Capacity Considerations for Obesity Evaluation and Treatment

This tool was designed to help you and your care team reflect on your current practice capacity related to obesity treatment that is consistent with the AAP CPG on Evaluation and Treatment of Pediatric Obesity and identify areas to continually assess and work on as a team. The information is based on the CPG, implementation science and characteristics of sustainable programs and clinics.

Your care team has had staff training on:	Your office environment/physical space has:
☐ The clinical recommendations in the CPG ☐ Weight bias and stigma, including the use of non-stigmatizing language ☐ Motivational interviewing ☐ Appropriate billing and coding recommendations for obesity-related visits	☐ Respectful and private opportunities for height and weight measurements ☐ Appropriately sized equipment, furniture, gowns, etc. ☐ Non-stigmatizing imagery in the practice/clinic environment and on family education materials

Define roles & responsibilities	Consider EHR documentation & capacity
☐ Your staff team has clearly defined roles and responsibilities for the key functions/components of obesity assessment & evaluation (see back side) and obesity treatment (see back side).	☐ Your electronic health record has designated, readily available space for documentation for key components of obesity assessment & evaluation (see back side) and obesity treatment (see back side).

Your practice/clinic has current list of available resources for obesity evaluation and treatment, including:	Your practice/clinic infrastructure has systems with capacity to:
☐ Community resources to support SDOH needs and/or behavioral goals ☐ Local/regional subspecialists to support treatment of comorbid conditions ☐ Intensive health behavior and lifestyle treatment (IHBLT) programs (if available) ☐ Multidisciplinary pediatric obesity treatment centers (if available) ☐ Multidisciplinary providers willing to partner in care (e.g., RD/Dietitian, Physical Therapist, Health Educator, Behavioral Health Specialist, etc.)	☐ Identify patients eligible for treatment ☐ Routinely, appropriately bill and code for obesity treatment visits ☐ Easily schedule obesity treatment visits (appt length, day of week, non-stigmatizing visit name, etc.) ☐ Remind patients of upcoming obesity treatment visits ☐ Identify patients on treatment and track participation by patients engaged in obesity treatment (attendance/attrition) ☐ Coordinate care with external healthcare providers/organizations participating in treatment ☐ Coordinate care with community organizations participating in treatment

Your obesity care staff team has regular meetings to:
☐ Coordinate patient care in real time ☐ Reflect on obesity treatment approach (program goals, metrics, feedback, improvements, etc.)

Your practice has systems/processes in place to sustain programs and maintain quality/continue improving obesity care:
☐ Ensure that new staff are trained (see first category above) ☐ Assess patient and family experiences in obesity treatment (e.g., satisfaction, patient-centeredness) ☐ Assess retention and attrition rates overall, including identifying common facilitators and barriers ☐ Assess equitable access to and experiences during treatment within your patient population ☐ Ascertain financial costs and payment associated with your obesity treatment ☐ Regularly update list of key external partners in treatment ☐ Regularly communicate with key external partners in treatment ☐ Regularly communicate/share treatment successes with leadership and other providers within your organization

Please use the matrix below to reflect on the core components of obesity evaluation and treatment and determine if you have clearly defined staff roles and responsibilities and capacity to document in your EHR.

Core Components Overweight and Obesity Assessment & Evaluation	Staff Responsible Assigned Workflow Plan Exists	Electronic Health Record Capacity
Measure and document BMI/obesity classification	☐	☐
Blood pressure	☐	☐
Review of Systems (including symptoms of obesity complications)	☐	☐
Physical exam (including signs of obesity complications)	☐	☐
Family history (for obesity and obesity complications)	☐	☐
Medication history (including obesogenic medications)	☐	☐
Social determinants of health (e.g., food/economic security, adverse childhood experiences)	☐	☐
Patient/family lifestyle behaviors (nutrition, physical activity, recreational screen time, sleep)	☐	☐
Mental and behavioral health (e.g., bullying, depression, anxiety, ADHD, disordered eating)	☐	☐
Labs (to evaluate lipid abnormalities, prediabetes/diabetes, NAFLD)	☐	☐
Order follow-up tests for comorbid conditions (as needed)	☐	☐
Follow-up scheduling or referrals to further discuss or initiate obesity treatment	☐	☐

Core Components: Pediatric Overweight and Obesity Treatment Visits	Staff Role Assigned Workflow Plan Exists	Electronic Health Record Capacity
Interim medical exam/history (to evaluate changes in patient status)	☐	☐
Labs/follow-up tests (to monitor or re-evaluate for potential obesity complications as needed)	☐	☐
Assess goal progress (how did they do on goals previously set) and provide encouragement	☐	☐
Set and document new goals	☐	☐
Follow-up regarding interim appointments with other multidisciplinary providers/specialists	☐	☐
Develop/revise shared treatment plan with patients/families	☐	☐
Recommend community resources (to support SDOH needs or behavioral goals)	☐	☐
Discuss pharmacotherapy options (if appropriate to patient)	☐	☐
Discuss bariatric surgery (if available/applicable)	☐	☐
Assess/Follow relevant treatment health outcomes (e.g., BMI, medical status, QOL)	☐	☐
Monitor dose/intensity of treatment (has patient missed appointments or sessions)	☐	☐
Coordinate care with external obesity treatment providers or subspecialists	☐	☐
Coordinate care with community resources	☐	☐
Schedule or refer for additional treatment visits	☐	☐