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

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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 clinical-community linkages. Such linkages must be capable of being integrated into the workflow, be sensitive to the needs of patients, and be sensitive to the needs of the PCPs, 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 YUSA partnered to conduct a pilot collaborative of local primary care practices and YMCA’s in diverse regions across the US in which local YMCAs were to provide the Healthy Weight and Your Child (HWYC) program.
  - The HWYC program is an evidence-based 25-session family-based, lifestyle-change program, delivered over an 18 week period, to children ages 7-13 with obesity. It was successfully adapted by YUSA from the Mind Exercise Nutrition Do’s (MEND) curriculum.
- Project objectives included: improving obesity-related care within practices and in developing clinical-community linkages between practices and YMCA’s offering the HWYC program.
- Fourteen pediatric practices were invited 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.

Quality Improvement Goals:
- Quality improvement goals included increasing existing practice’s adherence and use of evidence-based guidelines and tools to assess readiness, improve management, and facilitate smooth transitions of care.

Community-Clinic Collaborative Goals:
- To assess how effective collaborative relationships between local practices and YMCA’s can be in improving practice-level and system-level care coordination.

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 YMCA’s.
- Key Strategies:
  - Key strategies for the QI component involved recruitment of participants 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 YMCA’s 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:
  - For the QI component included 7 cycles of submitted clinical data relevant to 3 patient groups and 6 local practices.
  - 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) were adapted from the project’s collaborative component and included mid-point project interviews conducted with AAP and Y USA-staff, local practices, and regional pediatric 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.

Project Guidance: To improve general conditions and access to treatment for pediatric patients at risk for obesity, including through participation in the HWYC program.

Key Strategies:
- Virtual QI collaborative (for the 14 participating practices)
- Team leaders & T’s
- Regional pediatrician champions
- Gatekeepers

Community-Clinic Collaborative:
- YMCA of the USA partners hope to revise and conduct future iterations of the project, building on the collaborative (for the 14 participating practices), including key informant interviews and focus groups conducted in September-October 2018.

Conclusions
- 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:
    - Assuring readiness
    - Planning timely and appropriate follow-up for those with low and high readiness
  - Follow-up occurred for children ages 7-13 with obesity seen by PCPs at the end of the collaborative.

Additional & Pending Results
- Family Outreach Measure (QI results): Children Who Participated in the HWYC Program
  - This QI measure (Total=60%) 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 scheduling information related to follow-ups occurring in 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 YMCA’s 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 YMCA’s, resulting in a lack of understanding by families regarding important program details (e.g., time, costs).
  - Intermid 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 intermid results, AAP and Y USA-staff encouraged additional communication at the local level to maintain the collaborative, establish effective linkages, and develop collaborative partnerships.
  - Final evaluation results are pending. Key informant interviews and focus groups were conducted in September-October 2018. Final results are anticipated in spring 2019.

Findings
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