readiness assessment conducted, 2) (timely) Follow-up planned, and (timely) Follow-up conducted. All goals = 80%.
- Follow-up planned and Follow-up conducted measures included specific quality standards for patients with low, as well as high readiness. For patients with high readiness, timely follow-up options included referral to the HWYC program, as well as follow-up with the practice or other appropriate provider, to permit practices to work toward quality targets, regardless of when the next local HWYC program was scheduled to start.
- Twenty randomly sampled charts (or all if <20) were submitted by all practices during all 7 data cycles.



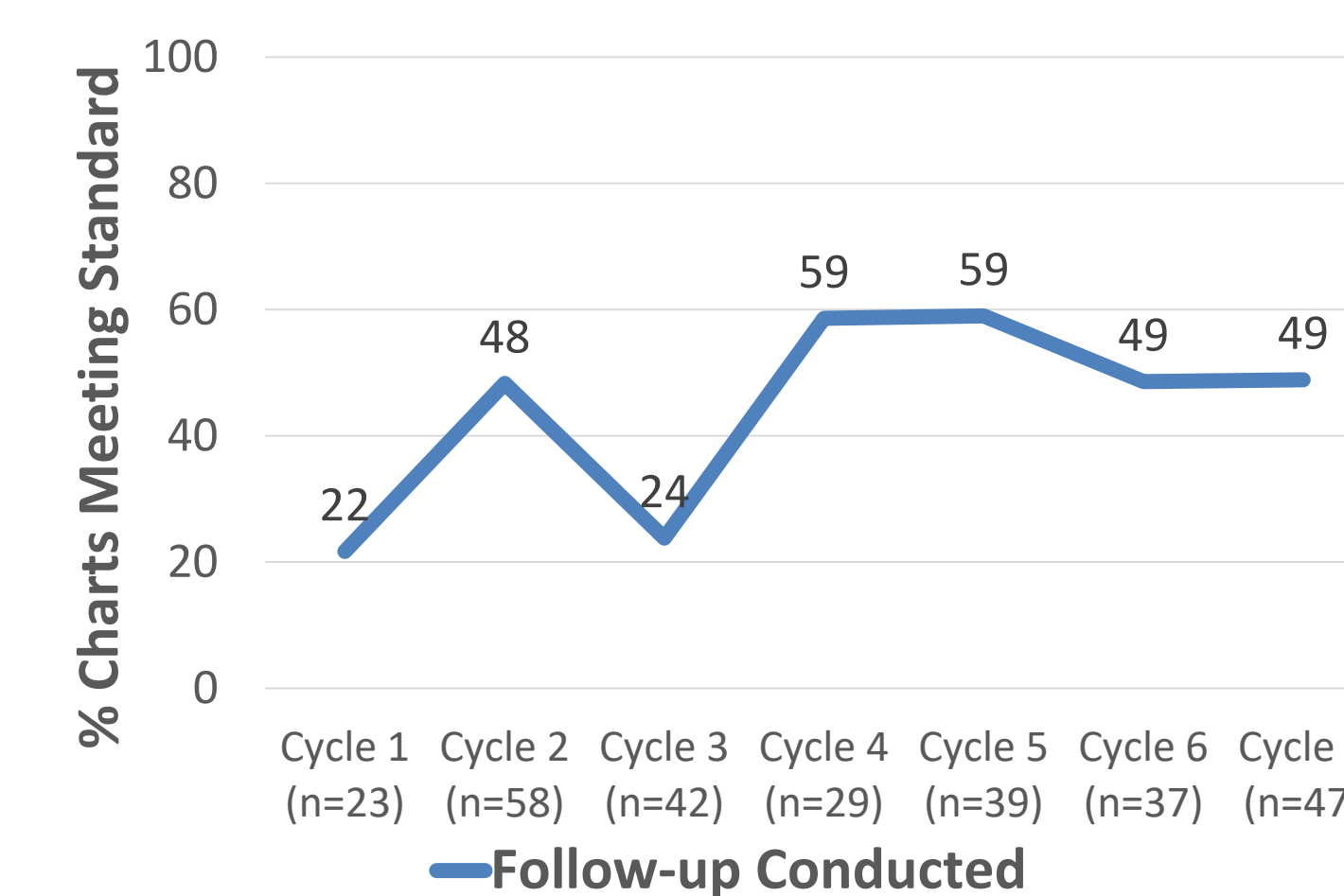
Readiness Assessed

- During the collaborative, the percentage of patients ages 7-13 with obesity for whom readiness was assessed increased from 29% to 68%.
- The observed increase occurred early but was maintained or increased slowly during later cycles.
- Clinical measures and team reports suggest that room to improve readiness assessment still existed at the end of the collaborative.



Follow-up Planned

- Planning of timely follow-up for children ages 7-13 with obesity increased during the collaborative from 38% to 67%.
- Improvements were observed early but also subsequently sustained, with room for improvement remaining at the end.
- Ancillary analyses (not shown) suggest that improvements to planning follow-up occurred for patients with both low and high readiness.



Follow-up Conducted

- The conduct of appropriate follow-up for children ages 7-13 with obesity increased during the collaborative from 22% to 49%.
- The observed increase was somewhat lower than that for other measures for this group of patients and left considerable room for improvement.
- This measure was more challenging to capture and interpret since it was based on fewer charts and modified somewhat during the project, to better exclude events outside of practices' control.

Additional & Pending Results

Family Outreach Measure (QI results): Children Who Participated in the HWYC Program

- This QI measure (Goal=90%) captured whether or not a timely follow-up visit was conducted by the practice after patients/families participated in the HWYC program. The prompt for follow-up by a practice was a letter received from the YMCA regarding a family's participation.
- Only 5 total charts were submitted for this measure (40% of which met the standard). Reasons include the timing and brief duration of the project, coupled with delays in starting many HWYC programs, the length of the HWYC program, and the one-month lag period built into measures, to permit sufficient time for follow-up.
- More data for this measure are anticipated from 3 optional data cycles (from November 2018 to March 2019).

Midpoint Evaluation Results & Response (Collaborative component)

- Key findings** from midpoint key informant interviews (conducted in May 2018) and all other available data at that time were as follows:
 - Key facilitators** of local collaborative work between YMCAs and practices included pre-existing relationships, frequent, planned communication, and the project's flexibility for finding local solutions.
 - Key barriers** included the project's quick start-up time, a long gap for some families between referral and start of a HWYC program, and role confusion by practices and YMCAs, resulting in a lack of understanding by families regarding important program details (e.g., time; costs).
 - Interim results** supported that participants were engaged in the intended QI and collaborative activities of the project, making progress toward both goals, and working to overcome barriers.
 - In response to interim results**, AAP and Y-USA staff: encouraged additional communication at the local level and sought to better understand key processes occurring within participating organizations.
 - Final evaluation results** are pending. Key informant interviews and focus groups were conducted in September-October 2018; final results are anticipated in spring 2019.

Conclusions

Findings

- QI results support that participating practices made significant improvements in:
 - Providing HAL counseling to all children ≥ 2 years attending well visits.
 - Tracking and providing quality care to children ages 7-13 with obesity, including:
 - Assessing readiness
 - Planning timely and appropriate follow-up for those with low and high readiness
 - Ensuring that timely follow-up occurs, through referrals to the HWYC program or visits to the practice or other appropriate provider.
- Interim evaluation results support that local practices and YMCAs were also making progress in establishing effective communication and referral pathways and developing collaborative relationships, in the service of improving access to quality treatment for pediatric patients with obesity and their families.

Limitations

- Several factors limited the ability of local practices and YMCAs to overcome some barriers in fully developing collaborative processes during the pilot, including:
 - General timing and miscommunication issues regarding the start of QI efforts at practices, relative to the availability of HWYC programming. In addition, one practice was ultimately not in the vicinity of a YMCA offering the program.
 - A smaller-than-anticipated available sample of children ages 7-13 with obesity seen by local practices during well visits

Next Steps

- National AAP and Y-USA partners hope to revise and conduct future iterations of the project, informed by the successes and limitations noted above and final evaluation results.

Acknowledgements

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- We are grateful to the local practice teams and YMCAs and to the regional pediatrician champions for the groundbreaking work that they accomplished during this pilot project.