



American Academy of Pediatrics  
Institute for Healthy  
Childhood Weight

## OBESITY CLINICAL PRACTICE GUIDELINE TREATMENT & APPROACH QUALITY IMPROVEMENT (QI) PROJECT REQUEST FOR APPLICATIONS

**Seeking Primary Care Pediatric Practice/Clinic Teams Interested in Improving Their Treatment and Approach to Pediatric Obesity for Participation in Virtual Quality Improvement Collaborative**

### Background

The Childhood Obesity Treatment and Approach QI Project is one of two QI projects for primary care practices, based on the *2023 Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity (CPG)*. This innovative QI project is focused on improving evidence-based obesity evaluation and treatment in children ages 2 to 18 with overweight or obesity. **This project will specifically focus on obesity treatment visits conducted by the practice, including longitudinal obesity care, regardless of whether obesity treatment is primarily provided internally or externally to the practice.** This project will not focus on obesity care during well visits (which is covered in a separate project). Note: Chart reviews will involve only de-identified data.

Participating practices/clinics will collaborate with one another and receive education, coaching, and resources from peers and national experts in obesity assessment, evaluation, and treatment from the American Academy of Pediatrics (AAP) Institute for Healthy Childhood Weight (IHCW) and Section On Obesity (SOOB), to support the implementation of practice changes to improve obesity evaluation and treatment in children ages 2 to 18 with overweight or obesity during obesity treatment visits. During the 33-week, virtual collaborative, participating teams will first assess and begin building capacity for obesity follow-up care and initiate obesity treatment visits. Subsequently, they will submit 3 clinical data cycles during two “action periods,” and reassess their capacity at the end of the collaborative. Teams will also be expected to participate in a monitoring data cycle, held 4 months after the collaborative. During the monitoring cycle, they will submit an additional cycle of clinical data and a final capacity assessment.

### Aims

- During the collaborative period, practice teams will implement evidence-based/-informed improvements to care during obesity treatment, 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 with overweight or obesity during obesity treatment visits. This includes:
  - Providing ongoing medical evaluation/monitoring and management of obesity-related comorbidities
  - Working with patients and families to help implement or revise an obesity care plan, in a manner consistent with the practice’s role in treatment
  - Ensuring that patients with overweight or obesity receive the best available intensive health behavior and lifestyle treatment, based on the evidence, available options, and patient circumstances (whether such care is primarily provided internally or externally to the practice)
  - Ensuring that pharmaceutical and surgical adjuncts to treatment are considered for relevant subsets of patients
  - Ensuring that patients/families have access to appropriate obesity care longitudinally
  - Ensuring that care is non-stigmatizing, equitable, and respectful of the circumstances and

preferences of the patient/family

- Practices will also aim to build capacity for obesity treatment visits during the collaborative and sustain their improvements to clinical care and capacity after the collaborative ends.

### 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 Part 4 MOC requirements)
- (If approved) earn 20 Project Continuing Medical Education (CME) /Part 2 MOC credits (see Appendix for CME/Part 2 MOC requirements)
- 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:

- Have designated a **Site Champion** to lead the quality improvement (QI) work at your practice/clinic. (Any member of the core QI team can serve as Site Champion.)
  - Have identified a **core QI team** that includes three to five individuals, capable of fulfilling four to five specific roles (**Note: roles #1-4 are required; role #5 is conditional**. Individuals may serve in multiple roles. Also, all interested clinicians/staff at the practice/clinic are encouraged to participate, but the core QI team will provide leadership and oversight for the initiative). **Core QI team roles include:**
    1. **Medical Provider** (MD/DO/NP/PA who provides medical oversight during obesity treatment visits and (in many cases) overall oversight for obesity treatment)
    2. **Clinical or Office Support Person** (i.e., participates in conducting assessments, collecting assessment information, and/or making or tracking referrals, coordinating care, etc.)
    3. **Office Manager** (i.e., staff with knowledge of clinic flow issues and authority to facilitate practice-level changes)
    4. **Data Coordinator** (i.e., staff with skills to ensure the accurate & timely submission of clinical data, including appropriate sampling of patient data).
    5. **Health Behavior and Lifestyle Treatment Provider** (**required only** if such treatment is provided within the practice, rather than through referral): provides health behavior and lifestyle counseling as a central component of obesity treatment. This role may be served by, e.g., a medical provider with motivational interviewing training/skills or a multidisciplinary provider (e.g., Registered Dietitian, Physical Therapist, Health Educator, Behavioral Health Specialist, etc.)
  - Agree to fulfill the project requirements and participate in the project for its duration to implement obesity treatment consistent with the CPG (see Appendix for detailed MOC 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
  - After an initial capacity-building period, conduct a minimum of 2-3 obesity treatment visits per week with patients with overweight or obesity. (Obesity treatment visits may include visits with patients receiving treatment internal or external to the practice or longitudinal follow-up visits for patients with overweight or obesity.)
  - Agree to participate as a team in a monitoring data cycle, held 4 months after the collaborative
  - If requested, participate as a team in a brief call to confirm eligibility
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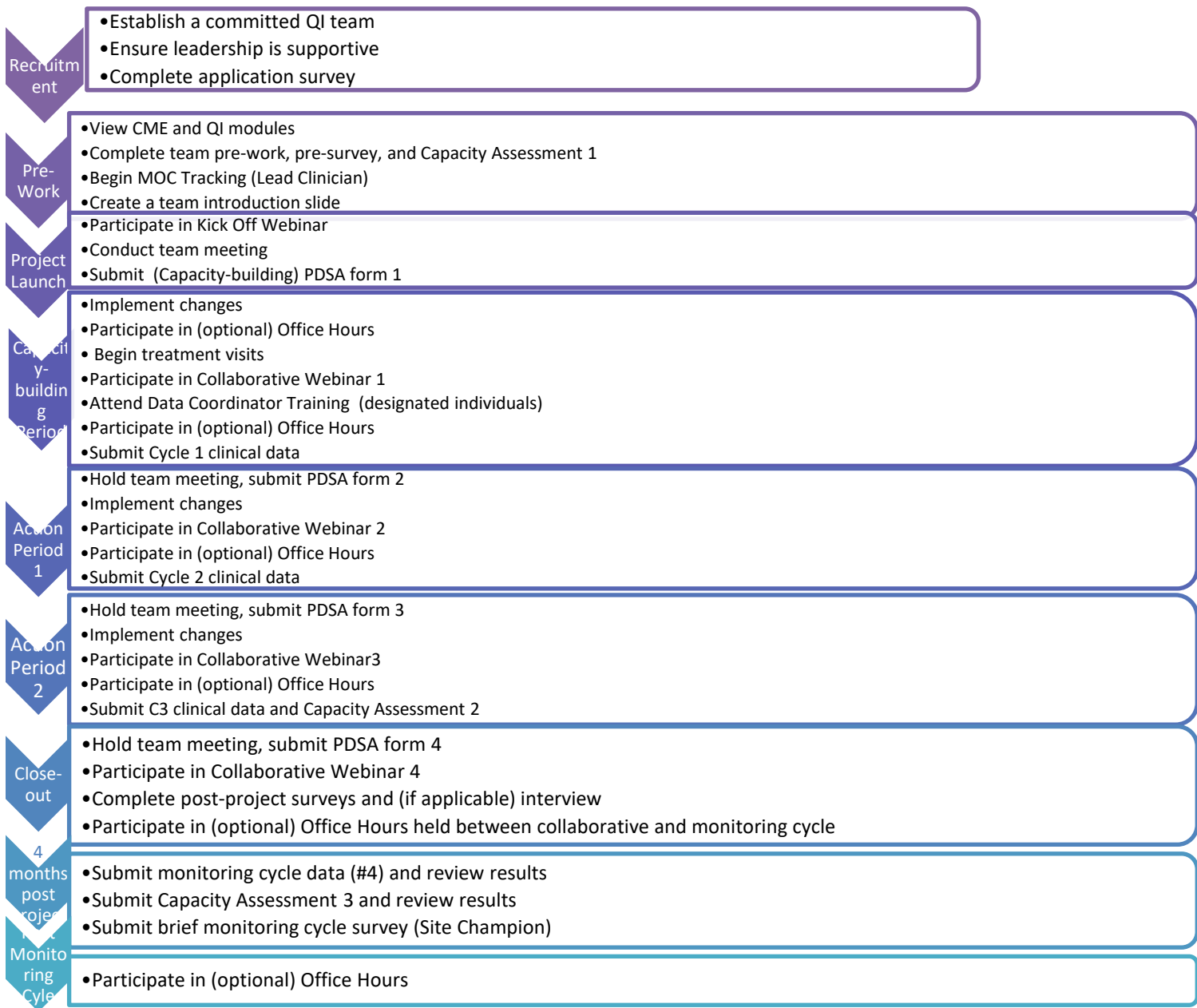
## Project Activities

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 and Childhood Obesity Treatment and Approach CME modules cover updated evidence-based strategies and recommendations for evaluating and treating 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.
Collaborative webinars	A kickoff webinar and four additional interactive webinars will provide participating teams with the opportunity to discuss implementation plans, review data/assessments, share common challenges, and receive additional education from pediatrician experts.
Team meetings	Each team will hold at least four meetings, directed by the Site Champion, 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.
Capacity assessments	To help inform their improvement work, teams will submit a capacity assessment for obesity treatment visits at the beginning and end of the collaborative and again during the monitoring data cycle, held 4 months after the collaborative.
Chart review and data entry using the QIDA system <sup>1</sup>	Teams will enter three cycles of chart review data and one monitoring data cycle from recent obesity treatment visits with children/adolescents with overweight or obesity, including a minimum of 15 charts during each cycle. Teams enter clinical 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.
Office Hours/TA Calls (Optional)	Teams will have the opportunity to connect with each other and faculty during (optional) office hours calls, held on alternate months during the collaborative and at two timepoints after the formal collaborative ends. These calls will provide participating teams additional opportunities to check-in during the collaborative, prior to the monitoring data cycle, and after monitoring cycle has ended.

<sup>1</sup> The Childhood Obesity Treatment and Approach 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. However, please note that chart reviews will involve only deidentified data.

## Project Timeline (Also see Diagram in Appendix)



## 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 Site Champion or other designated practice staff. All applications will be reviewed by the project's faculty experts in obesity evaluation and treatment in pediatric primary care.

The application period will close upon receipt of 25 eligible submissions, or by Monday October 23, 2023. We plan to notify practices of their acceptance by October 27, 2023.

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

<https://www.research.net/r/R2-CPG-Treatment>

## Contact Information

Please contact Jeremiah Salmon at jsalmon@aap.org or 630.626.6260. with questions regarding the project or application process.

## APPENDIX:

### Webinars & Optional Office Hours (also see diagram on last page)

- **All webinars will be recorded and available for viewing throughout the project.**
- **Kickoff webinar:** Wednesday, December 6, 2023
- **Data Coordinator Training:** Wednesday, February 7, 2023
- **Collaborative Webinars:** The 4 collaborative webinars will be scheduled on Wednesdays, at approximately 8-week intervals, beginning after the kickoff. Dates include, Wednesday: January 31, March 27, May 22, and July 17, 2024.
- **Optional Office Hours/TA calls**
  - **During the collaborative:** Optional office hours will be held on Wednesdays, at approximately 8-week intervals, mid-way between collaborative webinars. Dates include: Wednesday, January 3, February 28, April 24, June 19, 2024.
  - **Post-collaborative:** Two additional office hours will be held on Wednesdays, one between the end of the collaborative and the monitoring data cycle (Wednesday, September 11, 2024) and another, 3-weeks after the monitoring data cycle (Wednesday, November 13, 2024).

## 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 collaborative webinars (strongly encouraged for all medical providers, health behavior and lifestyle treatment providers, and other core staff)
- Complete a post-project survey (medical providers and health behavior and lifestyle treatment providers)

## MOC Part 4 requirements for pediatricians

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

- Complete and pass two self-paced CME modules, Obesity Assessment and Evaluation and Obesity Treatment and Approach, as well as a required quality improvement module, prior to the kickoff webinar
- Implement the project's interventions (the changes designed to improve care)
- Review data in keeping with the project's measurement plan
- Participate in the quality improvement (QI) collaborative for its duration (i.e., kickoff to final collaborative webinar).
- Agree to support the team's participation in the monitoring clinical data cycle and assessments, held 4 months after the last collaborative data cycle (i.e., after the part 4 MOC attestation period)

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

- Attend at least 3 local-level meetings hosted by the project's local clinician leader
- Attend 4 (live or recorded) national collaborative webinars, other than the kickoff, at which data are reviewed and strategies are discussed.

### **Site Champions must also:**

- Ensure that a core Quality Improvement (QI) Team is assembled at their practice.
- Attend the kickoff webinar and all four 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
- Support local pediatricians and core QI team members in implementing the project's interventions
- Ensure that data is submitted and reviewed for each data cycle, in a manner consistent with the sampling criteria
- Ensure that required team progress reports and assessments 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 3 local-level meetings hosted by the project's local physician leader, at which data are reviewed and strategies are discussed.
- Attend 4 (live or recorded) national collaborative webinars, other than the kickoff.
- Agree to support the team's participation in the monitoring clinical data cycle and assessments, held 4 months after the last collaborative data cycle (i.e., after the CME/part 2 MOC attestation period)

\*(If approved) Pediatricians who meet MOC part 4 criteria will automatically qualify to receive CME/Part 2 MOC credits.

# Project Diagram

## CPG-Treatment & Approach

