



American Academy of Pediatrics  
Institute for Healthy  
Childhood Weight

## OBESITY CLINICAL PRACTICE GUIDELINE ASSESSMENT & EVALUATION QUALITY IMPROVEMENT (QI) PROJECT REQUEST FOR APPLICATIONS

### Seeking Primary Care Pediatric Practice/Clinic Teams Interested in Improving Their Assessment and Evaluation of Pediatric Obesity for Participation in Brief Virtual Quality Improvement Collaborative

#### Background

The Assessment & Evaluation of Pediatric Obesity QI Project is the first of two QI projects for primary care practices, based on the 2023 *Clinical Practice Guideline for the Evaluation and Treatment of Pediatric Obesity (CPG)*. This innovative QI project is focused on improving the identification and evaluation of obesity and its comorbidities at well visits and initiating an obesity care plan with patient/families. This project will not focus on obesity treatment visits. A second, separate QI project will address longitudinal obesity treatment.

Participating practices/clinics collaborate with one another and receive education, coaching, and resources from the American Academy of Pediatrics (AAP) Institute for Healthy Childhood Weight (IHCW) in cooperation with the Section On Obesity (SOOB), to support the implementation of practice changes to improve the identification and evaluation of obesity and its comorbidities at well visits and initiating an obesity care plan with patient/families. The project is a virtual 25-week collaborative, with three data cycles, plus one monitoring data cycle, held approximately four months later.

#### Aims

- During the collaborative period, practice teams will implement evidence-based/-informed improvements to care during well visits, consistent with AAP clinical practice guidelines and policy statements, with the aim of providing optimal obesity-related care to all children  $\geq 2$  years of age. This includes:
  - For all children, conducting recommended medical assessments, providing behavioral counseling, and identifying children at risk for obesity as early as possible.
  - For children with overweight or obesity, evaluating and managing obesity-related comorbidities and working with patients and families to initiate an obesity care plan.
  - Ensuring that care is non-stigmatizing, equitable, and respectful of the circumstances and preferences of the patient/family.
- Practices will also aim to sustain improvements made during the collaborative.

#### Benefits of Participation

- Learn from national experts in obesity assessment and evaluation, skilled in leading quality improvement efforts in pediatric primary care
- Earn 25 American Board of Pediatrics Part 4 Maintenance of Certification (MOC) credits (see Appendix for MOC requirements)
- (If approved) earn 20 Project Continuing Medical Education (CME) /Part 2 MOC credits
- Participate in evidence-based educational content, based on the new obesity CPG
- Access a change package with strategies and resources to improve obesity-related care
- Interact with peer practice/clinic teams to share experiences, strategies, and tips

## Eligibility

Pediatric primary care teams that wish to participate must:

- Identify a **core QI team** of two to four committed members (who may serve in multiple roles). While all clinicians in the practice/clinic are encouraged to participate, the core QI team will provide leadership and oversight for the initiative. The team must include:
  - Lead Clinician (MD, DO, NP, PA), who will serve as the site champion and oversee MOC requirements for the site.
  - Clinical or Office Support Person (i.e., staff who participate in conducting assessments, collecting assessment information, or making or tracking community referrals, etc.)
  - Office Manager (i.e., staff with knowledge of clinic flow issues and authority to facilitate practice-level changes)
  - Data Coordinator (i.e., staff with skills to ensure the accurate & timely submission of clinical data, including appropriate sampling of patient data)
- Agree to fulfill the project requirements and participate in the project for its duration (see Appendix for detailed participation requirements).
- Have a sufficient level of organizational support (e.g., buy-in from senior leadership, autonomy, time, etc.) to permit the core QI team to make changes to improve practice.
- If requested, participate as a team in a brief call to confirm eligibility.

## Project Activities

All staff in participating practices/clinics are encouraged to participate in the activities outlined below.

Activity	Description
QI & CME modules	The Assessment & Evaluation of Pediatric Obesity CME module covers updated evidence-based strategies and recommendations for identifying and evaluating pediatric obesity and providing appropriate care for patients/families. A required Quality Improvement module, that covers basic QI concepts and strategies must also be completed.
Action period webinars	A kickoff webinar and three additional interactive webinars will provide participating teams with the opportunity to discuss implementation plans, review data, share common challenges, and receive additional education from pediatrician experts.
Team meetings	Each team will hold at least four meetings, directed by the Lead Clinicians, to plan changes, review progress, and develop solutions to the challenges encountered.
Change package	Resources will be provided to assist practices in implementing changes, including implementation guidance, an overarching clinical flow sheet, resources to support changes to electronic health records, additional training videos/webinars, tables, checklists, questionnaires, etc.
Chart review and data entry using the QIDA system <sup>1</sup>	Teams enter three cycles of chart review data and one monitoring data cycle from recent well visits, including a minimum of 10 charts for all children and 15 charts for children with overweight or obesity during each cycle. Teams enter data using the AAP's QIDA system and receive customized reports that enable them to monitor progress and track improvements. Results will also be shared with other practice teams, to foster collaboration.
Monitoring Office Hours/TA Calls	Teams will have the opportunity to connect with each other and faculty at two timepoints, after the formal collaborative ends. These calls will allow participating teams to check-in prior to the monitoring data cycles and after monitoring clinical data has been submitted.

<sup>1</sup> The Assessment & Evaluation of Pediatric Obesity QI Project has been deemed exempt by the AAP Institutional Review Board. **No identifiable protected health information will be collected**, so HIPAA authorization will not be needed from patients in order for your practice to participate. Note: if your hospital or healthcare system also requires IRB approval, the AAP IRB exemption may be sufficient and will be furnished upon request.

## Project Timeline



## Practice Selection

Up to 25 pediatric primary care practices/clinics that represent diverse types of practices/clinics (e.g., group or solo practices, Community Health Centers/Federally Qualified Health Centers, medical school-affiliated, government, non-government, or non-profit clinics, etc.), patient populations and geographic locations, will be selected to participate in the project through an application process. Applications should be completed by the team's Lead Clinician or other designated practice staff. All applications will be reviewed by the project's faculty experts in obesity assessment and evaluation in pediatric primary care.

The application period will close upon receipt of 25 eligible submissions, or by January 11, 2023. We plan to notify practices of their acceptance by January 18, 2023.

**Please follow the link below to complete the online application:**

<https://www.research.net/r/CPG-Evaluation>

## Contact Information

Please contact Stephanie Womack at [swomack@aap.org](mailto:swomack@aap.org) or 630-626-6612 with questions regarding the project or application process.

## APPENDIX:

### WEBINARS

- **All webinars will be recorded and available for viewing throughout the project.**
- **Kickoff webinar:** Wednesday, March 1, 2023
- **Data Coordinator Training:** Friday, March 3, 2023
- **Action Period Webinars:** The remaining 3 webinars will be scheduled on Wednesdays, at approximately 2-month intervals (Wednesday, April 5, Wednesday, June 14, Wednesday, August 16).

### MONITORING CYCLE TA CALLS

- [6-weeks post collaborative call: Wednesday, September 27, 2023](#)
- [3-weeks post monitoring data submission: Monday, December 18, 2023](#)

### PARTICIPATION REQUIREMENTS

All practice staff are encouraged to participate in the project offerings. Also, pediatricians who complete requirements below will receive 25 Part 4 MOC credits and (if approved) 20 Project CME/Part 2 MOC credits for participating.

#### **General expectations of participants (including non-pediatrician core QI team members):**

- Assist with the implementation of the project's interventions
- Participate in team meetings
- View QI Module and submit completion survey
- Attend action period webinars (strongly encouraged for all pediatricians and other core staff)
- Complete a post-project survey (primary care providers)

## MOC Part 4 requirements for pediatricians

### **All participating pediatricians must:**

- Provide direct or consultative care to patients (or supervise care by other providers) as part of the QI project
- Implement the project's interventions (the changes designed to improve care)
- Collect, submit, and review data in keeping with the project's measurement plan
- Complete and pass the self-paced CME module, Obesity Assessment and Evaluation, before the kickoff webinar.
- Complete and pass the required quality improvement module, prior to baseline data collection
- Participate in the QI project for its duration, including a 25-week collaborative period and the monitoring data cycle, held 4 months after the last collaborative data cycle (As an exception, those who participate for the entire 25-week collaborative period but leave the practice prior to the monitoring data cycle will still be eligible to receive MOC credit.)

### **Non-lead pediatricians must:**

- Attend at least 2 local-level meetings hosted by the project's local clinician leader and 3 (live or recorded) national collaborative webinars, other than the kickoff, at which data are reviewed and strategies are discussed

### **Lead Clinicians must also:**

- Ensure that a core Quality Improvement (QI) Team is assembled at their practice.
- Support other local pediatricians, who are participating for MOC credit, in implementing the project's interventions
- Attend the kickoff webinar and all three national collaborative webinars, unless clinical care interferes (Recordings will also be available for those unable to attend.)
- Lead at least four local meetings, at which collaborative data are reviewed, strategies are discussed, and plans for new improvement activities are made
- Lead the testing and implementation of the project's change concepts and interventions identified on the Key Driver Diagram
- Ensure that data is submitted and reviewed for each data cycle, in a manner consistent with the sampling criteria
- Ensure that required PDSA forms are submitted using the provided survey interface
- Verify and attest to participation by locally participating pediatricians

## CME/MOC Part 2 requirements for pediatricians and allied health professionals (if approved)\*

- Participate throughout the collaborative period.
- Attend at least 2 local-level meetings hosted by the project's local physician leader, at which data are reviewed and strategies are discussed.
- Attend 3 (live or recorded) national collaborative webinars, other than the kickoff.

\*Pediatricians who meet MOC part 4 criteria will automatically qualify to receive CME/Part 2 MOC credits