

1. As a primary care pediatrician, how could the Obesity CPG Pathway help my practice and improve obesity care (i.e., how will this make me more efficient/help me deliver better care)?

The CPG Pathway [[Video Introduction](#) & [Infographic](#)] is designed to help save you time while ensuring that you have precise access to the most up-to-date recommendations from the AAP Institute for Healthy Weight. Using new technology, it pulls secure data from your electronic health record and uses the logic from the 100-page CPG to provide precise, patient specific guidance and resources at the point of care. With one click you have exact recommendations from the CPG completely personalized for your patient's data.

The Pathway optimizes the way the Key Action Statements (KAS), also referred to as the clinical recommendations, are delivered to clinical teams. Specifically, patient information is utilized (age, BMI, etc.) to highlight the most relevant clinical recommendations and specific resources (clinical education, patient education, etc.) to aid in the delivery of treatment, populated at the relevant or most necessary times, and linked for ease of access/use.

2. What is the advantage to using the CPG Pathway versus something that my team develops at our local practice site or health system? Why are the government and innovators encouraging the use of interoperable options?

Clinical practice guidelines typically take many years (17 on average) to be fully integrated into routine care (if they are adopted at all). Interoperable options have potential to reduce the lag between CPG publication and adoption. Building your own resource/pathway requires interpretation of the CPG, time, EHR/informatics expertise, and resources. Utilizing the existing pathway also reduces additional time and resources at the practice-level, because all AAP CPG resources developed to support implementation are already linked/embedded within the Pathway, including the 2022 NCHS/CDC extended growth curves and educational materials and references for both patients and clinicians. Additionally, the Pathway will be updated as new resources are developed by the AAP, so providers will not have to add additional staff time and burden to keep information up to date.

3. How can I explore the CPG pathway and get an idea of how it might work in my practice?

The CPG Pathway can be explored via the simple web link option (referenced below in Section 4). To explore the Pathway, potential users will need to create an account on the Curbside platform. If interested, contact Dr Dan Imler (dan@curbsideup.com) to get started! Once you have access to the Curbside platform, you are welcome to freely explore the Pathway.

4. How does the CPG Pathway work with my EHR?

There are 3 options for using the Pathway, all of which can start from within the EHR:

- **Option 1 - Simple Web Link:** a simple web link is added to the EHR (i.e., pasted into alerts, order sets, and/or note templates) and when prompted, clinicians leave the EHR platform and land on the web-based version of the Pathway with dynamic and interactive features. Users can select relevant categories of patient information (age, sex, height, weight, etc.) to receive tailored information. Order recommendations and text for documentation can be copied and pasted back to the EHR. Think of it as a “super calculator” for obesity.
- **Option 2 – Patient data specific Web Link:** a dynamic web link with non-PHI patient data is added to the EHR (i.e., pasted into alerts, order sets, and/or note templates) and similar to Option 1 above, users leave the EHR and interact with the Pathway on the web. A key difference from Option 1 above, Option 2 pulls non-identifiable, non-protected protected health information (age, sex, height, weight, etc.) from the record so no manual data entry is required. Order recommendations and text for documentation can be copied and pasted back to the EHR.
- **Option 3 – Full EHR Integration:** a fully integrated Pathway works within the EHR and appears seamless within the EHR workflow such that users can interact with the dynamic and interactive features without leaving the EHR platform. When enabled, Option 3 can allow for orders to be generated/written within the patient chart. This is the highest level of interaction with the Pathway and comes with the most advanced features and integration support. It utilizes the open-source framework SMART on FHIR which has been adopted by most major EHR vendors (Epic, Cerner, etc.)

5. Are there costs associated with the CPG Pathway?

Yes, there are costs associated with the CPG Pathway, but not at all levels. The costs to consider are access (being able to “see/use” the Pathway) and integration/maintenance (making sure the Pathway continues to work within your system). All Options (1-3) mentioned below are described above in Section 4:

- Option 1: there are zero access and integration costs associated with the Simple Web Link version of the Pathway.
- Option 2: there are currently zero access and integration costs associated; moving forward, there may be minimal access fees, but integration costs will remain free of charge.
- Option 3: the same minimal access fees referenced in Option 2 apply to Option 3; integration costs are determined on a case-by-case basis based on the # of end users, EHR, and system level considerations, etc.

6. Who should I engage at my institution if I am interested in exploring the right Option for my practice and what should I share with them?

Typically, you’ll need to engage a chief medical information officer (CMIO), clinical quality manager, clinical effectiveness/clinical pathway manager, or someone with both health information technology (HIT) and clinical/medical expertise. Ideally, you’ll be able to engage both an HIT and obesity expert in any conversations. Knowing which option you’d like to utilize and who would be interacting with it would be necessary information to share along with the Pathway Infographic and Introduction Video.

7. Is it safe to use the CPG Pathway?

Yes, the Curbside platform meets all required security standards for interaction with patient health information, offers single sign-on capability, and does not collect or store any patient health information.